



KCHEF – SAFE MOTHERHOOD IN NORTH BUSONGORA.

June 2018 Report

Safe Motherhood Data (March - June 2018)	
Antenatal (prenatal) services for Pregnant Mothers	757
Pregnant Mothers Tested for HIV/AIDS	558
HIV /AIDS Tested (other)	45
Women enrolled on Family Planning	345
Number screened for Hepatitis B	223
Number Vaccinated for Hepatitis B	16
Number of Hepatitis B +ve	8
Cancer Screening	365
Children immunized	1829

The **Safe Motherhood in Busongora (SMB)** Program funded by CHERA is making a positive difference in the lives of thousands of community members of Buhuhira and Bwesumbu in North Busongora-Kasese. Based on the current trend of the data collected, the targeted number of beneficiaries over the implementation period will definitely exceed the projected numbers. The projected target beneficiaries over the 18 months were; 400 pregnant mothers, 2700 women in the sexually

active age bracket, 2000 children & 270 men. However, the program has run for only a sixth of the implementation period (4 months) and already we are at **91%** of the expected children beneficiaries and at **110%** for the pregnant mothers.

The SMB screening services are creating an awareness of each beneficiary concerning his/her individual status regarding a variety of health conditions screened by the program. So far 5 women tested positive to the human papilloma virus through the Cancer screening and have been linked to the Cryotherapy services at the clinic. The 10 who tested positive to the Hepatitis B testing have been referred to the clinic for liver function tests to rule out the magnitude of damage so that they can enroll for care with antiretroviral medications or Levolin multivitamins appropriately. The only pregnant mother that tested positive for HIV/AIDS has been linked to the Antiretroviral (ART) Clinic to ensure prevention of mother to child transmission. If the screening services had not come to the community in Busongora many would still be ignorant of their status to date.

The SMB sensitization sessions held during every outreach event incorporate messages on the importance of early antenatal care, the reasons for family planning and embracing child immunization. Currently, a significant number of the pregnant mothers are seen for their first prenatal visit late in the 2nd trimester or early in the 3rd trimester. This presents a risk to mothers and the unborn babies because in cases of any anomalies, the detection is later than sooner. Similarly, many of the children immunized in the 4 months of the program were receiving the vaccines post designated/scheduled age.

A large number of our pregnant mothers carrying their 4th to 6th baby display little to no knowledge of safe and healthy family planning methods. SMB family planning services have created awareness about the importance of planned pregnancies to many women of reproductive age.

The youthful female school drop outs are often traded into relationships by their family making them more susceptible to unwanted pregnancies. 55% of the pregnant mothers we see are below 25 years old with at least 3 children. Evidently the youthful women that have not yet fallen prey to the early marriage practice required emphasis on the awareness of family planning methods and HIV/AIDS. We are encouraged by the embracing of the family planning services which will in the future translate into a better life for both the mothers and the children.

Yeresi's experience is just an icon of the pregnancy related mismanagement experiences at the hands of the Traditional Birth Attendants (TBAs). Yeresi discovered that her pregnancy was

a dead fetus after 3 months. It could have been much longer if it was not the intervention of the SMB ultrasound services. TBAs are limited to fetal scope palpitations of the fetus which evidently they misdiagnosed in more than 10 cases that we have come across.

SMB delivered the ultrasound scan services which in addition to the assurance of fetal anatomy for the pregnant mothers have demystified spontaneous abortions (miscarriages) and pseudo pregnancies.

In Busongora, similarly in many remote places in Uganda, failure to conceive or a miscarriage is presumed to be witchcraft. The ultrasound scan services revealed uterus malformations (bicornuate) on more than 15 women of the cases we have seen with a record of infertility or numerous miscarriages. To these categories of women, SMB delivered fertility consultations and referrals to gynecological consultants for further evaluation. We have not yet uprooted the witch craft beliefs that surround

Routine sensitization session during an outreach event in Busongora



The impassable roads in Busongora



reproductive health but SMB is enlightening many people about the conditions from a health perspective.

Three of the scheduled outreach events have been aborted because our vehicle failed to navigate the bad terrain especially after the rains. This degree of inaccessibility is to the large extent the reason for untimely enrollment for care for the immediate contacts of the positive cases of both Hepatitis B and HIV/AIDS. In addition to the poor terrain, the logistical constraints restrict us to the scheduled outreach visits. The earliest opportunity for us to reach the immediate contacts of the positive cases for Hepatitis B and HIV/AIDS is the next outreach day to the same village. Linkage via

telecommunications has failed due to the bad connections but also because addressing the stigma and denial issues from a distance has proven more difficult. The harder it is to reach the beneficiaries, the greater the impact of the SMB.

To have an enlightened, healthy, educated and self sustaining region