

HEALTHY SYSTEMS HEALTHY PEOPLE

A close-up photograph of a woman with short dark hair, wearing a red shirt, looking upwards and to the right with a thoughtful expression. She is holding a yellow cloth. In the foreground, there is a red and white patterned cloth.

**ANNUAL
REPORT**
2015/16

Annual Report 2015/16

Between 2007 and 2017 Amref Health Africa cooperate strategy focused on enhancing capacity and participation of communities to address gaps in the six pillars of the health system with a view to improving health outcomes.

This guided the annual plan for 2015 - 16. Program interventions were targeted at; Community Health Systems Strengthening, Capacity Building, Advocacy for Sustainable and Equitable Access to Health, Income Generation and Resource Mobilization, and Institutional Strengthening.

In Uganda; Amref Health Africa worked in partnership with; Communities, Government of Uganda Ministry of Health (MoH), UNICEF, UNFPA, and Makerere University School of Public Health. Bilateral support from USAID, CDC, the Canadian International Development Agency (CIDA), the Dutch Ministry of Foreign Affairs, Danish Ministry of Foreign Affairs (DANIDA), and the European Commission.

Amref Health Africa in Uganda At a Glance

Summary Profile

Delivering lasting change in Health in Uganda since 1989.

- 37 years of consistent health interventions in Uganda.
- Operating in more 46 districts in Uganda
- Implementing 13 projects in the country
- Average annual investment of USD 5m to improve community health and health systems

Our Vision

“Creating Lasting Health Change in Africa.”

Our Mission

“Improving the health of people in Africa”. We are committed to improving the health of people in Africa by partnering with and empowering communities and strengthening health systems

Program Focus Areas

- Maternal and Child Health
- HIV/AIDs, TB and Malaria
- Water ,Sanitation and Hygiene
- Sexual and Reproductive Health
- Medical Outreach Services

Our Promise

- Improve the lives of disadvantage people in Africa through better health.
- Bridge gaps between communities' health system and government.
- Be a leading advocate for stronger health systems.
- Be a leader in the NGO community to develop and disseminate best practices and training.

Table of Contents

04	List of Abbreviations
05	Amref Health Africa in Uganda Senior Management Team
06	Foreward
08	Message from the Country Director
10	Our Business Plan
11	Milestones 2015-2016
12	Improving Water, Sanitation, and Hygiene (WASH)
14	Scale-up of Comprehensive HIV/AIDS Prevention
16	Promoting Maternal and Child Health
18	Saving Lives of Mothers and Babies
20	Fistula Repair in Uganda
21	Staying Alive
23	Medical Specialists Outreach Program
24	Capacity Building
26	Community Systems Strengthening
	Advocacy for Sustainable and Equitable Access to Health
27	Investment in Health
28	Growing our Partnership Portfolio
29	Institutional Strengthening (Human Resources)
30	Increasing Capacity to Demonstrate Impact, Effectiveness and Efficiency
	Communication , Advocacy and Fundraising
	Key Publications and Conference Presentations
31	Districts where Amref currently has Field offices and Projects

List of Abbreviations

ACP-EU	-	Africa, Caribbean and Pacific region – European Union
BLF	-	Big Lottery Fund
BEmOC	-	Basic Emergency Obstetric and Neonatal care
CBO	-	Community Based Organisation
CDFU	-	Communication for Development Foundation Uganda
CSO	-	Civil Society Organisation
CSS	-	Community Systems Strengthening
DHT	-	District Health Team
DMHT	-	District Monitoring Health Team
FTWG	-	Fistula Technical working Group
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information system
HUMC	-	Health Unit Management Committees
IEC	-	Information, Education and Communication materials
IGA	-	Income Generating Activities
INGO	-	International National Organisation
IPs	-	Implementing Partners
ANC	-	Antenatal Neonatal Care
MNCH	-	Maternal Neonatal and Child Health
MOH	-	Ministry of Health
PLA	-	People Living with Aids
SMC	-	Safe Male Circumcision
STI	-	Sexually transmitted Infection
TB	-	Tuberculosis
TBP	-	Transitional Business Plan
VHT	-	Village Health Team
VMMC	-	Voluntary Medical Male Circumcision
VVF	-	Vesico Vaginal Fistula
WASH	-	Water Sanitation and Hygiene
WCF	-	Women and Children First

Senior Management Team



Mr. Abenet Leykun Berhanu
Country Director



Dr. Patrick Tumusiime Kagurusi
Head of Programs



Ms. Emily Aneno
Human Resources Manager



Mr. Deuseddit Mbuga
Finance Manager



Mr. Robert Mayengo
Admin. & Procurement Manager



Mr. James Meya Nkale
Program Manager HIV/AIDs, TB and Malaria



Hajra Mukasa Comfort
Program Manager, WASH



Mr. Francis Olok Alira
Country Monitoring & Evaluation Manager



Lilian Kamanzi Mugisha
Acting Communications and Fundraising Manager



Tonny Kapsandui
Program Manager, Reproductive, Maternal, Neonatal, Child and Adolescents Health(RMNCAH)



Mr. Patrick Bigirwa
Program Manager, Capacity Building



Engineer Mutwalib Walude
Project Manager Water and Sanitation

Amref Health Africa in Uganda Legal Team

Ligormarc Advocates - Kampala Office
5th Floor, Western Wing
Social Security House, 4 Jinja Road
www.ligormac.com
+256 312 264154
Kampala Uganda

Amref Health Africa External Auditors

Delloite - Kampala Office
3rd Floor, Rwenzori House
1 Lumumba Avenue
P. O. Box 10314, Kampala
+256 417 701000

Foreword

Advisory Council Chairperson



I am very happy to present the second annual report for Amref Health Africa in Uganda and I congratulate the team for this publication. The continuing global economic uncertainty has made it a challenging environment for us all – our partners, our donors and, most of all, the poor and marginalized people that we serve across Uganda, whose life chances diminish most in times of austerity and crisis.

Nevertheless, for over 30 years now, through our efforts in bringing lasting health change to the lives of Ugandans, we have much to celebrate and be proud of. We have contributed towards access to safe drinking water to children in schools and organized communities, continued to reach more health workers through our capacity building programs and towards improving access and quality of maternal and child health services in rural hard to reach communities in Uganda. We also contributed towards the testing and prevention of HIV/AIDS, and connected many people to access of medical and counseling services. These are among the many achievements we celebrate.

