

Annual Safe Motherhood Conference 2025

Abstract Book



Theme: Impact of multidisciplinary professionals in strengthening community engagements for safe motherhood.



FRI. 11.
APR. 2025



FROM 10AM
TO 3PM E.A.T



NKOYOYO HALL
UCU



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DEAR ESTEEMED DELEGATES



On behalf of Uganda Christian University, it is with great pleasure that I welcome you to the Annual Safe Motherhood Conference scheduled for April 11, 2025. We are honored to have this event opened by His Grace Stephen Samuel Kaziimba Mugalu, the Archbishop of Uganda.

This conference brings together healthcare professionals, lawyers, educators, clergy, researchers, policymakers, and advocates dedicated to improving maternal health and ensuring safe motherhood for all women. Your participation is vital as we share insights, best practices, and innovative solutions to the challenges that mothers face today.

We have an exciting agenda lined up, featuring keynote speeches, research, practicum experiences led by esteemed experts in the field. This is an opportunity not only to learn but also to network and collaborate on initiatives that will make a lasting impact.

As we gather to discuss and promote safe motherhood, let us be inspired by our shared commitment to this critical cause. Together, we can make a difference in the lives of mothers and their families.

Thank you for being part of this important event. We look forward to your contributions and a successful conference.



Canon Prof. Aaron Mushengyezi
VICE CHANCELLOR

OPENING REMARKS



DR. NSUBUGA MUSHIN, EXECUTIVE DIRECTOR, SAVE THE MOTHERS EAST AFRICA

Distinguished guests, ladies and gentlemen, I greet you all in the name of our Lord Jesus Christ!

I warmly welcome you to the 2025 Annual Safe Motherhood Conference. It is a privilege to gather with you as we celebrate **20 years of Save the Mothers**, a milestone that reflects two decades of unwavering commitment to ending preventable maternal and newborn deaths.

Our conference theme, *“The Impact of Multidisciplinary Professionals in Strengthening Community Engagements for Safe Motherhood,”* deeply resonates with Save the Mothers’

vision. From the beginning, we have championed the belief that reducing maternal and newborn mortality is not solely the responsibility of health workers. It requires a multi-sectoral approach—bringing together professionals from government, education, faith-based organizations, media, business, civil society, and cultural institutions to advocate for safe motherhood.

Save the Mothers was born from this conviction. Inspired by insights gained at the 1999 Safe Motherhood Conference in Sri Lanka, our founders—members of the Association of Obstetricians and Gynecologists of Uganda (AOGU) and the Society of Obstetricians and Gynaecologists of Canada (SOGC)—recognized the need for a multidisciplinary solution. Professors Okong Pius, Mirembe, and Dr. Olive Ssentubwe, alongside Dr. Jean Chamberlain Froese, envisioned a training program that would equip leaders from diverse disciplines to champion maternal health in their respective spheres. In 2005, this vision took root with the launch of the **Master of Public Health Leadership (MPHL)** program at Uganda Christian University.

Master of Public Health Leadership (MPHL): A Network of Game Changers

Since 2005, the MPHL–Save the Mothers program—the flagship safe motherhood initiative of Uganda Christian University—has trained over 500 multidisciplinary professionals from Uganda, Tanzania, South Sudan, Rwanda, the DRC, Kenya, Nigeria, Burundi, the USA, and Sweden. These alumni are driving transformative change in their various fields, including:

- **Advocacy & Policy Influence:** Championing increased funding for maternal health in Uganda’s national budget as Members of Parliament.
- **Media & Public Narratives:** Transforming the way maternal and child health issues are reported.
- **Education & Training:** Introducing safe motherhood conversations in schools and youth-friendly community spaces.
- **Healthcare Interventions:** Bridging the gap between communities and health facilities to ensure access to care.
- **Youth Engagement:** Raising awareness about sexual and reproductive health among young people.
- **Community Outreach:** Empowering families through grassroots initiatives such as the “one chicken per household” model and maternity basket funds.
- **Research & Innovation:** Translating evidence into action, leading to improved health outcomes.
- **Further Studies:** Many alumni have pursued PhDs and are contributing to global knowledge on maternal health.

Mother Baby Friendly Hospital Initiative (MBFHI): Strengthening Healthcare Systems

The MBFHI operates in 15 hospitals across Uganda, implementing 10 critical steps to enhance maternal and newborn care. Key achievements include:

- **Capacity Building:** Training and mentoring health workers in maternal and newborn care.
- **High Dependency Units (HDUs):** Established in Tororo, Mbale, and Mityana to support critically ill mothers.
- **Neonatal Intensive Care Units (NICUs):** Equipped and staffed in Amai and Naggalama hospitals.
- **Non-Pneumatic Anti-Shock Garments (NASGs):** Donated 25 garments to six health facilities to stabilize women experiencing obstetric hemorrhage.

Community Engagement: Expanding Our Reach

We continue to grow our community outreach—from boosting postnatal care in the Elgon region through partnerships with North Mbale Diocese, to integrating safe motherhood messages in churches across five dioceses. We are also launching a new economic empowerment initiative for teenage mothers in partnership with the UCU School of Business.

Looking Ahead

While maternal mortality remains a global challenge—with more than 800 women dying daily from preventable causes—countries like Uganda and Tanzania are showing that community-led solutions and strong partnerships make a difference. We are proud to be part of this progress.

As we mark 20 years, we reaffirm our commitment to four key pillars:

- **Training & Research** – Empowering professionals with knowledge and evidence.
- **Community Engagement** – Strengthening the link between health facilities and the people they serve.
- **Alumni Network** – Building a strong, connected movement of maternal health advocates.
- **Sustainability** – Ensuring lasting impact through sound governance, diverse funding, and strategic outreach.

I extend my deepest gratitude to Uganda Christian University, the Ministry of Health, our donors, students, alumni, partners, friends, and well-wishers who have journeyed with us. Thank you for joining us today as we celebrate 20 years of impact and chart the way forward to safe motherhood.

