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UGANDA CHRISTIAN UNIVERSITY
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SAVE THE MOTHERS 2026 ANNUAL MATERNAL & CHILD HEALTH CONFERENCE

ABSTRACT BOOK




Theme: Every Change Project Matters – Multidisciplinary Collaborations in Reaching Every Woman and Every Newborn Everywhere

APRIL 24th 2026, NKOYOYO HALL, Uganda Christian University

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MESSAGE FROM THE VICE CHANCELLOR

On behalf of Uganda Christian University, I warmly welcome you to the Annual Maternal and Child Health Conference 2026, held on Friday, 24 April 2026, here at Nkoyoyo Hall. It is a privilege for the University to host this important gathering under the timely and compelling theme: "Every Change Project Matters: Multidisciplinary Collaborations to Reach Every Woman and Every Newborn, Everywhere."

We are deeply honored to receive the Guest of Honour, Hon. Margaret Muhanga, Minister of State for Health in-charge of Primary Health Care, whose leadership continues to advance Uganda's health agenda. We are equally privileged to have Prof. Jerome Kabakyenga, Found Director of the Maternal Newborn Child Health Institute at Mbarara University of Science and Technology, as our keynote speaker. Their presence underscores the importance of strong partnerships between academia, government, and health practitioners in improving maternal and child health outcomes.

This conference brings together a diverse community of professionals and sectors. The emphasis on multidisciplinary collaboration reminds us that sustainable progress in maternal and child health requires coordinated efforts across sectors, disciplines, and communities. Every project, every innovation, and every intervention matters in our collective journey to ensure that no woman or newborn is left behind.

I commend the Conference Abstracts Committee and all contributors whose research and change projects are captured in this abstract booklet. The quality of work presented reflects a deep commitment to addressing real-world challenges in maternal and child health.

As a Christian institution, Uganda Christian University remains committed to nurturing leaders who are guided by faith, integrity, and a passion for service. We believe that platforms such as this conference provide an opportunity not only for learning and professional exchange but also for reflection on our shared responsibility to uphold the dignity, health, and well-being of mothers and children.

May this conference inspire innovative solutions, strengthen collaborations, and renew our commitment to advancing safe motherhood and healthy communities.

Thank you for being part of this significant event. I wish you a fruitful and impactful conference.

Canon Prof. Aaron Mushengyezi
VICE CHANCELLOR

MESSAGE FROM EXECUTIVE DIRECTOR STMEA

Distinguished Guest of Honour, Hon. Minister, keynote speaker, esteemed panelists, partners, colleagues, ladies and gentlemen,

I greet you all in the name of our Lord Jesus Christ.
It is my great pleasure to welcome you to the 2026 Annual Maternal & Child Health Conference of Save the Mothers East Africa, here at Uganda Christian University. We are honored by your presence and grateful for your shared commitment to advancing the health and well-being of mothers and newborns.

This year's theme, **"Every Change Project Matters: Multidisciplinary Collaborations to Reach Every Woman and Every Newborn, Everywhere,"** reminds us that every initiative contributes to saving lives. It also underscores the critical importance of collaboration across sectors, including health, government, cultural and religious institutions, academia, the private sector, and civil society, to ensure that no woman or newborn is left behind.

The purpose of this conference is to bring together multidisciplinary stakeholders to share knowledge and experiences, showcase innovations and change projects, and strengthen collaboration to improve maternal and newborn health outcomes in East Africa and beyond.

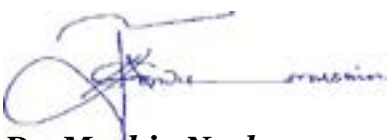
Through today's engagements, you will encounter evidence-based practices, innovative solutions, and community-driven approaches that are contributing to better maternal and child health outcomes. We celebrate institutions, teams and individuals from multi-disciplinary sectors whose dedication and creativity continue to drive progress in maternal and child health. Their work inspires us to do more, reach further, and collaborate more intentionally.

Through our flagship Master of Public Health Leadership program and the Mother Baby Friendly Hospital Initiative implemented in collaboration with Uganda Christian University, Save the Mothers remains steadfast in our mission that no mother or child should die while giving life.

Let us use this platform to share knowledge and build partnerships to ensure that every woman and every newborn receive the care and protection they deserve.

Thank you for being part of this important journey.

May God bless you, and may God bless Uganda.



Dr. Mushin Nsubuga
EXECUTIVE DIRECTOR STMEA, On behalf of the board

MESSAGE FROM STM2026 CONFERENCE ABSTRACTS COMMITTEE

The Guest of Honour, The Vice Chancellor, Uganda Christian University, The Chairperson, Board Members, and the Director, Save the Mothers East Africa, Distinguished Delegates

It is a great honour to present to you the Conference Book of Abstracts, which brings together both oral and poster presentations for this year's conference under the theme: "Every Change Project Matters: Multidisciplinary Collaborations to Reach Every Woman and Every Newborn, Everywhere."

A dedicated committee worked diligently to solicit, review, and refine the abstracts submitted. We are pleased to note that the quality of submissions this year was exceptionally high, surpassing that of the previous conference. The committee engaged closely with authors to strengthen their manuscripts, and we commend the authors for their responsiveness and commitment. We are grateful to God for the spirit of collaboration and excellence that characterized this process.

The Conference Abstracts Committee comprised the following members: Prof. Robert Basaza - Chairperson, Josephine Namyalo - Secretary, Teopista Agutu- Alternate Secretary, Emmanuel Otieno -Alternate Secretary, Dr. Mushin Nsubuga - Member, Dr. Godwin Awio – Member. Dr. Edward Mukooza, Dr Jean Chamberlain Jacqueline Kobusingye

We are pleased to report that the abstracts from last year's conference are in the final stages of publication as a special issue of the Pan African Medical Journal. The abstracts from this year's conference will contribute to a forthcoming book titled "Health Systems and Reproductive Health Services: Lessons for Uganda and Other Low- and Middle-Income Countries," which is currently being developed and will be launched at a subsequent conference.

On behalf of the Conference Abstracts Committee, and on my own behalf, I extend our sincere appreciation to all authors for their valuable contributions and to all participants for attending this conference. We trust that the knowledge shared here will be translated into meaningful action to improve the health and well-being of mothers, newborns, and communities at large.

God bless Uganda Christian University, and God bless you all.

Prof. Robert K. Basaza
Chairperson, Conference Abstracts Committee 2026

CONFERENCE OVERVIEW AND THEME

As STM marks 21 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:
Every Change Project Matters: Multidisciplinary Collaborations to Reach Every Woman and Every Newborn, Everywhere.

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

1. Every Change Project Matters: Small Actions, Scalable Impact.
2. Working Together Across Sectors to Save Mothers and Newborns.
3. Equity in action: Reaching Every Woman and Every Newborn, Everywhere.
4. From Home to Health Facility: Collaborative Solutions to Reduce Delays.
5. Respectful, Dignified, and Quality Care for Mothers and Newborns.
6. Strengthening People and Systems That Deliver change.
7. Innovation, Data, and Learning That Drive Change.
8. Leadership, Policy, and Financing for Sustainable Safe Motherhood

SAVE THE MOTHERS 2026 ANNUAL MATERNAL AND CHILD HEALTH CONFERENCE

Date: Friday, April 24, 2026
Time: 9:00 AM – 2:30 PM ***Venue:*** Nkoyoyo Hall, UCU
Theme: **"Every Change Project Matters: Multidisciplinary Collaborations to Reach Every Woman and Every Newborn, Everywhere"**

CONFERENCE PROGRAM

SESSION 1: 8:30 -9:00 AM:

Arrival, Registration, Tea & Entertainment by Jose Sax: STMEA team

SESSION 2: 9:00 – 9:25 AM:

Opening Session /Moderator: Harriet Adong, Director Communication & PR UCU

• Welcome & Housekeeping: Harriet Adong

• Opening Prayer & Devotion: Rev. Canon Eng Paul Ssembiro

SESSION 3: 9:25 – 10:10 AM: Welcome Adress & Panel Discussion

Moderator ***Dr Joan Mugenzi – Lead Coach Imagine - Me Africa***

Welcome address: ***Dr Mushin Nsubuga – ED STMEA***

Panel Discussion: ***Peter Olet*** - MPHL alumni- Administrator Timagi Health Center, ***Dr Eve Nakabembe*** Senior consultant Obs & Gyn/MBFHI, ***Dr Elizabeth Ekong***, Dean FPNM-UCU, ***Dr Betty Mirembe***-Path Country Director ***Dr Richard Mugah***i- Commissioner Reproductive, MCH MoH,

SESSION 4: 10.15 – 10.45AM Opening Address / Keynote Speaker /

Moderator Harriet Adong

Opening Address: Prof Aaron Mushengyezi VC UCU,

Keynote speaker: Prof Jerome Kabakyenga – Department of Community Health/ Founding Director Institute of Maternal, Newborn and Child Health at MUST

SESSION 5: 10:50 – 11:40 AM:

Oral Presentations /Moderator: Dr Jonathan Tumwebaze

Oral Presentations & Discussions

Group photo

SESSION 6: 11:45 AM – 12:30 PM:

Poster & Exhibition Engagement/Entertainment

Group 1 lead: Dr Olive Sentumbwe - STM Founder / Ambassador Steven Mubiru

Group 2 lead: Dr Jean Chamberlain - STM Founder & Hon Beatrice Akor – Min of State for Economic Planning /Woman MP Agago district.

