



THE MAGIC BULLET OF TOTAL HEALTH

- Integrating WASH in RMNCH

**The Case of Olwal and Abibiya
HC!!! in Atiak sub County**

INTRODUCTION

Creating equitable and sustainable access to safe water and improved sanitation and hygiene (WASH) can dramatically benefit reproductive services and practices into health services delivery in health facilities. Improving access to WASH within communities has been shown to decrease both morbidity and mortality of women and children. WASH interventions are cost-effective and have the potential to improve gender equality and human rights- crucial to the the gender transformative approach, and integration of WASH into RMNCH programing is giving women more social freedom and safety, by removing inequitable work burdens with in the communities, and at the health facility level access to clean running water at all times has motivated them to seek skilled health workers at the time of delivery thus reducing instances of hygiene related infections like sepsis, thus reducing the death burden of newborns and mothers.

According to the Ministry of Water and Environment sector performance report 2015 (MWE SPR ,2015), only 68% of the rural population in Uganda have access to improved water in this





region. The underlying causes include limited coverage of newborn care skills such as; newborn resuscitation, high risk of infection due to poor hygiene and unclean deliveries, and lack of water supply within 1 kilometer against the set target of 80%. The average functionality of rural water facilities has remained a challenge, stagnating at 85%. Under SDG target 6.2, it is required that everyone has access to sanitation and hygiene by 2030. However, only 79% of Ugandans had access to a basic sanitation facility with an even much lower hand washing coverage of 33% (MWE, 2015).

Birth asphyxia, infections, and hypothermia, remain the leading causes of newborn deaths in this region. The underlying causes include limited coverage of newborn care skills such as newborn resuscitation, high risk of infection due to poor hygiene and unclean deliveries. Hygiene, especially water safety and

waste disposal at the community level remain poor. Immunization coverage also remains poor due to challenges in the cold chain maintenance vaccine distribution, default tracking and poor data quality for planning targets. Measles remain below 100% coverage.

In Amuru district, 28% of the rural communities still defecate in the hope, with latrine coverage of 72% (AHSPR, 2014/15) and 95% of the health facilities lack access to safe water forcing women to carry water from their homes to facilitate safe deliveries at health facilities. The Project is focusing on four sub counties of Amuru District, with strong engagement with technical staff and local leaders as a strategy to advocate for total health in the district to contribute to improved health.

PROJECT GOAL

To increase skilled birth attendance in order to reduce the incidence of neonatal sepsis in Amuru District.



THE PROJECT OBJECTIVES ARE ;

1 To increase skilled birth attendance in order to reduce the incidence of neonatal sepsis in Amuru District.

2 To improve access to safe and clean MNCH services at health facilities and community level through improved WASH.

3 To improve access to sanitation and hygiene practices in communities of Amuru district

4 To promote improved governance of WASH and MNCH services in Amuru district.



At Olwal and Abibiya HCIIIs in Atiak Sub County, Amref Health Africa has greatly uplifted health care services. Both hospitals were grappling with water shortage, lack of proper sanitation facilities and client/ patient care were very poor. However Amref Health Africa with funding from Amref Flying Doctors in the Netherlands constructed a modern solar pumped water system.

Beatrice Akera, a comprehensive nurse at Olwal HCII facility confirms, " we have water which runs 24/7 from these modern taps installed by AMREF, and water is pumped by the solar system also installed by AMREF,". Akera who greatly appreciates AMREF explains that the same solar system has attracted many expectant mothers to this facility, since night deliveries are no longer a challenge. Initially, they used torches or local lanterns.

"Delivering mothers at night was so challenging because we normally used torches, and sometimes every mother had to come with her paraffin lamp, locally known as tadoba," Elisabeth Ayupo, a midwife at this facility said Amref also donated medical waste bins to the labour ward, cotton and gauze swabs. Others were sterile packs and also constructed a walkway at the labour ward and a safely constructed latrine and bathroom for expectant mothers.