May this conference spark renewed commitment and bold ideas for advancing safe motherhood. Thank you, and may God bless you all. **Enjoy the deliberations.**

SPEAKERS AND PRESENTERS

Guest of Honour	The Most Rev. Dr. Stephen Kaziimba Mugalu , Archbishop of Uganda
Speakers	Dr Mushin Nsubuga , STMEA Executive Aaron Mushengyezi , Vice Chancellor
Keynote Speaker	Dr Richard Mugahi , Commissioner Reproductive & Child

Presenter	Title
Dr Jimmy Odong -DHO , Amolatar	Strengthening Community-Health facility linkages to improve RMNCAH outcomes in Amolatar district, Uganda
Joselyn Nakyeyune – MPHL student	Depression among teenage mothers in Kira municipality, Wakiso district: Prevalence, Associated Factors and Coping Mechanisms
Prof Mary Ssonko	Capacity Building for Gender Equality and Social Inclusion in Uganda's gender-based violence and Reproductive Health Sector
Baguma Allen Komugisha	Bridging economic gaps for Safe Motherhood- Leveraging Social Entrepreneurship
Poster presenters	Agembi Stella, Save the Mothers, Dr Roselline Achola Okeria Jude, Jennifer Hatzfeld, PhD, RN, Stella Nalubowa ALLEN NAMUTOSI, Alex Mokori, Zai Nabateregga, David Okeng Lillian Mpabulungi
Moderators	Joan Mugenzi: Lead Coach, Imagine Me Africa Harriet Adong: Director Communication and Public Relations - UCU Dr Martin Kizito: Dean School of Social Sciences - UCU Jackie Katana: Executive Director, 3FHI

CONFERENCE OVERVIEW AND THEME

As STM marks 20 years of transformative impact, this milestone conference will convene key stakeholders to reflect on achievements, share innovations, and strengthen collaborations for safe motherhood.

Conference Theme:

The Impact of Multidisciplinary Professionals in Strengthening Community Engagements for Safe Motherhood.

Sub-Themes: Abstracts were asked to address one or more of the following sub-themes, aligned with any of the pillars of safe motherhood and the overarching conference theme:

1. Strategies to address delays.
2. Strengthening Community-Facility Linkages to improve RMNCAH outcomes.
3. Behavior Change for Safe Motherhood: Innovation for behavior change in safe motherhood.
4. Nutrition in maternal, newborn, and child health.
5. Economic Empowerment for Maternal Health
6. Tailored interventions for adolescents' reproductive health.
7. Digital tools and mobile health innovations in RMNCAL.
8. Access to maternal and new born health services among people with disabilities.
9. Cultural Sensitivity in maternal and newborn Care
10. Mental Health in Maternal and newborn Care
11. Promoting male involvement in maternal and newborn health.
12. Approaches in addressing Gender Based Violence
13. Innovations in Safe Motherhood

PROGRAM

SESSION ONE: 9.00 AM - 9.55 AM – STM Team

Arrival. Registration. Tea. Networking. Entertainment by Michael Ouma Jazz band.

Devotion - UCU Chaplaincy: **10:00 – 10:10 am**

Opening Remarks: STMEA Executive Director: **10:10 – 10:20 am**

Welcome remarks - Vice Chancellor: **10.20 -10.30 am**

Keynote Address: Dr Richard Mugahi, Commissioner Reproductive & Child Health-MoH:
10:30 – 10.45 am

Entertainment: **10.45 AM – 10.55 am**

SESSION TWO: 10:00 -10.55 AM MODERATOR:

Harriet Adong- Director Comms & Public Relations UCU

Devotion - UCU Chaplaincy: **10:00 – 10:10 am**

Opening Remarks: STMEA Executive Director: **10:10 – 10:20 am**

Welcome remarks - Vice Chancellor: **10.20 -10.30 am**

Keynote Address: Dr Richard Mugahi, Commissioner Reproductive & Child Health-MoH:
10:30 – 10.45 Aam

Entertainment: **10.45 am – 10.55 am**

SESSION THREE: 10:55 AM -11:40 AM

Moderator: Dr Martin Kizito – Dean School of Social Sciences UCU

Oral presentations: **10.55 – 11.30 am**

Discussions: **11.30 -11.40 am**

SESSION FOUR: 11.40 AM -12:15 PM

Moderator: Joan Mugenzi CEO – Imagine Me Africa

Poster presentations & Exhibition: Led by STM Founders

Poster Presentations: **11.40 – 11.55 am**

Exhibitions: **11.55 -12.05 pm**

Group photo: **12.05 pm-12.15 pm**

Entertainment – Michael Ouma plays in the background.

SESSION FIVE: 12.15 PM– 1.00 PM *Moderator: Jackie Katana ED, 3FHI*

STMEA Chairperson invites the Guest of Honor: **12.15-12.20 pm**

Guest of honor speech: The Most Rev. Dr. Stephen Kaziimba Mugalu,
Archbishop of Uganda: **12.20 -12.30 pm**

Recognitions, Awards: **12.30 pm -12.50 pm** (Michael Ouma plays in the background)

Way forward: Prof Florence Mirembe, Save the Mothers Founder **12.50-12.55 pm**

LUNCH, & ENTERTAINMENT *by Michael Ouma: 1.00 PM –2.30 pm*

Conference Ends **2.40 pm**

2.40 PM – 3.20 PM – STM ANNUAL GENERAL MEETING

ABSTRACT COMMITTEE MEMBERS

The following individuals contributed to the 2025 Save the Mothers Conference

	Name	Title	Affiliation
1	Prof Robert Basaza	Public health physician and Health Economist/ Chair	Professor, Department of Public Health, UCU
2	Dr Mushin Nsubuga	Obstetrician and Gynecologist	Senior Lecturer and Director STM Program, UCU
3	Dr Omona Kizito	Public Health Physician	Senior Lecturer and Dean Faculty of Health Sciences Uganda Martyrs University
4	Dr Godwin Awio	Senior Lecturer, School of Business	Senior Lecturer and Head of Graduate Publications Department, DPGS, UCU
5	Dr Jennifer Hatzfeld	Health Researcher	Regional Network Director, The Meros Center
6	Mercy Mwanje	Lecturer in Nursing and Midwifery	Aghan International University, Kampala
7	Jacqueline Kobusingye	Lecturer, Public Health	Department of Public Health, UCU
8	Emmanuel Otieno	Public Health Specialist	Editorial Assistant, Department of Public health, UCU
9	Josephine Namyalo Mawerere	Lecturer, Department of Public Health/ Alternate Secretary	Lecturer, Department of Public Health/ Alternate Secretary
10	Teopista Agutu	Communication and Public Health Specialist	Save the Mothers East Africa, UCU

ORAL PRESENTATION



1

Bridging economic gaps for Safe Motherhood Leveraging Social Entrepreneurship

Baguma Allen Komugisha*

Private Enterprise Development Network (PEDN), Kampala; Action for Development (ACFODE), Kampala; iCON Leadership Academy, Kampala, Uganda

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Background: Ensuring safe motherhood extends far beyond the realm of healthcare policies and access; it also necessitates economic empowerment for women. In Uganda, despite a notable decline in maternal mortality rates from 336 per 100,000 live births in 2016 to 189 in 2022, the burden of high out-of-pocket healthcare costs often forces women to prioritize family needs over their own maternal care. Tragically, these financial obstacles continue to restrict access to vital services during pregnancy, childbirth, and the postnatal period, underscoring the need for comprehensive solutions that address both healthcare and economic disparities. This paper aims at demonstrating how economic empowerment may lead to safe motherhood..