SESSION 7: 12.30– 12:45 PM:

Guest of Honour Address- Hon Margaret Muhanga

SESSION 8: 12.45 PM - 1.15 PM

Recognition, Closing Cereomny/vote of thanks/call to action

Dr Jean Chamberlain – STM Founding Member

SESSION 9: 1.15 PM:

Lunch /Networking/Entertainment

THANK YOU FOR BEING PART OF STM 2026 Conference, 24 April 2026

SPEAKERS

Guest of Honour	Hon. Margaret Muhanga, Minister of State for Health – In-Charge of Primary Health Care
Welcome address	Dr Mushin Nsubuga, Executive Director Save the Mothers East Africa
Opening Address	Prof Aaron Mushengyezi, Vice Chancellor, Uganda Christian University
Keynote Speaker	Prof. Jerome Kabakyenga, Founding Director, Maternal Newborn Child Health Institute, Mbarara University of Science and Technology

ABSTRACT COMMITTEE MEMBERS

Abstract Committee of the STM Conference April 2026

	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
3	**Dr Godwin Awio**	Senior Lecturer, School of Business	Senior Lecturer and Head of Graduate Publications Department, DPGS, UCU
4	**Jacqueline Kobusingye**	Lecturer, Public Health	Department of Public Health, UCU
5	**Emmanuel Otieno**	Public Health Specialist	Department of Public health, UCU
6	**Josephine Namyalo Mawerere**	Lecturer, Public Health	Department of Public Health/ Alternate Secretary
7	**Teopista Agutu**	Communication and Public Health Specialist	Save the Mothers East Africa, UCU
8	**Dr. Edward Mukooza**	Senior Lecturer, Public Health	Public Health, UCU
9	**Dr Jean Chamberlain**	Founding Director -Save the Mothers	Professor--McMaster University CANADA

ORAL PRESENTATION

1 Sexual and Reproductive Health Equity and Migrant Homeless Urban Youth in Uganda: Insights from Recent Evidence

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Background: Internal migration and homelessness among urban adolescents and youth in Uganda intersect with profound inequities in sexual and reproductive health (SRH). Recent studies provide critical insights into intra-urban mobility, risky sexual behaviour, SRH service utilisation and fertility decision-making among migrant street children and youth.

Objectives: This commentary synthesises authors' findings alongside emerging African evidence on SRH and homeless youth in urban settings (2020–2025) to highlight implications for policy, practice and research.

Methods: A systematic search of Google Scholar, PubMed, and Scopus identified relevant publications using key terms such as SRH and migration, SRH and street children, and SRH and homeless youth. We critically reviewed and synthesised published articles, comparing emerging evidence with Ugandan studies.

Results: Ugandan data show that 80.31% of street adolescents and youth (aged 12–24) in Greater Kampala had rural-urban experiences. Comparative synthesis revealed that intra-urban mobility disrupts continuity of care, leaving migrant youth more vulnerable to SRH risks than non-migrants. Migrants were less likely to use SRH services than non-migrants (aOR=0.37, z95% CI 0.17–0.81). Despite service availability, mistrust, fear of harassment, and misinformation constrained equitable utilisation. Contraceptive uptake among migrants remained low (18.13%), compounded by limited youth-friendly services. Migration further amplified risks by weakening social networks and exposing homeless youth to exploitation.

Conclusion: Emerging evidence suggests that peer-led and mobile-friendly interventions, integrated with social protection, can enhance service uptake and leverage youth agency. Policies should contextualise migration while addressing structural inequities, ensuring scalable, mobile-responsive SRH services that reflect the lived realities of homeless street youth. Future research should prioritise equity-driven, context-specific

models of SRH delivery that respond to mobility, stigma, and the systematic barriers faced by street youth.

Key words: *Key words: Adolescents, migrants, social networking, fertility, Uganda.*

2 From Home to Health Facility: Collaborative Strategies to Reduce Maternal and Newborn Care Delays in Tororo District, Uganda

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Context: Maternal and newborn morbidity and mortality remain significant public health challenges in Uganda. Delays in accessing timely and appropriate care contribute substantially to adverse outcomes. Delayed care-seeking, limited transport, and weak referral coordination have contributed to poor maternal and newborn outcomes. These challenges align with the Three Delays Model.

Intervention: A six-month collaborative change project was implemented to strengthen the continuum of maternal and newborn care. A pre- and post-intervention assessment was conducted using HMIS data, maternity registers, and referral records. Key indicators included maternal deaths, traditional birth attendant referrals, and referral coordination practices.

Collaboration: The intervention engaged district leadership, the District Health Team, health facility staff, and communities. Key activities included 24 community dialogues to enhance awareness and demand for skilled care, and two district stakeholder meetings to strengthen advocacy and coordination.

Outcomes: The project improved coordination and advocacy for maternal and new born care services across facilities. Increased awareness in early care seeking and the existing referrals emergency services as evidenced by timely referral of 90% of complicated cases.

Conclusion: Strengthening collaboration, referral systems, and emergency preparedness can significantly reduce delays and improve maternal and newborn outcomes. This low-cost, district-led model is scalable and can be adapted to similar settings to ensure timely, safe, and effective care for mothers and newborns.

Key words: *Mid-wifery, maternal death, morbidity, referrals, Uganda.*

3 Advancing Child Survival Through Immunization: Evidence from Local Civil Society Partnerships Supported by PATH Under Gavi's Equity Accelerator Fund

DEOGRATIAS AGABA[1], JACQUELINE ANENA[1], EDWIN MAYOKI ANDAMA[1], MARIAM NALUKENGE[1], BETTY MIREMBE KUNYA[1], BIROMA GODFREY[2], MICHAEL BAGANIZI[2]

1. *PATH.*
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Context: Immunized children have a 17–38% lower risk of mortality than unvaccinated children. In Uganda, under-five mortality declined threefold from 151 deaths per 1,000 live births in 2001 to 52 in 2022. Despite high national immunization coverage, large pockets of zero-dose and under-immunized children remain in equity-challenged settings, raising the risk of return of vaccine-preventable diseases that could further slow reduction in under-five mortality.

Intervention: PATH and the Uganda National Expanded Program on Immunization implemented a structured civil society organization engagement model for immunization. Through this approach, 17 civil society organization collaborated with village health teams to identify, track and link zero-dose and under-immunized children in hard-to-reach settings. Also, linked them to vaccination sites, both static and mobile. The ZDC identification target of 6,479 and under-immunized children 11,868. Of these targets, 8,835 identified at household level using a standardized defaulter tracking tool.

The intervention applied an outcome-measurement-over-time design comparing EAF and Non-EAF districts from July 2024 to December 2025.

Outcomes: Analyses showed greater associated improvements in DPT1, DPT3, RED/REC categorization, MR2 coverages and DPT1 to DPT3 dropout rates for districts supported by CSOs under EAF compared to non-EAF Districts during the July 2024 to December 2025 intervention period. For MR2 coverage, 20 of 61 districts 32.8% reported coverage below 80%, compared to 27 of 85 non-EAF districts 44.3% although the gaps remained comparable, highlighting the need for a targeted second year-of-life immunization strategy.

Implications: The intervention demonstrates that sustained CSO engagement is critical to advancing equitable immunization coverage, provides an opportunity to strengthen the primary health care system, and contributes to accelerating progress towards achieving immunization agenda 2030 and the broader universal health coverage.

Key words: *Equity, Immunization, Civil society, Zero-dose, Child survival.*

4 Dignity in Every Cycle: Empowering Girls with Special Needs through Inclusive Menstrual Health in Mukono Municipality

GORRETI AANYU*

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Context: Menstrual health remains a critical determinant of girls' education, dignity, and well-being in Uganda. In Mukono Municipality, many girls—especially those with special needs face significant barriers in managing menstruation safely and with dignity. This project aimed to improve menstrual health management and school retention among girls with special needs in Mukono Municipality through inclusive, practical, and sustainable interventions.

Intervention: The project adopted a community-based, inclusive, and participatory approach, combining health education, skills development, and social behavior change. A dual-delivery intervention design comprising of school-based support and Community holiday outreach. It focused on 120 enrolled learners at centre, ensuring continuous access to menstrual health education, reusable sanitary pads, and hygiene support. Also, extended services were offered to other children with disabilities accessing the centre during school holidays, broadening reach beyond enrolled learners.

Collaboration: The project was implemented with a multi-stakeholder approach. It included teachers and school administrators, parents and caregivers, sign language instructors, community leaders and students.