We are proud that through our medical outreach program we continued to carry out Surgeries on poor women and children who cannot afford such services. We have continued to contribute towards building the capacity of health workers and systems to provide care for women before, during and after birth, as we support to raise the standards of health for women and their children and the community as a whole.

Thanks to the collaborative work between Amref Health Africa in Uganda, the Government of Uganda, our Donors, and partners.

I would like to thank the Advisory Council Members, for their continued support and technical counsel to the Country Program team and the leadership of Mr. Abenet Leykun Berhanu, the Country Director, as well as the entire senior management team and all staff, for their commitment, technical guidance and zeal in implementing projects to achieve the desired results that will lead to better health change in Uganda.

Congratulations are in order to each and every one of you.

Professor George B Kirya
Amref Health Africa in Uganda
Advisory Council Chairperson

“We have contributed towards access to safe drinking water to children in schools and organized communities, continued to reach more health workers through our capacity building programs to improve access and quality of maternal and child health services in rural hard to reach communities in Uganda.”



Message

from the **Country Director**



I wish to take this opportunity to thank all our partners for the continued support towards our endeavors to; achieve "Lasting Health Change in Uganda and Africa as a whole." May I also thank all our dedicated staff for their distinguished support that has made us successfully come to the end of yet another year.

In the Financial Year 2015-16, our program implementation continued to be guided by our Transitional Business Plan (TBP) 2015-2017. This helped us focus well in creating lasting health change in the country. It provided a framework for us in giving significant and visible support to the National, District and Sub-Local Governments towards their ideals of improving the overall health status of people in Uganda.

This year 2015-16; One of the major highlights was during the Global Hand Washing Day celebration in Kamuli District- Eastern Uganda, The President of the Republic of Uganda His Excellency Yoweri Kaguta Museveni visited the Amref Health Africa Exhibition stall and applauded our PHASE model in primary schools that uses School children as behavioral Change agents in communities at risk of water borne diseases burdens in Peri Urban slums. Our Visibility efforts continue to bear results.

We have also contributed to ensuring safe delivery for women in hard to reach areas, provided corrective surgeries to women and children and contributed to prevention of HIV infections among men.

Amref Health Africa in Uganda is happy about the partnership established with; Africa center for Global transformation (ACHEST), Coalition of Health Promotion and Social development (HEPs) – John Snow International, RTI international, Solar Wave and with Makerere University School of Public Health.

It is my hope that these achievements will inspire all of us to work with passion and as one united team, knowing that we have a solemn duty to create lasting impact in the lives of the people of Uganda.

I deeply appreciate our esteemed Donors and Partners, Amref staff and the National and Local Governments who make our work possible and meaningful.

Thank you!

A handwritten signature in black ink, reading "Abenet".

Abenet Leykun Berhanu
Country Director

"It is my hope that these achievements will inspire all of us to work with passion and as one united team, knowing that we have a solemn duty to create lasting impact in the lives of the people of Uganda".

These achievements will inspire all of us to work with passion and as one united team, knowing that we have a solemn duty to create lasting impact in the lives of the people of Uganda.



Our Business Plan

To guide its programing, Amref Health Africa is implementing a Corporate Strategy 2007-2017. The Corporate Strategy focuses on enhancing capacity and participation of communities to address gaps in the six pillars of the health system with a view to improving health outcomes.

To operationalize this strategy, Amref health Africa in Uganda implements a Business Plan

which intern guides its annual development and implementation of program interventions. Our Business Plan prioritized five business areas, namely; Community Health Systems Strengthening, Capacity Building, Advocacy for Sustainable and Equitable Access to Health, Income Generation and Resource Mobilization, and Institutional Strengthening

Milestones 2015-16

769,222 beneficiaries (Male 35%, Female 65%) reached through different programs interventions across the country. These include; 430,679 children (Male 60%, Female 40%) and 333,235 Adults (Male 30%, Female 70%).

Provision of HIV/AIDS prevention Services



65,036

Men and Women tested for HIV/AIDS and know their status

Safe Male circumcision, STI management, HTS, Tetanus Toxide (TT) and condom distribution



Safe Male Circumcisions conducted



5%(3483)

New infections were averted as a result of safe male circumcision



54,645

Men vaccinated against Tetanus during safe male circumcision exercise

Improving Water, Sanitation and Hygiene Services



52

schools and surrounding communities accessed clean water and Sanitation facilities

Access to MNCH Service



6,957

pregnant women delivered under skilled birth attendant.



15 Health facilities provided vital MNCH equipment to improve service delivery.

100 health facilities across Uganda installed with 157 solar suitcases to improve lighting

8,905 (4,542 Female, 4,363 Males) Children under one year supported to access different child health services

Capacity Building For Community Health System strengthening

71

midwives and nurses trained in high impact maternal and child health

151

health workers in Kigezi region trained in e-HMIS

Specialised surgeries

500

women and girls benefited from Fistula repair

Immunisation



9,500

Children under 1 across the country were immunized



35,920

Children under 5 across the country were immunized



8,650

Women of Reproductive Age immunized

Improving Water, Sanitation, and Hygiene


Partners:
Ministry of Water and Environment,
Ministry of Education

Funders:
European Union, under the African Caribbean and
Pacific Group of States (ACP-EU) water facility programme

Project Location:
Northern Uganda namely;
Gulu, Kitgum, Pader and Kawempe division in Kampala Districts

During the years 2015-16, Amref attended the Water, Sanitation and Hygiene Global hand washing event in Kamuli District. During this celebration, the President of the Republic of Uganda HE Yoweri Kaguta Museveni visited the Amref Health Africa Exhibition stall. He applauded our methodology of empowering School Children as societal change makers by making hand washing with soap a habit.

Quote: "WASH is one of the most strategic interventions we can support. WASH saves lives and paves the way to meeting nearly every other need in a community, be it livelihood transformation, social transformation, or spiritual transformation. In short, WASH is not only "the first and best medicine," it also is the first step toward "life in all its fullness."

 Sanitation improved in 10 schools through supply of garbage collection containers and school sanitation.


120 Sanitation committee members trained in various districts to support in coordinating technical committees in sanitation planning

Operation and maintenance Capacity and ownership in sanitation practices enhanced in **52** Primary Schools (Gulu 20, Kawempe 20, Kitgum/Pader 12) through support and participation in sanitation competitions.

Sanitation improved in **10** schools through supply of garbage collection containers and school sanitation.

