THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

2ND NATIONAL SAFE MOTHERHOOD CONFERENCE.

VENUE: GOLF COURSE HOTEL, KAMPALA

DATE: 24-27, OCTOBER 2022

"Strengthening Health Systems, A Responsive Health Workforce For Safe Motherhood, Saving Lives"

Uganda has over the years registered positive wins towards reduction of maternal and newborn mortality in a bid to accelerate progress towards achieving Sector development goals and Sustainable development Goals by 2030. The reduction is attributed to improved service delivery, access and uitilisation to health facilities and health sector investment.

With a maternal mortality ratio of 336 deaths per 100,000 live births, we continue to register a considerable number of mothers dying due to preventable causes that include; obstetric hemorrhage, hypertensive disorders, sepsis, obstructed labour and unsafe abortion. The Perinatal mortality has stagnated at around 38 per 1,000 live births, this is three times the Sustainable Development Goal (SDG) and Every Newborn Action Plan (ENAP) target of ≤ 12/1000 neonatal deaths by 2030.

Health workforce is a centre pillar in ensuring a functional health system and provision of quality services but as well as accelerating progress towards achieving set targets in Maternal and Child Health. There is a dire need to improve the capacity of health workers at all cadres in terms of diagnosis and management of mothers to ensure Safe Motherhood. Strengthening health workforce capacity through regular mentorships coupled with proper ethical and moral conduct during practice, equitable distribution of health workers at all levels of care as well as establishing key retention and motivation strategies will move Uganda to last-mile efforts towards achieving its national and Global targets.

The Ministry of health through its initiative, National Safe Motherhood Expert Committee (NASMEC) developed interventions aimed at addressing the leading causes of maternal and perinatal mortality. These interventions include strengthening the Maternal and Perinatal Death Surveillance and Response (MPDSR) as well as operationalizing the specific sub-committees to address the key killers including; Postpartum Heamorrhage, Preeclampsia, Safe Birth and Obstructed Labor, Sepsis and Neonatology.

This 2nd National safe motherhood conference under the theme "Strengthening Health Systems, A Responsive Health workforce for Safe Motherhood, Saving lives" focuses on efforts geared at improving maternal and child health indicators through strengthening health systems blocks with special emphasic on Health workforce.

At the conference we will also share and launch the Maternal and perinatal death surveillance and response report 2022, the Family Planning Costed Implementation Plan, Total Market Approach Strategy, Family Planning advocacy strategy, and the National Interventional Framework for the reduction of Mortality and severe morbidity due to Pre-eclampsia.

I wish a nice stay with us and please Stay Safe amidst the Ebola Outbreak

Dr. Henry Mwebesa
Conference Chair | October 2022.

Welcome Remarks From The Conference Chair.

It is my singular honour to welcome all participants to the Second Safe motherhood conference. This conference promises to be an informative, exciting experience.
Adolescent health one day preconference, brings together young people to celebrate and reflect on achievements in adolescent health at the time when school health has been rejuvenated following the lull due the Covid 19 pandemic in 2020 and 2021.

The main part of the conference is a three days' programme on Tuesday 25th to Thursday 27th .October 2022. The vibrant sessions consist of key note speakers by authoritative personalities; abstracts oral presentations with discussions and poster presentations. Day one is largely for Family planning and the last two days cover maternal and newborn health.

On behalf of the organizing Committee and on my own behalf, I wish to appreciate and thank the Ministry of Health for the leadership, implementing partners for in kind and financial and logistical support for hosting the conference. Many physical attendees were also supported by partners.

The Conference organizing Secretariat and the various Committees and partners worked tirelessly to put together this programme and publicize the conference. The organizing team is ready and available to facilitate participation of all physical attendees and those attending virtually. Do not hesitate to reach out to the Secretariat desk.

Prof. Pius Okong
Conference Chair | October 2022.

Hon. Dr. Jane Ruth Acheng Ochero
Minister of Heath/ Conference Host

Prof. Pius Okong
Conference Chair

Dr. Tom Didimus Ediamu
Conference Co-Chair.

Dr. Prsicilla Busingye
Conference Co-Chair

Dr. Richard Mugahi
Ass Commissioner
Reproductive Health & infant

Dr. John Paul Bagala
National coordinator
NASMEC

Organising committee

01 Secretariat

Dr. Andrew Twinamatsiko
Secretariat Lead,NASMEC

Kemigisa D. Mercey
MCH Specialist
USAID/MCHN Activity

Carol Nalugy
Ministry of Health

Tracy Nalubega
Ministry of Health

02 Finance Subcommittee

Dr. Richard Kagimu
Quality Assurance and Referral Systems Advisor, USAID/MCHN Activity

Janet Opio,
Country Director
LifeNet International

Dr. Paul Isabirye
Capacity Building
Team Lead, USAID/SITES

Victoria Nabunya
Health and Nutrition
Specialist, World Vision.

Maria Najjemba,
Programme Analyst-
Midwifery, UNFPA

Doreen Musiime
RBF Facilitator,
Ministry of Health.

Organising committee

03 Publicity And Advocacy Subcommittee

Fiona Amado Songon
Technical Specialist
FP/MCH, USAID/SBCA

Sharminah Kauma
Senior Sociologist,
Ministry of Health.

Winifred Ongom
LG & Social
Accountability
Coordinators, World
Vision

Hadijjah Nakattude
Midwife, Executive
Midwife Leader

Juliette Hildah Namulundu
Communication
Officer, CUUAM.

04 Scientific Subcommittee

Dr. AKELLO Jackline
Obs/Gyn Lecturer.
Makerere University.

Dr. Kenneth Mugabe
Senior Consultant
Obs/Gyn, Mbale RRH

Dr.Onesmus Byamukama
Obs/Gyn, Mbarara
RRH/MUST

Dr. Ambrose Katungi
Africa Regional
Director, WE CARE SOLAR

Dr.Charles Irumba
Obs/Gyn, Bukuuku
H/C IV, Fortportal

Organising committee

05 Awards Subcommittee

Dr. Joseph Katetemera
TB-MNCH Advisor, Doctors with Africa CUAMM.

Dr. Ruth Grace Babirye
Resident Obs/Gyn, Nsambya Hospital

Paula Baro Conde
Finance Intern, Doctors With Africa CUAMM

Dr. Birungi Deusdedit
Chief Technical Officer, Bida Healthcare Limited..

Dr. Godfrey Emina
Project Manager, Doctors with Africa CUAMM

Benon Musasizi
Technical Program Manager-Health and Nutrition, World Vision Uganda.

06 Adolescent Health Subcommittee

Dr. Blandina Nakiganda
Asst. Commissioner Adolescent and School Health, Ministry of Health.

Agnes Sebowa
Adolescent and School, Ministry of Health

Florence Namuwaya
Adolescent Officer, Ministry of Health

Joshua Thembo
BCC/Advocacy Manager, Naguru Information & Teenage Center.

Anne Sizomu
Programme Specialist ASRH, UNFPA

Dr. Justine Nabwire
Senior Medical Officer, Ministry of Health.

07 Neonatal Subcommittee

Dr Kathy Burgoine
Consultant Neonatologist,
Mbale Regional
Referral Hospital

Dr. Victoria Nakibuuka
Paediatrician and
Consultant Neonatologist,
St Francis Hospital, Nsambya

Dr. Jolly Nankunda
Senior Consultant
Peadiatrician/
Neonatologist, MSNW
Hospital

Dr. Patrick Baingana
Neonatal Resident,
St Francis Hospital,
Nsambya.

Dr Clare Nakubulwa
Peadiatrician, Soroti Regional
Referral Hospital

08 Family Planning Subcommittee

Dr. Moses Walakira
Programme Specialist
FP, UNFPA

Dr. Ritah Waddimba
Chief of Party, USAID/FPA

Precious Mutoru
Advocacy and
Partnerships
Coordinator, PSI

Christopher Arineitwe
National FP Policy
Advisor, USAID/FPA

Bonnie Wandera
Health Analyst,
USAID/SITES

Dr. Ritah Tweheyo,
Head of Grants MSUG.

Dr. Peter Ddungu
Deputy Country
Director, MSUG

Day 1-25th OCTOBER 2022: FAMILY PLANNING

Theme: "Improving Access to Family Planning for Safe Motherhood"

Time	Session	Speaker/Presenter	Session Chair
7:30 – 8:30 am	**Arrival & Registration**	USAID/FPA; MSU; RHU; PATH; PSI	**Organizing Committee**
8:30 – 9:00 am	**Introduction, Objectives** and **review of 2021 action plans** and achievements	**Dr Mugahi Richard Dr.** *Ass, Commissioner, Reproductive and Infant Health, MoH*	**Dr Jesca Nsungwa, C***ommissioner Reproductive and Child health Dept, MoH* **and** **Dr Mugahi Richard Dr.** *Ass, Commissioner, Reproductive and Infant Health, MoH*
9:00 – 10:00 am	**Sharing best practices and frameworks for addressing each subtheme** **Subtheme 1**: Community engagement for Family Planning		
	Subtheme 2: Integrating FP into health care delivery		
	Subtheme 3: Strengthening CQI for FP delivery		
10:00 – 10:30 am	**Discussion of best practices**		
10:30 – 11:00 am	**Tea Break**		
11:00 am – 1:00pm	**OPENING CEREMONY**		**Prof Pius Okong** *Chair of National Safe Motherhood Conference 2022*
	Keynote Address: Strengthening Health Systems, A responsive health force for safe Motherhood	**Prof. Francis Omaswa** *Executive Director, African Center for Global Health and Social Transformation*	
	Keynote address: Family Planning as a pillar of Safe Motherhood	**Prof. Fredrick E Makumbi** Associate professor, department of Epidemiology and Biostatistics-School of Public Health, CHS Makerere University-Kampala	
	Remarks by Religious Leader	**His Grace Dr. Stephen Kazimba Mugalu** *Archbishop of the Church of Uganda*	
	MPDSR DOCUMENTARY		

	Communication by Adolescent and Youth Representative	**Dr. Blandina Nakiganda**	
	Remarks by UNFPA Country Rep	**Ms. Mary othieno**	
	Remarks by director UN Women	**Dr. Pauline Chiwangu**	
	Remarks by USAID Mission Director	**Ms. Marcia Musisi-Nkambwe**	
	Remarks by Minister of Health	**Hon. Dr Jane Ruth Aceng**	
	Remarks by Guest of Honor	**Hon. Anita Among** *Speaker of the Parliament of Uganda*	
	Official Launch of the Safe Motherhood Conference and Launch of: 1. The Second Family Planning Costed Implementation Plan (FP CIPII) 2. Family Planning Advocacy Strategy **3.** Total Market Approach (TMA) strategy		
1:00-2.00pm	**Lunch Break**		
2:30 – 5:00 pm	**Breakout Room 1** ***Track 1: Community Engagement for Family Planning***	**Breakout Room 2** ***Track 2: Integrating FP into health care delivery***	**Breakout Room 3** ***Track 3: Strengthening CQI for FP delivery***
	Chair: Dr Moses Walakira	**Chair: Dr Ritah Waddimba**	**Chair:** Mr wonyima Isaac
2:30 – 5:00 pm	Using adolescent centric SBCC interventions to promote contraceptive services utilization amongst sexually active adolescent girls and young women: lesson from east central Uganda. **Daniel Kasansula**	Integrating Family Planning into Other Health Care Services in Health Facilities Through a Client Focused Approach, A Case of Namalemba Hcii, Namalemba Sub County, Bugweri District, Uganda. Alisat Abenakyo	Applying Continuous Quality Improvement (CQI)-Initiative to Strengthen Community Health Systems for Family planning in Albertine Region in Uganda. **Elly Ojaka**
	Engaging religious leaders and village heath teams for advocacy on integration of fertility awareness education	Integrating DMPA-SC self-injection into the wider family planning method mix, a collaboration between family	Antenatal Couples' Counselling to Improve uptake of Birth Planning and Post-Partum Family Planning: A process evaluation. **Vincent Mubangizi**

	& methods into their local family planning program with-in Mubende Region. **Alison Amogin**	planning activity (FPA) and population services international – Uganda (psi-u). **Irene Nakiriggya**	
	Implementing partners coordination and collaboration to improve access to Depot-medroxyprogesterone acetate for self-injection at community level: Experience of Lango Sub Region. **Doreen Kenyangi**	Low uptake of Post abortion Family Planning: Findings from routine service statistics. **Bonnie Wandera**	Improving Postpartum Family Planning uptake among young women age 15 – 24 years at six weeks in Moyo General hospital, Moyo District. **Adrawa Micheal**
	Engaging Village Health Teams (VHTs) for Interpersonal Communication to drive up uptake of Family Planning Case study Bukigai HCIII in Bududa district. **Aron Musimenta**	Increasing uptake of immediate postpartum family planning at Muko HCIV, Rubanda District. **Asimmwe Bonny**	**I**nnovations improving PPFP service delivery in the private sector midwifery clinics in the urban slums in Kampala **May Namukwaya**
	Increasing uptake of Long-Acting Reversible Contraception among women of reproductive age: Lessons from RHITES-E Activity. **Christine Simiyu**	Innovations to Improve Uptake of Long-Acting Reversible Contraceptives (LARCS) in Rakai District. **Hakim Nkenga**	Using a multi-pronged approach to improve uptake of immediate post-partum family planning (48 hours) at patongo hc iii, agago district. **Lalam.J**
	Men as Champions for reduction of SGBV and mobilization for contraceptive uptake in Mbale District.	Leveraging the Human Capital Development (HCD) Program of National Development Plan III (NDP III) to promote Family Planning multisectoral collaboration for socio economic	Improving the uptake of post-abortion family planning (pafp) at gulu regional referral hospital, northern uganda **Aciro. J**

	Ajilong Joyce	development. **Chris Arinaitwe**	
	Awareness and use of female condom among women in Attiak town council, Amuru district-northern Uganda. **Raymond Otim**	What is missing? Effectiveness of Empathy-based counseling in steering uptake of DMPA-SC Self-care. **Rahma Namaganda**	
	Reaching rural communities through 'Healthy Entrepreneurs': Impact on sexual and reproductive health. **Tosca Terra**		
5:00 – 5:30 pm	**Plenary:** Discussion of key actions and closure	Dr Peter Ddungu	Dr. Richard Mugahi
5:30 – 6:00 pm	**FP Subcommittee evaluation meeting**	Dr Moses Walakira	Dr Moses Wakakira
5:30 – 6:00 pm	**Closure and Tea Break (Tea Break)**		

Day 2, 26th October 2022
MATERNAL AND NEWBORN HEALTH

Time	Session	Speaker/presenter	Session Chair
8:00 am-8:30 am	Arrival and Registration of Participants	Secretariate-MoH	
8:30 am-9:00 am	Recap of day 1 & day 2	**Dr. Moses Walakira**	**Dr. Tom Ediamu** Sen. Consultant Peadiatrician, Hoima RRH and **Dr. Imelda Namagembe** *Sen. Consultant Obstetrician, Kawempe NRH*
9:00 am-9:30 am	**KEYNOTE ADDRESS 1: Health systems and logistics for safe motherhood.**	**Dr Jotham Musinguzi** *Director General, Uganda National population Council*	
9:30am-9: 50 am	**Documentary (KCCA)**		
9:50am – 10:30am	**NASMEC Annual Activities (Sub committees)**	**NASMEC Secretariat**	

10:30- 11:00 am	**Tea Break**		
11:00am-12: 30 PM	National MPDSR Report 2021/2022	**Commissioner Reproductive Child Health, Ministry of Health**	**Sr. Dr. Priscilla Busingye** Sen. Consultant Obstetrician, Nsambya Hospital and **Dr. Sentumbwe Olive, WHO** *World Health Organisation-Uganda*
	PET Framework	**NASMEC PET Sub-committee**	
	Newborn intervention framework	**NASMEC Newborn sub-committee**	
	Launch of the MPDRS report & the frame works.	**Dr Jesca Nsungwa** *Commissioner RCH, Ministry of Health*	
12:30 -1:00 PM	**Sponsor light talk**	**Dr. Rameez Patveger**	
1.00-2:00 PM	**Lunch Break**		

	Breakout Room 1 ***Track 1: Obstetrics***	**Breakout Room 2** ***Track 2: Cross cutting themes***	**Breakout Room 3** ***Track 3: Neonatal Care***
2:00 – 5:00 pm			
2:00 pm-2:45pm	**Chair: Dr Odar Emmanuel**	**Chair: Dr Lawrence Ojom**	**Chair: Dr Jolly Nankunda & Dr Patrick Baigana** *Sub-theme:* ***Functionalizing Neonatal Units***
	Blood collection and distribution unit, a game changer for Maternal Survival. A case of Nebbi Hospital, Uganda. **Sr Lamwaka Mercy**	Restructuring and functionalizing High Dependance Unit (HDU) Maternity of St. Mary's hospital Lacor **Dr Achiro Harriet**	Increasing percentages of sick newborns with glucose levels checked and corrected at SCU-KNRH. **F. Katusiime**
	Prevention and treatment of post-partum haemorrhage at a Regional Referral Hospital in Uganda: A mixed-methods observational study. **Dr Kenneth Mugabe**	The Transfer Process of Obstetric Emergencies by Ambulance Arriving at Kawempe National Referral Hospital **Okong Doreen Alaleit**	Increasing the survival of low-birth-weight babies using Kangaroo Mother Care (KMC): A case of Kambuga Hospital, Kanungu District **Loyce Musimenta**