Outcomes: The project generated both quantitative and qualitative outcomes, demonstrating clear impact. These included 2,900 girls experienced menstrual health education,2,000+ girls provided with reusable sanitary pads,1,000 girls trained in reusable pad-making. Also, there was increased confidence and dignity among girls; reduced fear, anxiety, and stigma related to menstruation.

Implications: This project demonstrates that inclusive menstrual health interventions can significantly improve school retention, health, and dignity for girls with special needs. Also, contributes to improved maternal and child health outcomes by promoting safe menstrual hygiene practices, reducing infection risks and increase self-esteem. The model provides a scalable, inclusive approach for addressing menstrual health challenges in low-resource and disability-inclusive settings.

Key words: *Menstrual hygiene, girls with special needs, maternal and child health, Uganda.*

POSTER PRESENTATION

5 Adaptations to intervention content and approach for a couples-based family planning intervention in Uganda: Application of the findings from a pilot trial to a full-scale efficacy trial

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2. Boston College, Boston, MA, USA.

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Context: Uganda, like with many other countries in sub-Saharan Africa, has a high unmet need for family planning, contributing to adverse health outcomes for women and broader public health challenges.

Intervention: This study examines how findings from a pilot trial of a couples-based FP intervention, Family Health = Family Wealth (FH=FW), informed adaptations for a full-scale efficacy trial. FH=FW aimed to increase FP acceptance through couples group dialogues, community leader involvement, and strategies to reduce access barriers to FP services, and was pilot-tested with 70 couples in two rural Ugandan communities from 2021 to 2023.

Approach: Post-intervention qualitative data were collected from 5 exit focus groups (n=39) and 27 in-depth interviews with participants, as well as 10 exit interviews with implementers (e.g., facilitators, midwives, community leaders, research assistants). Data were analyzed using a thematic content analysis approach, involving systematic coding of transcripts, identification of recurrent themes, and comparison of findings across participant and implementer groups to inform intervention refinement.

Outcomes: Key challenges identified included time constraints, which led to the introduction of more sessions delivered in shorter durations; low literacy levels, which informed the development of image-based workbooks; and gaps in community co-facilitator selection.

Implications: The refined FH=FW intervention is being tested in an ongoing cluster-randomized controlled trial (CRCT). These findings can inform the development of other effective, culturally sensitive FP interventions in similar low-resource settings.

Key words: *Family planning, contraceptives, culture, Uganda.*

6 Rethinking urban health strategies to improve access and quality of reproductive, maternal, newborn, child, and adolescent health services in Uganda

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Background: Urban settings in Uganda are often assumed to offer better access to healthcare, emerging evidence suggests persistent inequities in the availability and quality of reproductive, maternal, newborn, child, and adolescent health (RMNACH) services.

Objectives: This study aimed to assess RMNACH services and outcomes within Uganda's rapidly evolving urban landscape in order to inform the redesign of urban health strategies.

Methods: A mixed-methods design was employed between February 2024 and August 2025. The study included a structured desk review, a secondary analysis of national RMNCAH performance data, and 42 key informant interviews with stakeholders from four town councils, four municipalities, two cities (Kampala and Mbarara), and national-level institutions. Qualitative data were analyzed using a framework approach.

Results: Despite national improvements in maternal and newborn health, Kampala and other urban areas showed persistently high institutional maternal and neonatal mortality. Urban facilities reported significantly lower availability of key RMNACH services compared with national averages, particularly for antenatal care, prevention of mother-to-child transmission, malaria prevention in pregnancy, delivery, newborn, and postpartum services. The gaps still remain in comprehensive emergency obstetric and newborn care and adolescent-responsive services.

Conclusion: Urban residence in Uganda does not guarantee improved RMNACH outcomes. Persistent service gaps and quality-of-care challenges highlight the need for a dedicated urban health framework focused on equity, quality improvement, strengthened referral systems, and targeted interventions for vulnerable urban populations. This work could be useful to health workers, policymakers, and researchers in urban health in Uganda and similar settings in addressing health challenges associated with rapid urbanization.

Key words: *Urban health framework, mixed-methods design, reproductive health, Uganda.*

7 From home to health facility; Community Midwifery collaboration to reduce maternal care delays in Amuru District, Northern Uganda

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Context: Maternal and newborn deaths remain high in low-resource settings, with the WHO estimating 287,000 maternal deaths annually, largely in sub-Saharan Africa. In Uganda, the maternal mortality ratio is about 189 per 100,000 live births, with poorer outcomes in rural Northern regions. These deaths are closely linked to the three delays model delays in seeking, reaching, and receiving care. In Amuru District, long distances, low trust in facilities, and weak referral systems contribute to preventable maternal and newborn complications. Mother Health International to strengthen access to respectful, midwife-led maternity care while building strong linkages between communities and skilled providers.

Intervention: For over 18 years, the birth Centre has implemented a Midwifery Model of Care integrating community and facility-based services. Traditional birth attendants were trained and transitioned into Community Health Workers (CHWs) who mobilize women for early prenatal care, provide safe motherhood education, identify women in labour, and link families to the birth Centre. CHWs often escort women to the facility, provide labour companionship, support postpartum follow-up, and accompany mothers safely back home. They also coordinate emergency transport including tricycle drivers to evacuate women in labour and facilitate referrals when complications arise.

Collaboration: The model brings together midwives, trained CHWs, community leaders, families, and local transport providers to strengthen the continuum of care from home to facility.

Outcomes: Between June 2025 and February 2026, 471 women received prenatal services through community outreaches, with 50% completing at least six prenatal visits. The birth Centre

records 60–70 skilled births per month, with no perinatal deaths in the past year and zero maternal deaths over 18 years of operation. CHWs have been critical in reducing the first and second delays through community mobilization and coordinated emergency transport.

Implications: Community-integrated midwifery models strengthen trust, improve timely care-seeking, and ensure continuity of care. This collaborative approach demonstrates a scalable strategy for reaching women and newborns with timely, respectful, and lifesaving care.

Key words: *Midwifery models of care, Community health workers, Continuity of care*

8 Maternal Health Information Seeking Behaviors and Perceptions among Ugandan Pregnant Women: A Theory-Informed Qualitative Study

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Background: IIn Uganda, the maternal mortality ratio has declined from 336/100,000 live births to 189/100,000 live births, but it is still a public health threat, constraining the achievement of maternal mortality targets. Research suggests that health information-seeking behavior is significant for understanding different maternal health outcomes.

Objectives: This study sought to understand the underlying factors affecting health information-seeking behaviors among pregnant women in selected hospitals in Mukono and Kampala Districts, Uganda.

Methods: Utilizing a qualitative design, 24 pregnant women aged 16-24 years who were seeking antenatal care from Mukono, Nagalama, and Naguru Hospitals, respectively, were recruited through purposive sampling. Focus group discussions and key informant interviews were conducted. Data was analyzed using thematic analysis.

Results: Data analysis identified 20 codes that emerged to generate 3 themes, including reasons for seeking information, challenges faced in seeking information, and behavioral change communication strategies.

Conclusion: Findings showed pregnant women accessed information from health workers. The main barrier to receiving information was different reporting times for antenatal care. There is a need to develop a centralized standardized health information and repository system. And provide continuous professional development to the providers. Future research could examine health-seeking information behavior interventions in various cultural contexts.

Key words: *Health information-seeking; Antenatal care; Pregnancy, Uganda.*

9 Data-Driven Precision Public Health: Leveraging Machine Learning to Track and Reduce Zero-Dose and Partially Vaccinated Children in Nakifuma, Uganda

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Background: Despite the advances made across the globe, 14.3 million newborns are still zero-dose, and another 5.6 million are partially vaccinated. Objectives: The study was aimed at achieving three goals, namely: (1) To determine social, demographic, health system, and behavior-related attributes differentiating zero-dose, partially vaccinated, and fully immunized children;(2) To develop and validate ML algorithms predicting vaccination status; and (3) To suggest interventions for increasing fully immunized coverage based on scientific evidence.

Methods: This is a mixed-methods community-based cross-sectional study that involved 115 caregivers and their children below the age of five in Nakifuma Sub-County. The information on 35 variables was analyzed using the Chi-square and Mann-Whitney U tests to determine significant predictors. Four supervised machine learning algorithms were tested, which included random forest, using stratified 70:30 data splits.

Results: The study had 10.4%, 40.9%, and 48.7% of zero-dose, partially vaccinated, and fully immunized children, respectively. zero-dose was significantly correlated with negative health worker attitude ($p=0.013$), while partially vaccinated showed significant correlation with older age ($p<0.001$) and vaccine shortage ($p=0.031$). FI showed strong correlation with possession of vaccination cards ($p=0.005$). The best-performing Random Forest algorithm yielded F1-scores of 0.97, 0.74, and 0.94 for zero-dose, partially vaccinated, and fully immunized, respectively.

Conclusion: This indicates the ability of the model to correctly classify those children at high risk from routinely available data. This calls for the adoption of a predictive approach to vaccination programs. Some of the recommendations that need to be adopted include health worker sensitization, vaccine supply chain management, and GIS-based outreach programs.

