THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

KOICA
Korea International Cooperation Agency

World Health Organization
Uganda

Project Brief

Strengthening Health Systems for Improved Reproductive Maternal Newborn Child and Adolescent Health Service Delivery in Busoga Region (2020-2025)

Background

The Busoga sub-region in Eastern Uganda has historically faced some of the country's poorest reproductive, maternal, newborn, child, and adolescent health (RMNCAH) indicators. Prior to the project, maternal mortality rates were high, antenatal care attendance was low, and emergency medical referral systems were virtually non-existent. Teenage pregnancy, limited adolescent sexual and reproductive health education, and weak community health linkages further exacerbated health outcomes. These challenges called for a system-wide response focused on strengthening health services, enhancing emergency care, and promoting adolescent health.

The health system in the region was also significantly weakened by limited infrastructure, chronic shortages of essential medicines and medical equipment, and a lack of adequately trained health personnel. Community engagement in health governance was minimal, and emergency transportation was largely dependent on motorcycles (boda-bodas), posing significant risks to pregnant women and newborns. Additionally, schools lacked structured sexual and reproductive health (SRH) programs, leaving adolescents uninformed and vulnerable to risky behaviors.

The COVID-19 pandemic further exposed and magnified these systemic weaknesses, contributing to increased teenage pregnancies, high school dropout rates among adolescent girls, and disrupted access to essential health services. In response, the Ministry of Health and the World Health Organization (WHO) Uganda, with funding from the Korea International Cooperation Agency (KOICA), launched a comprehensive, five-year project aimed at transforming the RMNCAH landscape in the Busoga sub-region.

Project objectives

- Strengthen the capacity of district health systems to effectively plan, coordinate, and deliver high quality RMNCAH services.
- Improve access to and quality of emergency medical services, with a focus on reducing maternal and newborn mortality through timely referrals.
- Increase access to comprehensive adolescent sexual and reproductive health information and services within school settings.

Target area and population

The project was implemented in five districts of Busoga Region: Bugiri, Buyende, Iganga, Kamuli, and Mayuge. The target populations included pregnant women, mothers, newborns, adolescents, health workers, schoolteachers, and students and youth as community stakeholders. The interventions specifically focused on underserved, rural communities where access to quality health services was most limited.

Key activities and innovations

- **Health facility upgrades:** The project refurbished 28 health facilities, improving physical infrastructure along with installation of water harvesting systems in all 28, along with 5 new boreholes by project end. Additionally, a cold chain system was established in 30 health facilities, and medical equipment procured to support safe deliveries and emergency care.
- **Emergency medical services:** Seven ambulances were procured and fully operationalized across the five districts. Community-driven ambulance committees in districts were established to oversee ambulance operations, manage fuel pooling systems, and ensure timely emergency referrals.
- **Capacity building:** The project provided extensive training for 2,739 teachers and health workers on adolescent sexual and reproductive health and rights (SRHR). Over 400 health workers received targeted training in post abortion care (PAC), basic and comprehensive emergency obstetric newborn care (BeONC and CEmONC), pregnancy, childbirth and postpartum care, Kangaroo Mother Care (KMC) and Helping Babies Breath Plus (HBB+), and health system governance, including training on HMIS, data management and use of ODK.
- **Adolescent health programming:** The project activated school health clubs in 91% of targeted schools, provided SRHR education through trained teachers, and facilitated regular school health talks. Talking compounds were introduced to reinforce health messages visually throughout school premises.
- **School health facility linkages:** Formal referral pathways were created to connect schools with adolescent-friendly health facilities, enabling students to access confidential SRHR services.
- **Community engagement:** Through fuel pooling contributions and active involvement in ambulance management, the project fostered community ownership of emergency transport services.

Key achievements and results

Maternal and newborn health in the 5 targeted districts

Antenatal care (ANC) attendance in the first trimester increased from 17% in 2019 to 41% in 2024. ANC 4+ visits improved from 35% in 2019 to 51% in 2024.