At Abibiya HCIII, Irene Aparo who was beaming with a smile on seeing the AMREF team confirms, "As you see our facility is now filled up with mothers from as far as Southern Sudan, this is because the facility has full supply of sundries, gloves, delivery kits, clean and properly renovated washrooms for mothers before and after delivery, and constant running water, which was never the case before. To date we are delivering at least 55 mothers a month from the 7 we used to deliver before we got our facility renovated by Amref Health Africa."

Florence Aho is one of the mothers who is enjoying the benefits that came with the renovation of this facility.

"This hospital is now very clean, with good toilets unlike before when we used to share toilets with other patients, we also have a new delivery bed," she says

Zubed Gift from Orio village equally confirms that; "These days the hospital is very clean and I find pleasure getting my family planning services from here,". Zubeda 21, walks on foot five miles away from her home to access the good services now. Among the other unique services that AMREF has introduced to these facilities, are special youths services targeting youths and adolescents to access care.

Some of these services included special counseling sessions, testing for sexually transmitted infections and giving treatment. Youth are also excited about

the newly introduced moonlight services, where the youths and adolescents who fear coming to the facilities turn up at night to receive SRH services and ANC for teenage mothers. In this project we have strategic collaborations with the Ministry of Health, Ministry of Water and Environment, Amuru District local Government, Local partners and Politicians.

Through our interventions, we have been able to strengthen the capacity of skilled health workers to deliver clean and safe MNCH services; we have also improved access to safe and clean MNCH services at health facility level. There has been an increase of sanitation and hygiene practices in communities of Amuru

district.

Through our training in leadership and governance of WASH and MNHCH services in the District, we have promoted and improved the quality of management and accountability.

MAJOR CHALLENGES

- 1 Communities owning the hygienic practices is a major challenge due to cultural background and norms.
- 2 Maintenance of the solar power system when it breaks down the PHC funds at the facility are very minimal to cater for such eventualities
- 3 The demand for services has been created but the medical staff are getting overworked because they are few
- 4 Stocking essential drugs is still a challenge and others still die due to this.

RECOMMENDATIONS

1 Increase PHC funds to high volume health center 111s this will need a clear study, lobbying and advocacy at district and national level

2 Recruit more health workers at high volume centers

3 improve the procurement system of essential drugs

4 Community sensitization on proper hygiene and its benefits even at the health facility



LAMOGI HAND PUMP MECHANICS:

**Addressing the challenge of
hand pump breakdown**

*Okello Tito Titus, chairperson Hand Pump Mechanics Association
Lamogi sub county getting ready to repair Pamin Abiro B community
borehole, Lamogi sub county, Amuru District, Uganda.
Photo credit: Amref/Ikochila Associates*

INTRODUCTION

Since March 2020 to August 2021, Amref Health Africa has been implementing the Piwa Maleng project in Lamogi sub county, Amuru district, northern Uganda which has greatly improved access to safe and sustainable water sources, improved sanitation and hygiene good practices. Under this project, 32 non-functional boreholes were rehabilitated and four new ones drilled in the sub county. To keep these water sources working sustainably, Amref trained a team of 22 hand pump mechanics, all based in Lamogi sub county to carry out timely repairs and hand pump maintenance so that no one is left without safe water access.

In Amuru district like elsewhere in Uganda, many boreholes are mainly characterized by frequent breakdowns, prolonged downtime, and premature abandonment thereby affecting their functionality and reliability. In light of the

foregoing, the Uganda Water and Environment Sector Performance Report 2020, reveals that the functionality of rural water sources in Amuru district stand at 75% as of June 2020. This translates to mean three out of every ten boreholes in the district are not working at time of spot check.

Amref Africa was in Lamogi to address the key challenges affecting functionality of hand pumps in the sub county by training a team of handpump mechanics who carry out timely repairs of the boreholes. The hand pump repair program has been very successful and is in high demand by the communities. To have a better appreciation of their work we can hear from Okello Tito Titus, the chairperson hand pump mechanics Association in Lamogi sub county and Oburu John a newly trained hand pump mechanic from Coo-Rom Village, Apuru-kii-pii.