Key words: *Machine learning; zero-dose children; immunization coverage; predictive modeling; precision public health.*

10 Empowering youth and women through value addition skills training and access to bakery ingredients

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Background: There is a recognition that several school leavers youth (15-30years), just stay at home with relatives, others go around collecting plastic and paper waste, and all these lack entrepreneurial skills to start their own jobs. Other women with proper bakery skills were suffering going far distance looking for ingredients and equipment to practice.

Objectives: to empower women to do business at home to save some income to facilitate their families.

Methods: Several stake holders that have helped us through include; UIRI a research organization training us in food processing, CWEN a women organization, AWEC an entrepreneurship organization, DIT an assessment body, Kyambogo University, faculty of Food science and Technology.

Results: Findings are indicating that about 30 women bakers around our enterprise buy baking ingredients and simple accessories from us. Thus, reducing their expenses in form of transport to Kampala.

Conclusion: At J Food Ventures, we offer versatile and flexible services and products tailored to women and their newborns. We can offer prenatal or postnatal nutrition classes, baby friendly treats or even partner with local health care providers for recommendations.

Key words: *Prenatal nutrition, postnatal nutrition, value addition, Uganda.*

11 Factors associated with birth preparedness and complication readiness among pregnant teenagers seeking care in Kayunga District

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Background: Birth Preparedness and Complication Readiness (BPCR) is a key strategy for promoting timely access to skilled maternal and neonatal care during childbirth, based on the premise that adequate preparation reduces delays in seeking, reaching, and receiving care. BPCR is essential for improving pregnancy outcomes and reducing maternal mortality. In Uganda, teenage pregnancy remains high at 25%, with adolescents disproportionately contributing to the national maternal mortality ratio of 189 per 100,000 live births.

Objectives: This study aimed to determine the proportion and factors associated with BPCR among pregnant teenagers seeking care in Kayunga District.

Methods: An analytical cross-sectional study was conducted in 13 selected health facilities. A total of 377 emancipated minors aged 13–19 years, between >36 weeks of amenorrhea and two days postpartum, were consecutively enrolled. Data were collected on BPCR indicators and analyzed using STATA version 14. Both bivariate and multivariate logistic regression analyses were performed to identify associated factors.

Results: Although 94.16% of participants reported having a birth plan, only 1.59% were adequately birth prepared and complication ready. Antenatal care (ANC) utilization was low, with just 3.5% achieving the recommended eight or more contacts and only 27.2% initiating ANC within the first trimester. Factors significantly associated with BPCR at bivariate level included education level, marital status, housing type, planned place of delivery, identification of a compatible blood donor, and knowledge of obstetric danger signs. These findings highlight gaps in both health service utilization and awareness among pregnant teenagers.

Conclusion: BPCR among pregnant teenagers in Kayunga District is critically low, largely due to delayed ANC initiation, insufficient healthcare contact, and inadequate health education. Limited knowledge of danger signs and lack of preparedness for emergencies further increase the risk of poor maternal outcomes. Strengthening adolescent-focused antenatal services and enhancing community-level interventions to promote early engagement and preparedness are essential to improve maternal health outcomes.

Key words: *Birth preparedness, teenage pregnancy, delayed antenatal care, Uganda.*

12 Peer-Led Group Antenatal Care: A Multisectoral Approach to Increasing Early ANC Uptake among Adolescent Mothers in Tororo District

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Context: Tororo District in the Bukedi region continues to face high rates of adolescent pregnancy at 29% compared to the national average of 25%, delayed antenatal care attendance, and limited access to adolescent-friendly maternal health services. Many pregnant adolescent girls and young women (AGYW) initiate ANC late, often missing critical early interventions for HIV prevention, maternal health, and newborn outcomes. Barriers such as stigma, low awareness, and fragmented service delivery further constrained uptake of quality ANC services across the 15 supported health facilities, hence the need for targeted programs to alleviate the challenge.

Intervention: To address these gaps, Baylor Foundation Uganda, in partnership with UNICEF and the Tororo District Local Government, scaled up Group Antenatal Care (G-ANC) services across 15 health facilities. The intervention focused on organizing pregnant AGYW into peer groups for structured ANC sessions, integrating HIV testing, sexual and reproductive health services, nutrition counselling, and psychosocial support. Health workers and 26 trained AGYW peer mentors facilitated the sessions, ensuring that services were adolescent-responsive and supportive.

Collaboration: The scale-up adopted a multisectoral approach involving the District Health Office, community development teams, education sector, and Village Health Teams (VHTs).

Outcomes: The G-ANC model improved early ANC attendance and retention in care among AGYW, contributing to over 10790/9084 & 7553/6358 AGYWs attending 1st & 4th ANC, respectively, as well as universal HIV status awareness among pregnant adolescents, exceeding the target. Institutional deliveries improved from 73% to an average of 105% between Oct/ 2025 and Jan 2026 in the 15 supported G-ANC sites. Integrating services within G-ANC generally increased efficiency and client satisfaction.

Implications: This experience demonstrates that peer-led, group-based ANC models can effectively address structural and social barriers to care for adolescents. Scaling up such approaches can accelerate progress toward improved maternal and newborn outcomes by ensuring early, continuous, and comprehensive care for vulnerable young mothers.

Key words: *Adolescents, Antenatal care services, Maternal outcome, Uganda.*

13 Factors influencing Intimate Male Partner Involvement among Mothers Attending Antenatal Care at Fortportal Regional Refferal Hospital

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Background: Intimate partner involvement in childbirth preparedness is a key strategy in determining health seeking behaviors among pregnant women and pregnancy outcomes.

Objectives: The study aimed at assessing the factors influencing intimate male partner involvement in birth preparedness among women attending ANC at Fort portal Regional Referral Hospital.

Methods: A cross-sectional study design was used in this study; a structured questionnaire was administered to 92 pregnant women attending ANC services at Fort Portal Regional Referral Hospital. Simple Random Sampling was used to select study participants. Descriptive analysis was used to analyze data and presented in graphs, pie charts and frequency tables.

Results: The majority of women 44.6% didn't have knowledge about the importance of male involvement, Findings further 46.6% revealed poor health worker's attitude, 79.3% busy partners and 96.2% revealed long waiting hours as barriers to male involvement in ANC.

Conclusions: The poor attitudes among health workers, long waiting periods, fear of HIV testing by Male partners and busy partners were critical barriers to male involvement in ANC thus contributing to the poor maternal health outcomes. The study recommends more innovations to encourage male involvement but also accelerate communal sensitization about the importance of male involvement in child birth preparations.

Key words: *Intimate partner, antenatal care, pregnant women, waiting hours, Uganda.*

14 Community Health Insurance Changing Lives in Gulu, Uganda. What are the Benefits to Women of Reproductive Age?

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Context: In every community, people fall ill—mothers go into labor, children suffer from preventable diseases, and families urgently need access to healthcare. In Gulu, Northern Uganda, this need is intensified by deep poverty and the lingering effects of past conflict. While Uganda's national poverty rate stands at 16.1%, Gulu records poverty levels as high as 67.7%, severely limiting women and children's access to basic health services.

Intervention: Moved by these realities, KCIU was established to respond to both immediate and systemic health needs. The organisation introduced Community Health Insurance to enable low-income families to access healthcare at affordable rates. KCIU invested in health system strengthening, including the construction of a maternity wards at both health Facilities, provision of affordable diagnostic tests for HIV and malaria, and delivery of sexual and reproductive health services.

Collaboration: Partners include the Ministry of Health (MoH) and Community based health financing association in registry, coordinating CBHI schemes and dialogue on sustainable health financing for Universal Health Coverage. Also, work with key NGOs such as HealthPartners Uganda helping in the development of the scheme for the community. Community outreach, health education, and family planning promotion were integrated to address both prevention and care.

Outcomes: CBHI has improved financial protection for members by reducing out-of-pocket spending and catastrophic health expenditure at the point of care, while also increasing utilization of services — insured households show higher use of outpatient care compared to non-members. Providers benefit from more stable and predictable payments for services rendered.

Implications: This experience matters for reaching women & newborns.

Today, over 1,000 community members can access essential diagnostic services at low cost. Women now have safer delivery options, improved ANC access, and greater confidence in seeking care. Community Health Insurance has reduced out-of-pocket expenses, increased timely care-seeking, and improved household health security.

Key words: *Community health financing, out-of-pocket spending, universal health coverage, maternal health services, safer motherhood, Uganda.*

15 Sustainable Practical Livelihoods: Economic Empowerment as a Pathway to Safe Motherhood and Child Health among Rural Women in Uganda

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Context: In Uganda, about 74% of births are attended by skilled health personnel, with lower coverage in rural areas where financial barriers remain a major challenge. Strengthening rural women's economic capacity is critical to improving maternal and child health outcomes and care utilization.

Intervention: Women Connect For Good Uganda established in 2025, implements a community-based initiative integrating livelihood strengthening with maternal and child health education. Women engage in poultry rearing with a vision of dairy farming, group savings, financial literacy, and tree planting to build income, improve environmental stewardship, and enhance access to health services.