Figure 1: Percent of pregnant women who attended at least four ANC visits, overall

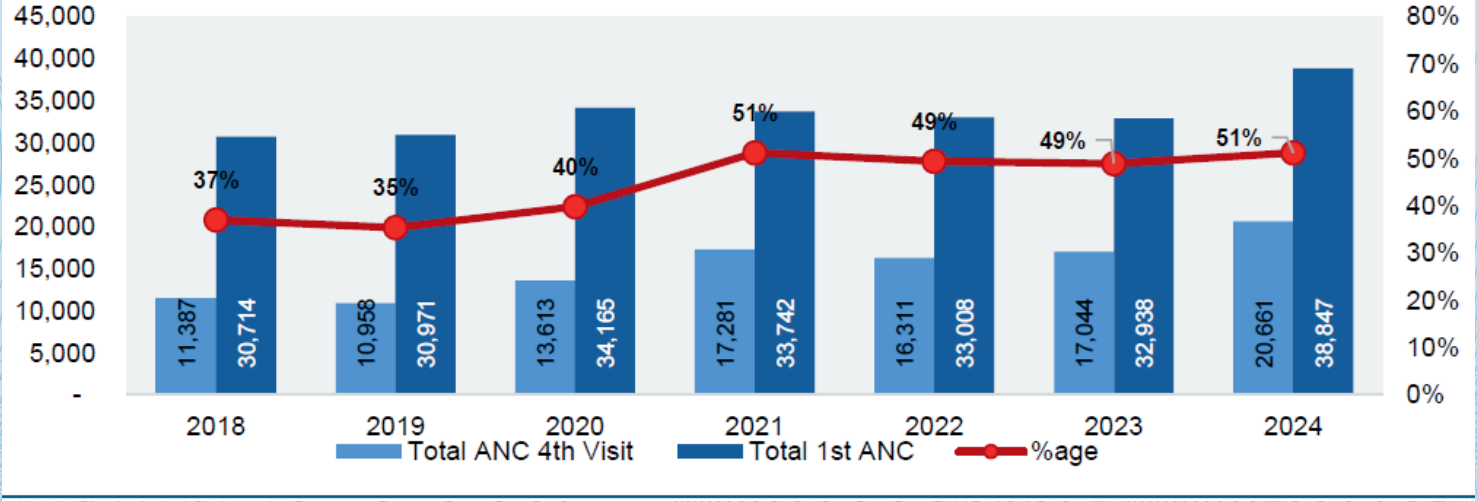
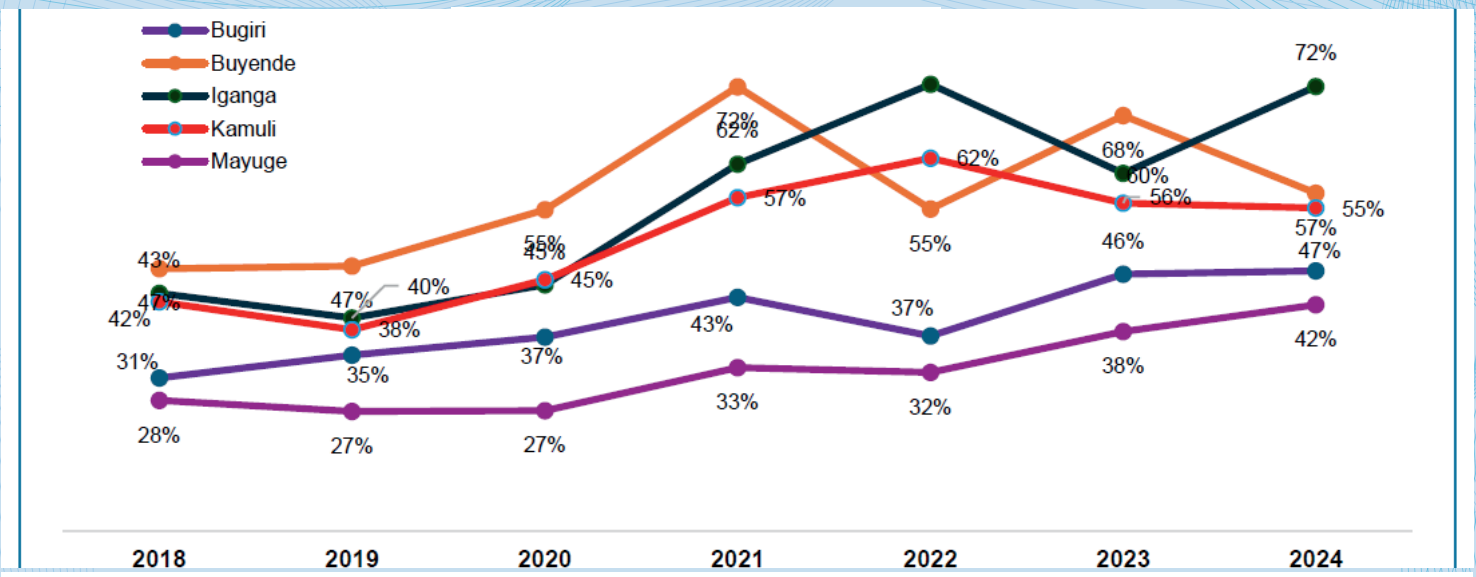


Figure 2: Percent of pregnant women who attended at least 4 ANC visits by district



Skilled birth attendance rose from 48% in 2019 to 67% in 2024, while postnatal care (PNC) within two days of delivery increased from 70% in 2019 to 99% in 2024.