120 Sanitation committee members trained in various districts to support in coordinating technical committees in sanitation planning at district level.

40 community awareness

creation sessions were held on appropriate sanitation and hygiene practices in; Gulu Municipality, Kitgum, Pader and Kawempe. Community action points developed around key persistent behaviors; Poor use and management of latrines, poor hand washing practice at households, and poor management of children faeces. These were accompanied with periodic follow ups to re-enforce performance.

Waste to Wealth

Waste management based Income Generation Activities and development of business plans supported for 52 women groups of 1,200 members.

Delivering the intended Change through WASH Interventions

The WASH implementation this FY 2015-16 increased access to safe water and sanitation to communities and children in targeted schools. At school level, the interventions further led to improvement in enrolment in Amref supported private schools where toilets have been constructed an access to clean drinking water has been made easy.

Mid-term review results for our Urban and Peri-Urban WASH Project Uganda indicate significant changes in a number of parameters between 2015-2016 as follows;

Households with improved access to safe piped water for domestic use increased	From 12%	To 17.2%
Targeted population with improved access to public water taps increased	From 24%	To 35.2%
Latrine ownership among urban and peri-urban communities increased	From 49%	To 58.8%
Percent of schools with latrine facilities accessible to persons with disabilities rose	From 33.3%	To 63.1%
Percent of population adopting hand washing as a hygiene practice increased	From 87%	To 99.3%



VHT members demonstrate how to fix a broken borehole



Women at a water point



Partners:
District local governments and Rakai Health Sciences project

Funders:
Centres for Disease Control and Prevention (CDC) and the President's Emergency Plan for AIDS Relief (PEPFAR)

Project Location:
Wakiso, Luwero, Mityana, Mubende, Luwero, Nakasongola, and Nakaseke districts

Scale-Up Of Comprehensive HIV/AIDS Prevention

In 2015-16 we continued to focus on reduction of; the number of new HIV and other sexually transmitted infections (STIs) in seven high prevalence districts of Uganda namely; Wakiso, Luwero, Mityana, Mubende, Luwero, Nakasongola, and Nakaseke.

We strengthened the capacity of district health facilities and health service providers to scale-up surgical male circumcision services; followed up of SMC clients post-surgery, identification & treatment of adverse effects among others. The following were achieved.

“A young Man got back his life after HIV testing due to wrong diagnosis

Two years ago Job's Health had been challenged by frequent illness, which led to missing school frequently. A concerned relative advised him to take an HIV test, although he had never had any sexual relationship. Job did take the first test and he was found to be HIV positive. Consequently, he enrolled for HIV care in one of the Health facilities in his area of residence. Job Attributed the source of infection to maternal causes since his mother had passed on due to HIV when he was very young.

However a Voluntary Medical Male circumcision outreach activity implemented by Amref Health Africa team in Wakiso District brought hope to Job. He was among the young men who

volunteered to take the Voluntary Medical Male Circumcision. He did this just for the sake of getting circumcised. However the Amref Health Africa package does more than that. Job had to undergo counselling and later had to take an HIV test before the Circumcision was done.

When his HIV results were returned Job showed to be negative. He got confused and he narrated his story to the Counsellor who advised for a second opinion. Job was referred to Mildmay medical centre. They too did the test again and indeed Job was confirmed to be negative. Job is now a mobiliser of VMMC and continues to advocate for HIV testing before circumcision it gave him back his life.”



Promoting Maternal and Child Health

Partners:
District local governments

Funders:
Big Lottery Fund

Project Location:
Gulu and Amuru districts in Northern Uganda

6,957 Pregnant women supported and delivered under skilled birth attendants.

8,905 (4542F, 4363 M) Children Under1 accessed different child health service including immunization

4,401 Pregnant women attended at least 4 ANC visits during their recent pregnancy.

15 Health facilities (8 Kyankwanzi & 7 Nakaseke) supplied with vital MNCH equipment to improve service delivery.

71 midwives and nurse trained in high impact maternal and child health.

150 VHT conducted home visits to 8,500 women of reproductive age and pregnant mothers.

40 dialogues meetings were facilitated between communities, local leaders and members from DHT to share community feedback to DHMT on health services. These dialogues increased stakeholders commitment and support for MNCH including increased district funding allocation for Health System Strengthening and MNCH.

In 2015-16 our work in Maternal and Child health focused on; empowering women in Maternal New born and Child Health (MNCH), identifying MNCH problems; guiding community to design and implement own locally appropriate solutions to MNCH problems using locally available resources.

“Sister Jackline of Pukony Health Center(ii), Gulu District shared her experience before the project started and the current status. In her own words she says that;

The health status in this sub county has greatly improved; there is a lot of initiative from the families to take care for the children and also men are more involved in taking responsibility of their wives when they are expecting.” “There is a strong feeling of togetherness in the communities that have women’s groups; they are supporting each other to ensure they have healthy babies, homes and children.”

Amref Health Africa approach of using women groups to pursue health agenda has yielded results. The presence of the women groups has helped many partners to pursue community related agendas. In addition, the women groups have produced many local women politicians who have continued to champion health advocacy campaigns into offices of influence.

Through our work in MNCH we have learnt that; Regular contact with the VHTs increases their motivation and workmanship, knowledge, ownership of the project and skill in effectively reaching out to the community. And working and strengthening linkages with the already existing government structures improves service delivery, reduces costs and also increases opportunities for sustainability.



Saving Lives of Mothers and Babies

“Timely Partnership with Amref has brought Change in the Community; lives of more Mothers and babies have been saved. This is our story from Rubanda Health centre II

In 2012, Amref Health Africa won the Saving Lives at Birth Grant and received funding from the five collaborating organizations, including the US Agency for International Development (USAID), the Bill & Melinda Gates Foundation, Grand Challenges Canada, the Government of Norway, and the Department for International Development (DFID) in the United Kingdom, to scale up an integrative solution for maternal health care in Southwest Uganda.

In FY 2015-16 we continued to work in partnership with We Care Solar, the White Ribbon Alliance, and the Ugandan government.

Our innovation of a Solar Suitcase – a user-friendly, solar-powered technology that provides a sustainable source of power for essential medical and communication devices – offered a comprehensive solution to; infrastructure challenges, health worker training needs, poor access to health services, and inefficient data management systems.

Through this project we:

Improved lighting in 100 Health facilities.