	Prevalence, severity and factors associated with thrombocytopenia among women in third trimester at Mbarara Regional Referral Hospital. **Saturday Pascal**	Strengthening Leadership and Governance for Maternal and Perinatal Death Surveillance and Response in a low-income urban setting: experiences from Kampala, Uganda. **Martin Kasendwa**	Reducing preterm mortality in eastern Uganda: The impact of introducing low-cost bubble CPAP on neonates <1500g **Kathy Burgoine**
			Improving management of respiratory distress syndrome (RDS) cases among Preterm babies through receiving lung surfactant at Kawempe National referral Hospital **Mary Nyanzi**
2:45 pm-3.30pm	Chair: **Ms Evelyn Kanyunyuzi**	Chair: Dr Ononge Sam	**Chair:** Dr Deogratius Munube & Dr Clare **Nakubulwa** **Sub theme:** Quality improvement in Neonatal Care
	Strengthening implementation of maternal death surveillance and response (MDSR) policy at a busy tertiary Hospital in Kampala Uganda: Achievements, challenges, legal aspects and lessons. **Dr Namagembe Imelda**	Peer to peer coaching increasing access to caesarian section delivery at Health Centre IVs in West Nile **Lillian Tumuhaire**	Introducing Kangaroo care for stable small babies at Kitebi H/C III. **L. Nambuba**
	Improving Maternal Outcomes in Karamoja Through Skilling Human Resources for Health: A low dose high frequency approach **Dr ESiru Gofrey (CUAM)**	Leveraging Spart paper technology (SPT) for effectiveness and efficiency of Results based financing (RBF) of Maternal and child health services in 5 districts in Eastern Uganda **Imelda E. Akurut**	Expansion of an established neonatal care training course to lower-level healthcare facilities in eastern Uganda. **Derrick Waiswa**

	Reducing the Average Decision to incision Time for Emergency Caesarean Section to optimize delivery outcomes for mother and fetus, a case of Saint John XXIII Hospital **Dr Emmanuel Onapa**	Prevention of Surgical Maternal Hypothermia Via Intravenous Fluid (IV) Warming **James Oloya**	Using improvement collaboratives to learn and scale-up selected maternal and newborn health interventions in an urban setting, Kampala Uganda **Richard Kagimu**
			Strengthening Delivery Room Interventions to reduce Neonatal Mortality **Dr. Victoria Nakibuuka Kirabira**
3.30pm – 4.15pm	Chair: **Micheal Adrawa**	Chair: **Suzan Okwakol ADHO**	**Chair:** Dr. Victoria Nakibuuka & Dr Anita Tumwebaze
	Causes of maternal mortality at Mbale Regional Referral Hospital **Kagoya Kawala Enid**	Increasing Institutional deliveries at Rukungiri HCIV from October 2019 to June 2022 **Davis Ahabwe**	Using QI methods to improve Perinatal death reviews at Kibuli Muslim Hospital. **Evelyn Nabirye**
	Maternal High Dependency Unit a golden opportunity for survival of high-risk obstetric conditions in Adjumani Hospital, Uganda **Susan Aber**	Lessons learnt in the use of audio-visual aids to improve health education in Antenatal **Lanyero Grace**	Improving skilled birth attendance and perinatal audits continuous quality improvement; a case of Kiruhura district **John Bosco Barebereho**
	Engagement of Traditional Birth Attendants as referral agents improves utilization of maternal and new-born health services among pregnant women and new-born: Case of the Manafwa District, Uganda **Allan Kiprop, (IntraHealth)**	Young Mothers Forums – An innovation to Safe Motherhood Experience of Uganda Youth and Adolescents Health Forum in Butaleja District **Joyce Nakato**	Improving perinatal death surveillance and review processes at Kisugu HC III **Naula Mpande Rebecca**
			A Midwives Led Approach for accelerating Perinatal Death Review Processes at Kawempe National Referral Hospital (KNRH) **J. Nakawuki**

4.15pm-5.00pm	**Chair: Dr Esiru Godfrey**	Chair: **Ms Jane Frances Acam**	Chair: Dr Kathy Burgoine & Dr Stella Kyoyagala Subtheme: **Affordable Innovation and Technology**
	Feasibility, acceptability, and preliminary efficacy of Support Moms-Uganda, an mHealth-based patient-centered social support intervention to improve utilization of maternity services among pregnant women in rural Southwestern Uganda: A randomized Controlled Trial **Esther C Atukunda,**	Domiciliary experience of undergraduate midwifery students at Lira university **Ngalande Rebecca**	An enhanced education package delivered prior to hospital discharge improves maternal knowledge of neonatal jaundice after hospital discharge in jinja, Uganda **Businge Alinaitwe**
	Impact of the roll out of Comprehensive Emergency Obstetric Care (CEmOC) on institutional birth rate: A case study of Bushenyi HCIV **Dr Moses Odot (RHITES - SW)**	Quality improvement initiatives to improve and sustain acceptably high first trimester antenatal attendance in Lamwo district, northern Uganda **Amito J RHITES N**	Out born Newborns Drive Birth Asphyxia Mortality Rates- a 9 Year Analysis at a Rural Level 2 Nursery in Uganda **Edward Lutaaya**
	Impact of CEmOC functionalization on service uptake at Kamukira HCIV, Kabale District. **Daniel Tumwesigye**	MIDWIZE – Midwife Led Quality Improvements at CUFH Naguru, Kampala **Ms Evelyne Annette Kanyunyuzi**	Predicting adverse newborn outcomes using umbilical cord artery lactate measurements: an observational study **Elizabeth Ayebare**
			Short term outcomes and predictors of mortality of preterm who had continuous positive airway pressure initiated at delivery at ST. Francis hospital, Nsambya, Uganda. **Baingana Patrick**

Day 3: 27th October 2022

Time	Session	Speaker/presenter	Session Chair
	DAY 3, 27th October 2022		
8:00am-8:30am	**Arrival & Registration of Participants**	Secretariate-MoH	**Dr. Benson Tumwesigye**
8:30am-8:45am	Recap of Day 1	**Dr. Wasswa Ssalongo** **Dr. Cathy Burgoine**	**Dr. Mugabe Kenneth** *Consultant Obstetrician, Mbale RRH*
8:45 am-9: 30am	**Keynote address: State of maternal and newborn Health in Uganda**	**Prof. Peter Waiswa** *Makerere University, School of Public-College of health sciences*	
9:30am-10:00am	**Remarks from IPs and CSOs** **1. Seed Global** 2. **World Vision**		
10:00-10:30am	**Tea Break**		
10:30am12:30pm	**PANEL DISCUSSION** **Challenges in HRH Recruitment and Retention and strategies to improve commitment and performance** **Panelists**	Secretariate-MoH	**Ms Mildred Tuhaise** Journalist, NBS TV Uganda
	PS ministry of Public Service Commissioner human resource MoH	Mrs. Catherine Bitarakwate Musingwiire	
	Deputy Commissioner Health service Commission	Dr Apollo Karugaba	
	Commissioner Human Resources - MoH	Mrs. Annet Musinguzi	
	Chief Administrative Officer NDLG	Mr Wamburu David	
	Development partner (UNFPA)	Dr Moses Walakira	
	Director Jinja Regional Referral hospital.	Dr Yayi Alfred	
12:30pm-1:00pm	**SUMMARY OF THE DISCUSSION & AUDIENCE**		
1:00pm-2:00pm	**LUNCH BREAK**		
2:00PM- 5:00pm	**Award & Closing Ceremony**	Awards Subcommittee	**Dr Jesca Nsungwa,** *Commissioner Reproductive Maternal and Child Health Division, MoH*
	Conference Resolutions	**Prof Pius Okong,** *Conference Chair*	
	Closing Keynote Address	**Dr. Atwine Diana** *Permanent Secretary, Ministry of Health*	

Biography For The Speakers

Dr. Mary Otieno,
Representative, UNFPA Uganda

An Epidemiologist and Public Health professional, Dr. Mary has more than 20 years of managerial and strategic leadership, advocacy, coordination and technical expertise in reproductive health including HIV, population and development, gender and human rights at national and international levels within the United Nations system and with international organizations.

Dr. Otieno also served as the UNFPA Representative in South Sudan and Zambia where she championed the mainstreaming of sexual and reproductive health and rights and demographic dividend in national development frameworks and strategic plans. She served as Senior Technical Adviser for HIV/AIDS and Young People at UNFPA in New York, where she co-convened the Joint United Nations Programme on HIV/AIDS (UNAIDS) Inter-Agency-Task Team (IATT) on HIV and Young People. She has also worked with International Medical Corps (IMC-US), International Rescue Committee (IRC-New York), and the National Council for Population and Development in her native country Kenya.

She holds a PhD in Epidemiologic Science and a Master's Degree in Public Health from the University of Michigan, Ann Arbor, as well as Master of Arts Degree in Demography and a Bachelor of Arts in Sociology from the University of Nairobi, Kenya.

Francis Omaswa
Founder African Center for Global Health and Social Transformation (ACHEST)

Francis Omaswa is founder and a Director at the African Center for Global Health and Social Transformation (ACHEST) and Chair of the Community Engagement Strategy Sub-Committee for COVID-19 Response. He was Special Adviser to the WHO Director General and Executive Director of the Global Health Workforce Alliance (GHWA) at WHO Hq Geneva. Prior to this he was Director General of Health Services at the MOH in Uganda, Chief Surgeon and Head of Quality Assurance Program and founding Executive Director of the Uganda Heart Institute. He is passionate about access to quality health care by all people and spent five years testing approaches for this at the Ngora Mission Hospital. He is currently advocating and promoting initiatives on health and society.

Biography For The Speakers

Marcia Musisi-Nkambwe

Marcia Musisi-Nkambwe has been the Team leader in the strategic Information unit of the USAID/Uganda Health office for nearly 3 years. Prior to this, she worked for USAID in various capacities for more than 26 years and was a career member of the senior foreign service when she retired in July 2019. She served as the Mission Director to Sudan; Mission director and deputy mission director to Rwanda and program office director tin South Sudan, Nigeria, and Iraq. She also worked as a Program/Project development officer and private sector advisor for many years in USAID/Southern Africa and USAID/Botswana. Before joining USAID, SHE WAS A STASTICIAN AT THE Botswana central statistics office for four years under the USAID project. She also worked as an economist and statistician in under a USAID project. She also worked as an economist and statistician in Chicago for several years, taught economics and statistics at Roosevelt University in Chicago, and served ad Peace corps volunteer in Sierra Leone. Marcia has a Master's Degree in Economics from the University of Illinois and a Master of Science in Managerial economics and decision sciences from Northwestern University.

Integrating Dmpa-sc Self-injection Into The Wider Family Planning Method Mix, A Collaboration Between Family Planning Activity (Fpa) And Population Services International – Uganda (Psi-u).

Lead Authors: *Irene Nakiriggya1, Alexandrina Nakanwagi2*

Contributing Authors: *Christopher Arineitwe1, Philip Bakahirwa1, Thomas Emeetai1, Ritah Waddimba1, Gracie Nakazzi Lubega2, Rosette Nakaweesi2*

1. **Family Planning Activity (FPA)**
2. **Population Services International Uganda (PSIU)**

INTRODUCTION

Uganda is committed to achieving universal access to FP services and reducing the current unmet need for FP of 20.9% (PMA, 2021) to a target of 15% by 2022. In July 2021, FPA partnered with PSIU's delivering Innovation in Self Care, with an aim of sparking a self-care movement across Uganda to grant women and other beneficiaries more autonomy and control over their healthcare decisions.

OBJECTIVES

- To advocate and coordinate stakeholders in promoting self-care contraceptive use under existing FP programs.
- To create demand through campaigns on self-care and increase access points of DMPA-SC Self injection in Uganda.
- To mutually build capacity of Health facilities across 5 jointly supported districts in expanding DMPA Self- injection into their FP options.

METHODOLOGY

In Sept,2021, FPA introduced PSIU to the districts of implementation, supported entry meetings and mobilized District Health Teams in five districts of Bundibgyo Kibaale, Kiryandongo, Kyegegwa and Kyenjojo. PSIU led the joint trainings of HWs and community campaigns that created demand for FP including DMPA - SC self-injection at co0mmunity level. PSIU also run radio campaigns to create mass awareness. FPA mobilized 112 HWs in 87 HFs to participate in the trainings. Post-training, joint mentorship and support supervisions were conducted quarterly. PSIU re-oriented district biostatisticians to capture self-injection data. Together with the DHTs, we ensured commodity availability.

RESULTS

87 HFs and 112 HWs were equipped with knowledge on self-injection and empathetic counselling for clients. Over 100 outreaches have been conducted registering 9,153 self-injection visits between October 2021 and August 2022. The proportion of DMPA-SC that is self-injected is 67% which is almost 3 times the national average of 27%.

CONCLUSION

Strong collaborations with SRH/FP partners and districts contributed greatly, to expanding DMPA – SC Self injection into FP method mix.

THEME: strengthening CQI for F.P Service Delivery

Applying Continuous Quality Improvement (CQI)-Initiative to Strengthen Community Health Systems for Family planning in Albertine Region in Uganda.

Authors: ***Elly Ojaka, (1) Philip Bakahirwa, (2) USAID/Uganda Family Planning Activity; Kampala, Uganda***

BACKGROUND

Uganda targets to improve its current mCPR low at 30.4% and unmet need high at 17% in 2020, to 39.6% and 15% respectively by 2030, (F.P-2030). Key drivers to unmet need include limited access to health-facilities due-to long-distance, high-transport-costs, long waiting-time at the facility and few skilled community-health-workers. Expanding access to FP at community thus becomes a priority strategy for acceleration toward achieving set-targets. USAID/FPA supports Uganda-MoH to strengthen-health-systems for Family Planning nationally and district-levels using notable-approaches like community CQI-approach; "Door to door home visits" by trained-community health-workers (VHTs).

OBJECTIVES

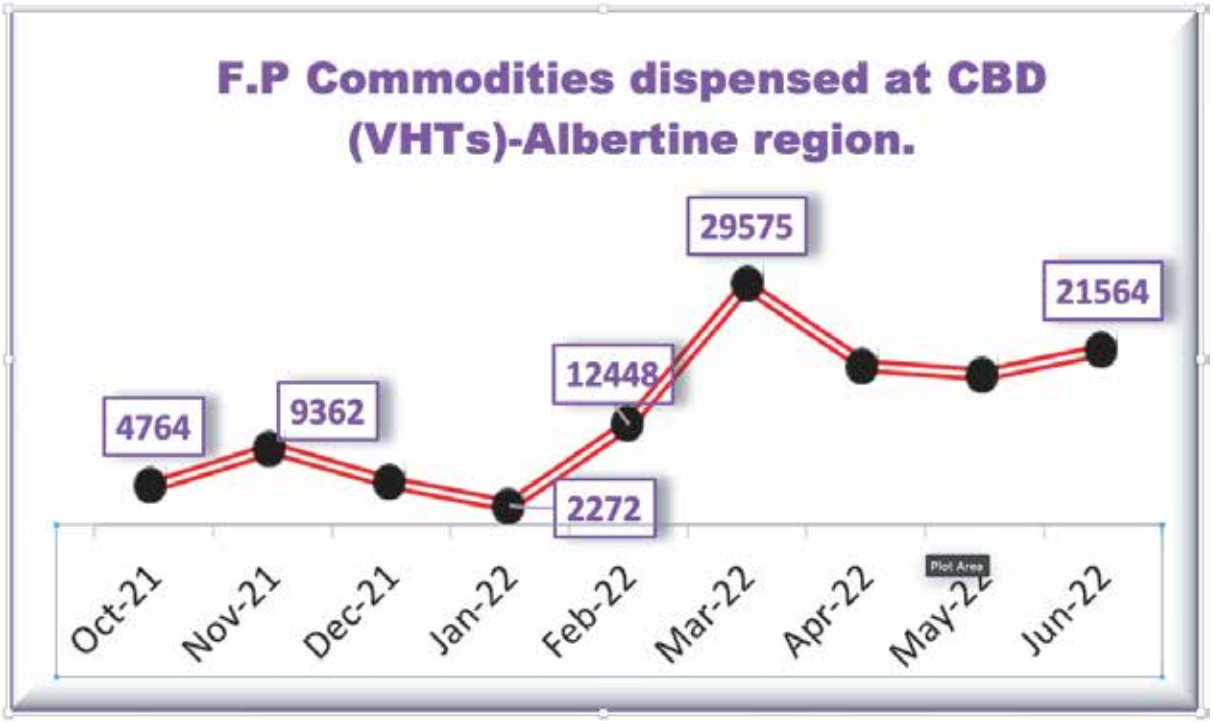
To ensure sustainable system for remote community family planning service delivery

1. To build capacity of community health-workers to offer quality family planning services including referrals at the community.
2.