Description: As a public health leader with a Master's degree in Public Health Leadership and experience in business through PRONET, I have had the privilege of training over 1,500 women across Uganda in financial literacy and social entrepreneurship, partnering with organizations such as PEDN, ACFODE, and iCON Leadership Academy. Through my involvement in various initiatives, I have witnessed women empowerment in launching businesses, increasing their income, and developing effective financial management skills. Notably, in Kasese and Bundibugyo, women's cooperatives have successfully established local product sales, leading to improved household income and health accountability. Furthermore, financial literacy and self-

leadership training have enhanced women's decision-making capacities, while in Kamwenge and Mayuge, men have actively participated in budgeting exercises, promoting shared healthcare responsibilities and a more equitable distribution of household duties.

Lessons learnt: Studies show that economically empowered women prioritize antenatal care, nutrition, and skilled birth attendants. Empowerment programs improve maternal health by strengthening financial control and decision-making crucial for accessing quality care.

Conclusion: Intensifying social entrepreneurship among women, engaging men in financial literacy initiatives, can provide low-cost funding, thereby enhancing women's ability to demand and afford high-quality maternal care. Thus, improve maternal health outcomes and foster personal economic prosperity, ultimately contributing to Uganda's economic growth and development.

Key words: *Safe motherhood, economic empowerment, maternal health, social entrepreneurship, Uganda, out-of-pocket costs, male involvement.*

2

Capacity Building for Gender Equality and Social Inclusion in Uganda's gender-based violence and Reproductive Health Sector

Kagurusi Patrick, Mary Ssonko Nabacwa, Jose Sluijs, Lujoba Robert, Marieke, Alice Maraga, Michael Muyonga, and Henry Wasswa

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Background: This paper explores how institutions can integrate gender equality and social inclusion into their work on gender-based violence and reproductive health. It offers practical strategies and a capacity-building framework, drawing from a year-long program with practitioners in Eastern and Central Uganda.

Description: Understanding gender equality and social inclusion (GESI) is crucial in addressing the reproductive health needs of adolescents, persons with disabilities, and women. Recognizing the impact of gender identity, stereotypes, and social norms on their access to SRHR/SGBV information and services is essential. Effective GESI capacity is necessary for designing participatory GBVRH programs. This capacity-building program aimed to bridge theory and practice by integrating a gender transformative approach with the social-ecological model in GBV/RH work.

Lessons learnt: Building capacity for gender equality and social inclusion in gender-based violence and reproductive health work requires multifaceted systematic efforts that focus on knowledge, skills and practices of the individual actors while on another, putting in place institutional processes to foster application.

Conclusion: Building capacity for Gender Equality and social inclusion in gender-based violence and reproductive health work is crucial to transforming the status quo especially in relation to teenage pregnancies and unwanted pregnancies and the management and elimination of all forms of gender related violence in public and private spaces.

Key words: *Capacity building, gender equality, social inclusion, gender-based violence, Uganda*

3

Depression among teenage mothers in Kira municipality, Wakiso district: Prevalence, Associated Factors and Coping Mechanisms

Nakyeyune Joselyn 1* and Robert Basaza 2

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2. *Department of Public Health, Uganda Christian University, Mukono*

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Background: Depression among teenage mothers is a growing public health concern, yet these teenage-mothers remain understudied. This research aimed to determine; prevalence, associated factors, and coping mechanisms of teenage mothers experiencing depressive tendencies in Kira Municipality, Wakiso District. The study sought to answer: (1) What is the prevalence of depression among teenage mothers? (2) What factors contribute to depressive tendencies? (3) What coping mechanisms are adopted?

Methods: A mixed-methods convergent parallel design was employed. Quantitative data was collected using the Beck Depression Inventory, while qualitative data was gathered through focus group discussions and key informant interviews. A total of 200 teenage mothers aged 16-19 years participated, selected using the Krejcie and Morgan table. Organizations supporting teenage mothers and mental health initiatives were purposively sampled. Quantitative data was analyzed using SPSS Version-26, while qualitative data underwent thematic analysis.

Results: The study found that 27% of teenage mothers experienced major depressive disorders, significantly affecting their well-being. Socio-cultural factors, particularly fragmented social structures, emerged as dominant contributors to depression. Economic hardship also played a crucial role in exacerbating this public health issue. Coping mechanisms varied, with both traditional (active mechanisms) and non-traditional (avoidant mechanism) approaches identified. However, most did not align with the AAAQ framework, limiting equitable access to support services.

Conclusion: Addressing depression among teenage mothers requires strengthening mental health screening within maternal health programs, enhancing peer support systems, and leveraging media for awareness. Ensuring coping mechanisms align with the AAAQ framework can improve

access to mental health services, promoting healthier and more fulfilling lives for teenage mothers in urbanizing settings like Kira Municipality.

Key words: *Depression, teenage mothers, associated factors, coping mechanisms, Uganda.*

4

Strengthening Community-Health facility linkages to improve RMNCAH outcomes in Amolatar district, Uganda

Jimmy Odongo*

District Local Government, STM, Lango LMNS, Amolatar, Uganda

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Background: Many mothers do not attend ante-natal care clinics and as such, risks during pregnancy are not identified early enough. The objective of the study aimed to i) increase the percentage of mothers delivering from health facilities as such reduces maternal mortality case, ii) increase the percentage of mothers attending ante-natal care services, iii) increase immunisation uptake among children aged 0-5 years through improving on percentage of children who are immunized with different vaccines, and iv) orient community health workers on their different roles in health promotion and disease prevention.

Methods: A community cross-sectional study was conducted in Amolatar district among women attending antenatal and postnatal clinics between August and November in 2024. It was a qualitative study. Purposive sampling was done until the required sample size was saturated. In depth interviews and focus group discussions were used to collect data.

Lessons learnt: Male engagement improves antenatal care visits to health facilities as well as institutional deliveries increased by 20% from FY2022/23 to FY 2023/24. Stakeholder engagement at all levels increases uptake of services like improved 4th ANC visits increased by 26%, And using data for action planning improved health indicators such as BCG and polio vaccination uptake increased by 25% and 31% respectively. The best practices included pooling of resources for referral of mothers and children. Regular engagement of CHWs through mentorships and feedback meetings. Activities achieved included community 8 blood donation drives that collected 1334 units of blood. Health education talks as well as outreach programs were done.