- Trained and mentored health workers in BeMOC.
- Advocated for improved service delivery.
- Mobilized the community to utilize improved health facilities.

Orishaba one of the health workers trained by

the project, testified that she was mentored on quality improvement; labeling of medicines which they never did in that health facility. They were helped with registers; making corrections and summaries for instance indicating clearly the delivery time. They now have partographs unlike before. They are in position to refer primevidas (14 & 17 year old) during ANC to the referral hospital.

First ANC attendance reached **104,179**, with **44,813** pregnant women completed their 4th ANC visit and **48,379** women delivered from the supported Health facilities of which 53.2% were night deliveries. And **16,684** community referrals by the VHTs were handled.

100 health units in Kigezi region (Kabale 64, Kisoro 13, Kanungu 11 and Rukungiri 12) were installed with 157 solar suitcases.

71 midwives and nurses trained and mentored in high impact maternal and child health.

151 health workers trained in e-HMIS as a result 37% of the health facilities were able to report online.

10 enrolled midwives offered scholarship and upgrade to registered midwifery.

Partners:

We Care Solar, White Ribbon Alliance, District local governments

Funder:

Grand Challenges Canada

Project Location:

Kabale, Kanungu, Kisoro, Rukungiri

“A 28 year- old Orishaba Margaret, a midwife at Rubanda health facility noted that “Amref Health Africa partnership was timely, because community members had shunned the facility due to the poor service delivery; no light at night especially for the expectant mothers hence many resorted to TBAs. However, since the installation of the solar power; people are now excited and we are happy to report for delivery at the health facilities, I now see a huge improvement.”

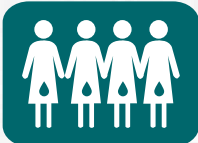


Fistula Repair in Uganda

Partners:
District local governments and Ministry of Health and the Communities

Funders:
MacArthur Foundation in the USA

Project Location:
Lira, Arua, Kitgum and Adjumani districts



over 140,000 to 200,000
women living with
fistula

Obstetric fistula is a devastating childbirth injury that has been relatively neglected, despite the impact it has on the lives of girls and women of reproductive age between 19-49yrs. It has negative impact to Uganda with over 140,000 to 200,000 women living with fistula and about 1,900 new cases occurring annually, despite government efforts to improve maternal and child health services.

Uganda currently ranks third in the countries with the greatest obstetric fistula cases in the world as per the World Health Organization (WHO) rankings.

Amref Health Africa, engaged MOH division for clinical services, FTWG and District health Officer, maternal health officers in fistula repair outreaches;



270
Women from, Nebbi, Arua, Zombo, Paidha, Lamwo and Gulu and other parts of the country benefited from routine VVF repairs and got integrated back into the community.k into their communities.



320
VHTS from; Arua, Zombo, Paidha, Lamwo and Gulu trained to mobilize communities, identify and refer women with VVF to repair facilities and camps.



154
Postoperative follow up of women by health workers was conducted

Charlotte a 19 year old tells her story after undergoing fistula repair at the 2016 international Fistula Day.

"I am Charlotte 19 years old , I got pregnant in my second year at secondary school. I did not know what to do , I had to drop out of school and later give birth but it was not easy after giving birth I had problems I was passing urine all the time. However I once heard a call from the Local council for free medical treatment at our health facility. I went and when they checked me they told me I needed surgery. I had the surgery and it was free of charge, I also received transport support and meals from Amref Health Africa which I used during the period in hospital and for transport back home. Now I am healed and am planning to go back to school.



Staying Alive Focus on delivery under skilled care

Partners:
Ministry of Health and district local government authorities

Funders:
The Dutch Ministry of Foreign Affairs

Project Location:
Gulu and Amuru districts in Northern Uganda

Amref Health Africa Village ambulance saved my baby's life

Annarose Agado, an 18-year-old mother of two boys, lives in Aep village in Serere district. Her mother and caretaker Federesa Amiro is laying out simsim to dry as Agado washes her children's clothes. Agado is very delighted to see the Amref Health Africa in Uganda-Staying Alive team as she reminisces on her past. "My mother was my attendant when I got my labour pains before my delivery in February 2015," Agado narrated.

Starting to experience labour pains, Agado went with her mother Amiro to Kateta HCIII, which is supported by Amref Health Africa in Uganda. On reaching there, the doctor revealed that the baby could not be delivered and so referred her to Serere HCIV, which is approximately 60km away from home. Agado spent the following day in labour as she barely had means to reach Serere HCIV. Luckily, later that evening the Amref Health Africa

In FY 2015-16 Amref Health Africa focused on improving availability of delivery under skilled care of a health worker, postnatal care, family planning, emergency obstetric care, referral – transport and communication and fistula repair services with the aim of reduction of Maternal Mortality and maternal morbidity of the 80,940 women of reproductive age in Soroti ,Serere and Katakwi.

In this reporting period the project followed up some of the beneficiary clients to receive feedback about the services and interventions under taken by the project.

in Uganda village ambulance rider was reached and he transported Agado to Serere. Amiro followed on foot just to see her daughter and granddaughter.

"I did not want my daughter to have fistula problems again. The first time, she underwent a correction surgery that was sponsored by Amref Health Africa," said Amiro. Agado was scheduled for caesarian section due to delay and she delivered her son at no cost.

"If it wasn't for Amref Health Africa, maybe I would have died in labour while waiting for transport to the hospital," Agado reminisced.

Agado preparing to breast-feed her baby who is now healthy Is thankful to Amref for there intervention to save her baby's life at birth





**Amref Health Africa raised my hope after living a long hopeless life :
A tale of a Fistula survivor.**
36-year-old Christine Akiror is a mother of three living in Kangeta village – Soroti district. Akiror is a fistula survivor and was repaired by Amref Health Africa in Uganda under the Staying Alive project. She did not have a lot going on with life after being down with fistula for over 6 years.

Amref Health Africa gave a fresh start with a small scale income-earning venture that incorporates other community members.

Using the startup capital from the fistula survivors she received, Akiror has been able to start up a sugarcane trading business in Arapai market, which is one of the leading trading village joints in Soroti district. Through this support, Akiror with other fistula survivors in Arapai parish formed the Fistula Mothers' Group – a financial support group made of 20 women that she chairs. "Amref initially supported us with Ug shs. 500,000 with which I mobilized other women in my position and we each started small businesses for our survival," said Akiror.