Okello Tito Titus, chairperson hand pump mechanics Lamogi sub county, Amuru District.

Okello Tito Titus: **Giving it all away repairing hand pumps in Lamogi sub county, Amuru district.**

Okello Tito Titus, is a 36 years old soft-spoken, but highly motivated and experienced hand pump mechanic in Lamogi sub county, Amuru district. Because of his vast knowledge and hard work, Titus was voted to be the chairperson of the Lamogi sub county Hand Pump Mechanics Association and also doubles as the Secretary of the Amuru District Hand Pump Association.

Since Amref went to Lamogi sub county to implement the Piwa Maleng project, Titus

has continued to play a very pivotal role in the successful implementation of the project in Lamogi sub county. He has always worked tirelessly in training, supervising and mentoring other hand pump mechanics in the sub county so that all the boreholes in the project area are sustainably working, delivering safe water to community members.

Okello's motivation

For the last 12 years, Titus has been working as a hand pump mechanic, having been trained by the district. Prior to that, he was just an ordinary young man in the village with a dream of becoming a mechanic.

“We trained eight people from Lamogi sub county to become hand pump mechanics. Being a hand pump mechanic is a voluntary service in the community. We are not paid any salary, six of my colleagues we trained together have left being hand pump mechanics. What keeps me going is the fact that I have realised my childhood dream of becoming a mechanic. I'm also glad that in my position as hand pump mechanic, I'm making a big contribution in ensuring my people have access to reliable safe water, saving them the burden of consuming dirty water.” Says Okello Titus.

Involvement in the Piwa Maleng project

When Amref came to implement the Piwa Maleng project in Lamogi sub county, Okello was among the people invited to attend the project inception meeting. In collaboration with Amuru District Local Government, the hand pump mechanics were given the task to assess all the boreholes in Lamogi sub county to identify those that needed rehabilitation. Out of the 42 assessed boreholes that were non-functional, 32 were rehabilitated by the Piwa Maleng project and Okello was the team leader of the assessment.

Okello Titus training fellow handpump mechanics

At the time of Piwa Maleng Project implementation, Lomogi sub county had only two hand pump mechanics, yet 32 boreholes were identified for rehabilitation. In light of this Amref trained 22 new hand pump mechanics and Okello Titus was very



From left: Okello Titus, handpump mechanic getting support from Ocaya Patrick, chairperson, Water Users' Committee, Pamin Abiro B village borehole. Photo credit: Amref/ Ikocira Associates

instrumental in the training and mentoring of the recruits. The new hand pump mechanics were selected from the community with support of community members, local leaders and parish chiefs and they have now registered their Hand Pump Mechanics Association with the district.

“After their training, I continued to mentor the new recruits to rehabilitate all the 32 non- functional boreholes identified under the project. And the new

mechanics have many more opportunities to work on hand pumps since the operation and maintenance of hand pumps in the district is done by hand pump mechanics.” Okello says with a smile on his face.

Technology transfer

Okello has a very clear understanding of the different hand pump technologies Amref has introduced to the Lamogi sub county. Coupled with his experience, he was able to explain the technical dimensions of using different water riser pipes as introduced by the Piwa Maleng project.

“In all the 32 rehabilitated boreholes which previously had been installed with galvanised iron (GI) pipes, these were replaced with Stainless Steel or PVC (plastic) pipes. Galvanised iron pipes have one big challenge of corrosion (rusting) resulting in frequent breakages and replacement of riser pipes as well as affecting the water quality especially when it turns brown. The stainless steel and plastic pipes do not rust and do not break down frequently,” says Okello.

Okello is proud to be among the key trainers, teaching the new hand pump mechanics how to dismantle boreholes with the old technology and then reinstalling them with the new technology of stainless-steel pipes, stainless steel pump rods and PVC riser pipes.

