ACCESS- Infant maternal (AIM HEALTH)

2011- 2016

UGANDA- COUNTRY EXPERIENCE

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Presentation Overview

- Programme scope

- Multi-layered experience

- Observable changes on the ground

- Lessons learnt

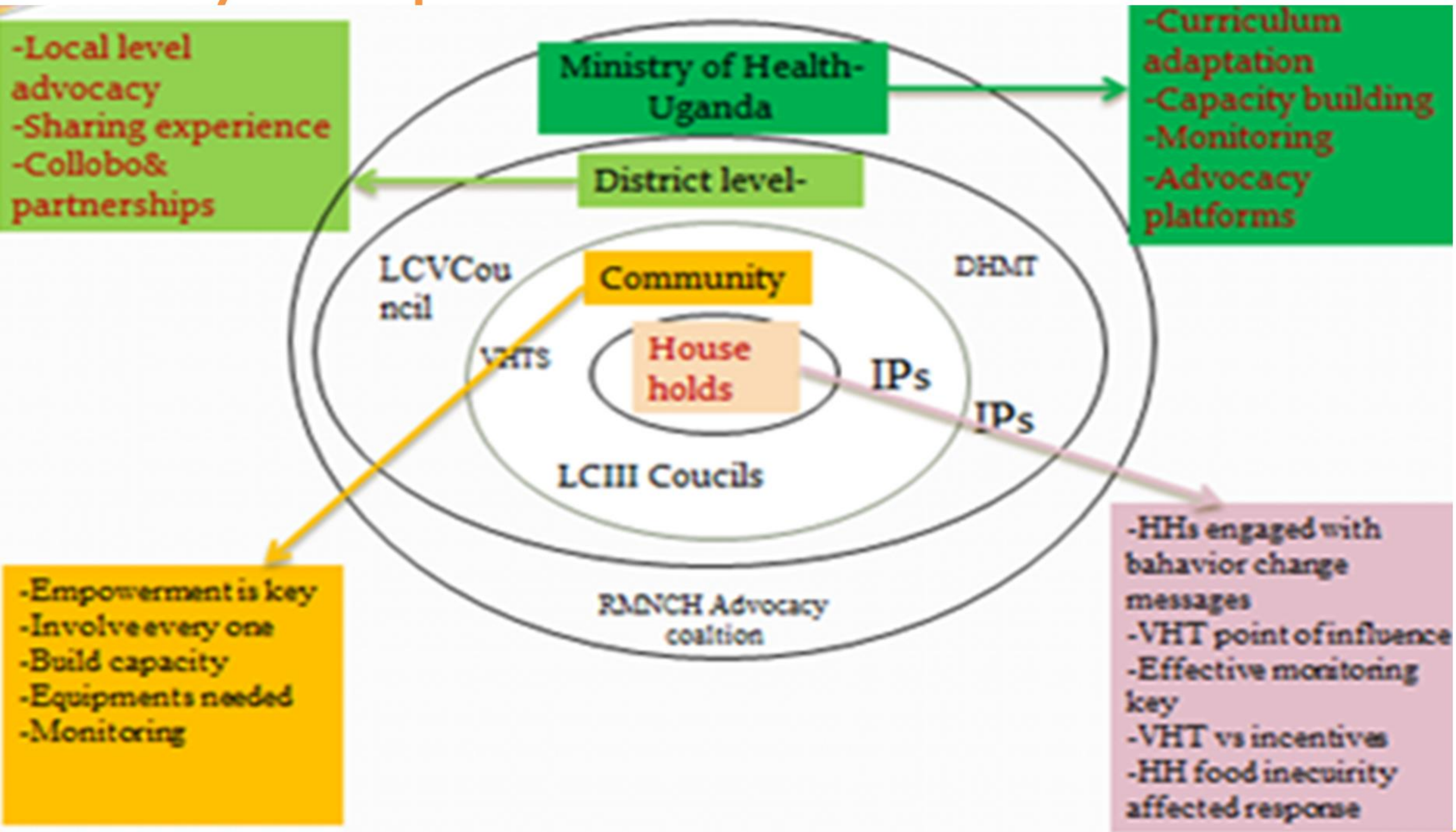- Recommendations

- Photo gallery

Programme scope

- Located about 669km from Kampala
- 06 sub counties
- 29 parishes
- 299 villages
- 887 VHTs(CHWS)
- 26 HCs
- 115,623 Total population

Multi-layered experience

-Local level advocacy
-Sharing experience
-Collobo& partnerships

Ministry of Health- Uganda

-Curriculum adaptation
-Capacity building
-Monitoring
-Advocacy platforms

District level-

LCVCou ncil

Community

DHMT

VHTS

House holds

IPs

IPs

LCIII Coucils

RMNCH Advocacy coalition

-Empowerment is key
-Involve every one
-Build capacity
-Equipments needed
-Monitoring

-HHs engaged with bahavior change messages
-VHT point of influence
-Effective monitoring key
-VHT vs incentives
-HH food inecuirity affected response

Observable changes on the ground

- Empowered communities and strong enthusiasm to improve their own health- OPD blocks constructed
- Change of behaviour to seek care
- Improved capacity of H/F to care for patients
- Active and involved partners at all levels for impact- VHTs, DMHT, Leadership
- Reduced mortality and morbidity (Newborn and Mothers)

Lessons learnt

- HH interface key to change of behavior
- CHWs would be a key human resource for Health if well incentivized and motivated
- MNCH Projects need a unique road mapping for success.
- In Uganda effective MNCH interventions need to integrate hard ware for systems strengthening
- For sustainability and Health systems strengthening- Work with and Build the capacity of existing structures from National to community level
- Nutrition interventions need a bundled interventions approach

Challenges

-Nutrition remains a challenge to critically refocus on- Stunting increasing

-Food insecurity in house holds

-Health system is still weak and this needs attention

-VHT petty cashes given are not sustainable

-HIV/ AIDS and teenage pregnancies are emerging Public Health concerns

Recommendations

- Partners and Ministry of health need to re-invent better approaches of making CHWS effective Human resources for Health
- Need to re-focus on Adolescent health
- CHW incentivization strategy and ownership by all critical for success
- Advocacy needs to move along addressing emerging critical issues affecting the Health systems eg Staffing, equipment, medicines and supplies, infrastructures
- Need to study underlying country readiness before mhealth scale up

Gallery Cont'd

Gallery

THANK YOU VERY MUCH