Collaboration: The program uses a multisectoral approach. Midwives from Kyegegwa General Hospital collaborate with the project to deliver maternal and child health education to participants alongside antenatal outreach and immunization services. EBBO SACCO provides financial literacy training. District veterinary extension workers support livestock activities, while women's councils and local leaders guide community engagement and participant selection.

Outcomes: The program has reached 36 women from two local parishes (Kibiira and Kihamba), mostly of reproductive age. Participation has increased from 12 to 36 women through peer-to-peer expansion supported by income generated from poultry activities. Participants show improved savings behavior, increased ability to meet health-related expenses, and stronger

participation in decisions on pregnancy, childbirth, and child health services. Early results indicate improved birth preparedness and increased utilization of maternal and child health services.

Implications: Integrating livelihoods with maternal and child health interventions reduces financial barriers, strengthens women's decision-making power, and improves access to skilled care. The model demonstrates scalability, as participation has expanded from 12 to 36 women through peer-driven growth supported by poultry income. This approach offers a scalable pathway for improving maternal and child health outcomes in rural Uganda.

Key words: *Economic empowerment, maternal health, child health, rural women, livelihoods, Uganda*

16 Utilizing Interactive Radio SMS Polls to Understand Social Pathways to Care and Climate Resilience in Maternal Health among AGYW in Ntoroko District, Uganda

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Background: Ntoroko district with a high burden of maternal and child health challenges including 33% teenage pregnancy rate and vulnerability to climatic disasters such as floods.

Objectives: to strengthen community accountability and improve demand, access, uptake, and quality of maternal and child health services among Adolescent Girls and Young Women (AGYW).

Methods: Faith for Family Health Initiative conducted interactive radio SMS polls in Rwenzori to gather real-time community feedback. The 02 Radio SMS polls were conducted. Poll 1: "If a young girl in your area gets pregnant, where does she go first?" Poll 2: "after a climate disaster like floods, what do you think should be done to maintain health services?" Responses were collected through free SMS participation, analyzed quantitatively, and used to guide radio discussions and inform implementation.

Results: Poll 1 received over 3,800 responses. Majority 35% reported that pregnant girls first disclose their pregnancy to a boyfriend or husband whereas the least 8% indicated that girls keep the pregnancy secret. This highlights a significant social pathway before health system engagement, rendering health facilities as the third point of contact. Poll 2 gathered 2,249 responses. Most respondents 40% preferred establishing temporary community clinics during floods while the least 16% seconded facilitation of transport for health workers to reach facilities.

Conclusion: Disclosure of pregnancy among AGYW begins within social networks rather than the formal health system, and climatic disasters hinder access to health care services at health facilities.

Key words: *Maternal health, climate resilience, adolescent pregnancy, social networking.*

17 Operationalizing Midwife-Led Models of Care for Adolescent-Facility Level evidence Contributions from UNFPA-supported SAY Programme in Lamwo District.

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Background: Adolescent pregnancy remains a critical determinant of maternal and neonatal morbidity in Uganda, where 25% of girls aged 15–19 years have begun childbearing. Adolescents often experience delayed antenatal care initiation, limited access to comprehensive diagnostics, and stigma within health systems, particularly in rural and post-conflict settings such as Lamwo District in Northern Uganda.

Objectives: The aim was to examine the contribution of midwife-led service delivery models to improving access, quality, and continuity of maternal health services using facility-level performance indicators.

Methods: Analysis was conducted using routine HMIS data from SAY-supported facilities between 2023 and 2025. Key indicators across the maternal continuum of care including ANC access, screening and preventive interventions, and continuity of care were analyzed using

descriptive performance benchmarking. Facility-level data from Madiopei HCIV were examined to assess the operational performance of midwife-led service delivery.

Results: ANC1 coverage reached 111.2% while early ANC initiation was moderately high at 75.6% in first trimester. Screening coverage was robust, including 96.7% aneamia 100% syphilis, HEPB 100% and HIV testing 97.7% among pregnant women. Preventive service delivery was similarly strong, with 100% distribution of LLINs and 85.9% coverage of IPT3in pregnancy. Continuity of care indicators demonstrated moderate retention, with 73.3% completion of at least four ANC contacts and 32.6% completion of ANC 8 contacts. Ultrasound scan overall coverage was 30.1% and 27.0% before 24 weeks gestation. Adolescents accounted for 13% of pregnancies, reinforcing the need for sustained adolescent-responsive service delivery.

Conclusion: Midwife-led models supported through the SAY Programme demonstrate strong potential to enhance the accessibility of health services. High screening coverage and preventive intervention uptake at Madi-Opei HC IV illustrate the effectiveness of strengthened midwifery-led antenatal platforms. ANC model remain critical priorities for optimizing maternal and newborn health outcomes, particularly among adolescent

Key words: *Antenatal coverage, maternal mortality, screening, adolescent pregnancy*

18 Development of a Machine Learning model for predicting and classifying risk factors associated with neonatal deaths at Rakai General Hospital

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Background: Neonatal mortality in Uganda remains a significant challenge, with a rate of 22 deaths per 1,000 live births. Despite numerous efforts to strengthen and invest in primary healthcare, there remains a dearth of effective approaches for identifying the most at-risk neonates who require targeted attention.

Objectives: This study aimed to determine the existing risk factors associated with neonatal deaths at Rakai hospital and developing, evaluating a ML-based model for predicting and classifying these risk factors.

Methods: A design science approach was employed using retrospective data from Rakai general hospital from 2020 to 2024. A total of 5,840 delivery records were extracted from maternity and newborn inpatient registers. Data preprocessing involved cleaning, coding, handling missing values, and transforming categorical variables. Logistic regression and random forest algorithms were implemented in Python to classify neonatal outcomes. Model performance was evaluated based on predictive accuracy and ability to identify key risk factors.

Results: The random forest classifier achieved strong predictive performance with a 96% F1 score and a neonatal death prediction model was developed. Key risk factors identified included low 5-minute APGAR scores, absence of postnatal care at 24 hours, low birth weight, and preterm birth. Protective factors included higher APGAR scores, timely postnatal care, and greater maternal experience. The model effectively classified neonatal outcomes and uncovered critical risk factors to guide early targeted interventions and improve neonatal survival outcomes.

Conclusion: PNC at 24 hours emerged as a protective factor against neonatal death, whereas early PNC within 6 hours was more commonly linked to at-risk neonates, suggesting it may reflect response to early warning signs. Furthermore, it adds granularity by showing how the timing of care can impact neonatal outcomes.

Keywords: *Neonatal deaths, prediction model, machine learning*

19 Digital Performance Monitoring to Improve PMTCT Service Delivery in Resource-Limited Settings: Successes from Eastern Uganda

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Context: Despite sustained investments to eliminate mother-to-child transmission of HIV, PMTCT performance in Eastern Uganda remained suboptimal. Routine monitoring relied on quarterly, paper-based reviews that delayed identification of service delivery and data quality gaps. This limited timely action aimed to improve outcomes for pregnant women and HIV-exposed infants, despite the availability of digital data within DHIS2. Intervention / Change Project: In 2021, a low-cost, Excel-based, real-time, colour-coded PMTCT dashboard was introduced across 189 facilities. The dashboard automatically extracted DHIS2 data and enabled analysis from regional to facility level. Monthly performance reviews were institutionalized, supported by structured mentorship and rapid feedback through WhatsApp, email, and SMS. This approach transformed routine data into actionable insights for frontline decision-making.

Collaboration: The intervention exemplified multidisciplinary collaboration involving district health teams, facility health workers, and implementing partners. It strengthened data use through continuous mentorship, regular review meetings, and real-time communication. Integration across HIV, syphilis, and hepatitis services improved coordination and delivery of comprehensive maternal and newborn care.

Outcomes: Between 2021 and 2024, substantial improvements were observed. HIV re-testing at antenatal care increased from 45% to 85%, antiretroviral prophylaxis among HIV-exposed infants from 15% to 86%, and early infant diagnosis from 71 to 90%. Linkage to syphilis treatment rose from 27 to 87%, while viral load uptake at the first antenatal visit increased from 62 to 85%. Key lessons highlight the power of real-time data visibility, continuous mentorship, and collaborative accountability in driving performance.

Implications: This change project demonstrates that simple, scalable digital innovations can strengthen data-driven decision-making and improve equitable service delivery. It underscores that every change project matters in accelerating progress toward reaching every woman and every newborn, everywhere.

Key words: *PMTCT, digitalisation, HIV, data use, innovation.*

20 Contribution of Community Quality Improvement Initiatives in Improving 1st Visit Antenatal Care Attendance Across Six Hard to Reach Health Facilities in Kween District

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Background: Uganda has implemented antenatal care guidelines of a minimum 8 visits before childbirth recommended by WHO among pregnant women. However, ANC visit remains a challenge in hard-to-reach areas such as Kween.

Objectives: the aim was to strengthen community structures through quality improvement initiatives fosters with low attendance for the first ANC visit.