When talking with Okello, one cannot miss noticing his vast experience in hand pump repairs, especially dealing with different technologies of handpumps.

“For any borehole with a depth of more than 27 metres, it ought to be installed with stainless steel pipes,” he says. “PVC pipes work well for borehole depth of less than 27 metres.”

He is happy Piwa Maleng project has introduced more sustainable hand pump technologies in

Lamogi sub county.

“Even when the project has ended, the team of hand pump mechanics left behind will not have any problems in repairing the boreholes” he adds.

When a community borehole breaks down, the community local leaders or the Water Source Committee contacts their hand pump mechanic to come and make a report. If the borehole requires major repairs, recommendations are made and forwarded to the sub county. And if the sub county can't solve the problem, they refer the matter to the district water office.

Relevancy

Personal benefit as a hand pump mechanic

Although being a hand pump mechanic is a voluntary service, Okello is happy that he has acquired many friends, and sometimes when called for meetings at the district or by other development partners, he is given transport refund. He does not spend all the money he gets and he has managed to buy two goats. From one of the previous contracts to rehabilitate boreholes, he also made some savings and bought a cow. Before schools were closed due COVID 19 pandemic and the lockdown, he was able to pay school fees for his son studying in secondary school in Kampala, Uganda's Capital City.

Before the project intervention, 115 boreholes in Lamogi sub county were non-functional and out of these 32 boreholes have been rehabilitated by the hand pump mechanics trained by Amref under the Piwa Maleng project, thereby improving access to safe water in the sub county. The project has further enabled skills and technology transfer to hand pump mechanics; changing from the use of galvanised iron riser pipes which frequently corrode to stainless steel and PVC borehole riser pipes, thereby reducing the frequency of borehole breakdown and operation. And maintenance costs of community boreholes are also reduced.

CASE STUDY

Meet **Oburu John**: From ordinary village man to becoming Coo-Rom village, hand pump mechanic

Oburu John, 47 years old, is one of the 22 hand pump mechanics trained by Amref under the Piwa Maleng in June 2020 and had a refresher training in June 2021. Prior to becoming a hand pump mechanic, John was like any other ordinary man in Coo-Rom village, Apuru-kii-pii, Amuru district. He did not have any mechanical skills even though being a mechanic of any sort had always been his childhood dream.

“I have always wanted to be a mechanic, when Amref gave me this opportunity to train to become a hand pump mechanic, I could not hesitate to take it. In my village there was no hand pump mechanic, whenever our borehole would break down it would take a couple of days to be repaired. One had to report the matter to Lamogi sub county which is far. Deep inside, I was always yearning to help my community repair the borehole on time whenever it breaks down.” John said.



Oburu John, Coo- Rom village hand pump mechanic trained by Amref under the Piwa Maleng project

Obura's training

With a joyous face, a sign of pride, Obura narrated his training journey of how he was transformed from an ordinary person in the community to becoming a highly valued hand pump mechanic.

“My hand pump mechanic's training mainly focused on dismantling and reassembling a borehole. I have learnt how to replace the pump cylinder, rods, pipes, and pump head repairs.” Obura continues that he has learnt that community members also have significant roles to play in ensuring their hand pump is working well. For example, the building of the fence and general cleaning around the borehole is the responsibility of community

members. This in turn enhanced the sense of community ownership. As a hand pump mechanic in his parish, Obura oversees five boreholes. It is his responsibility to have them functional whenever they develop a malfunction. The biggest challenge he faces however, is the lack of tools. In the entire sub county of Lamogi there are only two sets of tools which are to be used by 24 hand pump mechanics. Whenever there is rehabilitation to carry out, he must contact Titus Okello, the Lamogi sub county hand pump association chairperson to get any tools.