Conclusion: Findings have shown that pooling of resources helps to scaling up the contribution. This tends to ensure timely referral. Hence reduces morbidity and mortality. Recruitment of health professionals and awareness campaigns through mass media are recommended to reach out to more community members.

Key words: *Health facility linkages, antenatal care, child health*

POSTER PRESENTATION



5

Assessment of Quality of Domiciliary Postnatal Care in the Elgon Region, Eastern Uganda

Mushin Nsubuga 1, 2, Miriam Mutabazi 1, 2, Josephine Namyalo 1, 2, Teopista Agutu 1, 2, Sara Namee carol Namono 1, 2, Edward Mukooza 1, 2

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Background: Despite the fact that the postnatal period is vital for the survival and well-being of both mothers and their children, PNC routinely has the lowest coverage rates, particularly in the hardest-to-reach areas. The study sought to find out the nature and improve the postnatal care services provided to Mothers in hard- to-reach areas in the Elgon region.

Methods: The study was cross sectional in design taking a qualitative approach. Primary data collection was done among three focus group discussions (FGDs) with postpartum mothers, each consisting of 10 members reached through purposive sampling. Document review of registers from three health centers namely Bumasabo Health centre III, Buginyanya Health centre III, and Buluganya Health centre III was also done while content data analysis was done to analyze data.

Results: maternal care is highly sought and valued by the mothers in the hard-to-reach areas in the Elgon region, but not always accessible due to distance and financial problems. Even with the challenges mothers in the area faced, they were able to receive antenatal care. In regards to intra-natal care, most mothers reported to have given birth from home with the weight of the

babies noted and they were advised to start breastfeeding immediately. Due to varying complaints, mothers reported to have visited a health facility. Health workers were reported to have visited mothers at home to provide them with several postnatal services.

Conclusion: The study found that giving further training and supervision to health workers, equipping health facilities to cater for all the needs of the mothers when their babies fall sick, and finally updating registers to cater for all the vital information about mothers, fathers and the babies improves access and Quality of domiciliary postnatal care give to mothers and their babies.

Key words: *Quality of domiciliary postnatal care, training and supervision, hard-to-reach areas, Uganda.*

6

Born Too Soon: A Guide for Coping with Preterm Birth in Africa

Alex Mokori

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Background: Preterm birth presents a unique set of challenges, not only for the newborns fighting for survival but for their families, healthcare professionals, governments, development & implementing partners, and the private sector and employers, who must contend with its enormous costs. The journey through preterm birth is fraught with uncertainty, fear, and emotional turbulence. Yet, it is also a journey marked by resilience, hope, and the unwavering strength of the human spirit.

Several parents in Uganda go through challenges and uncertainties that come with preterm birth on their own. Yet many of them sail through a roller coaster of complex emotional and medical landscape and learn valuable lessons along the way. Such unique insights into managing and overcoming the difficulties of preterm birth are hardly documented and used to support other parents and families with similar predicaments. This work was conducted to document experience of parents and develop a book to inform the training program on coping with Preterm Birth in Africa. It designed to help parents, healthcare providers and stakeholders to navigate the challenging journey of preterm birth.

Description: The program was developed in three stages: 1) writing and printing the book ‘Born Too Soon: A Guide to Coping with Preterm Birth in Africa’; 2) developing and pre-testing ‘Born Too Soon’ Training Program Workbook, and 3) video testimonials of parents, healthcare providers and caregivers of preterm babies in Kampala, Uganda. The content of the book was translated into a training program with practical exercises, reflection questions, and actionable steps. It is containing coaching and mentoring program for supporting caregivers and other professionals better prepare for and care for preterm birth. The authors have dedicated their lives to supporting parents, families, and healthcare professionals, governments and their partners, civil society organizations, employers and employees through education and advocacy. These materials and the programme provide practical advice, compassionate understanding, and unwavering support.

Lessons learnt: Whereas the program is in infancy, preliminary insights demonstrate the value of documentation and using real life parental and healthcare experience to motivate and empower parents and families faced with preterm birth in Uganda. The translation of a complex book into a practical training program with accompanying social and behaviour change materials including video testimonials makes it easy to teach parents and caregivers. Sustaining this program requires multidisciplinary engagements at all levels including towns which are often under looked. Stronger partnerships with parenting, healthcare, training, government and partner agencies and groups are vital for scaling up this program using franchise approaches.

Conclusion: This work has demonstrated that it is possible to overcome the deeply engraved African cultural believes against opening sharing difficult personal experiences with preterm births. The use of real-life experiences with preterm births compiled into a book and associated training program is potentially helpful in helping more parents, caregivers and other stakeholders open and support each overcome predicaments of such experiences. Leveraging on existing programs and resources on reproductive, maternal and newborn health and nutrition could support scale up the benefits and save more lives.

Key words: Born too Soon, A guide for coping with preterm, birth in Africa

7

Economic Empowerment for Homebased and Survival Caregivers at Bulegeni Child and Youth Development Centre

Allen Namutosi* *Corresponding author: Allen Namutosi bigala2005@gmail.com, Tel: +256782657171*

Background: This intervention aimed to empower caregivers with the skills and resources necessary to establish sustainable household economic security, enabling them to effectively care for their children. The need for this support was underscored by the fact that approximately 83.9% of registered children in Uganda are cared for by semi-literate caregivers with limited knowledge of life-saving interventions. Despite some mothers' willingness to exclusively breastfeed, many are malnourished and lack access to family planning information. The goal was to enhance caregivers' economic security, enabling them to better care for their households. The study's objectives are two-fold: to assess household economic security and build the capacity of 28 primary caregivers to establish fully operational enterprises by December 2024. And to equip and prepare 28 caregivers for self-sustainability in anticipation of partnership phase-out.

Description: The project implementation ran from March 2023 to December 2024, covering 7 zones and 92 registered caregivers. Activities involved selecting an implementation and monitoring committee, assessing beneficiaries, training caregivers in entrepreneurship and livelihood skills. Also, in the project there is provision of the start-up kits, conducting monitoring and writing a completion report.

Lessons learnt: The project yielded several positive outcomes, and best practice including: increased business growth and establishment among caregivers, enhanced savings at both household and project levels through established savings groups, rise in household incomes and improved birth preparedness, notable reduction in reported domestic violence cases, decreased dependency, with caregivers able to afford essential items like diapers and soap. Also, caregivers have become well-prepared for transition and self-sufficiency, improved standard of living, with households able to afford two meals per day, mothers empowered with savings to cope with uncertainties.