Methods: The district quality improvement committee conducted root-cause analysis through community dialogues and data reviews at the facility and community with Village Health Teams. The program implementation included orientation of quality improvement committees, meetings with community resource persons focusing on pregnancy mapping, monthly review meetings with all stakeholders at the community and facility while integrating community dialogues into integrated outreaches, and engaging cultural and religious leaders to engage men on partner support during pregnancy.

Results: Average ANC attendance for 1st visits was monitored on quarterly basis across the 6 health facilities including 39% in Q1, 53% Q2, 65% in Q3 and 74% by Q4 24/25. Kween and Amref-HEROES program have implemented community-level quality improvement initiatives that increased the first visit ANC attendance from 38 to 70 percent between 2004 and 2025.

Conclusion: Strengthening community structures through quality improvement initiatives fosters buy-in from target service users, such as pregnant women, thereby improving health outcomes.

Key words: *Quality improvement, hard-to-reach areas, antenatal care, Uganda.*

21 Eliminating Missed Opportunities: Midwife-Led Point-of-Care Hemoglobin Testing Through ANC Client Flow Reorganization in Eastern Uganda

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Context Hemoglobin testing at first antenatal care visit is essential for early detection and management of anemia in pregnancy. Ministry of Health recommends that all pregnant women should be tested for hemoglobin. By November 2025, hemoglobin testing in Buginyanya HC III, stood at 44%. Low testing arose from inefficient client flow. Mothers were required to move between ANC clinic and laboratory, leading to long waiting times and missed testing, and documentation opportunities.

Methods: Reviewed DHIS2 data and facility registers to ascertain the gap. In

November 2025, Local Partner Health Services East and the District mentors conducted a process mapping and discovered insufficient client flow between ANC clinic and laboratory. Then, developed a three-month quality improvement Project with 100% testing. Also, shifted testing of Hemoglobin from the laboratory to the ANC Clinic. Further, the Midwives monitored stock of Hemoglobin strips, and alerted Local Partner Health Services East whenever there was a shortage.

Results: Hemoglobin testing coverage increased from 44 to 60%, reaching the maxim at 100% from November, 2025 to January 2026 and declined at 89% in February. Despite a temporary stock out of testing strips the Midwives gained competency in using Hemoglobin meters.

Conclusion: Approaches such task shifting, streamlining workflow, and mentorship of health workers helped to improve HB testing at Buginyanya HCIII, without additional costs. This study suggests small, practical changes of empowering frontline workers can significantly improve maternal health services. There is a need for Local Partner Health Services East to collaborate more with districts' leadership to scale up this low-cost model in the region.

Key words: *Quality improvement, anemia in pregnancy, antenatal care, Uganda.*

22 Addressing Unintended Pregnancy: A Behaviour Change Communication Intervention Integrated into Food/Cash Distribution in Kiryandongo Refugee Settlement

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Sub-theme: Every Change Project Matters: Small Actions, Scalable Impact

Background: In 2021, BAOBAB, a Research Programme Consortium, conducted a study in Kyangwali and Kiryandongo refugee settlements in Uganda to assess unmet need for contraception, unintended pregnancy, and unsafe abortion. This was part of global efforts to reduce maternal and infant morbidity and mortality. Baseline findings showed that 79% of refugee women of reproductive age were not using contraception. Among these, 53% cited reasons that could be addressed through information and counselling, while 26% of pregnancies ended in induced abortion, highlighting a substantial unmet need for family planning (FP) services.

Problem: The findings revealed a significant unmet need for FP services, largely driven by modifiable barriers such as lack of information and limited access to counselling.

Intervention: Between May and December 2025, a Behaviour Change Communication intervention was implemented in Kiryandongo Refugee Settlement, to increase demand for FP services using existing low-cost platforms targeting women aged 15–45 years. These were screened for FP use using three Key questions: awareness of FP, current use, and interest in more information. They received one-on-one counselling from FP providers and those seeking services were given "warm referrals" to health facilities of their choice. FP-focused edutainment activities were conducted during waiting periods prior to screening

Key Lessons: Anecdotal evidence indicated that FP clinic attendance increased from 1–3 women per day to 8–10 women per day in Panyadoli Health Centre IV, a referral facility, ranked fourth nationally in FP performance in 2025, attributed to the intervention. Integrating simple FP screening with counselling and warm referral can significantly increase demand for services.

Implications: Sustaining impact requires continued partner commitment, consistent contraceptive supply, and adequate staffing.

Recommendations: Integrating routine FP screening, counselling, and warm referral into existing service delivery platforms can increase FP uptake in refugee settings.

Keywords: *Unintended Pregnancy; Family Planning; Behaviour Change Communication; Refugee Health; Routine Screening*

23 Improving Identification and Uptake of Pre-Exposure Prophylaxis Among Pregnant and Lactating Women at Kyetume HC III, Lwengo District

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Background: Kyetume Health Centre III is one of 17 facilities providing antiretroviral therapy in Lwengo District, serving 730 people living with HIV, including over 120 mothers enrolled in the elimination of mother-to-child transmission program. Despite daily identification of newly HIV-positive mothers, no pregnant or lactating woman was using pre-exposure prophylaxis (PrEP) as of April 2025, indicating a continued risk of mother-to-child HIV transmission.

Objective: This study aimed to increase the proportion of pregnant and lactating women initiating PrEP from 0 to 30% between April 2025 and March 2026.

Methods: A quality improvement project was implemented over 11 months among HIV-negative pregnant and breastfeeding women, including adolescent girls, women in serodiscordant relationships, and those with unknown partner HIV status. Interventions included: integration of the Ministry of Health HIV risk screening tool into patient files; continuing medical education sessions for staff; morning sensitization talks at triage station; and establishment of a friendly PrEP corner within the Maternal and Child Health clinic.

Results: PrEP uptake among pregnant and lactating women increased from 0% at baseline to 67% by December 2025, exceeding the 30% target. Of the 334 clients identified as PrEP-eligible over the period, 92 (28%) were pregnant or lactating women. Uptake was lower among adolescent and young women, probably due to stigma, pill burden, and community disapproval.

Conclusion: A structured, facility-based quality improvement approach—combining screening tool integration, targeted staff training, and a dedicated service space—can significantly improve PrEP uptake among pregnant and lactating women.

Key words: *Maternal HIV infection, pre-exposure prophylaxis, mother-to-child transmission, HIV stigma, Uganda.*

24 Improving Access to Maternal Health Information Among Hard-to-Reach Adolescents and Young Women in Uganda through a toll-free Call Centre facility

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Background: Uganda has made notable strides in improving maternal health. However, the maternal mortality rate of 189 deaths per 100,000 live births remains high. In line with equity in action reaching every woman and the hard to reach especially pregnant adolescent girls to address the first two delays of deciding to seek care and reaching the facility, Communication for Development Foundation Uganda provides information, counselling and referrals through the Toll-free helpline facility.

Objectives: was to examine the reach of a toll free maternal health helpline by analyzing quarterly call volumes among adolescent girls and young women compared to males over two years in Uganda.

Methods: Data analysis of routine service data from the Communication for Development Foundation Uganda toll-free helpline (0800200600) was conducted for the period 2024 to Q1 2026. Data was analyzed by age, sex, and trends in service utilization to assess reach and changes in user demographics over time.

Results: Females made up the majority of callers in 7 out of 9 quarters, and their call volume increased substantially over time – from 544 in early 2024 to 1,007 in late 2025, before a slight dip to 897 in early 2026. On the other hand, male calls declined from 766 to 362 over the same period.

Conclusion: The sustained and growing female call volume (reaching >1,000 per quarter) demonstrates that the toll-free helpline successfully reached and engaged hard to reach adolescent girls and young women. This is a necessary precursor to improving access to maternal health services.

Key words: *Maternal health information, health communication, equity, Uganda.*

25 From Innovation to Implementation Gaps: The Case of CUTANA Technologies in Emergency Maternal Transport

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Background: Access to timely maternal and neonatal healthcare in Uganda remains a challenge, particularly in hard-to-reach communities.

Objectives: This study aimed to evaluate whether a USSD-based emergency transport network with boda-boda cyclists can reduce maternal transport delays, improve ANC/PNC adherence, and enhance real-time data use for decision-making in hard-to-reach communities in Uganda.

Method: Pregnant women were digitally mapped based on proximity to registered community boda-boda cyclists, creating a rapid-response network similar to an on-demand transport model. The goal was to achieve emergency response times of under three minutes. The USSD system was integrated with a central dashboard, serving both as a dispatch tool and a real-time data monitoring platform. Additionally, over 40 health workers were trained in basic computer skills to support data collection, reporting, and planning.

Results: The intervention led to improved adherence to Antenatal Care (ANC) and Postnatal Care (PNC), with over 400 mothers actively engaged. Patient information retrieval time dropped significantly to approximately 30 seconds, enhancing clinical efficiency. Emergency response times improved markedly, while system uptime remained at 99.5%, ensuring reliability. The platform also empowered mothers to request assistance directly from their locations and enabled health facilities to make timely, data-driven decisions.