"Most of us had lost hope in the future, but Amref Health Africa has created change in our community by treating fistula cases and supporting us to start a new life and local businesses."



The women collecting their weekly contribution and clearing debts

The savings group is a way for fistula survivors to get and give financial help to each other by saving and borrowing with a 10% interest rate. The women collect an average of Ugshs. 80,000/= (USD\$ 24) weekly which is a source of sustainable income in the community thus improving their livelihood.

"Most of us had lost hope in the future, but Amref Health Africa has created change in our community by treating fistula cases and supporting us to start a new life and local businesses. At least now I can afford medication for my family," Akiror said gleefully.

Akiror just like the other survivors feels more accepted in the community, since she is no longer rejected for having a body odor and other fistula related conditions.

We have learnt that Integrating community empowerment through knowledge creation, improving community access to health services and economic empowerment offers a sustainable means of responding to community health needs in Uganda.

Medical Specialists Outreach Program

Improving Health Outcomes of disadvantaged communities through Access to quality clinical, surgical and diagnostic services

Partners: Amref Germany, Ministry of Health and district local government authorities, Communities

Funders: Netherlands, Italy, Smile Train, AMREF Flying Doctors. Knorr Bremse Global Care (KBGC)

Project Location: 10 districts of Adjumani, Bundibujjo, Kapchorwa, Kumi, Kaabong, Kitgum, Kumi, Ntungamo, Kisoro Kalongo

Improving Health Outcomes of disadvantaged communities through Access to quality clinical, surgical and diagnostic services

Amref Health Africa goal through this project is to strengthen the capacity of the health care system including capacity of health workers to provide essential quality medical, clinical and diagnostic services to under serviced communities in Africa that are hard to reach and hard to work in areas.

1707 patients received specialist medical consultative services and treatment in the specialties of; internal medicine, psychiatry, paediatrics, Gynaecology and urology, orthopaedic surgery, thyroid surgery.

592 surgeries were performed mostly in the areas of General, Gynaecology urology, orthopaedic, thyroid, and dental and eye surgeries.

333 health workers were trained on the job and through CMEs.

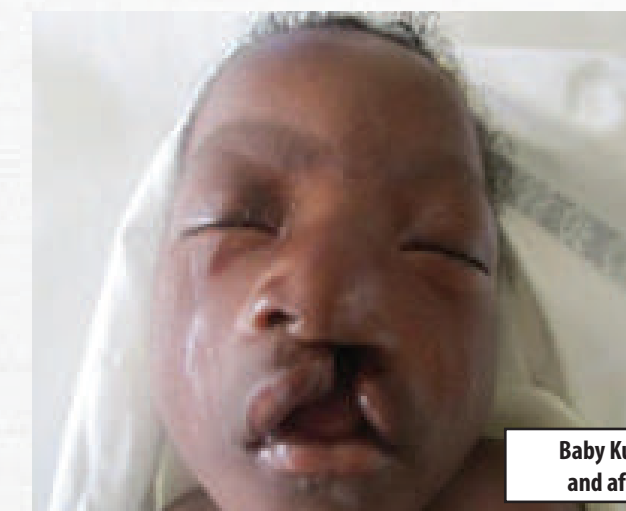
27 children with cleft lip and palate malformation received corrective reconstructive surgeries

10 hospitals were provided with supplementary medicines.

Under the East African External Quality Assurance Scheme; external quality assessment proficiency test panels provided to 102 laboratories. The main challenges faced during implementation included; Inadequate funding for the programme. Lack of functional medical equipment in some of the hospitals could not allow for performance of some medical procures and many patients remained unattended to due to the short duration of the camps.

1707

Patients received specialist medical consultative services and treatment in the specialties of; internal medicine, psychiatry, paediatrics, Gynaecology and urology, orthopaedic surgery, thyroid surgery.



Baby Kukundakwe Ibrahim before and after reconstructive surgery



Capacity Building

Upgrading of Nurses and Midwives in Uganda

Partners:

Ministry of Health and district local government authorities, Uganda Nurses and Midwives Council (UNMC), the Nursing Council and Uganda Nurses and Midwives Examination Board.

Funders: GlaxoSmithKline (GSK), Johnson and Johnson

The Upgrading of Nurses and Midwives in Uganda-eLearning project in Uganda begun implementation of the upgrading of midwives to diploma level in 2012. The project has been able to develop Distance Education guidelines to influence and act as a point of reference for the training of human resources for health using the distance education or eLearning approach. This has given guidance to implementing health institutions on how to blend the e-Learning mode of education with the regular mode.

These guidelines were developed with support from tutors of the respective implementing health institutions, Ministry of Health, Ministry of Education, the Nursing Council and Uganda

Nurses and Midwives Examination Board. Through our capacity Building initiatives Amref worked in health training institutions and continued to support training of HRH in 2015-16.

15 nursing schools across Uganda are being supported to conduct eLearning to help improve human resources in health institutions.

47 Nurses and Midwives managed to complete their courses through e-learning.

270 tutors from 11 participating schools were trained in ICT and 4 new eLearning nursing schools were accredited.



“I am able to perform much better in my career (midwifery) with confidence, I can also assess and manage any mother with or without a complication.”



eLearning midwives undergoing an ICT skills orientation

As a result of the eLearning we have recorded consistent improvement in the quality of the health service provision in many of the supported districts and health facilities.

Asumpta's story: E-learning midwifery course has motivated me to serve diligently

I am Asumpta Namugumya 32 year old, an enrolled Midwife working at Kabale referral hospital for four years. I am one of the 10 students who have benefited from e-learning program sponsored saving lives at birth project sponsored by Grand challenges and Amref Health Africa.

As a midwife I used to carry out my routine work without giving it much attention. Whenever women would be referred to the hospital, I would not take time to study their cases. I would immediately refer them to a doctor. Whenever mothers would be in labour, I would tell them to walk around without monitoring them, which would lead to complications.

Having been admitted to Kabale School of comprehensive Nursing for e-learning program I have been trained on the use of basic computer skills, e-learning management system and use of internet in order to improve my skills and knowledge in practical midwifery. I can monitor mothers in labour using a partogram. I have learnt the importance of taking the referred

mother's history and I always deliver them because I realize that their cases can be managed without the doctor's support, hence, reducing the doctor's workload. With the skills and knowledge I have acquired I am able to perform much better in my career (midwifery) with confidence, I can also assess and manage any mother with or without a complication.