Conclusion: This intervention has supported the Bulegeni community in economically being empowered with skills and knowledge that have impacted maternal and newborn wellbeing and holistic positive change.

Key words: *Economic empowerment, homebased and survival caregivers, maternal and newborn wellbeing*

8

Institutionalisation of self-care into the health system: A role of Ministry of Health

Roselline Achola*, Richard Mugahi, Charles Olaro

Ministry of Health, Kampala, Uganda.

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Background: Uganda has adopted self-care as a key healthcare strategy for family planning, reproductive health, and HIV prevention. To formalize self-care, the country developed National Self-Care Guidelines in 2020, aligning with Universal Health Coverage and FP2030 commitments. The guidelines integrate self-care into Uganda's health framework, ensuring safe and effective interventions. The scope includes self-awareness, self-testing, self-management, covering health literacy, healthcare systems, and technology. The objective is to institutionalize self-care into Uganda's health system.

Description: Uganda's Ministry of Health established a self-care desk to coordinate partners and interventions. Milestones included adopting WHO self-care guidelines for sexual and reproductive health (SRH) in 2022, and revised for health and well-being in 2024, stakeholder meetings for buy-in and forming a Self-Care Expert Group, developing and validating guidelines through a consultative approach, launching the guidelines by the Minister of Health in October 2024. Implementation is ongoing, with self-care events launched in Dokolo, Kayunga, Busia, and Kampala. Activities implemented included advocacy meetings with 80+ legislators, religious leaders, and cultural leaders to promote self-care, media engagement for positive reporting and publishing, development of IEC materials, brochures, and handbooks for advocacy, collaboration with Ministry of Education to integrate self-care into nursing and midwifery curricula and

partnership with Makerere University to teach and examine self-care in graduate programs (MPH).
Lessons learnt: Self-care can help decongest health facilities. Trained health workers can promote self-care practices, such as self-injection with DMPA SC and HIV self-testing. Outcomes included integration of self-care into Uganda's Health Management Information System (HMIS), reduced workload for health workers, increased adoption of self-injection among rural and less educated women.

Conclusion: Integrating self-care into national health systems can help reduce congestion including standardizing reporting mechanisms for better data-sharing, piloting self-care guidelines to refine policies and addressing quality concerns, such as proper storage conditions, to ensure effectiveness and build trust.

Key words: *Institutionalisation, self-care, health system, decongestion, Uganda.*

9

Integrating mental health into maternal care: Lessons from MAMA PLUS project West-Nile Uganda

Jude Okeria*

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Background: The Maternal and Mental Health Access, Psychosocial and Livelihood Support to Improve Social Well-Being (MAMA PLUS) is a 14-month project implemented by TPO Uganda, funded by Johanniter International Assistance (JIA). It operates in the Rhino Camp refugee settlement, specifically in the Ocea and Olujobo zones of the Madi Okollo district in West Nile, Uganda. This project aims to address the challenges of mental health and maternal care by providing psychosocial and livelihood support to vulnerable women of reproductive age, helping them develop better coping mechanisms.

Description: The MAMA PLUS project is dedicated to improving mental health and maternal care for women navigating challenging circumstances. Through a range of targeted interventions, including mental health screening, Psychological First Aid (PFA), Problem Management Plus (PM+), Cognitive Behavioral Therapy (CBT), and personalized case management, women are empowered to overcome psychological distress, rebuild self-confidence, and develop more effective coping strategies. This comprehensive approach has had a profound impact on the lives of over 400 refugee women in the Rhino Camp refugee settlement, transforming their well-being and quality of life.

Lessons learnt: Integrating mental health into maternal care improves psychological well-being and social functioning among pregnant and postpartum women. Women receiving psychosocial support had fewer delivery complications and attended more antenatal visits. Key findings include: 67% of participants showed minimal symptoms after Cognitive Behavioral

Therapy; 33% exhibited moderate symptoms; One case showed moderately severe symptoms. This approach reduced anxiety and stress among mothers, promoting a safer and more supportive environment.

Conclusion: The MAMA PLUS project highlights the importance of integrating mental health into maternal care to improve mothers' well-being. These findings offer valuable lessons for future interventions, informing comprehensive strategies in maternal healthcare.

Key words: *Maternal and mental health, psychological first-aid and cognitive behavioral therapy, Uganda.*

10 Labia Minora Elongation; a Silent Harmful Cultural Norm among Adolescent Girls in Central Uganda

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Background: Amidst the several impactful effects associated with Labia minora elongation among adolescent girls, the type for female genital modification practice remains absent within the global sexual health rights promotion, funding and programming efforts. It's a practice deeply rooted and cherished in several African countries, more so in the Central region of Uganda. Initiation is among girls aged between 9-14 years in school, homes and Ekisakaate (Royal camp by Buganda's queen). The study was set to describe the lived experiences of adolescent girls who have experienced Labia Minora Elongation in Wakiso District.

Methods: A phenomenological study design was utilized to describe the experiences of Labia Minora Elongation among adolescent girls. In-depth interviews were held with 17 adolescent girls aged 10- 15, who had experienced labia Minora elongation.in Wakiso district.

Results: The study revealed several challenges including the violation of adolescent sexual rights through Coercion of adolescent girls into the practice, physical abuse which included beating and pitching involved during the initiation of the practice, swelling of the labia and development of wounds without support in managing them, psychological challenges including stigmatization for failure to engage in the practice or failure to obtain the desirable lengths of the labia. The study further revealed a lack of body autonomy.

Conclusion: There is an urgent need to protect the sexual rights of adolescent girls from negative cultural practices and promote gender equality through funding and programming aimed at raising awareness among the adolescent girls about their rights but also creating policy frameworks against such cultural practices.

Key words: *Labia minora, elongation, coercion, stigmatization.*

Low Access and Use of Contraceptives among Adolescents

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Background: Communication for Development Foundation Uganda (CDFU) implements the My Body My Future Programme, funded by MFA Finland via Plan Finland to Plan Uganda. A key intervention focuses on diagnosing and analyzing social norms to understand their effects on contraceptive access among adolescents.