METHODOLOGY

USAID/FPA in march-2021 conducted root-cause-analysis in 6-sites pilot for CQI and led to scaled-up to 55-sites in 11 districts in 2022. In Albertine (Kibaale, Kiryandongo, Buliisa and Kyankwanzi), RCA identified improvement areas including; long F.P client waiting-time at facility, few trained community-health-workers with limited skills for quality counselling, referrals, and provision short-tern/Injectable F.P-methods, long-distance to facility and high transport-costs, non-consent by husbands, fear of side effects, and myths and misconceptions. Following the CQI process, WITs were formed at the district and facilities including CHWs, a training was done for VHTs across all districts as part of change packages identified and engaged in the community. A global improvement model was applied that asks 3 fundamental questions, what are we trying to accomplish? How will we know a change is an improvement? What change can we make that will result in improvement? The PDSA-cycle for testing a change, by planning it, trying it, observing the results, and acting on what is learned. The trained VHTs engaged in;

- "Door to door home visit" in their villages
- Do quality counselling on all F.P methods,
- Complete referrals for LARCs.
- Provide short-term injectable at community
- Conduct home-based F.P couple counselling
- Ensure method refills from the facility and stock monitoring.
- Ensure proper documentation and reporting to their attached facilities
- At facility team support ensure data capture in HMIS and DHIS2 reporting
- Contentious monitoring, support an mentorship for VHTs for quality of community FP services.



Results from Albertine districts of Kibaale, Kiryandongo, Buliisa and Kyankwanzi. Indicated significant over 300% increase in number of F.P users from CBD as seen by commodities dispensed from 4764 to 21564. 80% of the commodities dispensed by VHTs include Injectable DMPA-SC, other are condoms and pills. VHTs have gained skill confidence in F.P service provision, counselling and complete referrals.

Conclusion:

This initiative in the FP districts especially Albertine region has proven the Community CQI model working with VHTs to be an effective approach to improve family planning service delivery. Therefore the need to increase adoption and scale up of the approach to other parts of the country

Thematic Area: Community Engagement for FP

Tittle: Using Adolescent Centric SBCC Interventions to Promote Contraceptive Services Utilization Amongst Sexually Active Adolescent Girls and Young Women: Lesson from East Central Uganda.

Authors; ***Daniel Kasansula, Keith Baleeta, Adrian Kalemeera, Esther Kalanzi, Dr. Emmanuel Atuhairwe, Dr. Robert Iriso, Dr. Augustine Muhwezi***

Organization:
USAID Regional Health Integration to Enhance Services in East Central Uganda/University Research Co. LLC

Background: In Uganda, 25% of women aged 15-19 have begun childbearing; 19% have had a live birth, 5% are pregnant with their first child. The Uganda demographic health survey,2016 highlights the contraceptive unmet need among adolescent girls (15-19years) stands at 30.4%, and 29.4% for young women (20-24 years), (UDHS 2016).

The World Health Organization (WHO) recommends preventing unplanned pregnancies amongst sexually active adolescent girls because pregnant adolescent girls face higher risks of morbidity and mortality. Community dialogues held in East Central(EC) Uganda identified the following underlying determinants to low contraceptive uptake amongst sexually active adolecents: knowledge gaps amongst adolescent girls and young women (AGYW) on pregnancy prevention, low contraceptive usage, sexual abuse, lack of community responsibility, risky sexual behaviours and cultural beliefs that promote early marriage.

Methods:
From January to June 2022, USAID RHITES-EC worked with twelve districts in EC Uganda to deploy 97 antenatal care focal persons (ANC FPs) and 225 AGYW as positive deviants. The positive deviants led integrated health education around HIV prevention, family planning and birth preparedness at 36 high-volume health facilities to address the underlying determinants influencing teenage pregnancy rates and low FP, and ANC services uptake. Facility-level interventions were complemented with positive deviants' led community level interpersonal communication activities targeting adolescents in sports centres, trading centres, garages, salons, water points, and worship centres.

Results:
The positive deviants adolescents reached cumulative total of 4,436 AGYW at 36 high-volume HFs. Overall, there was improved uptake of FP amongst new adolescents who received FP methods increased by 3,067 (19.4%) from 15,820 in the (January-March Quarter), to 18,887 in (April-June 2022) in EC-Uganda.

Conclusion:
Youth-led SBC interventions contributed to an increase in new adolescents using FP services in EC-Uganda. However, there's need to scale up these interventions to even lower-level HFs to improve or sustain the uptake of FP amongst sexually active AGYWs.

Antenatal Couples' Counselling to Improve uptake of Birth Planning and Post-Partum Family Planning: A process evaluation

Vincent Mubangizi1, Catherine Kyampire1, Silvia Natukunda1, Ingrid Muller2, Joseph Ngonzi1, Jerome Kabakyenga1, Nuala McGrath2, Merlin Willcox2

1: Mbarara University of Science and Technology, Mbarara, Uganda
2: School of Primary Care, Population Sciences and Medical Education, University of Southampton, UK

***Presenter:** Dr Vincent Mubangizi,*
Tel 0772499925; vmubangizi@must.ac.ug

INTRODUCTION
Lack of birth planning and family planning are important avoidable factors in maternal and perinatal deaths in Uganda. We developed an intervention to train VHTs and health workers to deliver couple's counselling to women and their partners during the antenatal period, aiming to encourage delivery in an appropriate facility, and uptake of post-partum family planning (PPFP).

OBJECTIVE
To understand the mechanisms and contexts for successful and unsuccessful outcomes of the intervention
Methods
We conducted a nested qualitative study alongside a feasibility cluster-randomised trial. We purposively selected and interviewed some participants who had followed the advice about birth planning and/or PPFP, and some who had not, as well as VHTs and health workers. Interviews were transcribed into English and analysed thematically, using a realist evaluation framework.

RESULTS
We interviewed 27 interviews; 16 participants (10 women, 6 men), 7 VHTs, 3 health workers and 1 clinic manager. The 5 men were linked to 5 of the women. The trained VHTs and health workers gave couples an opportunity to discuss birth planning and PPFP and to come to a joint decision. Men listened more to VHTs and health workers than to their wives, which changed their attitudes. Home visits by the VHTs and weekend clinics enabled more couples to access the counselling. Men felt valued when they were welcomed at health centres, and women felt empowered to decide to use PPFP when supported by their husbands.
Key reasons underlying unsuccessful outcomes were women's beliefs (religion, social norms), attitudes (fears of side-effects, myths), lack of time, unsupportive husbands, and services not being available (due to stock-outs, not all health workers being trained, and COVID-related closures).

CONCLUSION
The intervention functioned well in the presence of supportive husbands and good collaboration between VHTs and health workers.
[299 words]

Engaging Religious Leaders And Village Heath Teams For Advocacy On Integration Of Fertility Awareness Education & Methods Into Their Local Family Planning Program With-in Mubende Region.

Authors: ***Allison Amongin1, Andrew Ogei1, Irene Nakiriggya1, Tonny Tumwesigye1, Hillary Alima1, Patrick Kerchan1, Brenda Nalwadda1, Robinah Takwaza1, Johnson Masiko1***

Thematic Area: Community Engagement for FP

1. Uganda Protestant Medical Bureau

INTRODUCTION

Uganda is committed to achieving Universal access to FP services and reduce the current unmet need for FP of 17% (2020) to a target of 15% by 2022. UPMB in Partnership with George Town University, engaged Religious Leaders (RLs) and VHTs attached to UPMB 8-member Health facilities and 8 affiliated churches across Mubende Region, with an aim of strengthening grassroot advocacy for Fertility Awareness and Education through RLs and VHTs.

OBJECTIVES

To orient RLs and VHTs on Fertility Awareness and Education.

To equip RLs and VHTs with key Fertility Awareness messages and influence communities to take up FAM services.

METHOD

Between November 2021 and June 2022, 38 religious leaders and 58 VHTs received an orientation on FP with a focus on FAM and how they can influence its use within their grass root communities. Quarterly on-site supervision and mentorship visits were conducted to strengthen their capacity in creating awareness and offering FAM Services. Men were encouraged to be supportive to their Partners through sharing the benefits of using FP. RLs referred clients to trained VHTs and facility providers, who screened them for eligibility, provided CycleBeads and other FP methods.

RESULTS

From November 2021 to June 2022, 800 fertility awareness raising events were conducted by RLs and VHTs where 43,261 people (27,283F and 15,978 M) were reached with information on Fertility awareness. FAM acceptors increased from 100 in October 2021 to 3,262 new users.

CONCLUSION

Equipping RLs and VHTs to advocate for Fertility Awareness and Education increases uptake of FAM and other FP methods.

Thematic Area: Community Engagement for FP

Implementing partners coordination and collaboration to improve access to Depot-medroxyprogesterone acetate for self-injection at community level: Experience of Lango sub region.

Authors: ***Doreen Kenyangi, Barbra Kunihira, Rahmah Namaganda***

INTRODUCTION:
Self-injection with Depot-medroxyprogesterone acetate (DMPA-SC) has the potential to reduce FP access-related barriers and increase contraceptive continuation rates. In December 2021, only 848/23,192 (3.7%) total DMPA SC users utilized DMPA self-injection (SI) services in the Lango region. The barriers to SI included knowledge gap among FP providers on SI, lack of guidelines on documenting/reporting SI data in routine HMIS tools and frequent stockouts of DMPA SC.

Objective:
To improve the uptake of DMPA SI in the Lango region.

METHODS:
The USAID RHITES-N, Lango project worked with the District health teams and mapped Implementing Partners (IPs) delivering self-injection services in the region. Two projects (PATH and PSI Uganda) were identified. The USAID RHITES-N, Lango team reached out to PATH who provided DMPA SI training materials, SOPs and trained the project team on reporting and data collection. PATH trained health workers across 69 health facilities in 6 districts and provided technical support on reporting and monthly DMPA SI reporting rates by district. PSI Uganda trained health workers at 18 additional health facilities in 2 districts and RHITES-N, Lango trained the remaining 35 health facilities across 9 districts. USAID RHITES-N, Lango, working with PSI, continued to conduct joint supportive supervision visits to health facilities and Community-based distributors to monitor self-injection service provision.

RESULTS:
There was a noted increase in DMPA SI clients reached from 884 in December 2021 to 2,682 of a total 40,917 DMPA users (6.6%) by end of June 2022 in the Lango region.

CONCLUSIONS:
Mapping, coordination and collaboration of IPs allows leveraging of resources, avoidance of duplication and gaining from each other's strength to support districts and improve access to self-injection.

Theme: Community Engagement for FP

Engaging Village Health Teams (VHTs) for Interpersonal Communication to drive up uptake of Family Planning Case study Bukigai HCIII in Bududa

Authors: ***Doreen Kenyangi, Barbra Kunihira, Rahmah Namaganda***

BACKGROUND:
As part of this commitment, the Government of Uganda and its partners are expanding FP services in the region to reduce unmet need for FP to 10% and increase the modern contraceptive prevalence rate (mCPR) to 50%. Increasing this rate is vital to preventing maternal and morbidity and mortality and in reducing stillbirths. Eastern Uganda still struggles with a high unmet need for FP, and there are many bottlenecks to contraceptive uptake from the demand side. However, the most consistent challenge to low contraceptive uptake are the myths and misconceptions around FP, fears about FP services, and some cultural and religious beliefs which prevent many people from using contraception.

METHODS:
The RHITES-E team trained VHTs on the advantages of FP, common FP methods in Uganda, male involvement in FP, common misconceptions about FP, and strategies for community mobilization for FP. After the training, RHITES-E staff worked with health facility teams and VHTs to carry out catchment area mapping to identify pregnant woman and receive home visit assignments. The VHTs conducted targeted health education dialogues with other FP satisfied users based on catchment area mapping to mobilize clients for the uptake of FP and to reach them with FP education messaging. VHTs register and refer all clients to a health facility who want to access FP and ensure clients' HMIS006A forms are complete.

RESULTS/KEY FINDINGS:
In the third quarter, after the intervention began, there were 283 new users and 317 revisits. Quarter four of 2020 and quarter one of 2021 saw a continued increase in both new users and revisits. There was a decrease in new users in quarter 2 and 4 of 2021 (250 and 243 respectively) due to a new COVID-19 lockdown and restricted movement policies. Over the year long intervention, the project registered a total of 2,110 new FP users and 2,760 revisits.

LESSONS/CONCLUSION:
These interventions are integrated in nature and with one home visit a VHT can follow up on other several health thematic areas. Through Interpersonal communication and dialogue meetings, the VHTs have been able to engage the communities to address the FP myths and misconceptions.

Presenter
Mr, Aaron , Last Name: Musimenta
Organization: Intra health International
Title: Technical Advisor Social Behavior Change Communication and Community
E-mail: amusimenta@rhites-e.org

Co-Authors (maximum of 8; include all fields for each co-author):
Miss, Irene , : Mirembe
Organization: Intra-Health International
Title: Knowledge Management Manager
E-mail:imirembe@intrahealth.org

Dr, Damasco ,Last Name : Wamboya
Organization: Intra-Health International
Title: Family Health Team Lead
E-mail:dwamboya@intrahealth.org

Conference Theme :
Integrating Family Planning into Health Care Delivery

Abstract Title:
Low uptake of Post abortion Family Planning : Findings from routine service statistics

Authors: ***Bonnie Wandera, Florence Nakaggwa, Derrick Kimuli, Norah Namuwenge, Rebecca Nsubuga, Paul Isabirye, Daraus Bukenya, Barbara Amuron***

Author Institution: ***USAID's Strategic Information Technical Support Activity (USAID/SITES)***
WORD COUNT Excluding Title and authors : 299 Words

INTRODUCTION:
Although research has reported high abortion rates, there is no recent national level service data on comprehensive post abortion care services (PAC) in Uganda.

Objective:
To quantify PAC service access, post abortion facility treatment rates (PAFTR) and estimate Post abortion Family planning (PAFP) uptake using health facility data.

METHODS:
We analysed monthly health facility returns submitted into the national health management information system over the last four years. PAC service access was calculated as the annual sum of women who received any PAC service. PAFTR was calculated as the number of women receiving PAC service per 1000 women of reproductive age(WRA) and PAFP uptake was calculated as the percentage of women receiving PAC that received a family planning method.

Results:
Nationally, on average, 73,314 women received PAC services annually over the last four years with 74,204 in FY18/19, 72,043 in FY19/20, 76,478 in FY20/21 and 70,530 in FY21/22. Only 8 % of women receiving PAC services are by women aged ≤19 years.
The national PAFTR per 1000 WRA were 7.8 in FY18/19, 7.3 in FY19/20 , 7.5 FY20/21 and 6.7 in FY21/22. The 4 year average PAFTR was 7.3, highest in Kampala at 13.9, Acholi 13.7 and Bukedi 9.1 per 1000 WRA and lowest in Bugisu, Teso and Ankole regions.
The national average PAFP uptake was 22%, slightly higher among women aged ≤19 years (27% Vs 21% for women ≤20 years) and was unchanged over the years. PAFP uptake was highest in Ankole,Kampala and Lango and lowest in Karamoja, Kigezi and Busoga regions. PAFP uptake was highest in private-for-profit facilities.

Conclusion:
Over the last 4 years, 73,314 women received PAC services annually but only 1 in 5 received PAFP. Interventions to increase uptake of voluntary PAFP counseling and services especially in public facilities are urgently needed.

Thematic Area:
Quality improvement initiatives for safe motherhood.

Improving Postpartum Family Planning uptake among young women age 15 – 24 years at six weeks in Moyo General hospital, Moyo District.

Authors: ***Rhoda M[1], Adrawa M[1], Rajab S[1], Anviko M[2], Erongot J[3]***

1. Moyo District, 2. MSU and 3. UNFPA

INTRODUCTION:
Family planning (FP) is an essential component of safe motherhood provided during the antenatal period, immediately after delivery and during the first year postpartum. Postpartum women are among those with the greatest unmet need for FP. Yet they often do not receive the services they need to support longer birth intervals or reduce unintended pregnancy and its consequences. In Moyo Hospital, modern contraceptive uptake was at 3.7% in April 2022 far below the FP unmet need for West Nile region of 43.2% (UDHS 2016).

Objective:
To increase the proportion of young women age 15 – 24 years provided with postpartum modern family planning method at 6 weeks from 3.7% in April 2022 to 45% in December 2022 in Moyo General Hospital.