Process of repair

“All the 32 rehabilitated and the four newly constructed boreholes in the Piwa Maleng project have a Water Users' Committee that collects between UGX.1000 to UGX. 2000 monthly from each household as a contribution to the operation and maintenance of the borehole. When any borehole in the community develops any malfunction, they use money from the operation and maintenance fund to repair it. Members of the Water Users' Committee call me to assess the problems that the hand pumps develop. Thereafter, I write a report and forward it to the sub county. If the problem is big, I get help from other hand pump mechanics, we dismantle the hand pump, see the spoiled parts then go buy the spare parts for replacement.



If called upon to go repair any community borehole, it's the community Water Users Committee who pay the hand pump mechanic from the user fees collected. The district however has fixed a maximum payment; hand pump mechanics can only get a maximum of 35,000 shillings excluding transport. However, when the borehole repairs require buying materials, say pipes all the way from Gulu City, money for buying the materials is given to the hand pump mechanic.

Personal benefit

Hand pump mechanics are not paid a salary but out of their work, there are many other benefits like they are paid in kind with chicken or goats, or cash. Obura is happy that he is making a big contribution in his community by ensuring that the community borehole is repaired on time whenever need arises.

In addition, Obura, in his role of being a hand pump mechanic, has created many friends even beyond Lamogi sub county, and he is more valued in the community than before. "I'm indeed very grateful to Amref for making me a new person in my community," he concludes.

CASE STUDY

Meet **Atim Margaret**: Water User Committee member, promoting community ownership and management of Odur village borehole

Atim Margret, 58 years old, has lived in Odur village since 1978. This gives her the audacity to talk about how having a functional water source in Odur village transforms lives for all village residents.

“The first borehole in the village was constructed in 2009, but it faced frequent breakdowns until it reached a time when we could not have enough money to repair it. When the borehole breaks down, our only water source is an unprotected spring well down the swamp. Water from the well is never safe for human consumption because livestock also come and drink from there. During dry seasons the water sources usually dries up.” Atim shares.



Atim Margret, Finance Secretary, Odur Village Water Users' Committee, Amuru District, Uganda

The change

All this has however changed, thanks to Amref for rehabilitating the Pamin Abilo B borehole located in Odur village. Atim like all other village residents are over the moon because safe water is nearby, within their village.

“I’m glad that Amref recently repaired our village borehole, safe water is now a stone throw away from my home. I no longer shoulder the burden of going very far in the swamp to collect water which in most cases is dirty, not safe for human consumption.” Said Atim.

To keep their water source functional, the residents of Odur village set up a community Water Users Committee of nine members and five of them are women. The Water Users’ Committee has the role of calling for village meetings to discuss solutions to problems that affect the functionality of the village borehole.

“As water users, we have come up with bye-laws to streamline access and use of water from our village source. We have agreed that each of the 70-household fetching water from the source contributes 500 UGX monthly towards the operation and maintenance fund of the borehole. Whoever pays their user fee, their names are recorded in a book and money kept. Those who fail to pay their monthly contribution are fined 2500 UGX.” explains Atim.

Atim is the finance secretary of the water users’ committee, and is responsible for keeping the user fee collected and only releases the money to repair or service the borehole.

Community byelaws

The Pamin Abilo B Water Users’ Committee enacted a couple of bye-laws as a measure for proper management of the water source. Among these bye-laws; anyone entering the borehole apron with shoes is fined 5000 shillings. The logic behind this is to keep the borehole clean. In addition, anyone found removing the logs that make the fence of the water source is fined 20,000 shillings, any one bathing at the borehole is also fined 5000 shillings. If any child is found playing around the fence that child is reprimanded, and every 18th of a month is a community clean-up day of the water source. The community members are working together to keep their water source functional.

CASE STUDY

Meet **Lamunu Grace**: Amref supported water, sanitation and hygiene initiatives transform people's lives in Luyaguma village, Lamogi sub county

Lamunu Grace, 48 years old, is not only a resident of Luyaguma village but she is also the treasurer of her village Water User Committee. She is an active community member involved in the implementation of the Piwa Maleng Project in her community. She was happy to share her experience on how the project has transformed people's lives through improved access to safe water, sanitation, and hygiene education.