Figure 3: Percentage of pregnant women who deliver in health facilities, overall

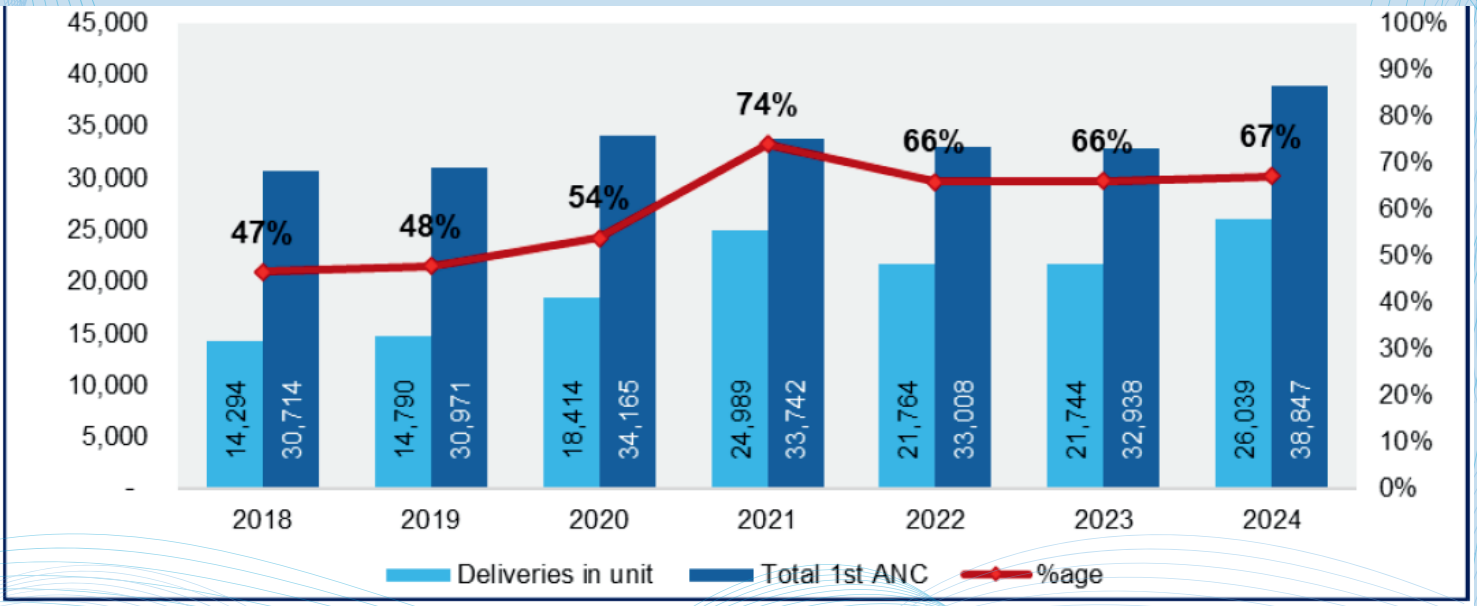


Table 1: Summary of trends in key RMNCAH service indicators

Key Indicator	2019	2020	2021	2022	2023	2024
Percent of pregnant women who attend ANC in the first trimester	17%	30%	38%	31%	28%	41%
Percent of pregnant women who attend at least 4 ANC visits (ANC4)	35%	40%	51%	49%	49%	51%
Percent of deliveries attended by skilled health workers	48%	54%	74%	66%	66%	67%
Percent of women who received PNC within 2 days of delivery	70%	93%	98%	97%	98%	99%
Percent of newborns who recieved PNC within 2 days of delivery	89%	94%	98%	98%	98%	100%
Percentage of newborns who were put to breast within one hour of birth	95%	98%	96%	94%	95%	93%
Percentage of low-birth-weight newborns initiated on KMC in facility	--	68%	71%	77%	73%	67%

* *Mothers attending PNC at 24 hours were used as a proxy for PNC attendance at 48 hours.*