METHODS:
The hospital staffs were mentored on Quality Improvement (QI) approaches and supported to initiate projects. Postpartum Family Planning uptake at six weeks in Moyo general hospital was identified as the most poorly performing indicator. Health workers analyzed the causes of low postpartum Family Planning uptake at six weeks in Moyo general hospital using fishbone method, identified and implemented packages of interventions that included regular and consistent family planning health education during Antenatal Care (ANC) and Postnatal Care (PNC), packaging family planning counselling message by staff, family planning community outreaches.

RESULTS:
In April 2022, 3.7% young women age 15 – 24 years provided with postpartum modern family planning method at 6 weeks. After health workers point of care mentorship, postpartum modern family planning uptake improved to 15.8%, 12.5%, 25.9%, and 31% in May, June, July and August 2022 respectively.

CONCLUSION:
Regular and consistent family planning health education during ANC and PNC improved Postpartum Family Planning uptake among young women age 15 – 24 years at six weeks in Moyo General hospital.

Thematic Area:
Quality improvement initiatives for safe motherhood.

Increasing uptake of immediate postpartum family planning at Muko HCIV, Rubanda District

Authors:Asiimwe Bonny,[1] Bampabwire Godfrey,[1] Kyakunzire Enoch[2], Grace Achola[3]

INTRODUCTION:
Immediate postpartum family planning (IPPFP) is recognized as a proven High Impact Practice helping to address the unmet need for family planning (FP) and addressing missed opportunities. IPPFP refers to uptake of an FP method within 48 hours of delivery. IPPF is proven to reduce 30% of maternal deaths and 10% of perinatal deaths. Out of the 105 women that delivered from Muko HC IV in February 2022, none of them had been initiated on any modern method of contraception within 48 hours of delivery.

Objectives:
The objective of this project was to increase uptake of immediate post-partum Family Planning from 0% to 50% by August 2022

METHODS:
Data on uptake of immediate PPFP was reviewed from Maternity and PNC registers and revealed no uptake of FP. A Root cause analysis of the performance gap was commissioned and it revealed knowledge gaps among antenatal and postnatal mothers, sub-optimal documentation of family planning given in different registers and lack of specific commodities like implants. A quality improvement project on increasing IPPFP uptake was started.

RESULTS:
Uptake of IPPFP increased from 0% to 50% between February and August 2022

CONCLUSIONS:
Health education and sensitization of mothers during ANC, delivery and PNC coupled with a focus on correct documentation and addressing contraceptive security results in increased uptake of IPPFP. These tested changes should be implemented and scaled up to address the glaring unmet need for contraception. Improved documentation and a focused message to mothers during routine ANC, Delivery and PNC results in good uptake of FP methods thus addressing the high unmet need for family planning.

Theme:
Improving uptake of post-partum family planning (PPFP)

Title:
Innovations Improving Ppfp Service Delivery In The Private Sector Midwifery Clinics In The Urban Slums In Kampala

Insights from the Uganda Private Midwives Association (UPMA)

Authors: ***May Namukwaya, Co Author, Dr. Mariam Luyiga***

BACKGROUND:
Uganda's current maternal mortality rate is about 336/100,000 live births. Immediate postpartum family planning (PPFP), a high-impact practice, could prevent over 30% of maternal deaths. However, PPFP uptake is low. Private sector midwifery clinics offer opportunities for improvement.
Family planning readiness assessment of 40 UPMA member facilities in 2021, revealed inadequate equipment and limited awareness of PPFP services within surrounding communities. Further, 80% of the providers lacked knowledge and skills in providing immediate PPIUD .

Program Approach
Population Services International Uganda (PSIU) through USAID MOMENTUM project prioritized strengthening capacity of the private midwifery clinics to deliver PPFPthrough training of eight UPMA mentors in PPFP provision who cascaded the skills to 79 providers; differentiated mentorship and support supervision aligned to the facility segmentation into high, medium, and low productivity based on number of deliveries occurring in the facilities, and, human-centred demand creation approaches including mapping of pregnant and breast-feeding mothers within the community and integrating PPFP into the services accessed within the facility.

Key findings
Of the 40 participating facilities, 37% now offer immediate PPFP with uptake of 78 clients monthly, compared to 5% facilities that offered immediate PPFP in 2021. Uptake of PPFP 3weeks-6weeks after birth has improved nearly ten-fold while generally, PPFP uptake has nearly tripled across facilities (343 Oct 2021 – 948 Aug 2022). Onsite mentorships enabled translation of knowledge into skills among providers.

Conclusion
We have learned that segmentation for differentiated support to facilities can be utilized to optimize capacity-building interventions in private facilities and improve service delivery and uptake.

Post partum inter uterine device

Theme:
Integrating FP into Health Care Delivery.

Title:
Innovations to Improve Uptake of Long-Acting Reversible Contraceptives (LARCS) in Rakai District.

Authors:Hakim Nkenga [1], Lydia Balibali, Brenda Tusiime, Christopher Arineitwe

1. Moyo District, 2. MSU and 3. UNFPA

INTRODUCTION:
The uptake of Long-acting reversible contraception (LARCs) in Rakai district was very low at 378 clients taking up long term FP as of January 2022 which was only 18% of the total FP users. The low uptake was mainly due to limited capacity of health workers to provide long term family planning methods, poor sensitization to communities about benefits of LARCS and myths & misconceptions among women of reproductive age who desire to space their pregnancies for a longer period.

Objective:
The main objective was to increase uptake of long-acting reversible contraceptives in Rakai district.

METHODOLOGY:
Using mentorship approach, district mentors were identified and attached to 21 auxiliary facilities to strengthen their capacity in provision of LARCS. The district family planning focal person with support from USAID/Uganda Family Planning Activity (FPA) provided the overall oversight of this activity. Mentorship was done through observation, trial and error on models and hands on practice under the guidance of the mentors on the clients who attended the FP clinic. The baseline competence levels of all the health facility staff were checked and noted the areas of weakness that needed improvement and there after planned on how to perfect their skills. For continuity of FP services, the facilities ensured stable stock of contraceptives through distribution and re-distribution of contraceptives but also built capacity of health workers in proper data management.

RESULTS:
Since January 2022 there has been a steady increase in number of clients taking of LARCS from 378 in January to 1,306 by August.

CONCLUSION
Using hands on and on-site mentorship approaches enhance learning and aids to mentor many health workers. offering Quality FP counselling & targeted FP messaging and having stable stock of family planning commodities increases long term FP uptake.

Theme:
Community engagement for FP

Abstract title:
Increasing uptake of Long-Acting Reversible Contraception among women of reproductive age: Lessons from RHITES-E Activity

Authors:Hakim Nkenga [1], Lydia Balibali, Brenda Tusiime, Christopher Arineitwe

Presenter
Name: Christine Simiyu
Organization: IntraHealth/ Mbale
Title: Cluster Technical Manager
E-mail: csimiyu@intrahealth.org

Co-Authors (maximum of 8; include all fields for each co-author):

Name: Apio Abigail Scovia
Tittle: Registered Midwife
Organization: Namatala HC IV
Email: Apioabby@gmail.com

Name: Damasco Wamboya
Tittle: Ag Director Health Service Delivery
Organization: Intrahealth -Mbale
Email:dwamboya@intrahealth.org

Name: Irene Mirembe
Title: Knowledge Management Manager
Organization: Intrahealth –Mbale
Email:imirembe@intrahealth.org

BACKGROUND:
In the Eastern region of Uganda, uptake of long acting reversible contraception (LARCs) remains low at 14% based on the latest DHIS2 data. This represents a missed opportunity to provide women with some of the most effective contraceptive methods to support healthy spacing and timing of pregnancies. Low uptake remains a challenge due to low demand, limited ability of health workers to provide LARCs, stockout of contraceptive commodities in many health facilities, and negative attitudes towards LARCs in the community. Rumors, misconceptions, fears about family planning (FP) services, and some cultural and religious beliefs prevent many people from using contraception. These fears are exacerbated by lack of health worker knowledge in the provision of LARCs.

METHODS: RHITES-E, used a systematic supportive supervision approach to work with the facility in-charge of the target Namatala HC IV and trained key staff in the Maternal Newborn and Child Health and Family Planning (MNCH/FP) unit in the provision of LARCs; insertion, removal, and patient counseling. The trained staff later conducted Continuous Professional Development (CPDs) courses and trained other staff on clinical provision skills for LARCs through onsite mentorship and coaching. In addition to work with health facility staff, the RHITES-E team trained and worked with satisfied LARC users to support peer-peer communication and sharing on the benefits of LARC use. Male partners and peers of the satisfied users were trained and employed as male champions. The RHITES-E team conducted routine mentorship and coaching on stocks taking to ensure availability of LARCs and monitored LARC uptake monthly.

RESULTS:
The QI project began in January 2021 when 13% of FP users chose LARCs at Namatala HC IV. In February 2021, after just one month of the intervention, 24% of FP users chose LARCs. In March 2021, only 3% of FP users chose LARCs. This increased in April, when 19% of FP users chose LARCs. On-the-job support and mentorship for health workers supported a sustained level of FP users choosing LARCs for the next three quarters, 48% in July, 39% in October, and 49% in December 2021, surpassing the original goal of 30% uptake.

LESSONS/CONCLUSIONS:
Engaging satisfied users and trained male champions was a central component of the intervention to promote peer to peer service uptake and correction of myth and misconceptions about FP. QI approaches increased the team's efforts and abilities to monitor data trends, identify gaps, and use data to inform decision making and programmatic corrections. Onsite mentorship is the cheapest approach to scale skills and knowledge among health workers and their peers.

Theme:
Integrating Family Planning Into Health Care Delivery

Tittle:
Leveraging the Human Capital Development (HCD) Program of National Development Plan III (NDP III) to promote Family Planning multisectoral collaboration for socio economic development.

Authors: ***Christopher Arineitwe[1], Ritah Waddimba[2], Judith Mutabazi[2], John Ampeire[2]***

Organization: USAID Family Planning Activity

INTRODUCTION:
Family Planning (FP) is of one the proven interventions for reducing high fertility and enhancing efforts for harnessing the demographic dividend. One of the three strategic shifts for Uganda's second national FP Costed Implementation plan (FP CIP II) is multi sectoral collaboration. The NDP III also takes a program-based planning and budgeting approach that brings Ministries of Gender labor and social development (MoGLSD), Education, Water and Environment, Health, and Local Government together under the HCD program. Despite these efforts, FP is still not given priority and has been largely left to the health sector with hardly any allocation of funds from other sectors. In a bid to tackle this challenge, Since July 2021,USAID Family Planning Activity has been collaborating with National Planning Authority (NPA) and National Population Council (NPC) to explore the HCD program as a platform for achieving multisectoral collaboration.

Objectives:

1. To have FP integrated into the HCD program agenda.
2. Ensure that FP is allocated budgets within the sectoral plans under the HCD program.

METHODS:
A task team comprised of USAID FPA, UNFPA, NPC and led by NPA was formed to define key roles of HCD program in FP. With leadership from NPA FP focal persons from the respective ministries under the HCD were appointed, oriented on government FP priorities and their roles in spear heading FP within their sectors.

RESULTS:
Action plans have been developed for integrating FP into sectoral plans in line with the HCD program implementation plan. Through the effort of the MoLG FP focal person, MoLG has issued a circular to all local governments to ensure that FP is mainstreamed in all district FY 2023/2024 budgets and plans onwards.

CONCLUSION:
More sensitization on the importance of FP in development is required for the decision makers in the ministries under the HCD program to get buy in.

Awareness And Use Of Female Condom Among Women In Attiak Town Council, Amuru District-northern Uganda

Authors:
Sebastian Oroma[1], Jimmy Opiyo[2], Raymond Otim[3]

Corresponding author:
Raymond Otim
E-mail: otimraymond2@gmail.com
Tell: +256-761612101.

Affiliations:
Mbarara University of Science and Technology
St. Mary's Hospital Lacor P.O Box 180 Gulu-Uganda

ABSTRACT

BACKGROUND:
This study produced a rich description of the awareness and use of female condom (FC) in Attiak Town Council-Amuru district Northern Uganda. FC offers a dual protection against Sexually Transmitted Infections (STIs) and unwanted pregnancy. An initiative by Marie Stopes international(1998) to reduce on the unmet need for modern FP methods, unintended and teenage pregnancies enhancing uptake of sexual and reproductive health and rights (SRHR) and Sustainable development goals (SDG3). On estimate over 214 million women and girls in low- and middle-income countries (LMICs) would like to stop having children or delay their next birth for at least 2 years but are not using a modern contraceptive method and are therefore at risk of unintended pregnancy.

AIM:
To determine the level of awareness and use of FC among women at Attiak Town Council, Amuru District-Northern Uganda.

METHODOLOGY:
Descriptive quantitative study design was employed using simple random sampling during data collection. The study recruited 272 participants determining using Yamane's method with 95% CI. The data was analyzed using SPSS 20 software and Microsoft excel.

RESULTS:
Out of all 272 participants 166(55.5%) had age range of 18-24 years, 203(67.9%) were Catholics, (69.6%) had only attained primary level of education, and (64.9%) were single. Majority 257 (85.95%) had low level of awareness and use of female condom then 298 (99.67%) had never used female condoms before.

CONCLUSION:
There is need for public sensitization through radio broadcasts, camp meetings, training of Village Health Teams (VHTs) to offer counseling, FC and other modern FP methods, partnerships and further research on SRHR and modern FP uptake all to help improve maternal and child health SDG3, the productivity and quality of life for these women thus reduce poverty according to SDG 1.

KEY WORDS:
women, awareness, female condom, STIs

1. A Deep Dive into the Social Norms exploration on the drivers of teenage pregnancies in Busoga Region of Uganda.

Authors: ***Douglas Nsibambi, FHI360, Heather Chotvacs, FHI 360,Co-authors: Ritah Tweheyo, MSU, Peter Ddungu, MSU,***

2. Prevention of Surgical Maternal Hypothermia Via Intravenous Fluid (IV) Warming
Oloya James and Atamba Edgar (of Makerere University) and Lilly Chiavetta and Kate Flanagan (of ORAL)
Duke University). Please contact at +25677117748 and +1 (984) 259-4320

3. Averting unsafe motherhood through economic empowerment of adolescents in Buyende District.
Authors: Kafumbe Henry Simon 1 , Nakasi Madina 1 , Nabirye Betty 1 , Oucul Lazarus 1 , 1 The AIDS
Support Organization (TASO) Uganda.

4.Topic:DOMICILIARY EXPERIENCE OF UNDERGRADUATE MIDWIFERY STUDENTS AT LIRA UNIVERSITY (ORAL PRESENTATION)

5. Averting unsafe motherhood through economic empowerment of adolescents in Buyende District.
Authors: Kafumbe Henry Simon 1 , Nakasi Madina 1 , Nabirye Betty 1 , Oucul Lazarus 1 , 1 The AIDS
Support Organization (TASO) Uganda.

6. Increasing Postnatal Care (PNC) Attendance at 6 weeks at Hamurwa HC III, Rubanda District.
Christine Mbabazi 1 , KihemboHildah 1 , Justus Atuhairwe 1 , Enock Ekyakunzire 2 , Grace Achola 3

7. Leveraging Results based financing to improving Hepatitis B testing in rural
Uganda:

A Case study of Alebtong HC IV, Alebtong District

Contact Information:
Name: Jenniffer Owomuhangi.
Email: jowomuhangi@jcrc.org.ug
Contact: +256778808808

8. Topic: Maternal High Dependency Unit a golden opportunity for survival of high risk obstetric conditions in Adjumani Hospital, Uganda. (ORAL)
Authors: Susan Aber 1 , Aniap Emmanuel 1 , Harriet Aciro 1 , Lawrence Ojom 1 , Samuel Otoober 1 , Ben Atube 1 ,Grace Latigi 2, Rabin Drabe 2 .

9. Respectful care package given to mothers delivering at Jinja Regional Referral Hospital
Authors: Jennifer Amongi, Joy N, Jesca N, Harriet A, Alfred Y

10. Topic: Young Mothers Forums - An innovation to Safe Motherhood Experience of Uganda Youth and Adolescents Health Forum in Butaleja District (oral)
Authors: Joyce Nakato, Aweno Norman, Patrick Mwesigye, Leah Oketcho

11. Sustainability of Village Health Teams for Improved Health Promotion in Rural South Western Uganda

12. Lessons learnt in the use of audio-visual aids to improve health education in Antenatal clinic of Gulu Regional Referral Hospital – Gulu, Uganda (ORAL) Lanyero Grace 1& , Jackline Ayikoru 2 , Pebalo Francis Pebolo 2

13. Factors Affecting Quality Improvement Initiatives for Safe Motherhood in (oral)
Nyabushenyi and Kinoni Sub- Parishes, of Nyabihoko Parish in Ntugamo District.