"In Luyaguma village, Amref under the Piwa Maleng project rehabilitated our village borehole. This has saved us the burden of crossing the main road to go down the swamp to collect water from a protected spring," says Lamunu.



Lamunu Grace, at home, washing hands with water and soap from a tippy tap. She is glad that safe water is near. Photo credit: Amref/Ikocila

In Lamunu's community, women generally shoulder the burden of collecting, so having a nearby water source means a lot for her. This clearly explains why she volunteered to be on the village Water Users' Committee as treasurer, a role where she oversees keeping collected water users' fee for operation. And maintenance of the village borehole.

"As members of the Water Users Committee, we meet twice a month to discuss any issues pertaining to our water source. Every household that collects water from this source contributes 1000 shillings monthly towards the operation and maintenance fund of the borehole," says Lamunu.

When the water source breaks down, the community always has some money set aside to repair it. They call the hand pump mechanic to carry out the

borehole inspection to establish how much the repairs will cost. With Amref support, members of the Water Users Committee (WUCs) were trained on their roles and responsibilities, financial management, bookkeeping, Village Loan and Saving Association, safe water chain, operation and maintenance of their water sources and COVID 19 prevention guidelines. The WUC mobilises village members to fence their water sources as a way of protecting them from livestock damages, contamination and vandalism.

Lamunu however, points out that after the rehabilitation by Amref, the borehole has not broken down. The only time they made any repairs was when they were repairing the connecting rod. This could however be due to a change in technology from use of galvanised iron pipes to stainless steel or PVC pipes which are durable and do not rust.

Value of the borehole in the community

Everyone in Luyaguma village is pleased that their village borehole is reliable, children no longer cross the main busy road going to collect water from the swamp. Safe water from the rehabilitated borehole is nearby with the community, even older people easily collect and carry water back home.

"During rainy seasons, water from the spring well would get contaminated with run off rainwater but water from the borehole is safe for human consumption and does not stain clothes and utensils. We have easy access to enough safe water for drinking, cooking food and washing. We no longer waste our precious time in search of water and the most important thing is our health," says Lamunu.

Sanitation improvement

Having a nearby water source within our village has greatly contributed to improvement in sanitation and good hygiene practices in Luyaguma village. There is easy access to enough water for hand washing especially after using latrine and before handling food. And in this COVID 19 pandemic era, community members have been encouraged to frequently wash their hands with water and soap, this being the first line of defence in stopping the spread of COVID 19. To improve sanitation and hygiene in the Luyaguma village and in the entire Lamogi sub county, the Piwa Maleng Project employed home improvement campaigns in all six parishes of Lamogi sub county. With this approach, households competed to become the 'ideal homestead' by

implementing agreed upon hygiene and sanitation measures. This has resulted in a significant increase in latrine coverage and general improvement of good hygiene practices in the entire Lamogi sub county.

All project activities were integrated with hygiene education to sensitise the community members on COVID 19 prevention practices.

Lamunu continues to explain that Amref supported the Luyaguma village health teams to move around the village, teaching residents the value of ending open defecation and the use of latrines, instead of going to the bush. In addition, village residents were taught how to construct utensil drying racks. Previously they were drying their washed dishes on the ground where chicken and other animals at home would eat from them. Keeping drinking water safe

without contamination, the use of two cups; one for scooping drinking water from the pot and the other for drinking, was introduced in the community.

“Our village has 49 households, all of which have functional tippy taps at home and only two households currently don't have latrines because their latrines are full, but they are in the process of constructing new ones,” says Lamunu.

While highlighting the great strides made in the village to improve sanitation and hygiene status. “Everyone in my home frequently wash their hands with water and soap from the tippy tap, we don't want to suffer from COVID 19.”

Lamunu further explained. At the village borehole, there is a tippy tap so that everyone who comes to collect water washes their hands first as a measure to stop the spread of COVID 19.