There is evidence that there is an increased number of live babies, reduced asphyxiated babies and neonatal deaths and mothers delivered. All registered against me as per delivery register. The e-learning course has strengthened my capacity in terms of service delivery.

As a result of my excellent performance at the hospital I was awarded a certificate of the best performer in midwifery in Kabale regional referral hospital. I acknowledge my sponsors, mentors, supervisors from Amref Health Africa and my tutors from Kabale School of comprehensive Nursing and Kabale regional referral Hospital. Long live Amref Health Africa.

COMMUNITY SYSTEMS STRENGTHENING

We believe in empowering communities to take action for sustainable health improvement in; RMNCH, WASH, HIV/AIDS/TB/Malaria and Medical Services Outreaches. In partnership with; relevant government ministries, national and Local government structures at the district and sub-district levels and CSOs, CBOs including engagement with VHTs at community levels.

ADVOCACY FOR SUSTAINABLE AND EQUITABLE ACCESS TO HEALTH

Our advocacy programmes, focus on sustaining efforts on health systems strengthening and building resilience on intermediate and medium term outcomes, deploying research and evidence based advocacy actions to influence actions, policies and the way the health systems function at national, district and community levels.

Advocacy To Improve Maternity Service Delivery

Our Staying Alive program undertook advocacy to improve maternity service delivery in; Soroti, Serere, and Katakwi with the objective of; seeing increased budget allocation in the Health Centre IV facilities in Soroti, Serere and Katakwi.

As a results of this campaigns; Soroti district managed to fill two Theatre staff positions in Tirir HCIV & Dakabela HCIII two including the positions of Anesthetic assistants and Senior nursing officer. This has helped to operationalize dormant theatre for emergency C-sections. The District Council allocated funds and sponsored one staff for training in anesthesia to supplement recruited staff and constructed one maternity block at Dakabela HCIII which has been completed.

The advocacy campaign helped Serere District to increase the Staff ceiling and more key staff were subsequently recruited for; Apapai & Serere HCIVs: because the district allocated more budget to manage the HRH facilities. A medical officer/doctor was recruited for Apapai HCIV, Power/electricity connection to Apapai HCIV was incorporated into district budget. ANC and PNC units at Serere HCIV

have been refurbished (budget was allocated by the district and work is complete). Additional BEmOC equipments for Serere HCIV was purchased by the district and a Permanent space was allocated for Youth friendly services

Katakwi District: Toroma HCIV recorded progressive increase in budget allocation in the district 5-year development plan, rising progressively from 5-16.8%. Plan includes: staff recruitment, purchase of equipment for maternities and supplies for medical

With funding from the Dutch Ministry of Foreign Affairs, Amref Health Africa in Uganda and its consortium partners; African Centre for Global Health and Social Transformation (ACHEST), HEPs – coalition for Health and Social Development (representing HAI) will continue with efforts to strengthen Health Systems Advocacy to achieve SRHR through strengthened health systems, in the districts of Soroti and Serere, Lira and Dokolo, Kabale and Kisoro.

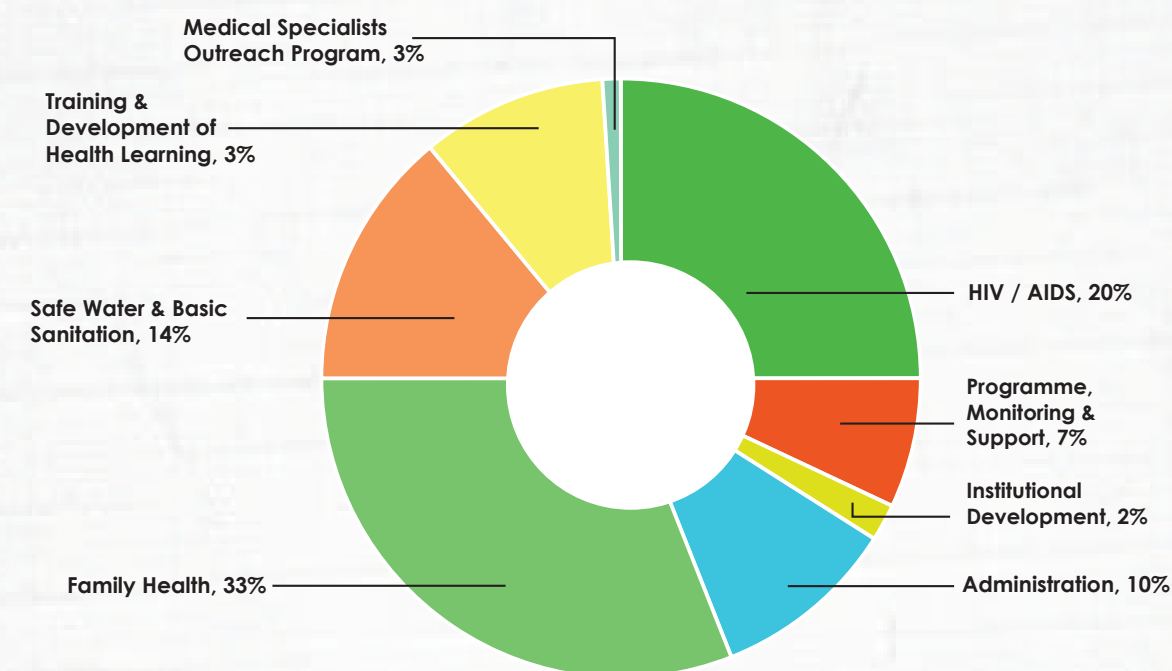
The main project Objective is to enable communities realise their right to the highest attainable sexual and reproductive health, crucial for equitable sustainable economic development through; creating space and strengthening of civil society to engage effectively with governments, the private sector and other stakeholders accountable for health systems to deliver equitable, accessible and high quality SRHR services. At national level, advocacy efforts are directed towards; Human Resources for Health and Health Commodities and reproductive health commodities.

Investment in Health

Amref Health Africa in Uganda appreciate the support of all our committed Donors for the contributions through funding that helped us achieve in our program in FY 2015-16.

We acknowledge; Private sector (GlaxoSmithKline, Johnson & Johnson, Rexall), MacArthur Foundation, Big Lottery Foundation, Smile Train USA, Grand Challenges Canada, Comic Relief International, European Union, GIZ, Jersey Overseas Aid Commission, DANIDA, Centre for Disease Control (CDC), and Dutch Ministry of Foreign Affairs. With all the contributions and support from our donors; In 2015-16 we invested as follows (See Fig 1);

Fig. 1



The biggest investments 33% went to support family health, 14% Safe Water and Basic Sanitation, and 3% to support Training and Development of Health Learning in Uganda.