Reaching rural communities through 'Healthy Entrepreneurs': Impact on sexual and reproductive health

Authors: ***Tosca Terra, Maarten Oliver Kok, Elizeus Rutebemberwa***

BACKGROUND:
Community health entrepreneurship is a sustainable approach to provide sexual and reproductive health care to underserved populations by harnessing the entrepreneurial skills of existing (volunteer) community health workers. VHTs are trained as 'Community Health Entrepreneurs' (CHEs), they provide their community with health-related products, health promotion and education. This abstract provides a first evaluation of the impact of the 'Healthy Entrepreneurs' social enterprise model. This model may be key in access to contraceptives, SRHR knowledge and HIV prevention by proactively ensuring rural populations access to the knowledge and means required for increasing and sustaining sexual and reproductive health. In collaboration with Amref Health Africa (the HEROES project), Healthy Entrepreneurs trained 450 entrepreneurs in Bugiri, Namayingi, Mayuge, Kween and Iganga to provide access to contraceptive commodities and knowledge in their community.

Objective:
The purpose of the current study was to explore the performance of 540 community health entrepreneurship and the access to sexual and reproductive health products to rural households in Uganda under the HEROES project.

RESULTS:
Results showed that households reached by community health entrepreneurs have improved access to contraceptives and have substantially more comprehensive knowledge of HIV and other STIs, compared to households reached by regular health workers. In collaboration with Amref Health Africa, Healthy Entrepreneurs trained 450 entrepreneurs. The 450 entrepreneurs reached 225.000 community members with access to SRHR commodities. The client profile showed that 20% were adopters (new clients to the method), 40% continuers and 40% provider changes. In 2021, the share of Sayana press injections in the 'method mix' increased by 22% versus the previous year, and now makes up the majority. In total 3.156 DMPA-SC dosages were provided and 1.052 clients onboarded on DMPA-SC.

CONCLUSION
Community health entrepreneurship can strengthen the role of lay health workers in providing sexual and reproductive healthcare.

Healthy Entrepreneurs
www.healthyentrepreneurs.nl / info@healthyentrepreneurs.nl

What is missing? Effectiveness of Empathy-based counseling in steering uptake of DMPA-SC Self-care.

Authors:Rahmah Namaganda, Alexandrina Nakanwagi and Josephine Kasaija PSI Uganda

DMPA-SC can be self-injected by clients trained by providers, can broaden the method mix, and expand access to FP by placing greater power and autonomy in the hands of women. However, uptake has been low, about 50% of women trained in SI in public sector and 15% of in private sector self-inject (AC). Fear of the needle and/or of pain was the major barrier to self-inject. DISC co-created with providers and users an Empathy based Counselling module called the Moment of Truth.

METHODOLOGY:
It was tested in Jinja and Kyenjojo districts in 8 (public and Private) 14 providers were trained in October 2021, they reported on women trained on SI and those who voluntarily chose to self-inject using facility registers and addendums sent via WhatsApp. Data collection took place bi-weekly until December 2021 to allow for mid-course corrections, after which it was gathered monthly. The measurement of success was SI uptake, conversion rate, and contribution to method mix.

RESULTS;
SI uptake increased from 1 user to 121 per outlet in Q4 . Conversion rates outperformed global benchmarks to 68% (70% in private outlets; 65% in public facilities). Proportion of SI as a part of the method mix increased from 22% to 57% in November and 48% in December.

LESSONS:
Empathy-based SI training increases SI uptake, and improves conversion rates, It's impactful in addressing client fears attributed to the way is delivered through role plays and practicums that allow providers to develop confidence through hands-on experience. It demonstrates providers as facilitators for self-care, supporting women to realize their power and take charge of their reproductive health needs. It has been scaled in 21 districts, Nigeria and Malawi revolutionizing self-care.

Authors: ***1 Godfrey Esiru.***

1. Improving Maternal Outcomes in Karamoja Through Skilling Human Resources for Health: A low dose high frequency approach.

2. Strengthening implementation of maternal death surveillance and response (MDSR) policy at a busy tertiary Hospital in Kampala Uganda: Achievements, challenges, legal aspects and lessons.
Imelda Namagembe, Catherine E Aiken, Joseph Rujumba, Jolly Beyeza-Kashesya, Dan K.
Kaye, Lawrence Kazibwe, Enock Kisegerwa, Ashley Moffett, Josaphat Byamugisha, Noah Kiwanuka, Annettee Nakimuli

3. Reducing the Average Decision to incision Time for Emergency Caesarean Section to optimize delivery outcomes for mother and fetus, a case of Saint John XXIII Hospital Aber- Oyam District.
Emmanuel Onapa,

4. Prevalence, severity and factors associated with thrombocytopenia among women in third trimester at Mbarara Regional Referral Hospital
Saturday Pascal 1 , Abesiga Lenard 1 , Kalyebara Kato Paul 1 , Migisha Richard 2 , Mugyenyi Godfrey 1

5. **TOPIC:** QUALITY IMPROVEMENT FOR SAFE **MOTHERHOOD:** THE ROLE OF CLINICAL TEACHING AND SUPERVISION

Thematic area:
Quality improvement initiative for safe motherhood

Title:
Improving Uptake of Family Planning Services Among Sexually Active Adolescents And Young People (12-24) In Mugoye HC III In Kalangala District

Authors: ***George Okurut, Sam Labu, Irene Ayanga, Michael Muyonga, Tonny Kapsandui***

Introduction

INTRODUCTION:
Youth constitute 78% of Uganda's population and teenage pregnancy is 25% (15-19) (UDHS 2016). In Kalangala district teenage pregnancy rate is at 19% (DHIS2). Modern Contraceptive Prevalence Rate (mCPR) is 40.4 % and unmet need, 30.4% (UDHS 2016). Young people lack information and face challenges in accessing quality SRH services from the mainstream health delivery systems and their primary gatekeepers.

Objective:
To increase the uptake of family planning services using CQI approaches among sexually active adolescents and young people.

METHODS:
In Mugoye HCIII during data quality review, it was observed that only 27% of adolescents and young people receive family planning services. The program uses a health system-strengthening approach using quality improvement to maximize family planning uptake among sexually active adolescents and young. Working together with district-based QI mentors, trained and mentored health workers on 5S, TQM CQI approaches. After the training, the facility established and activated QI committees, and activated CQI journals with aim of moving from 27% to 100% (from 16 to 60 beneficiaries served) from March to August 2022. The facility conducted continuous medical education (CME) on youth-friendly services, integrated family planning sensitization in routine health service points; targeted youth community outreaches, and specific clinic days for the youth and youth camps.

RESULTS:
For the period of March to August 2022, an increase in the uptake of family planning services among adolescents and young people moved from 27% to 120%(from 16 to 72 beneficiaries served) with a percentage increase of 93%.

CONCLUSION:
Overall district supervised continuous medical education on youth-friendly services, integrated family planning sensitization in routine health service points, targeted youth community outreaches, and specific clinic days for the youth and youth camps increases uptake of FP services among sexually active adolescents and young people.

amref health africa

Amref Health Africa is a health development organization working to create a lasting health change in Africa. Amref is doing this by training and mentoring the health workforce, strengthening service delivery with quality and enabling community health workers (village health teams -VHTs) to support women, girls, boys and men to access quality sexual and reproductive health/family health services. Amref is also promoting investment in healthcare by mobilizing funds and investing them directly into the health systems in Uganda and Africa as well as advocating for increased health financing to achieve Universal Health Coverage (UHC).

Amref is cognizant of Uganda's vision 2040 i.e. "A trans-formed Ugandan society from a peasant to a modern and prosperous country within 30 years". Amref believes that this can only be achieved with healthy women, girls, boys and men effectively contributing to national development. Although Uganda has made great strides towards a healthy population, health indicators show that the journey towards the vision is uphill and requires resolve to trek. Specifically, the maternal mortality of 336/100,000 live births, the neonatal mortality of 19/1,000 live births, under 5 mortality of 43/1,000 live births and teenage pregnancy of >25% illuminate the tasks and challenges ahead.

Amref, in its long partnership with the Government of Uganda through the Ministry of Health (MOH), remains committed to contributing to achieving UHC in Uganda including universal coverage of safe motherhood. We commit to increasing the human agency of Ugandans on health, making health systems work for vulnerable women, girls, boys and men, addressing social determinants such as negative gender norms and practices, and poverty, mitigating bad outcomes of motherhood such as fistula and promoting greater investment in health.

We thank all our partners, MOH, USIAD, WHO, UKAID/FCDO, The Kingdom of Netherlands, The World Bank, AICS, BMZ, District Local Governments, all health workers and Village Health Team Members who have made it possible for us to contribute to safe motherhood in Uganda.

Title:
Strengthening Health Workers Capacities on the Baby Friendly Health Facility Initiative (BFHI) in Kampala, Uganda

Authors: [1]*Barbara Nalubanga;* [2]*Hanifa Bachou;* [4]*Laura Ahumuza* [2]*Prudence Ainomugisha;* [2]*Richard Kanakulya,*[2]*Ahmed Luwangula,* [1]*Saul Onyango,* [3]*Sarah Zalwango,* [1]*Elizabeth Kiboneka,* [2]*Nathan Tumwesigye*

Affiliations: [1]*International Baby Food Action Network (IBFAN-Uganda),* [2] *USAID Maternal Child Health and Nutrition (MCHN) Activity,* [3]*Kampala City Council Authority,* [4]*Ministry of Health, Nutrition Division*

Corresponding Author: *Barbara Nalubanga, Barbaranalubanga@gmail.com and +256-772419029*

Preferred Presentation: *Oral*
Word Count: *296*

INTRODUCTION:
Breastfeeding in the first hour of birth is most important, contributes to reduction in maternal and neonatal morbidity and mortality and successful breastfeeding. Baby Friendly Health Facility Initiative (BFHI) training course seeks to strengthen health workers' competencies for breastfeeding counselling, lactational support and relevant policies and programmes to support breastfeeding. The course requires participants to practise what they learn at their places of work. Upon completion of the course.

Objective:
To assess skills-based competencies of trained health workers on counselling, lactational support, and relevant policies and programs

METHODOLOGY:
USAID's Maternal Newborn Child Health and Nutrition (MCHN) Activity and BFHI developed a mentorship tool used to assess: i) breastfeeding related policies, ii) counselling, iii) skin-to-skin contact and initiation of breastfeeding, iv) positioning and attachment, v) responsive breastfeeding, vi) breastmilk expression, vii) feeding low birthweight and sick infants, viii) breastfeeding supplementation, xi) preventing and managing difficulties in breastfeeding, and x) coordinated discharge from health facility. Individuals who attainment ≥70% scores qualify for certification of mentorship on BFHI. Mentorship assessments were conducted after six months of training with 86 health workers from 30 health facilities across levels and ownership.

RESULT:
Of the 86 health workers trained in BFHI, 26% (n=22) scored ≥70% and met criteria for certification for protecting, promoting, and supporting breastfeeding using the BFHI approach; 31% (n=27) scored between 50% and 69%, and they will be supported and reassessed within three months. The remaining 43% (37) scored below 50%.

Conclusion/Lesson learned
Post-training mentorship is important in assessing the level of skills retained and this can be used to inform selection of potential mentors to support peer mentorship in BFHI in their respective health facilities. The Ministry of health should consider adapting the BFHI mentorship approach to improve the quality of BFHI implementation in other health facilities.

Title:
Introducing Kangaroo care for stable small babies at Kitebi H/C III.

Authors: ***L. Nambuba, M. Nakato, D. Kamuli ,D. Kakooza , I. Kawooya, J. Namukasa, R. Kagimu***

INTRODUCTION:
Babies born early or with low birthweight require extra warmth for growth and optimal development. Small babies weighing 1.5 to 2.5 kgs can receive kangaroo care at a health center III, but at Kitebi H/C III these were all referred to Kawempe National Referral hospital (KNRH)

METHODOLOGY:
USAID-MCHN Activity supported the site to improve quality of care and through the quality-of-care data reviews., the quality improvement team used a data gap analysis approach and identified including capacity gaps on managing small babies; Lack of job aids to guide in kangaroo care demonstrations, Lack of space to practice kangaroo care and no follow up of small babies after discharge.

INTERVENTIONS IMPLEMENTED:
(I). Conducted an on-site practical Orientation on kangaroo care including documentation of care provided in Maternity register, (ii) health educated eligible mothers on continuous/extended skin to skin care before birth,

(III). obtained job aids to guide in kangaroo teachings and demonstrations, (iv) Identified corner & bed for Kangaroo care furnished with a notice board to display protocols & with screens for privacy, (v) keeping mothers for kangaroo care for 48hrs before discharge instead of 24 hours

(VI). initiated postnatal care and follow up of babies..

RESULTS:
Increased provision of Kangaroo care from 0% in November 2021 to 92% by August 2022 and referrals for small babies reduced from approx. 90% in November 2021 to 20% by August 2022.

Conclusion and lessons learnt:
Kangaroo Care can be provided for stable small babies at HC III level reducing unnecessary referrals. The team noticed babies who return for postnatal care gain weight within the 1st week of life.

LOW-COST INTEGRATED PHOTOTHERAPY AND MONITORING DEVICE

Authors: ***Namayanja Martha Mackline, Kworekwa Paula and Kigenyi Douglas.***

INTRODUCTION:
Neonatal jaundice results from the liver's inability to metabolize bilirubin for excretion. Common signs of the condition are yellowing of the skin and eyes. 60% of newborns in low-income nations experience jaundice, and 5% of them need urgent treatment with either phototherapy or blood transfusion. The high prevalence can be attributed to countries' poor diagnostic and treatment infrastructure.

OBJECTIVE:
To develop a Low-Cost integrated phototherapy and Monitoring device for resource limited settings that can deliver the required light intensity while monitoring using the feedback mechanism and protects neonates' eyes.

METHODOLOGY:
We followed the guidelines for human-centered design in a meticulous design approach. This includes steps such as needs finding in hospitals, needs screening, needs selection, solution concept generation, rapid prototyping, and prototype testing. We used a variety of data collection tools to carry out the requirements assessment at Kawempe National Referral Hospital. More than two newborns were seen using the same phototherapy system, which placed them at risk for disease transmission and underdosing. After applying the Pugh grading matrix, lack of monitoring phototherapy device was highly ranked. The design underwent several revisions until we developed a functional prototype which we tested against the design criteria and objectives set.

RESULTS:
We developed a low-cost phototherapy device with a layout for a single infant. The infant mask is equipped with a light sensor that serves as feedback mechanism and a light intensity adjustment knob that allows the medical professional to specify the required intensity.

CONCLUSION:
The device achieved 90% of the intended design objectives. We anticipate that if the device is integrated into the Neonatal Intensive Care Unit, it will save many neonates' lives and consequently reduce the burden on mothers as they take care of sick babies.

Title:
Neonatal skin care in eastern Uganda: beliefs, practices and acceptability of emollient use

***Authors:* : *Daniel Wenani*[1,2]**

Institutional addresses:
[1]Department of Public Health, Busitema University, Mbale, Uganda
[2]Manafwa District Local Government, Eastern Uganda

BACKGROUND:
The skin is a major route of infection in the neonatal period, especially in low birth-weight infants. Appropriate and safe neonatal skin care practices are required to reduce this risk. Data from Asia suggests that the application of emollient to the skin of low birthweight infants can promote growth, reduce serious neonatal infections, and potentially reduce mortality. The perceptions and beliefs of mothers and caregivers towards various neonatal care practices in our setting have been documented. This is the first study to explore the practice, beliefs and acceptability of emollients and massage as part of neonatal skin care in our setting.

Objective:
To explore perceptions, beliefs, and current practices regarding neonatal skin care and emollient use in eastern Uganda.

METHODS:
We conducted a qualitative study consisting of three focus group discussions (30 participants), eight in-depth interviews with mothers/caregivers of preterm and term neonates and 12 key informant interviews with midwives, doctors and community health workers involved in neonatal care, to explore the perceptions and practices surrounding neonatal skin care. Data collected were transcribed and analyzed using thematic content analysis.

RESULTS:
Mothers perceived that skin care began in utero. Skincare practices depended on the place of delivery; for deliveries in a health facility the skincare practices were based on the health worker's advice. Vernix caseosa was often washed off the skin due to its perceived undesirability and was attributed to sexual intercourse in the last trimester. Despite their deleterious attributes found in previous studies, petrolatum-based oils, petrolatum-based jellies and talcum baby powders were the most commonly reported items used in neonatal skin care. In our population, there was high acceptability of emollient therapy use; however, neonatal massage was treated with scepticism as mothers feared damaging the vulnerable neonate. Mothers suggested emollient use applicability be left to health workers in case it becomes an intervention, as the mothers thought they might accidentally cause unnecessary damage.

CONCLUSION:
In eastern Uganda, the perceptions and beliefs of mothers/caregivers toward neonatal skincare influenced newborn skincare practices of which some could potentially be beneficial, and others harmful to the neonates. Emollient use, however, would be easily accepted if adequate sensitisation is conducted and using the gatekeepers such as health workers.