SAVING NEWBORN LIVES:

**A preterm's survival story in
northern Uganda**

Susan Ayam, 26, carries her baby Faith, three months old. Faith was born premature at just seven months gestation with a worrying weight of 1.2kgs. PHOTO by Angela Kateemu for JSI

Just 28 weeks into her pregnancy, Susan Ayam, a 26-year old primary school teacher from northern Uganda, started feeling pain in her lower abdomen. Although Susan had been to the health center three times already for her antenatal care visits, each time she was told the baby was well and progressing normally. Since she had not felt any discomfort during the first six months of her pregnancy, she at first didn't get alarmed when the pain started. However, she soon started bleeding, and immediately told her husband, who rushed her to the nearest health center. After a 30-minute bumpy ride on a motorcycle, they reached the health center a little after midnight.

“When we got to the health center, the midwife on duty examined me, and informed us that I was in labor, and that one of the baby's feet was already coming out and they had to deliver it prematurely,” said Susan.

Susan was no stranger to preterm babies. Her second child, Fortunate, now three years old, had been born two months early. Even with her previous experience, the mother of three said the second encounter was harder. The



Calvin, Susan's husband helps carry baby Faith using the Kangaroo Mother Care method that is recommended to keep preterm babies warm and to nurture the bond between baby and parent. PHOTO by Angela Kateemu for JSI

circumstances surrounding the birth, the baby's weight, and the COVID-19 health restrictions, made it more exhausting physically, emotionally, and economically for the family.

“My baby was only 1.2 kgs when she was delivered. I was immediately referred to the neonatal intensive care unit

(NICU) at Lira Regional Referral Hospital because the baby wasn't breathing well," Susan explained. Upon admission at the NICU, baby Faith was resuscitated, put in the incubator, and placed on continuous positive airway pressure therapy (CPAP) to help her breathe.

The baby was kept in intensive care for more than three weeks. During their stay at the hospital, Susan was counselled on how to take care of a preterm baby.

"Faith was in critical condition, was too small, and had difficulty breathing. After five days in the NICU, her weight dropped to 800 grams. I was scared I would lose her, but the doctors trained me on how to feed the baby through a tube, how to express milk, and how to use the kangaroo method of warming the baby," said Susan.

Susan's story is one of many in the region. Every year, about 2,800 babies in northern Uganda's Lango sub-region are born before their



Calvin and Susan with their three children, Fortunato, Abednego, and Faith.

expected date of birth.

Preterm birth is a major cause of NICU admissions and newborn deaths across Uganda. This is due to health system factors including limited number of specialized units such as NICUs, inadequate machines (e.g., monitors, incubators, and CPAPs), and a knowledge gap among health workers

about how to handle babies born too soon. Other challenges include long distances between referring facilities and an overwhelming number of preterm babies born each year.

The USAID Regional Health

Integration-North, Lango Activity (RHITES-N, Lango), supports facilities such as the Lira Regional Referral hospital to prevent deaths from premature births. At lower-level health centers, RHITES-N, Lango trained health workers to provide essential newborn care and make timely, appropriate referrals using pre-referral guidelines. This ensures that preterm babies don't die from preventable causes such as infections and hyperthermia while in transit. At higher-level health centers, general hospitals, and the regional referral hospital, RHITES-N, Lango supports kangaroo mother care units, newborn corners, and NICUs. The activity provides newborn resuscitation equipment, trains and mentors health workers to manage the care of preterm babies, and supports initiatives to improve the quality of care

for newborns.

This support has helped save many babies like Faith. Three months later, she now weighs three kilos, can breastfeed and breathe well on her own, and has not had any more complications.

RHITES-N, Lango's efforts have contributed to a reduction of preterm deaths. Although preterm deliveries average 46 percent of all NICU admissions over the last three years at the Lira Regional Referral hospital, death from prematurity and its complications have reduced from an average of 64 percent in 2019 to 45 percent in 2020.

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