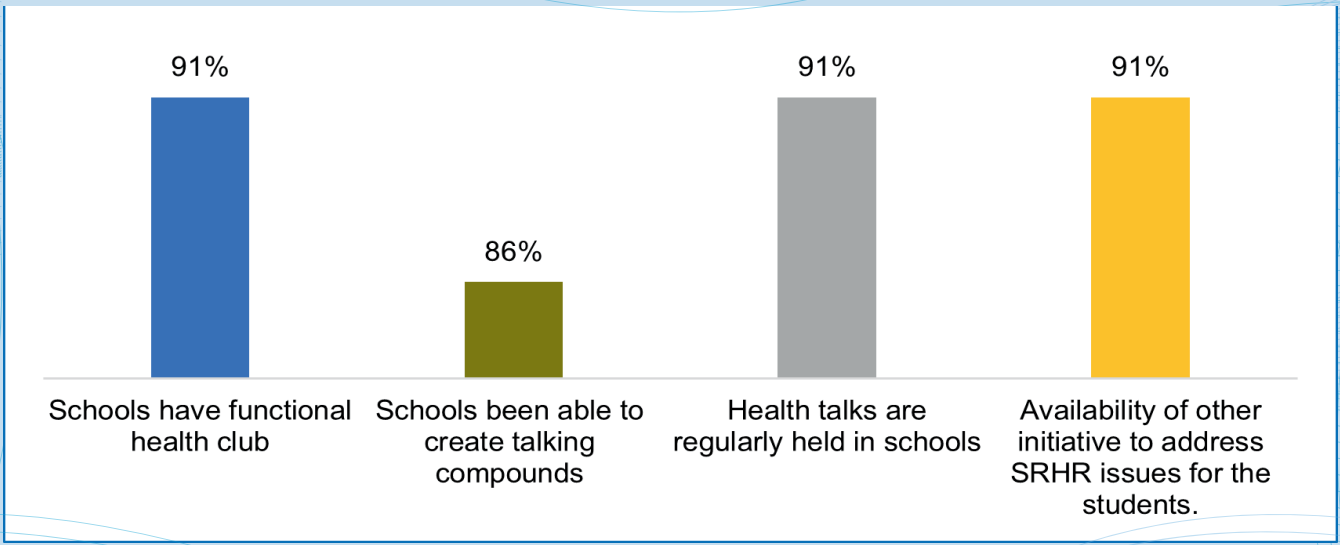
Emergency medical services

- A total of 5,425 emergency referrals were conducted using the project-supported ambulances between July 2021 and December 2024.
- Kamuli District alone accounted for 37% of these referrals, reflecting the efficiency and utilization of the ambulance system.

Adolescent health outcomes

- More than 11,742 students were reached with SRHR information through school-based activities.
- School health clubs became active platforms for peer-to-peer education and health advocacy.
- Teachers became key facilitators of SRHR education, providing reliable and culturally appropriate Information to adolescents.

Figure 4: Availability of SRHR initiatives in schools



District and community ownership

- Ambulance committees effectively managed emergency transport operations, fostering trust and accountability.
- Community contributions to ambulance fuel pooling funds ensured that the ambulance services remained sustainable and functional beyond the project period.

Selected innovations and best practices

- **District managed ambulance committees**: This model empowered communities to govern ambulance operations, directly contributing to reduced maternal referral delays and improved emergency response times. The introduction of fuel pooling made the model financially sustainable and resilient to funding fluctuations.
- **School-based adolescent health model:** The multi-layered approach of combining teacher training, peer-led school health clubs, and school health facility linkages provided a comprehensive framework for delivering adolescent SRHR education and services. The model successfully promoted positive behavioral change, reduced stigma, and empowered adolescents to seek health services confidently.

Sustainability strategy

The project intentionally leveraged existing structures and embedded sustainability mechanisms, including:

- District ownership of ambulance operations and fuel pooling systems.
- Integration of adolescent health programming into the school curriculum, supported by trained teachers and active school health clubs.
- Strengthened district health leadership and capacity, enabling continuous coordination, improved oversight of RMNCAH services, and more informed, data-driven decision-making.
- Sustained partnerships between schools and health facilities, ensuring ongoing access to adolescent-friendly sexual and reproductive health services.

The project's sustainability strategy ensures that its innovations and impacts will continue to benefit the Busoga region beyond the life of the KOICA-funded initiative.

Key recommendations

- **National scale-up:** Expand the community-managed ambulance model and school-based adolescent health programming to additional districts in Uganda.
- **Policy integration:** Institutionalize project innovations within national health and education sector policies to secure long-term government support and budget allocation.
- **Resource mobilization:** Strengthen domestic financing and resource mobilization to sustain emergency transport systems, health facility infrastructure, and adolescent SRHR programs.
- **Capacity building:** Continue to invest in building the skills and competencies of health workers, teachers, and community leaders to ensure quality service delivery.
- **Supply chain strengthening:** Address persistent gaps in the availability of essential medicines and medical equipment to complement health system strengthening efforts.

Contact information

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