Title:

An Enhanced Education Package Delivered Prior to Hospital Discharge Improves Maternal Knowledge of Neonatal Jaundice After Hospital Discharge in Jinja, Uganda

***Authors:* : Businge Alinaitwe (BSN), Francis Nkunzimaana (MSc), Petranilla Nakamya (MPH, B.Pharm), Charles Kato (MD), Rachel Uwimbabazi (MPH), Molly McCoy (MA), Adam Kaplan (Ph.D), Elizabeth Ayebare (MSN, BSN), Tom D. Ngabirano, Ngabirano (MSN, BSN), Jameel Winter (MD).**

BACKGROUND:
Neonatal jaundice remains a major indicator of and contributor to neonatal morbidity worldwide. Jaundice occurs primarily during the first week of life in a neonate, with the first detectable signs often occurring after the first 24 hours. In many developing countries, mothers are often discharged during the first 24hrs after delivery. Therefore, if mothers do not have baseline knowledge about jaundice and the danger signs associated with severe jaundice, infants who get jaundice un-noticed might develop the most severe outcomes.

Objective:
We aimed to improve maternal knowledge of neonatal jaundice through an enhanced educational package delivered prior to hospital discharge at Jinja Regional Referral Hospital.

METHODS:
A before and after study was conducted in which a pre-intervention knowledge assessment was completed, and mothers viewed a video presentation on neonatal jaundice. They also received printed information vouchers. Each mother was educated individually by trained research midwives. Follow-up knowledge assessments were conducted 7-14 days after hospital discharge. Data was analyzed using Stata 16.

RESULTS:
Of the 250 mothers recruited, 189 were fit for analysis. Sixty-one mothers were lost to follow-up. The mean pre-intervention score was 9.9. The mean follow-up knowledge score was 14.6; a difference of 4.7 points ($p < 0.001$). Major factors determining higher baseline knowledge included higher maternal age ($p = 0.013$), attendance of antenatal care ($p = 0.029$) and attendance of 4 or more antenatal visits ($p = 0.003$). Baseline knowledge score significantly predicts the change in knowledge after the intervention ($p<0.001$).

CONCLUSION:
Maternal knowledge of jaundice can be increased using a simple educational intervention, especially in settings where the burden of detection often falls on the mother. Further study is needed in implementation of this program at other facilities, and determining whether these types of educational interventions improve early care seeking for neonates with symptomatic jaundice.

Title:
Expansion of an established neonatal care training course to lower level healthcare facilities in eastern Uganda.

Authors: ***Derrick Waiswa[1], Linda Acom[1], Juliet Akiror[1], Sara Talyewoya[1], Collin Ogara[1], Kathy Burgoine[1]***

Presenting author: ***Derrick Waiswa***

INTRODUCTION:
Lack of knowledge in care of sick and small newborns is a significant obstacle to reducing neonatal deaths globally. Although a variety of training programmes exist in neonatal resuscitation for low-resource settings, there are few training programmes that focus on ongoing in-patient neonatal care.

Objective:
This prospective study sought to characterize changes in trainees' knowledge and perceptions after a 10-module neonatal training course was delivered in four Health Centre IVs in Mbale district.

METHODS:
We used focus groups to explore the attitudes of health workers around the provision of neonatal care in health centre IVs in eastern Uganda. In addition, the knowledge before and after the training course was assessed.

RESULTS:
The overall knowledge increased from 44.6% to 73.1% (p=0.0001). Almost all areas of knowledge showed a significant improvement. The largest improvements were recognition of signs of respiratory distress from 37.5% to 84.7% (p=0.0001); recognition of the danger signs from 41.4% to 81.9% (p=0.0001); and method of placing a preterm into kangaroo care 29.5% to 76.9% (p=0.0001).
After the training, healthcare workers said their knowledge had improved and the felt empowered to share knowledge: "I feel confident to provide on job training to colleagues", "I will share knowledge with them [colleagues]". They believed that the course helped fill a gap in their knowledge: "I have been practicing for years, but this is the first time I have received training on neonatal care either during my job or at school".

CONCLUSION:
There is a lack of awareness of basic neonatal knowledge in healthcare workers in eastern Uganda. This simple, feasible and affordable training course could significantly improve knowledge of neonatal care. Ultimately neonatology must be incorporated into pre-service programmes to create specialist nurses and doctors, in the meantime this course could provide vital knowledge and skills to frontline healthcare workers.

Title:
Reducing preterm mortality in eastern Uganda: The impact of introducing low-cost bubble CPAP on neonates <1500g

Authors: ***Okello F[1,2], Egiru E[3], Ikiror J[4], Acom L[4], Loe KSM[5], Olupot-Olupot P[1,3], Burgoine K[3,4]***

Presenting author: ***Kathy Burgoine***

INTRODUCTION:
Complications of prematurity are the leading cause of deaths in children under the age of five. The predominant reason for these preterm deaths is respiratory distress syndrome (RDS). In low-income countries (LICs) there are limited treatment options for RDS. Due to their simplicity and affordability, low-cost bubble continuous positive airway pressure (bCPAP) devices have been introduced in neonatal units in LICs to treat RDS. This study is the first observational study from a LIC to compare outcomes of very-low-birth-weight (VLBW, <1500g) neonates in pre- and post-CPAP periods.

METHODS:
This retrospective study of VLBW neonates in Mbale Regional Referral Hospital Neonatal Unit (MRRH-NNU), in eastern Uganda aimed to measure the outcome of VLBW neonates in two distinct study periods: A 14-month period before bCPAP was introduced (pre-bCPAP) and an 18-month period following the introduction of bCPAP (post-bCPAP). After the introduction of bCPAP, it was applied to VLBW neonates with RDS when clinically indicated and if a device was available. Clinical features and outcomes were compared between the two periods.

RESULTS:
The admission records of 377 VLBW neonates were obtained. 158 were admitted in the pre-bCPAP period and 219 in the post-bCPAP period. The mortality rate in the pre- bCPAP period was 39.2% (62/158) compared with 26.5% (58/219, P=0.012) in the post-bCPAP period. Overall, there was a 44% reduction in mortality (OR 0.56, 95%CI 0.36-0.86, P=0.01).

CONCLUSION:
Specialized and resource-appropriate neonatal care, that appropriately addresses the challenges of healthcare provision in LICs, has the potential to reduce neonatal deaths. The use of a low-cost bCPAP to treat RDS in VLBW neonates resulted in a significant improvement in their survival in a neonatal unit in eastern Uganda. It is possible that this relatively simple and affordable intervention could have a huge impact across Uganda.

Title:
Improving management of respiratory distress syndrome (RDS) cases among Preterm babies through receiving lung surfactant at Kawempe National referral Hospital

Authors: ***M.Nyanzi, L.Kazibwe G.Basanyuka, J.Mugaru, I.Mubiru, S.Atwine J.Nakibuuka A.Nalugwa , V.Tumukunde***

INTRODUCTION:RDS was the leading cause of deaths among admitted preterm at Special care Unit (SCU) i.e., Jun-21 23/43 preterm deaths.
MOH and Partners engaged MPDSR review teams in weekly meetings noted supply of lung surfactant to potentially reduce preterm deaths.
The MPDSR committee drafted a justification memo for increasing availability of lung surfactant and subsequent increase in budget allocations for medicines and supplies for the Hospital.
The Ministry of Health and National medical stores (NM) increased medicine and supplies budget from 1.5 billion to 5.5 billion for Kawempe NRH and allocated 1.5 billion for procurement of lung surfactant.

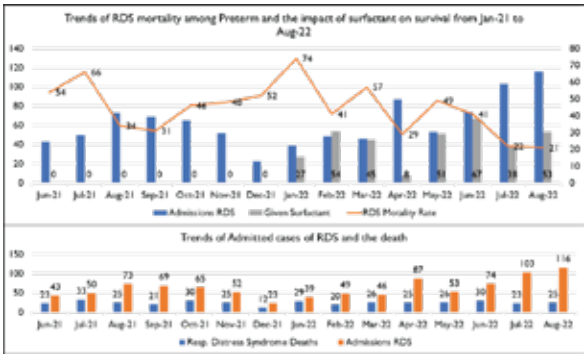
IMPROVEMENT OBJECTIVE:
1. Increase the % of Preterm babies with RDS admitted receiving lung surfactant from 0% Jan-21 to 50% by Jan 22 Reduce mortality rate of newborn with RDS
2. Increase number of staff that can administer lung surfactant from 7.6% (1/13) in November 2021 to 100% by June 2022.

METHODOLOGY:
Developed SOPs and protocols for administering Lung surfactant, displaying protocol in all cubicles.
Conducted on job training on administration of lung surfactant, emphasizing timelines.
Improvised a registration book for the preterm receiving lung surfactant and placed at an open cubicle. In charge restocks lung surfactant, JHOs and SHOs observe Specialists administering lung surfactant.

CRITERIA:
1. Preterm Newborn <=48 hours Old with:
► birth weight >800g, or
► GA >=28 weeks plus SILVERMAN Anderson reaction score >=6 or intubated with 30% SPO2

2.Others
►MAS
►Infant of DM Mother
►Pulmonary Hemorrhage

Administration of Surfactant to a preterm with RDS



RESULTS.
Number of staff skilled to give surfactant increased from 1 to 13 including 6 specialists and 7 medical Officers at NICU
There is an increasing admission of prematures with RDS as referrals from 43 in June 2021 to 116 in August 2022.
The number of surfactant doses given have increased from 27 per month to 56 per months. Preterm deaths due to RDS reduced from 74% in Jan-21 to 21% in Aug-22.
Conclusion: Lung surfactant within 48hrs after a preterm birth leads to quick resolving of respiratory distress syndrome among premature. Display of protocols, restocking and accessibility of lung surfactant improves management of RDS in preterm newborn.

Title:
Increasing percentages of sick newborns with glucose levels checked and corrected at SCU-KNRH.

Authors: ***F. Katusiime, A. Nalugwa, M.Nyazi A.Christine, V. Tumukunde. I.Mubiru,***

INTRODUCTION:
Ministry of Health recommends that all neonates that manifests with convulsions should have blood sugars checked and corrected to reduce sudden coat new-born deaths. At Kawempe National Referral hospital only 6% of sick newborn with convulsions have their blood sugars checked and corrected

METHOD:
USAID MCHN Activity worked with the head of department, in charge special care unit and doctors to relocate the glucometer to the ICU cubicle, label the new location "Glucometer" replace used up batteries, develop criterion for who to be done blood glucose check and display reminders of the criterion in the cubicles.

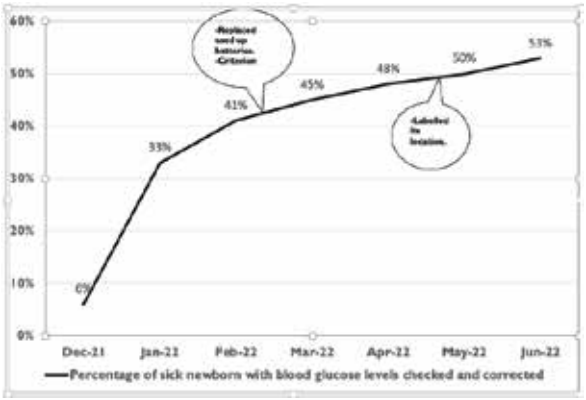
Criterion for blood glucose

Labeling glucometer location

Replaced batteries.

Relocated Glucometer to ICU cubicle

RESULTS:



DISCUSSION:
The following improvements were noted: relocating glucometer from in charge's office to ICU cubicles, criterions for blood glucose checking among newborns, and three glucometers are regularly installed with new batteries.

Conclusion:
Through routine engagements of the 14 special care unit staff, percentages of newborns with blood glucose checked improved from 6% in December 21 to 53% in June 2022. Additional of two glucometers were allocated to neonatal intensive care unit making a total of three accessible glucometers. Mortality rate among sick newborns generally reduced from 19.1% to an average of 15.5% within 6months at neonatal intensive care unit.

Title:
Using QI methods to improve Perinatal death reviews at Kibuli Muslim Hospital.

Authors: ***Evelyn Nabirye, Lydia Rebecca Asekenye, Rashidah Nabukalu, Dickens Atumuhura, Winnie Bamukisa***

INTRODUCTION:
Kibuli Muslim Hospital is a PNFP that registers about 450 ANC mothers and 250 deliveries a month. It registers averagely 2 perinatal deaths a month and these were notified but not reviewed. Perinatal death review was at 0% in March 2021and the team agreed to use QI to analyze the problem and focus on improving the reviews from 0% to at least 70% in December 2021.

METHODOLOGY:
A root cause analysis was done and found knowledge gap on MPDSR principles and processes, missing perinatal death notification and review forms, no committee or focal person to lead review process, no MPDSR guidelines and tough administrators were the causes.

These change ideas were implemented for improvement; Conducted MPDSR training for midwives, doctors and administrators, Formed MPDSR committee comprising of 7 members, Printed copies of perinatal death review forms, Soft copy of MPDSR guidelines were provided & shared with staff, Functionalized QI whatsup group to include MPDSR updates, Included data officer in the review meetings to ensure timely entry in DHIS2 events tracker-, Review meetings held within 72 hours of death.

RESULTS:
There was an improvement in Perinatal Death reviews from 0% in March to 100% in December 2021 and has been sustained to 100% in June 2022.

CONCLUSION AND LESSONS LEARNT:
Involving top management in MPDSR training made staff free to report deaths and participate in review meetings. Having data officer as part of the review committee enabled timely entry of reviewed forms in DHIS2. There has been Improved documentation in patients' files because of feedback sharing with staff after reviews.

Title:
Improving Killed Birth Attendance And Perinatal Audits Continuous Quality Improvement; A Case Of Kiruhura District

Authors: ***John Bosco Barebereho[1], Dr. Ivan David Kamya[1]***

BACKGROUND:
By the end of 2020/2021, Kiruhura District had low skilled birth attendance at 63.6%, while perinatal deaths reviewed was at only 69%.

METHODS:
Root cause analysis done by the district health team showed; Health Centre IIIs & IIs conducting deliveries were at 73.9% (17/23 HFs), lack of functional QI structures, regular staff absenteeism and lack of clear health facility targets.

INTERVENTIONS:
Functionalized the HCIVs and functionalizing the upgraded of HCIIs to IIIs. Recruited health workers (midwives) to address the staffing gaps, Active monthly monitoring of health worker attendance and weekly feedback to health facilities mechanisms. Set targets for all health facilities, weekly analysis of facility performance and stock outs of MCH commodities, integration of CQI in activities of WITs, Raised community awareness of the availability of services through leadership structures. Leveraged on the Results Based Funding(RBF) program, UGIFT and PHC transitional grants funding for MCH activities.

RESULTS:
By end of FY 2021/2022, Up to 95.6% (22/23 HFs) now conducting deliveries resulting in improved skilled by 63.6% to 70.1% and Perinatal deaths reviews increased to 69% and 90.5% respectively.

DISCUSSION:
Increased delivery of skilled birth attendance and MPDSR services by end of FY 2021/22 was attributed to continuous tracking of performance by the DHT, functionalization of QI structures, increased functionality of health facilities and availability of health workers at health facilities

CONCLUSIONS AND LESSONS LEARNT:
Integration of CQI by leadership at district and health facility level improved health services uptake. Continuous performance monitoring and functionalization of the HCIIIs and IVs increased access of health services. Communication and regular feedback on targets to health facilities, focused health facility leadership and increased impact on access to safe delivery and care services in the spirit of safe motherhood.

Title:
Improving perinatal death surveillance and review processes at Kisugu HC III

Authors: ***Naula Mpande Rebecca, Miriam Aliisa, John Omongo, John Muwemba, Winnie Bamukisa, Richard Kagimu***

INTRODUCTION:
Kisugu HC III is in Makindye division attending to an average of 1300 antenatal mothers and 250 deliveries a month. The facility has not registered any maternal deaths in the past years however it continues to register 3 perinatal deaths per month which are not reviewed.

METHODS:
During a data review meeting in May 2021, a root cause analysis was done showing lack of MPDSR committee of Focal person, stock out of PD review forms and knowledge gap on filling the forms and no participation of the data clerk in the MCH meetings.
Change ideas implemented; a committee selected and oriented on MPDSR processes, perinatal death review booklets delivered to the facility, involved the data clerk in all MPDSR meetings to have timely entry in DHIS2, oriented MCH in-charge and maternity in-charge to be able to enter reviewed PDs directly into DHIS2 where there is no health information assistant.

RESULTS:
Improvement in Perinatal Death reviews and entry into DHIS2 from 0% in April 2021 to 100% in July 2022 and has sustained the good performance to 100%.

CONCLUSION AND LESSONS LEARNT:
Involvement of midwives in using computers to access DHIS2 has greatly improved timely entry of reviewed PDs in DHIS2 where there is no health information assistant.