Innovation to improve finance management

To improve financial management and accountability and manage risk related to cash movements, Amref Health Africa adopted the use of Mobile money technology. The key benefits of using the mobile money platform include; Beneficiaries access their funds faster, reduced administration and transportation costs, reduced payment processing time, increased fund security by reducing theft, transparency and increase the financial inclusion of unbanked population.

Resource Mobilization

Amref Health Africa in Uganda is committed to ensuring financial sustainability focused on both growth and diversification of the funding base. By the end of the FY 2015-16; a total of 38 projects applications were made of which; 8 (26%) were approved or successful, 12 (32%) have been submitted and awaiting approval and 8 (26%) have either been cancelled or are unsuccessful.



Growing our Partnership Portfolio

Amref Health Africa in Uganda is committed in ensuring financial sustainability focused on both growth and diversification of the funding base. Because of this; Amref Health Africa in Uganda continued to expand its strategic partnerships. In FY 2015-16 we established partnership with Project Hope and Communication for Development Foundation Uganda (CDFU) to bid for two grants to CDC for the implementation of the Comprehensive HIV/AIDS response in Mubende (central Uganda) and Soroti (eastern Uganda). The grants have an estimated annual budget of 12 and 9 million USD.

Targeting to strengthen the training of SRHR in Uganda and training in the management of the SGBV in the great lakes region, Amref Health Africa in Uganda working with Amref Flying Doctors in Uganda joined a partnership lead by MDF – a capacity building company from the Netherlands to bid for a 2 grants that could bring to AMREF HEALTH AFRICA IN UGANDA nearly 800,000 Euro over the next 3 years.

During the year 2015-16; Amref Health Africa in Uganda partnered with the John Snow International to bid for two separate grants named the USAID Regional Health Integration to Enhance Services (RHITES-N) for northern Uganda, targeting two regions of Acholi and Lango. The partnership also brings Amref in Contact with CUAMM and the international rescue committee (IRC) as well as 23 districts of northern Uganda. Amref Health Africa in Uganda in this partnership was the technical partner for RMNCAH and Health System Strengthening including Laboratory Systems.

AMREF HEALTH AFRICA IN UGANDA also established a partnership with RTI international to bid for the USAID Regional

Health Integration to Enhance Services (RHITES- E) for eastern Uganda. This partnership also brought AMREF HEALTH AFRICA IN UGANDA in contact with BRAC Uganda, a social enterprise organization that is specialized in community health and entrepreneurship. In this partnership, AMREF HEALTH AFRICA IN UGANDA is the technical partner for RMNCAH, Laboratory Systems strengthening, Comprehensive HIV prevention as well as TB and Malaria prevention and care.

The organization further entered into a partnership with a private sector company – Solar Wave to Test the viability of a solar powered water purification technology in organized communities such as schools. The evidence generated from this work will inform the next potential enterprise. The organization is currently also engaging with the Mobile Telecommunication Network (MTN), Uganda's largest coverage telecom network, in a partnership that aims at accelerating the use of mLearning. This partnership seeks to provide learning access to midwives at pre-service and in-service level.

Amref Health Africa in Uganda maintained the MOU with the Makerere University School of Public Health aimed at enhancing research capacity at Amref Health Africa. We have hosted interns under the One Health Framework.

In addition, Amref Health Africa in Uganda is maintaining the Health System Advocacy partnership as the secretariat with the African Center for Global Health and Social Transformation (ACHEST), Health Action International (HAI), to implement the five-year Health Systems Advocacy for Africa program in Uganda. Amref Health Africa in Uganda is the secretariat for the first year of the initiative.

Institutional Strengthening (Human Resources)

Amref Health Africa is committed in building an effective organization that efficiently and effectively delivers its mandate, with a people and culture that supports performance and ethics.

Workforce Composition:

By September 30, 2016, the workforce composition of Amref Health Africa in Uganda stood at 116 (68 Male, 48 Female)

Performance Management:

The strength of Amref Health Africa in Uganda performance lies in the team spirit of the workforce. Amref Health Africa in Uganda conducted a teambuilding for staff in partnership with Coach Africa with the objective to improve on team cohesion. The Theme of the Annual Performance Review and Planning meeting was “The High Performing Mindset”



Women Development:

We are dedicated to supporting a higher representation of female leadership throughout the workforce and the broader community. We focus on developing leadership capability, enabling career progression and assisting women to more effectively manage the opposing challenges of career and life.

Amref health Africa in Uganda sponsored 10 women to join the rest of the Women at the 5th Annual Executive Women's Leadership Conference with the theme: “Educate, Inspire and Empower the Women to be Architects of Change.” So far there is great improvement in the gender representation of women at the Senior Management Team with a ratio of 3:7 (Female: Male) in 2016 compared to 1:9 in 2014.



Increasing Capacity to Demonstrate Impact, Effectiveness and Efficiency

To improve the organizational capacity to demonstrate impact, effectiveness and efficiency, the position of the Country M&E Manager was filled to lead the M&E team.

In the coming years (FY 2016-17), Amref will focused on building an M&E system that is effective, efficient and results based and integrated. The organization aims at growing the M&E system to go beyond accountability of outputs to measuring the changes our program cause the institutions and communities we work with. Already work has started to build the capacity of Amref Uganda staff and management in Managing for Results and

in participatory M&E system. So far progress and output reporting has been streamlined by introduction and use of Coverage Tables, improve tracking of results, reporting and management is being enhanced through aligning efforts and scope of works for all staff, to improve tracking and reporting on Business Plan; all projects have been linked to Organization's Strategic Objectives and Key results areas.

Initiatives have started aimed at; improving database Management (AIMS), improving Quality of Reporting and Promoting Knowledge Management & Learning.

Communication, Advocacy and Fundraising

We use Advocacy and Communication to increase access to Health Care and promote access to knowledge and choice of service to guide health decisions making. We use evidence based advocacy to raise funds through different avenues.

During the year 2015-16 Amref Health Africa in Uganda received over 50 mentions through different media platforms. Print, Broadcast, social media platforms and publications.