Description: CDFU followed a four-stage process: capacity building, norm exploration, analysis, and applying findings. This three-month initiative in Alebtong District and Lira City examined social and gender norms linked to contraception. Stakeholders included religious leaders, cultural leaders, and young people (15–24). Data was collected through 128 interviews (61 adolescents, 43 parents, 24 health workers) and 6 focus group discussions involving adolescents, parents, and health workers, each with 12 members. Groups included adolescent mothers, fathers, those in unions, at-risk youth (YPWD, YPLWHIV), and those in/out of school.

Lessons learnt: Adolescents prefer discussing contraception with peers, but rural adolescents rely on health workers, particularly younger nurses. While rural parents are open to providing advice on contraceptive access, allowing integration of Building Bridges sessions into VSLA groups for positive conversations on relationships and sexuality. Partners, especially boyfriends, offer financial, material, and emotional support for accessing contraception. And, increased community awareness has enabled more unmarried adolescents to access contraceptive services.

Conclusion: There is fear among adolescents, parents and health workers in the process of promoting access to and use of contraception. This reinforces provider bias and kills adolescent esteem in seeking for contraception. Also, there is imbalance between boys and girls giving boys more power over girls' decisions. This promotes dependence and denies girls autonomy over their bodies. Finally, fears of infertility and producing children with disability scares girls from accessing contraception during adolescent stage. This age being central to the growth and development of boys and girls, sexual desires are high, and abstinence is almost impossible.

Key words: *Contraception, adolescents, social and gender norms.*

One-Functionality of the High Dependency Unit in Tororo District Hospital

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Background: The High Dependency Unit (HDU) provides specialized care to critically ill patients, offering a level of care that exceeds standard ward services but falls short of Intensive Care Unit (ICU) standards. At Tororo Hospital Maternity, where approximately 600 mothers are admitted monthly, with 450 deliveries and 30% cesarean sections, the HDU fills a critical gap in care. This paper highlights the life-saving impact of establishing an HDU at Tororo Hospital.

Description: The establishment of the HDU was initiated through a project by Save the Mothers in partnership with the district in 2018. This initiative arose during a time when the prevailing belief among staff was that maternal death was inevitable. In addition to providing equipment and training through Save the Mothers, alumni focused on changing this mindset by addressing the “third delay” in maternal care. Efforts included increasing the number of midwives on duty, prioritizing the provision of supplies for maternal and child health, ensuring the proper functioning of all equipment in maternity and theatre, and improving staff responsiveness in the unit. Healthcare workers were urged to seize every opportunity to save the lives of mothers and babies.

Lessons learnt: 165 mothers received treatment in HDU, with 157 showing improvement and being discharged, 8 referred to Mbale Regional Referral Hospital for further care, and 2 fatalities. The patient cohort included 92 cases of preeclampsia, 58 cases of postpartum hemorrhage, and 22 cases of severe anemia, with some patients presenting with multiple conditions. Notably, the staff’s skills in managing emergencies have significantly improved, and their index of suspicion has increased, enabling more effective care and interventions.

Conclusion: The establishment of an HDU has significantly contributed to saving the lives of mothers at Tororo Hospital and has helped avert preventable maternal deaths.

Key words: *Functionality, high dependency units, saving mothers, Tororo Hospital, Uganda.*

Pioneering Cloud-Based Solutions to Overcome Transportation Barriers, Enhance Maternal and Newborn Health in Rural Uganda

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Background: In rural Uganda, transportation challenges contribute to high maternal and newborn mortality rates. The Mama Rescue Project (MRP) was implemented in Rakai and Kyotera districts to address this issue, using cloud-based technology to transport pregnant women to healthcare facilities. The objectives were to assess MRP's impact on maternal and neonatal health outcomes, evaluate the effectiveness of transportation interventions, document best practices and lessons learned.

Methods: A cross-sectional design incorporating both quantitative and qualitative methods was employed. Data sources included project reports, health facility records, focus group discussions, and key informant interviews. Baseline data from 2018 was compared with endline findings in 2023 to determine impact. Results: The MRP significantly improved maternal and neonatal health outcomes. Maternal complications dropped from 13% to 7% (6% reduction), maternal mortality declined by 60% (79 to 31 deaths per 100,000 live births), and perinatal mortality fell by 69.2% (26 to 8 per 1,000 births). Health facility deliveries rose from 79% to 94% (15.4% increase), while newborn complications decreased from 7.5% to 2.5% (4.5% decline). The project transported 27,373 pregnant women in labor from home to health centers and facilitated 3,229 emergency referrals from lower facilities to higher facilities for urgent obstetric care. While MRP played a key role in reducing transportation delays and improving access to skilled care, additional factors like health system enhancements and community engagement also contributed to these outcomes.

Conclusion: The Maternal and Neonatal Health project (MRP) improved outcomes by addressing transportation barriers, reducing delays, and increasing access to skilled care. Its success has been replicated and scaled up in the Rwenzori Region, demonstrating its potential for widespread impact.

Key words: *Maternal health, transportation barriers, emergency referrals, rural healthcare, maternal mortality, Uganda*

Sports to kick out teen pregnancy: The Eye Universal project in Kamuli and Mayuge, Uganda

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Background: The Eye Universal SRHR project aims to reduce teenage pregnancies among young people aged 10-24 in Kamuli and Mayuge districts through sports-based interventions and empower adolescents with sexual reproductive health and rights (SRHR) knowledge to make informed decisions about their bodies, exercise autonomy, demand and access SRHR information and services.

Description: Teenage pregnancy remains a pressing concern in Uganda, constituting a form of gender-based violence. According to the Uganda Bureau of Statistics (2022), approximately 24% of young girls aged 10-24 are either pregnant or already mothers, with the rate in Eastern Uganda reaching as high as 30%. In 2024, Kamuli and Mayuge districts reported over 4,800 cases of teenage pregnancy each, although many incidents likely go unreported. To address this issue, sports-based interventions have been employed over the past two years, utilizing team sports like football, netball, and cricket to engage young people, including adolescent mothers and fathers, as well as out-of-school youth, in a collective approach to preventing and addressing teenage pregnancy.

Lessons learnt: Over two years, several positive outcomes have been observed: (i) the establishment of twenty functional football, netball and cricket clubs; (ii) successful mobilization of vulnerable teenagers, including teen mothers and unemployed youth (iii) increased awareness of sexual and reproductive health rights among young people; (iv) enhanced self-confidence and self-trust in 90% of sports-involved youth; (v) promotion of youth savings and income-generating activities; and (vi) high demand for contraception, with no reported pregnancies among sports participants. Challenges faced include balancing sports and childcare for adolescent mothers, retention, and linking talented players to clubs.