Conclusion: Despite persistent challenges in maternal healthcare delivery, CUTANA Technologies demonstrates a scalable, cost-effective solution to addressing the “three delays.” By leveraging USSD technology, strengthening health worker capacity, and enabling real-time data access, the system significantly improves emergency response and continuity of care for mothers and children.

Key words: Maternal transport, emergency obstetric care, USSD technology, Digital health Three delays model, Uganda.

26 Empowerment Through Entrepreneurship: The Story of Mutoto's 100 Women in 100 Weeks

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Background: Women in rural Mutoto, Uganda faces interconnected challenges of poverty, limited economic opportunities, and poor maternal and child health outcomes. Evidence shows that women's economic empowerment is strongly associated with improved household welfare and health outcomes, particularly in low-resource settings.

Objectives: To evaluate the outcomes of the "100 Women in 100 Weeks" project in Mutoto, Uganda, by assessing how an integrated intervention combining financial support, entrepreneurship training, and healthcare access affects economic stability and health service utilization among rural women.

Methods: This study employed a program-based mixed-methods evaluation design, and a result-based monitoring approach aligned with development evaluation practices in assessing outcomes over the first 53 weeks of implementation. The project enrolled 75 women. The intervention included weekly financial support (8 Euros per participant), formation of 4 savings groups, weekly entrepreneurship and financial literacy training, a community-based health insurance scheme, access to a community clinic staffed by a nurse and group income-generating activities. Data collection methods included routine program monitoring data, participant tracking records and observational reports.

Results: The project demonstrated economic outcomes of improved savings behavior through group mechanisms, business growth indicators through established small businesses, and health service utilization with increased participation in the health insurance scheme, and improved health-seeking behavior.

Conclusion: The Mutoto "100 Women in 100 Weeks" project demonstrates that integrating entrepreneurship support with healthcare access can improve economic stability and health outcomes among rural women. While the program initially aimed to reach 100 women, implementation focused on 75 active participants during the evaluation period. The model aligns with global evidence on the effectiveness of holistic, women-centered interventions and offers strong potential for replication.

Key words: Women's economic empowerment, entrepreneurship, maternal and child health, community-based health insurance, integrated development, rural Uganda.

27 Community Intervention to Improve High-risk Pregnancy Outcomes among Pregnant Women in Makuutu Health Center III, Bugweri District

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Background: Maternal and child health remains a major global health priority, yet high-risk pregnancies in low-resource settings continue to face significant challenges in accessing timely and appropriate care.

Objectives: This study aimed to develop a system for early identification of high-risk pregnant women, establish rapid response mechanisms, and improve retention in maternal care through community engagement.

Methods: A mixed-methods design involved women of reproductive age, including pregnant women and recent mothers attending antenatal services, as well as those identified through Village Health Teams in Makuutu. Quantitative data from facility records and community health

worker reports were analyzed using machine learning techniques to predict risk, while qualitative interviews explored barriers to care.

Results: Findings showed that 55.9% of pregnancies were high-risk, and 67% of affected women had not accessed appropriate care. Antenatal attendance was moderate, but completion of recommended visits was low, with gaps in referrals and follow-up care. Barriers included distance, reliance on traditional birth attendants, limited knowledge, poverty, poor access, and partner restrictions.

Conclusion: There is a substantial burden of unidentified high-risk pregnancies in Makuutu. Strengthening community-based identification, follow-up, education, and collaboration with VHTs could improve timely care and outcomes.

Key words: High-risk pregnancy, maternal mortality, community health workers, machine learning, antenatal care, Uganda.

28 Assessing health care providers' Knowledge, Attitudes, Practices and Use of the Medical Eligibility Criteria for Contraceptive Methods provision in Uganda

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Background: In 2016, Uganda's Ministry of Health integrated the 2015 WHO Medical Eligibility Criteria (MEC) to improve family planning method mix for users based on their individual needs and quality of care. Despite this, provider biases regarding a client's age, marital status, and parity continue to obstruct access to long-acting contraceptives. While the MEC framework is vital for equitable service delivery, empirical data on its application within Uganda remains scarce.

Objectives: This study aimed to assess health care providers' knowledge, attitudes, practices and use of the medical eligibility criteria for contraceptive methods provision in Uganda.

Methods: This cross-sectional study employed a mixed-methods approach, using two-stage cluster sampling and electronic CAPI interviews. Researchers utilized a modified WHO Assessment tool and record reviews to assess provider knowledge and practices. Data analysis involved descriptive statistics and Pearson's Chi-square tests ($P < 0.05$).

Results: While training for injectables 100% and implants 98.53% is nearly universal, significant gaps were observed in Hormonal IUD insertion at 62.39% and removal 44.26%. The MEC wheels availability was at 76% for the facilities, but utilised by 46% of providers. Despite high smartphone ownership 86%, only 9% were knowledgeable about MEC mobile applications. The MEC tool utilization correlates significantly with pregnancy screening practices, specifically

conducting urine tests (x2=3.3503, p=0.0119) and maintaining clinical certainty of non-pregnancy (x2=6.251, p=0.0255).

Conclusions: Inconsistent knowledge and misconceptions hinder MEC application. Targeted interventions are vital to improve provider attitudes, service quality, and contraceptive accessibility.

Key words: WHO medical eligibility criteria, contraceptive methods, Health providers, Uganda.

29 Working with Youth Led Organizations to strengthen accountability and uptake and Youth –led monitoring for AYSH Services.

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Background: Annually, 12 million adolescents in low-income countries give birth, facing immense barriers to maternal health. In Uganda, adolescent pregnancy stands at 24%, yet services rarely address youth-specific needs. Baseline data from the HEROES program highlights a 44% SRHR knowledge gap and low skilled birth attendance across 9 districts. Despite high district supervision, youth participation in health facility reviews remains inadequate, leading to non-responsive services.

Objectives: The project aimed to strengthen beneficiary participation in SRHR/SGBV programming while enhancing service quality at supported facilities in alignment with Ministry of Health standards.

Methods: To enhance accountability, two youth-led CBOs were onboarded to monitor adolescent-responsive services across 12 facilities in Mayuge and Namayingo. Following capacity assessments and sub-granting, these CBOs conducted client exit interviews and satisfaction surveys. They also held monthly community dialogues to generate service demand and provide feedback on healthcare quality.

Results: Client satisfaction surged from 56 to 77%, alongside reports of reduced service payments at public facilities. The CBO-led tracking strengthened facility record management and adolescent monitoring. Overall youth SRHR service uptake rose by 77%, growing from 30,557 to 54,219 visits. Institutional deliveries by youth increased to 70%, while ANC uptake grew by 10%, and 62% retention rate for ANC 4th visit.

Conclusions: Engaging youth groups in monitoring and strengthening accountability systems ensures sustainable, equitable SRHR services, driving primary healthcare toward Universal Health Coverage.

Key words: Community-based organization, accountability, youth-led organizations, client centred care, quality of care, adolescents.

30 Designing a maternal care kit: A fashion-based intervention for mothers in low-resource settings.

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Background: Maternal health in low-resource settings remains constrained by limited access to hygienic materials, inadequate health information, and socio-cultural barriers affecting maternal dignity and care practices.

Objectives: This study intends to explore the potential of a fashion-based Maternal Care Kit to support maternal hygiene, comfort, and dignity, and to examine its anticipated usability and cultural acceptability in low-resource settings.

Methods: The study will adopt a user-centered, exploratory design approach involving approximately 20 participants (pregnant women, new mothers, and midwives) within a selected rural-urban community. Two prototype iterations of the Maternal Care Kit will be developed using locally available materials. The kit will include a multifunctional wrapper, reusable sanitary materials, a baby carrier, and illustrated instructional textiles. Field testing is expected to be conducted over a 7-week period. Data will be collected through observation, interviews, and usability rating scales like usability, affordability, comfortability, acceptability. Design features will be reviewed in consultation with midwives to ensure alignment with basic hygiene and maternal care guidelines, including material safety, washability, and durability.

Results: The study is expected to generate preliminary findings on usability, acceptability, and perceived benefits of the Maternal Care Kit. It is anticipated that participants will report improved comfort, privacy, cost effectiveness and ease of use, while midwives may indicate enhanced understanding of hygiene practices through visual instructional components. These findings will suggest areas for refinement, particularly regarding durability and material performance.

Conclusion: This proposed study is expected to suggest that fashion-based interventions can contribute to improving maternal care experiences in low-resource settings. Further research will be necessary to validate its effectiveness, scalability, and integration into existing maternal health frameworks.

Key words: *Maternal health; fashion-based intervention; low-resource settings; textile design; maternal care kit.*

31 Strengthening Community Participation in Maternal and Child Health through Targeted Behaviour Change in Magoro Subcounty, Uganda

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Introduction: Preventable maternal and child deaths remain a major challenge in rural Uganda. This is largely due to barriers in access to health services, limited male involvement, and financial barriers that delay or prevent timely access to health care.