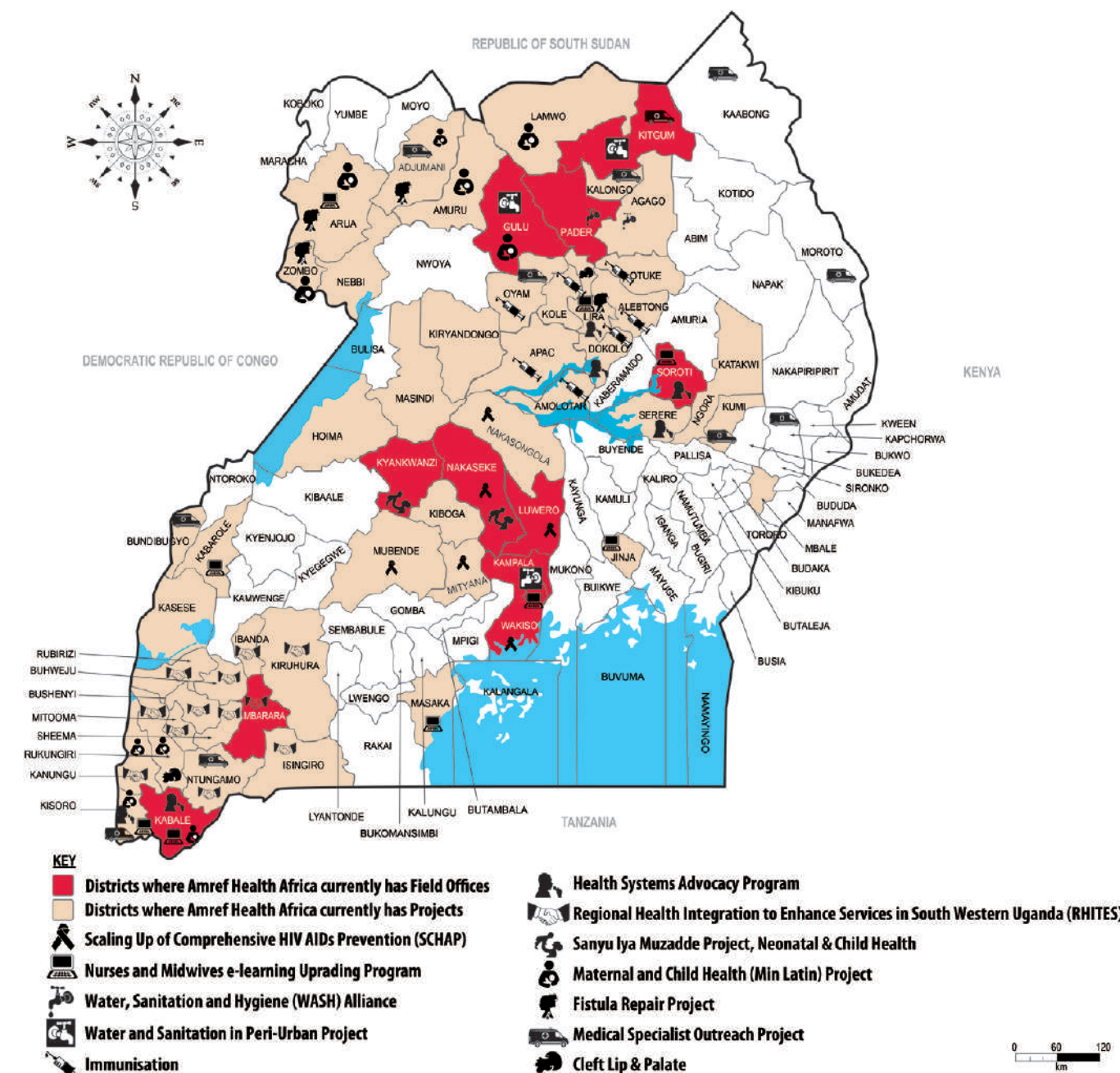
Some of the publications and links where Amref Health Africa in Uganda had mentions.



Key Publications and Conference Presentations

- **"Youth corners and staff training:** High Impact interventions to increase uptake of youth friendly services Gulu, Kitgum and Pader":
Authors : Ndagire Kisakye Gloria[1], Hassan Kanakulya[2], Patrick Kagurusi[3], Martin Ruhweza[4] Margaret Mugisa[5]
- **Abstracts presented during the Fourth Global Symposium on Health Systems Research**
Vancouver, Canada, November 14 – 18, 2016. Held at Vancouver Convention Centre, Vancouver, British Columbia, Canada
- **Title: Improving Postnatal Care uptake using service improvement strategies:**
A pilot study in rural health facilities in Kisoro District South Western. By Margaret Mugisa
- **Improving timely attendance of 1st ANC** using collaborative quality improvement approach in rural health facilities in South Western Uganda.
By Margaret Mugisa
- **Titles of Published Papers/Articles for Water , Hygiene and Sanitation Program**
- **Smart Technologies for Urban and Peri-Urban Communities:**
Amref Health Africa's Experience in Promoting Water Borne/Pour Flush Toilets in Northern Uganda (2015) WEDC Journal
- **Achieving Sustainable Operation and Maintenance of Water and Sanitation Facilities.**
Findings from Selected Primary Schools in Northern Uganda (2015) WEDC Journal
- **"Urgent Attention to the Status of Rain water Harvesting Tanks in Primary Schools in Northern Uganda (2016)**
Water and Environmental Journal
- **WASH competitions;** An effective approach for promoting sustainable WASH services in schools and communities (2016)
Water and Environmental Journal
- **School Management Committee members and Local Leaders** getting committed to ensure Sustainable Operation and Maintenance of WASH facilities (2016) Water and Environmental Journal
- **Make Hand Washing with soap a habit (2016)**
Mixa kids Magazine
- **Water User Committees into Village Savings and Loans Association for Sustainable Operation and Maintenance of Water Facility;**
Experience sharing from Lamkala Village WUC in Pader District. UWASNET Quarterly news brief 2016.

Amref Health Africa in Uganda Programme 2015 - 2016



This Annual Report was developed and published by
The Communications and Monitoring and Evaluation Department
of Amref Health Africa in Uganda

Contact

Plot 01, Okurut Road Kololo - Kampala
P. O. Box 10663, Kampala, Uganda
Tel: +256 414 250310
Fax +256 414 344565
info.uganda@amref.org
www.amref.org



twitter.com/amref_ug



facebook.com/amrefhealthafricainuganda



youtube.com/user/AmrefHome