Conclusion: Sports-based interventions have proven effective in reducing teenage pregnancy rates, offering a promising approach to tackling this issue within vulnerable communities

Key words: Sports-based interventions, kick out, teen pregnancy, vulnerable communities, Uganda

Youth Ignite: A faith-based curriculum to improve sexual health among youth in Middleburg, South Africa

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Background: A holistic approach to youth sexual-reproductive health is needed, with community-tailored interventions. At St. Peter Christian College, South Africa, students face challenges contributing to STIs and unplanned pregnancies. The “YOLO” curriculum, implemented since 2023, aims to reduce HIV and teenage pregnancy, but has shown limited impact. The program lacks faith-based components that align with Christian values, which influence personal behaviors and beliefs about sexual activity.

Methods: Using Community-Based Participatory Research principles, the research team collaborated with staff and learners at St. Peters Christian College to identify root causes, assumptions, assets, and opportunities surrounding early sexual engagement and other risky behaviours through school-sponsored participatory learning and action workshops. Student leaders worked to design an intervention they felt was relevant to their circumstances and promoted Gospel-driven change.

Results: The workshops facilitated a collaborative and inclusive approach to community problem analysis and problem-solving. Main themes and findings from these workshops were summarized thematically for further review and feedback by the learners. Using a participatory process, the youth developed the elements of a faith-based YOLO supplement, which included poetry and debate activities that incorporated key topics from the curriculum. Additionally, the youth provided important input on meaningful outcome measures to determine the impact of the intervention.

Conclusion: The use of participatory workshops was helpful to identify key concepts, select outcomes, and develop final products. Further research is needed to determine whether the faith-based supplement reduces high-risk sexual behaviours and increases positive values-based behaviours.

Key words: *Adolescent, sexual health, sexual education, faith.*

ADDITIONAL ABSTRACTS

Due to conference size limitations, the following abstracts were not able to be included in a presentation format, but the information is provided for further networking and collaboration.

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Empowering Mothers Through Personalized Midwifery Support - Home visits

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Background: The project aims to provide personalized midwifery support to mothers in rural communities, focusing on maternal and fetal health assessment, breastfeeding support, and overall maternal care. Thus, improve maternal and infant health outcomes through home visits, health education, and emotional support. The objective is to offer consistent, personalized care to improve maternal and infant health.

Description: The project targeted 144 mothers and their infants for 1 year at Kiryabutuzi C.O.U Health III, covering 14 villages in Kyabigambire, Hoima District. Western Uganda. Activities included weekly visits to mothers with urgent needs, covering 2-3 homes per visit; newborn care like cord cleaning, breastfeeding support, assessment of any signs of neonatal infections; maternal care assessing mother's physical well-being, emotional recovery, rule out any signs complications like abnormal vaginal bleeding, fevers; health education offering advice on infant care, family planning, proper nutrition, postpartum exercises; emotional support addressing concerns and providing reassurance and involving the family to support her during this new journey.

Lessons learnt: Personalized care has significantly improved in proper cord cleaning, exclusively breastfeeding, hospital delivery. Community engagement through local leader, VHTs collaboration was key to targeting support effectively. However, financial constraints limit transport, fuel, and airtime needed for communication during home visits. Hence, the need for appropriate transport, digitalized maternity follow-up, tabs and community financing could greatly help expand the services.

Conclusion: Despite challenges, the project has positively impacted maternal and infant health. The personalized care approach is effective, and with more resources, the program can expand to provide more consistent support.

Key words: *Women empowerment, Home visits*

Knowledge and Determinants of Exclusive Breastfeeding among Nursing Mothers at Mbale Regional Referral Hospital

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Background: Exclusive breast-feeding (EBF) contributes significantly to child survival and development, but many mothers in Africa do not exclusively breastfeed their infants. The study aims to identify the knowledge and determinants of Exclusive Breastfeeding among the nursing mothers in Mbale regional and Referral Hospital (MRRH).

Methods: This mixed-methods study involved 385 nursing mothers and 5 healthcare practitioners selected through simple random sampling. Data were collected through surveys from nursing mothers attending the Young Child Clinic using a survey questionnaire and key informant interviews were healthcare practitioners. Logistic regression and thematic analysis were used to identify factors associated with exclusive breastfeeding. The strength of association was measured using odds ratios and 95% confidence intervals for quantitative data.

Results: The study gathered that the prevalence rate of EBF in Mbale Regional referral Hospital was at 45 percent attributed to the knowledge encompassed by the mothers that accessed ANC and PNC services. The study established that majority (85.5 %) of the mothers had information about EBF and there was a significant relationship between maternal socio-demographic factors and EBF in which Beta value (Beta = 0.27, $p < 0.001$); and obstetric factors (Beta = 0.438, $p < 0.001$) and child related factors (Beta = 7.3, $p < 0.001$). Majority of the mothers received EBF information from ANC and PNC sessions (54.5), medical staff (26.5) friends and family (15.3) and lastly social media (3.6) although the practice was still wanting.

Conclusion: Improving knowledge, addressing sociodemographic factors, and child factors can enhance exclusive breastfeeding practices, reducing infant morbidity and mortality. Recommendations include strengthening ANC and PNC services, providing health education and quality obstetric care, creating baby-friendly spaces and facilities to support working mothers.

Key words: *Knowledge, determinants, exclusive breastfeeding, infant morbidity and mortality, Uganda.*

Lived experiences of seeking care for infertility among women at selected fertility clinics in Kampala City, Uganda

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Background: Infertility poses significant medical and social challenges, especially in African societies where childbearing is deeply tied to identity. It impacts various aspects of an infertile woman's life, from relationships to economic and cultural experiences. This study explores the experiences of women seeking infertility treatment at selected clinics in Kampala.

Methods: A hermeneutic phenomenological study design was employed to explore the lived experiences of women seeking care for infertility in selected fertility clinics in Kampala District. Purposive sampling was used to select 20 married women aged 25 -42 years, from selected fertility clinics in Kampala District. Data collection involved semi-structured, open-ended, face- to face interviews. The audio recordings from these interviews were transcribed and analyzed using Braun and Clarke's Reflective Thematic Analysis Method.

Results: Women seeking infertility treatment, face multiple challenges, including emotional distress, physical pain and social rejection. Some participants reported experiencing isolation from society, rejection by family members and pressure from in-laws and relatives, contributing to significant psychological distress. The fear of unsuccessful treatment outcomes negatively impacted their mental health, leading to increased anxiety, depression and a reduced quality of life. These experiences also contributed to marital strain and social exclusion.