Title:
Increasing the survival of low birth weight babies using Kangaroo Mother Care (KMC): A case of Kambuga Hospital, Kanungu District

Authors: ***Loyce Musimenta[1], Honest Karungi[1], Ketty Tushabomwe[2], Robert Sekimpi[3], Maureen Twikirize[3], Moses Odot[3], Clare Asiimwe[3]***

INTRODUCTION:
Many preterm babies are low birth weight babies known to have challenges of maintaining a stable temperature due to an increased surface area to volume ratio leading to hypothermia and eventually death. Kambuga Hospital had only 77% survival of Low Birth Weight babies (LBW) at discharge. The team embarked on quality improvement projects to increase survival of LBW to improve the survival to 100% at discharge by March 2022.

Objective:
The objective of this quality improvement project focused on increasing the survival of LBW at discharge from 77% to 100% using Kangaroo Mother care

METHODS:
Data was reviewed at multiple levels focusing on outcomes of preterm births that revealed 23% death rates. The team conducted a Root Cause Analysis (RCA) to understand the reason for these high death rates. Quality Improvement project was then initiated to address these gaps. Sources of data included the PNC and maternity registers.

RESULTS:
The proportion of LBW surviving at discharge increased from 77% in November 2021 to 100% by March 2022. The RCA revealed knowledge gap among providers and mothers on Kangaroo Mother Care (KMC), absence of power back up and lack of space as inhibitors to practice KMC.

CONCLUSION AND LESSONS LEARNT:
Interventions like KMC lead to improvement in survival of low birth weight babies. A plan to mentor providers and educate mothers and families should be in place to ensure its success. KMC is a low cost but effective option for increasing the survival of LBW babies in low resource settings. Scaling up such interventions will improve perinatal outcomes and reduce perinatal mortality.

Title:
A Midwives Led Approach for aaccelerating Perinatal Death Review Processes at Kawempe National Referral Hospital (KNRH)

Authors: ***J. Nakawuki, E. Otala, P. Kobusinge, S. Kalegere, H.H Kato, L. Kazibwe, F. Katusiime, B. Naigaga, N. Abisagi, C. Achum, I. Mubiru, V. Tumukunde***

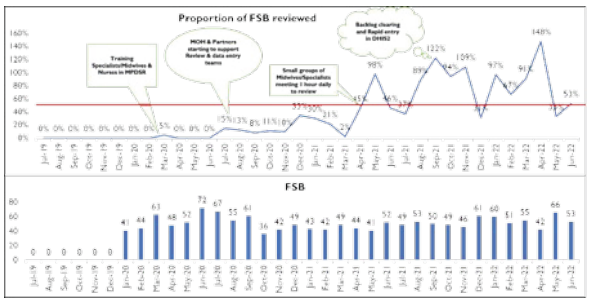
INTRODUCTION:
In Jan 2021 Perinatal deaths review were at 4%, midwives were not participating actively in perinatal deaths review, Specialists prioritized maternal death reviews and there was Irregular supply of perinatal death notification and review forms/-booklets.

Improvement Objective:
To increase the % of perinatal death reviews done at KNRH from 4% in June 2020 to 50% by June 2021

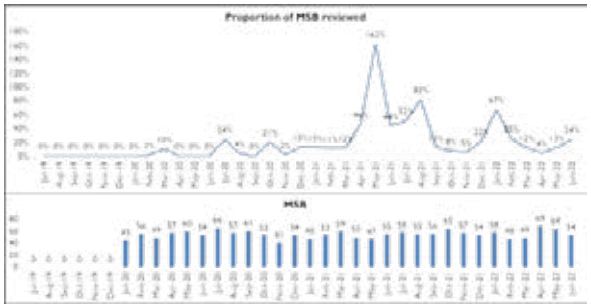
METHODS:

RESULTS:

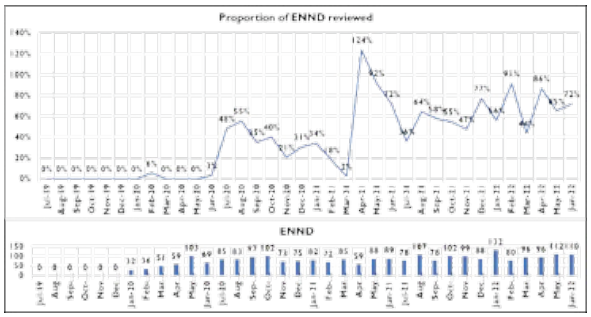
i.Fresh Still Birth Reviews trends from 2019 to 2022



ii.Macerated Still Birth trends from 2019 to 2022



iii.Early Neonatal Deaths Reviews
Increased from 5% in Dec-20 to 72% by Jun-22 at noted in Graph below



CONCLUSION:

i. Teamwork and leadership are required for better performance and sustainability of MPDSR

ii. Capacity building of midwives to lead/conduct MPDSR reviews greatly improves the performance

iii. Implementation of the recommendations from the reviews (the Response) requires resources. Therefore, collaborating with Partners can address some of the resources needed.

Title:
Short Term Outcomes and Predictors of Mortality of Preterms with Respiratory Distress that had Continuous Positive Airway Pressure initiated at delivery.

Authors: ***Baingana Patrick***

*Author's affiliation:****Department of Pediatrics and Child health St Francis Hospital, Nsambya.***

BACKGROUND:
Preterm birth and its complications like respiratory distress syndrome are the leading causes of neonatal mortality. Continuous Positive Airway Pressure (CPAP) is a low cost treatment modality for respiratory distress syndrome that has been shown to improve survival of preterms. However its application at delivery is not routinely practiced in Uganda and Africa despite evidence from high income countries showing its benefits and recommending it. At St Francis hospital, Nsambya it had been practiced since 2018 but outcomes of preterms had not been assessed.

METHODS:
We conducted a retrospective cohort study at St Francis Hospital, Nsambya Neonatal Unit. Maternal and Neonatal records of Preterms that had CPAP initiated at delivery from January 2018 to December 2021 were reviewed. We determined the proportion of preterms that survived to discharge, required mechanical ventilation and surfactant. The predictors of mortality were determined using Cox proportionate hazard model.

RESULTS:
198 patients records were reviewed, Mean age of mother was 29 years and 70.2% delivered by cesarean section. 55.1% of the preterms were female, 73.7% survived to discharge, 15.7% required mechanical ventilation and 19.2 required surfactant. The predictors of mortality were gestation age less than 31 weeks, apnea of prematurity, pulmonary hemorrhage and APGAR score of less than 6 at 5 minutes

CONCLUSION:
The survival of preterms with respiratory distress was high when CPAP was initiated at delivery and small proportion required surfactant and mechanical ventilation. However the being delivered less than 31weeks, having apnea of prematurity, pulmonary hemorrhage and an APGAR score less than 6 at 5 minutes increased the risk of mortality.

Key words:
CPAP at delivery, respiratory distress and mortality.

Improving Maternal Outcomes in Karamoja Through Skilling Human Resources for Health: A low dose high frequency approach.

Authors: *[1]Godfrey Esiru, 1Karuhnaga Moses, [2]Obizu moses [2]Joseph Katetemera [2]Peter Lochoro, [2]Jerry Ictho, [2]Godfrey Emina, [2]Denis Ogwang, [3]Dr. Mugahi Richard, [3]Dr. Murokora Daniel and [3]Dr. Jessica Nsugwa, [4]Dr. Irene Chebet, and [6]Dr. Mijumbi Cephas*

Affiliations:

[1]CUAMM-MOH World Bank URMCHIP Project, [2]Doctors with Africa, [3]Ministry of Health URMCHIP Project and [4]AOGU, [5]UPA, 6ASOU.

INTRODUCTION:
The institutional maternal mortality ratio for Karamoja region was 83.1/100,000live births in FY 2020/21 and this was partly attributed to shortage of skilled human resource for the provision of quality maternal care.
Objective: To improve health workers' (HW) clinical skills that allow for provision of quality essential maternal services in Karamoja

Objective:
To improve health workers' (HW) clinical skills that allow for provision of quality essential maternal services in Karamoja

METHODS:
CUAMM together with health professional associations trained 44 regional master mentors in Matany and Moroto hospital clinical skills Laboratories and deployed them to conduct mentorship in newborn care in 67 sites between April 2021 and May 2022 using a simulation-based low-dose, high-frequency approach. Standardized job aids, flipcharts and actions plans for helping mothers survive were used during the mentorship. Skills uptake were captured through pre- and post-mentorship performance assessments. Activity reports and routine data from the DHIS2 was analysed to track improvements in the quality of maternal services.

RESULTS:
A total of 462 HWs were mentored. 50% from BEmONC sites, 48% from CEmONC sites and 2% from DHOs Office. 126 (11%) on the partograph, 119 (10%) on pre-eclampsia and eclampsia, 96 (8%) on post abortion care and 18 (2%) on safe obstetric anaesthesia. The Districts with at least three Doctors competent in both Obstetric/Newborn care and the districts with at least one anaesthetic staff competent in obstetric anaesthesia increased from 44% to 90% and from 22% to 78% respectively. The proportion of women delivering at the health facility that were appropriately monitored in labour increased from 87.9% to 89% between June 2021 and May 2022. There was 84.6% reduction in the combined case fatality rate for obstetric complications from 2.6% to 0.4%, surpassing the threshold of 1.8% set over the same period.

CONCLUSION:
The low dose high frequency mentorship approach used in skilling HW in Karamoja improved quality of services resulting into better outcomes among Mothers.

Decision:
Accepted for oral presentation
It emphasises the need for improved and continuous mentorship to support HR

Title:
Strengthening implementation of maternal death surveillance and response (MDSR) policy at a busy tertiary Hospital in Kampala Uganda: Achievements, challenges,

Authors: ***Imelda Namagembe, Catherine E Aiken, Joseph Rujumba, Jolly Beyeza-Kashesya, Dan K. Kaye, Lawrence Kazibwe, Enock Kisegerwa, Ashley Moffett, Josaphat Byamugisha, Noah Kiwanuka, Annettee Nakimuli***

BACKGROUND:
Timely maternal deaths (MDs), notification, review and response to bridge gaps in care within the entire health system remains an effective part of the cohesive strategies to prevent future deaths. However, its application remains a tall order in some countries

Objective:
To evaluate the effect of MDSR training linked to leadership and stakeholder engagement on implementation of timely MDSR over a 19 months period (March 2020-Sept,2021) compared to the baseline 3-year period (2016-2018)

METHODS:
This was implementation research with before and after components using quantitative and qualitative data collection strands. For the quantitative part, data was collected by a trained-multidisciplinary team (Senior obstetricians and midwives) from de-identified MDs records including audit forms. The qualitative strand to explore perspectives of stakeholders on the changes and challenges encountered. used in-depth and key-informant-interviews that involved 33 health workers purposively selected from Kawempe National Referral, Ministry of Health, implementing partners and two major referring sites.

RESULTS:
There was significant increase in proportion of timely notification within-24hours (11.1% to 85.3%, p-value < 0.001) and review of maternal deaths within-7days (from 7% to 67%, p-value < 0.001) in pre-intervention compared to post-intervention period respectively. Mean interval from death to reviews reduced: from 112 days (±87.3) to 12.3 days (±21.4), p-value <0.001. Regarding the qualitative strand, most stakeholders reported improvement in MDSR implementation; reduced blame during reviews, enhanced leadership and stronger commitment to implement recommendations as per health system building blocks with emphasis to capacity building of health workers, accountability and increased funding. Major challenges were impact of COVID-19, persistence of big number of patients and low functionality of HCIVs.

CONCLUSION:
Implementation of MDSR increased significantly. However, further commitment required i.e health workers, and leadership, functional HCIVs, more funding and clearer legal framework to address fear of litigation to sustain MDSR implementation for impact.

Key words: Strengthening MDSR implementation, achievements, challenges and lessons Decision

GANC Abstract

Title:
Implementation experiences of Group ANC model for adolescent girls and young women in public health facilities in Kampala, Uganda: a qualitative study

Authors: ***Doris Kwesiga, Gertrude Namazzi, Kajjo Darius, Peter Waiswa, Joy Angullo, Sharon Tsui,***

INTRODUCTION:
Teenage pregnancies are a public health problem in Uganda associated with adverse maternal and perinatal outcomes. Pregnant teenagers have special reproductive health needs and social and emotional requirements; yet there are limited adolescent-friendly maternal services. Group antenatal care (G-ANC) is provided to groups of adolescent girls and young women (AGYW) with similar gestation and/or client age and is designed to provide health education, social support, and training on self-care to address the unique needs of AGYW.

Objective:
USAID Maternal Child Health and Nutrition (MCHN) Activity seeks to strengthen maternal and newborn health service delivery to adolescent mothers by functionalizing group ANC in seven public facilities in Kampala. The purpose of documenting the implementation experiences of G-ANC is to inform scale up.

METHODS:
MCHN conducted interviews with 34 key informants involved in G-ANC and group postnatal care (PNC) in June 2022 (24 AGYW, 5 peer mothers, and 5 midwives) at 3 public health facilities (1 HC III, 1 HC IV, 1 hospital). The interviews probed on benefits, challenges, and best practices of G-ANC, and the interviews were audio-recorded, transcribed, and analyzed using content thematic analysis.

RESULTS:
Participants shared the advantages of G-ANC included health education and learning through experience sharing, and peer support where members provided and received emotional and in-kind support and learned to handle stigma, resulting in increased self-esteem and confidence. The challenges of G-ANC were long wait times due to members who come late and a limited number of midwives to provide physical examination and manage complications; lack of professional counselors to address more complex issues faced by adolescents; lack of privacy in the group setting to discuss more sensitive/personal challenges; unmet expectations on incentives and skilling in income generating activities; heavy workload for the few peer mothers and midwives; and inadequate space for group sessions.

CONCLUSION:
G-ANC is an important mechanism to link pregnant AGYW to maternal services and provide health education and psychosocial support. Gaps in human resource and facility space should be addressed to optimize service provision.

Decision:
Accepted for presentation.
A good avenue to discuss challenges of group ANC

Thematic area:

Quality improvement initiative for safe motherhood

Title:

A Deep Dive into the Social Norms exploration on the drivers of teenage pregnancies in Busoga Region of Uganda.

Authors: ***Douglas Nsibambi, FHI360, Heather Chotvacs, FHI 360,Co-authors: Ritah Tweheyo, MSU, Peter Ddungu, MSU,***

BACKGROUND:
Against the backdrop of surging cases of teenage pregnancy and RISE/Fhi360/RISE's project conducted a deep dive to identify social norms and critical determinants of teenage pregnancy in Busoga, Eastern region. The SNE's purpose was to identify perceptions and root causes of teenage pregnancy with particular focus on the districts of Luuka and Kamuli. Specific objectives were to: 1) Identify and categorise beliefs and norms around teenage pregnancy; 2) Identify the underlying key drivers, social norms and other factors fuelling teenage pregnancy; 3) Determine the existence and perceived efficacy of existing interventions to address teenage pregnancy; 4) Identify key influencers and reference groups; and 5) Explore the possibility of co-designing effective, locally- acceptable and sustainable interventions to address teenage pregnancy.

APPROACH/METHODS OF IMPLEMENTATION:
The SNE design was cross-sectional and participatory, using qualitative and emic co-design approaches. A total of 200 participants at individual, household, community, district, regional and national level took part in the SNE. Participants included teenage girls – with a pregnancy experience or none, parents, community members and leaders, service providers and implementing partners among others. Data were thematically analysed and key responses to objectives quantified by code frequency to deepen understanding.

RESULTS:
The SNE confirmed longstanding and increasing cases of teenage pregnancy in Busoga, leading to a general state of apathy and resignation. Although COVID-19 has significantly contributed to the surge in teenage pregnancy cases, some of the drivers are deeply entrenched in cherished but harmful social norms through culture and religion. As a result of the prevailing patriarchy, men - and in particular male parents of teenage girls - wield significant power and are very influential (97%) in teenage pregnancy matters. However, they are less trusted (57%) and not supportive (10%). On the other hand, while female parents have relatively less influence at 65%, they were reported to be more trusted (90%) and extremely supportive (98%). Other influencers include peers (86%) , religious leaders (76%), teachers (70%) and others including celebrities (59%) although all of these scored extremely low on the attributes of support and trust in ASRH matters.

CONCLUSION:
While social norms are key drivers of teenage pregnancy in Busoga, they are inextricably linked with other factors beyond the sociocultural space such as poverty and the pursuit of economic survival at individual, household, community, and regional level.

Comment: Accepted for poster presentation
Good for us to learn more about the tenage pregnancy in the light of their surge

Reducing the Average Decision to incision Time for Emergency Caesarean Section to optimize delivery outcomes for mother and fetus, a case of Saint John XXIII Hospital Aber- Oyam District.