Objective To improve community participation and increase the use of maternal and child health services through targeted behaviour change and practical community-based support systems.

Methods: The OSSIYA 100 100 Foundation is implementing a community-based intervention in Magoro Subcounty using a "100-to-100" peer model. Community ambassadors are trained to share key health messages with others, creating a chain of learning across women, men, children, and health workers. The intervention is supported by school-based learning activities, digital tools

that connect pregnant women to nearby transport during emergencies, and community savings groups that help families prepare for healthcare costs.

Results: Since 2024, the project has reached over 300 pregnant and postnatal mothers. Data from Magoro HC III shows increased service uptake, with safe deliveries rising to an average of 70 per month and weekly antenatal attendance reaching about 80 mothers as compared to below 30 monthly SVDs prior to the intervention. The figures are counts based on Magoro hospital records

Conclusion: Most interventions in Katakwi district have largely concentrated on singularly strengthening community engagement through sensitisation, reducing gaps in health systems and enhancing male participation. The approach therefore is far reaching and all encompassing as it deals with MCH challenges in a multi-dimensional manner hence strong potential for scale in similar rural settings

32 Community-empowerment for Adolescent Girls and Teenage Mothers to Prevent Repeat Teenage Pregnancies, Improve School Persistence, and Break Poverty Cycles in Jinja City, Igenge Village

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Context: Zoe Girls' Health Initiative operates in Jinja City where teenage pregnancy prevalence stands at 15.5%. Adolescent pregnancies are associated with poor maternal and newborn outcomes such as low birth weight, malnutrition due to limited skills to care for their babies.

Intervention: Zoe Girls' Health Initiative implements programs targeting girls aged 11–19. Key interventions include; identification, linkage to health facilities and follow up of pregnancy

adolescents to ensure antenatal attendance and facility-based deliveries. Teen Moms' Clubs, a platform for weekly critical conversations on teenage pregnancy, maternal health, and SRH education. The Adolescents' Reproductive Health Garage convenes hundreds of youths for open dialogue on SRH held at the Busoga Kingdom skilling Centre.

Collaboration: The initiative partners with health facilities for referrals, antenatal and family planning services, village health teams who identify vulnerable girls for enrollment in the clubs, schools and teachers to integrate sex education, and community support.

Outcomes: Teenage mothers have improved their SRH knowledge which has improved family planning utilization and reduced repeat teenage pregnancies. Skilling and school re-entry has built confidence, self-reliance and delayed repeat pregnancies. For the last four years we have reached 126 teenage mothers, and supported 6 of them to go back to school and empowered 16 of them with tailoring, computer and hair dressing skills. With more funding we hope to support more.

Implications: ZGHI contributes to reducing teenage pregnancy, improving maternal and newborn health outcomes, and contributes to SDG3 Good health and wellbeing and SDG5 Gender Equality.

Key words: *Family planning, teenage mothers, low birth weight, facility deliveries, Uganda.*

33 Community-Based Referral and Telephone Triage System for Obstetric Cases in Busoga Region, Uganda

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Background/Context : Busoga region faces a high maternal and newborn health burden, with maternal mortality estimated at 93 per 100,000 live births and neonatal mortality at 28 per 1,000, both above national averages. According to Ministry of Health reports, delays in recognizing complications and seeking care significantly contribute to these outcomes.

Intervention/Project change: A community-based referral and telephone triage system was introduced in Jinja City, centered on a toll-free obstetric hotline managed by a trained midwife at Jinja Regional Referral Hospital. The system provides rapid triage, guidance, and referral based on symptoms, while coordinating transport through trained boda-boda riders. Community engagement involved religious and cultural leaders, women's groups, and Village Health Teams to promote birth preparedness and timely care-seeking. In total, 80 religious leaders, 32 traditional leaders, 120 boda-boda riders, and 317 VHTs were mobilized. The intervention was supported by Jinja City Health Office and local health facilities.

Results : Within 10 months, over 4,000 calls were received, with 97% of users reporting helpful advice. Satisfaction was high, with over 97% willing to reuse and recommend the service. Utilization was higher among women not living with partners, those living farther from facilities (5–10 km), and lower-income groups. Most users had experienced pregnancy-related complications and were more likely to call. Following triage, 85.6% used boda-bodas to reach facilities, and 78.9% arrived within 30 minutes. Nearly all users followed referral advice and sought facility-based care.

Implications: The intervention demonstrates that telephone triage can reduce delays in care-seeking, especially among vulnerable and remote populations. High satisfaction and uptake suggest strong acceptability and potential for sustainability. Scaling this model could strengthen community referral systems and improve maternal and newborn outcomes in resource-limited settings.

Key words: Maternal Health,Telephone Triage ,Community-Based Referral , Obstetric Emergencies , Busoga Region , Birth Preparedness .

34 Indigenous knowledge of traditional foods and nutritional care among mothers of children five years and below in selected peri-urban areas of Mukono, Uganda

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Introduction: Child malnutrition remains a major public health challenge in Uganda, with 29% of children under five stunted and 3.5% wasted (UDHS 2022, Maniragaba et al., 2023). Traditional foods are affordable, nutrient rich, and culturally embedded and offer an untapped solution, yet their potential is undermined by inconsistent use linked to mothers' indigenous knowledge and socio-cultural factors. The study therefore explored indigenous knowledge on traditional foods and its influence on nutritional choices among mothers of children under five in peri-urban areas of Uganda.

Methodology: This study employed a mixed-methods design. Quantitative data were collected from 225 mothers of children under five through structured questionnaires, while qualitative insights on food knowledge, cultural norms and decision-making were obtained from focus group discussions with mothers and key informant interviews with healthcare providers.

Results: Socioeconomic factors affected food access, with 50% of the mothers unemployed and 41% owning land for traditional crop cultivation. Children's diets relied on carbohydrate staples such as rice, sweet potatoes, posho, matooke and proteins such as beans, silver fish, and groundnuts, while costly animal proteins were less consumed. Seasonal fruits, including jackfruit and mangoes, were common. Knowledge gaps were evident, with majority of the mothers unaware of food benefits and misclassifying staples like posho, cassava and sweet potatoes as "body-building" foods. Indigenous knowledge was evident in beliefs that silver fish enhances immunity, appetite, and brain development, while food choices were greatly shaped by affordability, accessibility,

preference, and guidance from health providers, Village Health Teams, and family. Findings from the study showed that majority of the mothers are not aware of the nutritional benefits of the foods they feed to their children.

Conclusion: The study highlights indigenous knowledge in child nutrition, notes limited animal protein and fruit diversity, and recommends integrating traditional food systems with modern nutrition education to correct misconceptions, enhance maternal knowledge, and improve dietary choices. Mothers should also be trained on basic nutrients in some of the common foods they give to children.

Key words: Indigenous knowledge, Traditional foods, Child nutrition, Feeding practices

35 One Health Surveillance of Pediatric Brucellosis in Uganda's Cattle Corridor: Hotspot Analysis Using DHIS2 Data to Inform Targeted Maternal and Child Health Interventions (2025)

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Background: Brucellosis remains a significant zoonotic disease in sub-Saharan Africa, particularly in pastoral communities due to close livestock contact and consumption of unpasteurized milk. In Uganda's cattle corridor, the disease contributes to maternal and child health complications such as febrile illness, miscarriage, and stillbirth. This study aimed to describe the epidemiology, testing coverage, and spatial distribution of pediatric brucellosis using 2025 DHIS2 data and identify priority hotspots for targeted interventions.

Methods: A retrospective analysis of DHIS2 data from January to December 2025 was conducted across ten districts in Uganda's cattle corridor. Suspected cases among neonates (0–28 days) and infants (29 days–4 years) were analyzed. Confirmed cases were based on national serological testing guidelines. Descriptive statistics assessed testing coverage, positivity rates, age distribution, and quarterly trends, while district ranking identified hotspots.

Results: A total of 29,964 suspected cases were reported, with only 1,958 (6.5%) tested, yielding 107 confirmed cases. Only one neonatal case was identified compared to 106 infant cases, suggesting predominantly postnatal exposure. Testing was concentrated in the first half of the year, indicating seasonal gaps. Hotspot districts included Kotido, Amudat, Kiruhura, Kyankwanzi, and Rakai, accounting for over half of confirmed cases.

Conclusion: The study highlights low testing coverage, temporal gaps, and geographic clustering of pediatric brucellosis. Strengthening integrated One Health surveillance, expanding diagnostic capacity, and implementing targeted interventions such as livestock vaccination, maternal screening, and community education are essential to reduce transmission and improve maternal and child health outcomes.

Keywords: Brucellosis; *One Health; Pediatric Surveillance; DHIS2; Maternal and Child Health*

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SPECIAL THANKS

All STM2026 Conference delegates, presenters, speakers, moderators, development partners and implementing partners, Uganda Christian University, MPHL students, alumni and faculty, Government of Uganda – Ministry of Health, Church of Uganda, Mother Baby Friendly Hospital Initiatives.

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