Conclusion: Infertility is associated with profound emotional and physical distress, leading to loss of identity, anxiety, depression and diminished overall well-being. Women seeking infertility treatment, often experience despair and emotional turmoil, exacerbated by societal expectations and familial pressures. The study highlights the need for further research on the emotional and physical challenges faced by infertile women. Additionally, integrating free counselling services and psychosocial support into infertility treatment programs could help alleviate their burden, providing emotional resilience and improving their overall well-being as they navigate their journey toward motherhood.

Key words: *infertility, seeking care*

19

Menstrual Hygiene Management among Adolescent Girls aged 10-15 years attending Uphill Junior School, Kasenda Sub-County

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Background: Menstrual health is defined as complete physical, mental, and social well-being in relation to the menstrual cycle. Menstrual Health and Hygiene (MHH) is essential to the well-being and empowerment of women and adolescent girls. The purpose of the study was to establish the factors influencing menstrual hygiene management among adolescent girls aged 10-15 years attending Uphill Junior School, Kasenda sub-County, Kabarole District.

Methods: A descriptive cross-sectional study, both quantitative and qualitative was employed. Structured questionnaires with open ended and closed ended questions was be used to gather primary data from the girls in the school. The sample size was 86 for pupils and 14 for teachers where the sampling procedure employed included stratified random sampling and simple random sampling.

Results: Knowledge on menstrual hygiene (100%), mothers lack of education (71.25%) was positively related to inability to buy pads and other materials (62.5%). Lack of bins and special changing rooms for girls (100%) was correlated positively with the use of latrines s a changing and disposing environment during menses. Missing school (88.75%), abdominal pains (100%), vomiting (75%) were the biggest challenges. Teachers were found to be willing to openly talk to girls about menstruation.

Conclusion: The most significant factors were age of the girls, level of education of the mother, economic status of the parents. The practices are bathing twice a day, use of pads and disposing pads in latrines. Access to water was found to vastly improve MHM. The study suggests introducing school menstrual health clubs, providing more facilities for MHM and implementation of a better primary school education curriculum which takes account of the menstrual hygiene of girls. Menstrual hygiene should be recognized as an essential part of girls and women health.

Key words: *Menstrual hygiene management, adolescent girls, menstrual practices*

Overcoming the Challenges of Perinatal Death Review in Tororo District

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Background: Maternal and perinatal death surveillance and response (MPDSR) is a critical quality improvement intervention that tracks maternal and perinatal deaths in real-time, identifies causes, and guides preventive actions. Regular death reviews are essential for reducing preventable maternal and neonatal deaths. Many review reports are incomplete and lack action points. Nationally, perinatal death reviews increased from 1.5% (2016/2017) to 41.2% (2020/2021). In Tororo, the review rate was 7.2% (2021/2022). The objective of the study aimed to explore the effectiveness of perinatal death reviews i) What is the knowledge level of healthcare professionals in determining perinatal death reviews? ii) What are the attitudes and practices of healthcare professionals in determining perinatal death reviews? iii) What are the reasons for delayed reporting in DHIS2?

Methods: Orientation on MPDSR guidelines for district and facility staff was done. Formation of district and facility-level MPDSR committees were conducted. Then, mentorship and follow-up to strengthen MPDSR reviews was done. A digital MCH platform for sharing information, data, and feedback was designed. This was followed by appointment of MPDSR focal persons in health facilities. Introduction of tracking tools at Tororo General Hospital to monitor perinatal deaths and action points were employed. Periodic data analysis from DHIS2 to assess review status and address gaps.

Results: Perinatal death reviews improved from 7.2% (2021/2022) to 73.6% (2022/2023), reaching 77% by mid-2023/2024.

Conclusion: Strong leadership, teamwork, and timely data entry in DHIS2 are crucial for success. Regular support supervision and timely analysis of data to enhance accountability and improve outcomes is recommended. Ensuring consistent review processes and data accuracy remains essential for sustaining progress in maternal and perinatal health.

Key words: *Perinatal death reviews, delayed reporting, attitudes and practices, Uganda*

Strengthening Maternal and Child Health through Economic Empowerment in Namayingo District

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Background: Foundation for Healthy Families (FHF) is a community-based organization in Banda Town Council, Namayingo District, promoting safe motherhood since 2011. It established Safe Motherhood Clubs (SMCs) in Nangera, Magooli, and Lutolo Wards, engaging pregnant women, young mothers, VHTs, TBAs, health workers, male partners, adolescents, and local leaders. FHF collaborates with local leadership, Banda Health Centre III, and entrepreneurs to strengthen maternal and child health (MCH) through community-led approaches. The objectives were to strengthen SMCs as MCH promotion platforms, to enhance household income via livelihood initiatives and savings groups, and to empower communities in leadership and governance.

Description: Between 2022 and 2024, significant progress was made in promoting family well-being and community support. The key outcomes are Maternal and Child Health (MCH) Promotion: The project conducted eight community dialogues on family planning, newborn care, and antenatal visits. Additionally, 24 facility-based health talks were held to educate community members on essential health topics. Regarding, livelihoods and Income Generation thirty households received support in agribusiness, focusing on sustainable livelihoods. The project started with poultry farming and gradually moved to goats and cattle, enhancing nutrition and income opportunities. In respect to community empowerment, the project strengthened leadership and governance within the community by linking the club to local health facilities, entrepreneurs, and government development programs like the Parish Development Model (PDM). This integration expanded access to opportunities and resources. Community members: engaged in income-generating activities soap making and group savings to finance health and family needs, promoting economic stability. Club consolidation through three ward-level SMCs merged into a single 30-member club (20 females, 10 males), driving these interventions forward. These initiatives aimed to improve the overall well-being of community members, particularly in the areas of health, education, and economic empowerment. The project was part of a broader effort to advance sexual and reproductive health and rights, especially for adolescents and youth in the Kamuli and Mayuge districts ¹.

Lessons learnt: Community-led MCH initiatives require local ownership for sustainability, integrated health, financial, and social approaches promote MCH outcomes. And leveraging local linkages enhances leadership skills and improves access to resources and opportunities. The outcomes are increased MCH awareness and strengthened referral systems, enhanced economic resilience through agribusiness and savings groups. And, expanded community networks linking SMCs to the local community and government structures.

Conclusion: FHF's economic empowerment of SMCs strengthened MCH by increasing awareness, improving healthcare access, and fostering supportive environments for families.

Key words: *Maternal and child health; economic empowerment; safe motherhood clubs; community-led approaches; livelihood initiatives.*



Annual Safe Motherhood Conference 2025



Theme: Impact of multidisciplinary professionals in strengthening community engagements for safe motherhood.

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