Authors: ***Emmanuel Onapa, Michael Engola, Stella Akite, Scovia Ameri, Anna Apili,Isaac Otede and Sam Okori.***

BACKGROUND:
In Siant John XXIII Hospital Aber (SJHA), the average DIT was 108 minutes as of April 2021 which was unreasonably long and not appropriate compared to the WHO standard of 30 minutes for Emergency caesarean section.
Methods: A quality improvement approach was used with the objectives to decrease the average DIT for EMCS from 108 minutes as of April 2021 to at most 60 minutes by 30th September 2021 and increase the proportion of EMCS done within 60 minutes. Changes instituted included making SOP for prioritization of CS in different categories, triaging and prioritizing mothers meant to be done CS to the different categories and orientation of the theatre and maternity team on the key requirements for quality EMCS.

METHODS:
A quality improvement approach was used with the objectives to decrease the average DIT for EMCS from 108 minutes as of April 2021 to at most 60 minutes by 30th September 2021 and increase the proportion of EMCS done within 60 minutes. Changes instituted included making SOP for prioritization of CS in different categories, triaging and prioritizing mothers meant to be done CS to the different categories and orientation of the theatre and maternity team on the key requirements for quality EMCS.

RESULTS:
The average DIT reduced from 108 minutes at the end of April 2021 to 41 minutes by 30th March 2022 and the proportion of EMCS done within 60 minutes increased from 30% to 76% during the same period. There was no maternal death attributable to delayed operation or complication of EMCS and overall improvement in the perinatal outcomes for those mothers who presented when fetal heart was present.

CONCLUSION:
It is feasible to reduce the DIT and eventually reduce the morbidity and mortality to the fetus and or mother attributable to delayed intervention.

Lesson learnt:
1.Categorization of all caesarean section in to four categories is very important to help prioritization of caesarean section which are of Emergency.

2.DIT can be reduced with timely response by the maternity team and theatre staff, especially anesthetist.

Comments:
Accepted for oral presentation.

Good lessons to learn for many high volume facilities on how to redcue the DIT

Prevalence, severity and factors associated with thrombocytopenia among women in third trimester at Mbarara Regional Referral Hospital

Saturday Pascal[1] , Abesiga Lenard[1] , Kalyebara Kato Paul[1] , Migisha Richard[2] , Mugyenyi Godfrey[1]

[1]Department of obstetrics and gynaecology, Mbarara Regional Referral Hospital, Uganda;
[2]Department of physiology Mbarara University of Science and Technology

BACKGROUND:
Knowledge of the platelet counts in pregnancy especially towards term enables clinicians prepare adequately for delivery. Low platelet counts are associated with postpartum hemorrhage thus assessment of the platelet count may assist in patient preparation and anticipation of challenges at delivery.

Objective:
The objectives of the study were to determine the prevalence, severity and factors associated with thrombocytopenia among women in third trimester at Mbarara Regional Referral Hospital.

METHODS:
We conducted a cross sectional study in the antenatal care clinic of Mbarara Regional Referral Hospital from 12th April 2022 to 20th July 2022. We used systematic sampling to reach our target sample size. We determined their platelet counts and used an interviewer-administered questionnaire to obtain sociodemographic, medical and obstetric factors. The prevalence of thrombocytopenia was the proportion of participants with thrombocytopenia and severity was described as mild, moderate or severe depending on platelet counts among the thrombocytopenia cases.

RESULTS:
A total of 440 participants were enrolled for the study with a mean age of 27 (±6). The prevalence of thrombocytopenia was 13% (57/440), 95% CI (10.0 – 16.5). Of the 440 participants, 383 (87.1%) had normal platelet counts, 51 (11.6%) mild thrombocytopenia and 6 (1.4%) moderate thrombocytopenia. We had no case with severe thrombocytopenia. At multivariable logistic regression, gestational age more than 37 weeks was independently associated with thrombocytopenia [aOR 2.44, 95% CI (1.26-4.74), p=0.008].

CONCLUSION:
Approximately 1 of every 10 women attending the antenatal clinic ≥ 28 weeks of gestation had thrombocytopenia. We recommend doing complete blood counts for pregnant women with obstetric complications like hypertensive diseases or medical illnesses like malaria since majority of the thrombocytopenia cases are mild.
Decision: Accepted for oral presnetations. It empahsisw neeed for us to have availability of blood pdts

Thematic area:
Quality improvement initiative for safe motherhood

Title:
Improving Uptake of Family Planning Services Among Sexually Active Adolescents And Young People (12-24) In Mugoye HC III In Kalangala District

Authors: ***George Okurut, Sam Labu, Irene Ayanga, Michael Muyonga, Tonny Kapsandui***

Introduction

INTRODUCTION:
Youth constitute 78% of Uganda's population and teenage pregnancy is 25% (15-19) (UDHS 2016). In Kalangala district teenage pregnancy rate is at 19% (DHIS2). Modern Contraceptive Prevalence Rate (mCPR) is 40.4 % and unmet need, 30.4% (UDHS 2016). Young people lack information and face challenges in accessing quality SRH services from the mainstream health delivery systems and their primary gatekeepers.

Objective:
To increase the uptake of family planning services using CQI approaches among sexually active adolescents and young people.

METHODS:
In Mugoye HCIII during data quality review, it was observed that only 27% of adolescents and young people receive family planning services. The program uses a health system-strengthening approach using quality improvement to maximize family planning uptake among sexually active adolescents and young. Working together with district-based QI mentors, trained and mentored health workers on 5S, TQM CQI approaches. After the training, the facility established and activated QI committees, and activated CQI journals with aim of moving from 27% to 100% (from 16 to 60 beneficiaries served) from March to August 2022. The facility conducted continuous medical education (CME) on youth-friendly services, integrated family planning sensitization in routine health service points; targeted youth community outreaches, and specific clinic days for the youth and youth camps.

RESULTS:
For the period of March to August 2022, an increase in the uptake of family planning services among adolescents and young people moved from 27% to 120%(from 16 to 72 beneficiaries served) with a percentage increase of 93%.

CONCLUSION:
Overall district supervised continuous medical education on youth-friendly services, integrated family planning sensitization in routine health service points, targeted youth community outreaches, and specific clinic days for the youth and youth camps increases uptake of FP services among sexually active adolescents and young people.

uganda safe motherhood conferece
use of ellavi uterine balloon tamponade in management of pph in uganda

Authors:Nduhura Emmanuel- MPHS, MBA, Magda Botha PHD, Temcke Zwiegelaar

Maternal mortality remains a challenge not only globally, but also in Uganda. Postpartum haemorrhage (PPH) is primarily the cause for maternal mortality and uterine atony accounts for 70-80% of all hemorrhage. In Uganda, uterotonics was identified as first line PPH management options, followed by surgical interventions as secondary line PPH treatment options. A failure rate of 40-75% for using uterotonics to treat PPH, was reported. Contrary to this, the success rate for using uterine balloon tamponades (UBT) in PPH management due to uterine atony, was 85.9%. The aim of this review was to determine acceptability of using the Ellavi UBT to strengthen PPH management care amongst health professionals in Uganda. Acceptability was defined by perceptions regarding (i) ease of use, (ii) confidence to use the device, and (iii) need for institutional availability of the device. A Linkert scoring scale of 1-10 was used to measure perceptions, whereby "1" presented "the least acceptable measure" and "10" the "best acceptable measure". Questionnaires were completed by 209 health professionals, from 18 health facilities. The mean score for ease of use was 8.07. The mean score for confidence in using the Ellavi UBT in the management of PPH was 7.95. All of the participants indicated a need for the device to be available at institutional level for the management PPH caused by uterine atony. It can be concluded that the use of the Ellavi UBT in the management of PPH due to uterine atony was acceptable amongst health professionals from Uganda. The Ellavi UBT was easy to use, health professionals displayed confidence in using the device and a need exist s for the device to be available at all levels of healthcare. The use of the Ellavi UBT can support first line treatment options for the management of PPH, caused by uterine atony.

Decision:
Accepted for poster presentation.
Good with evidence on reduction in pph.
Needs to re-write in an acceptable way

Word count: 298

Quality Improvement For Safe Motherhood: The Role Of Clinical Teaching And Supervision

BACKGROUND:
Quality improvement is the framework which is guided by data to systematically improve care of clients in any health care setting. It standardizes processes and structures to reduce variation, in order to achieve and improve outcomes for clients, healthcare systems, and organizations. It focuses on care that is safe, timely, effective, efficient, equitable and client-centred. Improving quality of healthcare requires providers who regard the safety of the clients' important. This concept is now encouraged in midwifery programs in order to reduce the high maternal and neonatal mortality and morbidity.

Quality improvement is key to Safe motherhood because it focuses on safe motherhood goals ***[Safe pregnancy, safe delivery and safe birth of new born].*** These cannot be achieved if midwives are not knowledgeable, competent and skilled.
To achieve the goal of quality improvement, there is need for colleges of midwifery to focus more on clinical teaching and supervision for the learners. This be in classroom [theory], skills lab and the clinical setting where students have hands on experiences. Midwifery faculty/ teachers have a major role during clinical experience of learners because they guide, mould and mentor learners.

Objective:
Develop an interest for faculty to guide learners during clinical experience to improve quality of graduates

METHODS:
Observations and unstructured interviews with teachers, practicing midwives and learners. Data was analyzed qualitatively using content analysis.

RESULTS:
Observations have shown that faculty and teachers of most midwifery colleges little interest in clinical teaching and supervision of learners. It is assumed that it is the responsibility of practicing midwives to supervise learners.

CONCLUSION:
Faculty and teachers in in midwifery colleges need to know the role of clinical teaching and supervision if quality of care for maternal and neonatal health is to improve.

Decision
Accepted
A good abstract to discuss the role of clinical teaching in impacting skill and knowlegde.
THIS SPEAKS TO OUR THEME

Thematic area:
Logistic, Supplies, and Product for Safe Motherhood

Topic: Blood collection and distribution unit, a game changer for Maternal Survival. A case of Nebbi Hospital, Uganda.

Authors: ***Lamwaka Mercy[1], Gilbert Anguyo[1], Jackie Akello[1], Cengmoko Opiem Joyce[1], Okwairwoth Justine[1], Harriet Aciro[1], Lawrence Ojom[1], Samuel Otoober[1], Ben Atube[1], Grace Latigi[2], Rabin Drabe[2].***

INTRODUCTION:
Maternal mortality remains high in Sub-Saharan Africa despite efforts to accelerate reduction. Uganda registered a drop of maternal mortality rate from 438 deaths to 336 deaths per 100,000 from 2011 to 2021 in March 2021. Most of the maternal deaths are attributed to bleeding in pregnancy and post-partum period associated to lack of blood. West Nile region has one Regional Blood Bank supporting 12 districts. In June 2021, the evaluation analysis of unmet needs of blood for Nebbi hospital was at 66% hence the need to improve blood collection and distribution in the West Nile.

Objective:
To improve the met needs of blood in Nebbi Hospital from 34.8% in July 2021 to 60% by June 2022

METHODS:
Targeted meetings of stakeholders, MoH and Uganda Blood Transfusion Services teams. UNICEF/UNFPA/AVSI conducted needs assessment for functionality of blood collection and distribution unit, provided equipment and refurbishment of the space for blood collection and distribution. Training of health workers on rational blood use was conducted including blood collection drive and community sensitization.

RESULTS:
The met needs of blood in Nebbi Hospital improved from 34% in July 2021 to 87% in June 2022. A total of 552 patients received blood. The top three conditions for blood transfusion included; 38% Anemia, 23 % bleeding in pregnancy and post-partum, 29 % surgical interventions.
There was **no maternal deaths related to lack of blood since establishment of the unit. The presence of blood** contributed to improvement of maternal survival.

CONCLUSION:
Engagement of stakeholder in decision making for healthcare services eased set up of the blood collection and distribution centre. Availability and access of blood at all times in the district hospital as a result of the blood collection center improve on maternal survival for conditions related to lack of blood.

Decision:
Accepted for oral presentation.
This speaks to the need for availability of logistics

THEME: Integrating Family Planning Into Health Care Delivery.

TITTLE: Integrating Family Planning Into Other Health Care Services In Health Facilities Through A Client Focused Approach, A Case Of Namalemba Hcii, Namalemba Sub County, Bugweri District, Uganda.

Alisat Abenakyo, Nyaruwa Yerusa, Nakaziba Hadiya, Nakayenze Stella, Biribawa Joy

INTRODUCTION.

Family planning not only prevents unintended pregnancies but also reduces infant and maternal mortality and improves education and economic opportunities for women and their children, therefore integration of family planning and other health care services has been proposed as an efficient and cost-effective way to expand access to FP services and improve the continuity of care including HIV infected women.

In Namalemba HCII FP has been integrated into other health care services like pre-pregnancy, antenatal, delivery and post-partum and this has increased on contraceptive use, continuation of services through a client -focused approach

OBJECTIVE

To reduce FP missed opportunities among clients accessing other health care services as the different service delivery points at Namalemba HCII.

METHOD

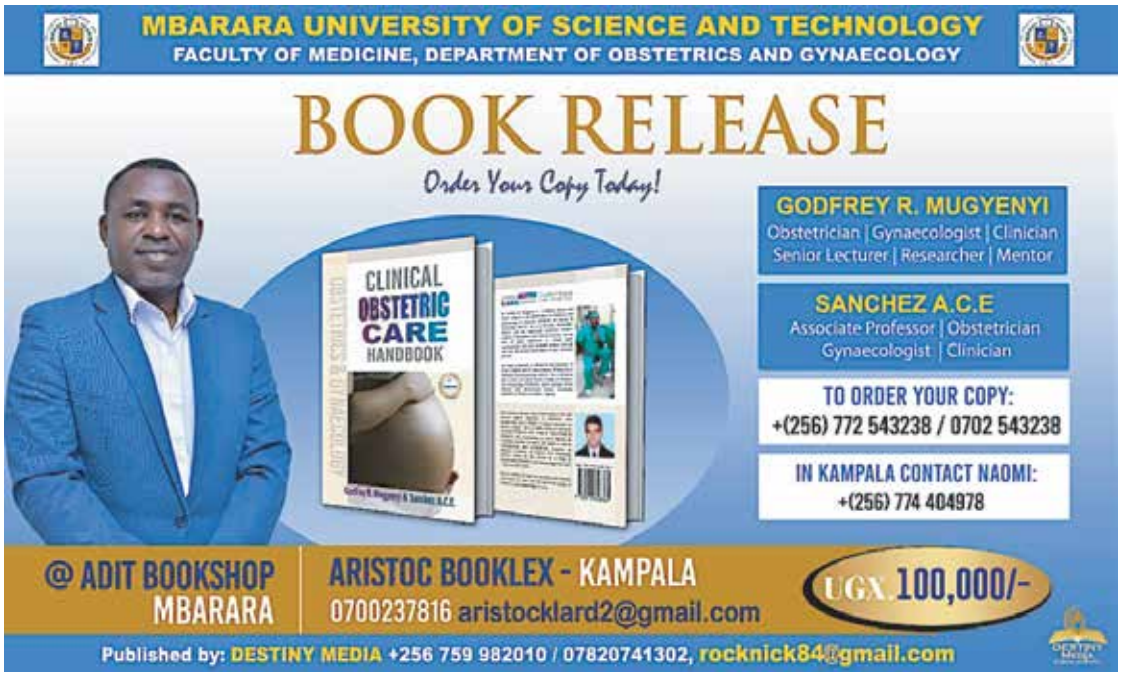
Following District and facility review meeting on Family planning services in January,2022, as a team of health workers and VHTs at Namalemba HCIII used a client focused approach and we tasked the different Providers to take-up roles on FP health education and counselling together with Service provision at every entry point of the client. In this approach, mothers received health education and counselling before pregnancy, during pregnancy, at delivery, after delivery and any other consequent visit at the facility. This was between March 2022 and August,2022

RESULTS

Between January 2022 to August 2022, the overall performance of Namalemba H/C II Increased from 265 in the previous five months to 416 with the highest number of clients on family planning in the month of April of 89.

Conclusion

Integration of FP into other service delivery points provided women with multiple opportunities to select a contraceptive method of their choice while receiving other health services for themselves and it is cost-effective for the health system.


MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY
FACULTY OF MEDICINE, DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
BOOK RELEASE
Order Your Copy Today!
CLINICAL OBSTETRIC CARE HANDBOOK
GODFREY R. MUGYENYI
Obstetrician | Gynaecologist | Clinician
Senior Lecturer | Researcher | Mentor
SANCHEZ A.C.E
Associate Professor | Obstetrician
Gynaecologist | Clinician
TO ORDER YOUR COPY:
+(256) 772 543238 / 0702 543238
IN KAMPALA CONTACT NAOMI:
+(256) 774 404978
@ ADIT BOOKSHOP MBARARA
ARISTOC BOOKLEX - KAMPALA
0700237816 aristocklard2@gmail.com
UGX.100,000/-
Published by: DESTINY MEDIA +256 759 982010 / 07820741302, rocknick84@gmail.com

Conference sponsors

With thanks to Amref Health Africa and USAID/SITES for funding the design and printing of the National Safe Motherhood Conference 2022 Abstract Books.