



STRENGTHENING HEALTH SERVICES FOR MOTHERS, CHILDREN AND ADOLESCENTS IN BUSOGA, EASTERN UGANDA

July 2020 - September 2025



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How Busoga turned the corner on poor health

Once upon a time in Busoga, a sub-region of eastern Uganda with 11 districts, the health conditions for mothers, children, and adolescents painted a grim picture. Something had to give.

Some districts were worse off than others. In particular, there were disparities in the availability of social services notably health. The underperformance of the health care system in Busoga was attributed to staffing shortages, inadequate skills among health care workers, and poor infrastructure.

From July 2020 to September 2025, the World Health Organization (WHO) in partnership with the Ministry of Health, with funding from the Republic of Korea through the Korea International Cooperation Agency (KOICA) implemented the HEALTH SYSTEMS STRENGTHENING FOR IMPROVING REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH) SERVICE DELIVERY PROJECT in five districts in Busoga sub-region.

PROJECT BUDGET		The project supported and complemented other ongoing health and development interventions within the target districts.
 Korea International Cooperation Agency	US\$ 9,000,000	
 World Health Organization Uganda	US\$ 1,000,000	
TOTAL	US\$ 10,000,000	

Targeting five districts with the poorest outcomes, the project focused on strengthening the health system to improve the quality of and access to RMNCAH services in Bugiri, Buyende, Iganga, Kamuli, and Mayuge.

To turn the situation around, the project set about to address two primary objectives:

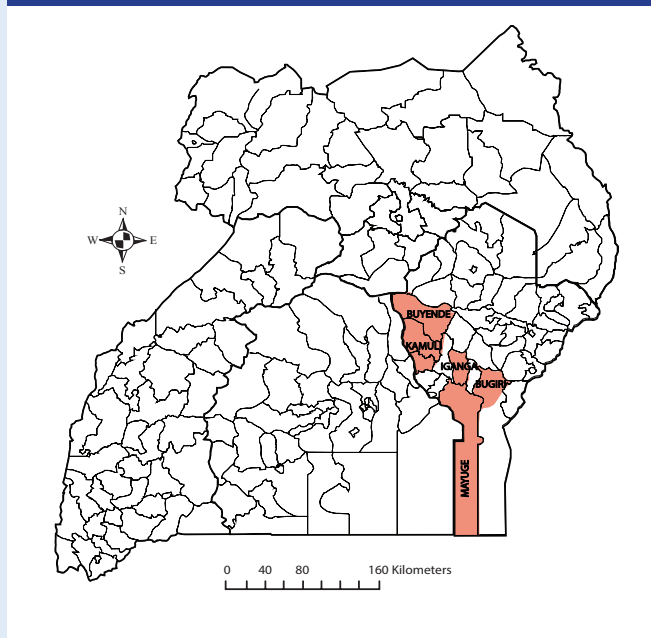
- Improving delivery of RMNCAH services to communities.
- Improving the capacity of district leaders to manage the health system.

The key interventions were to:

- Strengthen the referral system.
- Strengthen the RMNCAH services infrastructure.
- Build the capacity of the health workforce.
- Strengthen the school-based education programme.
- Improve the health information systems.
- Strengthen governance and leadership.

HEALTH SYSTEMS STRENGTHENING PROJECT BENEFICIARIES ACROSS BUSOGA		
Direct	Pregnant women	560,809
	Newborn babies	499,852
	School adolescent boys and girls aged 10–19 years	349,327
	Teachers from both primary and secondary schools	687
	Health workers trained in RMNCAH	159
Indirect	People (out-of-school adolescents aged 10-19, parents, religious and cultural leaders)	1,480,200

THE FIVE PROJECT DISTRICTS



Aligning with national priorities and complementing existing interventions

The RMNCAH project was aligned with existing national policies and complemented ongoing and previous interventions. At the district level, the project boosted local ownership and accountability through collaboration with the district health teams, political and community leaders, and heads of health facilities.

The district leaders that the project trained in turn supported the training of health facility and school staff in delivery of RMNCAH services and the integration of RMNCAH priorities in district health budgets. In addition to complementing interventions within the health sector, the RMNCAH project harmonised activities with affiliated sectors, particularly education on adolescent sexual and reproductive health.

Notably, the technical decision-makers and community stakeholders worked together to coordinate emergency referrals for the use of ambulances through the district ambulance committees. The pilot of establishing ambulance committees fed into the national ambulance guidelines.

Solutions addressed the problems they were designed for

The RMNCAH project squarely addressed the health challenges, needs, and priorities of the communities in the five districts in which it was implemented. These challenges reflected poor maternal, newborn, and adolescent outcomes. They included high teenage pregnancy rates, low facility delivery rates, maternal and child health facilities in disrepair, and insufficient medical equipment. The project improved the infrastructure of health facilities and the capacities of health workers and schools.

Collaboration and knowledge sharing will guarantee long-term local ownership and capacity

The RMNCAH project established meaningful partnerships with the Ministry of Health, the World Health Organization, the District Local Governments, and the implementing partners in the process of designing and executing activities.

At the national level, the Ministry of Health provides technical support in form of policy guidance, training, mentorship, support supervision, and monitoring visits.

At the district level, the project worked closely with the District Local Governments, particularly the health and education officers. It collaborated with other implementing partners as well to ensure effective delivery. As such, the knowledge shared will be retained and utilised well beyond the life span of the project.



World Health Organization Representative Dr. Kasonde Mwinga, Ministry of Health Permanent Secretary Dr. Diana Atwine, and Korea International Cooperation Agency Country Director Ms. Jihae Ahn commission the refurbished health facilities at Bulamagi Health Centre III, Iganga District, on 4 July 2025.

The RMNCAH project interventions and achievements



28 Health facilities renovated, benefiting more than 800,000 people including pregnant women and newborns



28 Rainwater harvesting systems and 5 boreholes installed to boost water supply at various health facilities



7 Ambulances procured to strengthen the referral system, facilitating more than **8,051** emergency referrals since July 2021



30 Health facilities equipped for obstetric and newborn emergency care



30 Health facilities equipped with cold chain systems to support vaccine storage



400+ Health workers trained in maternal, newborn and child health for improved quality of care



2,739 Teachers and health workers trained and **11,742** students reached with sexual and reproductive health education



53 Smartphones provided to support weekly reporting and tracking of supervision activities



15 District Health Management Team members trained on governance and leadership.



234 Health workers trained to improve data reporting and use for evidence-based decision making.

Before



Baitambogwe Health Centre III
(Mayuge District)

After



Before



Lwemba Health Centre III
(Bugiri District)

After



A happy laboratory technician serving satisfied clients

The laboratory at Bulamagi Health Centre III in Iganga district used to be a place of compromise for lab technician Julius Mawaali: No flowing water, improvised benches, and constant fear of infection from dangerous pathogens.

Today, however, thanks to the RMNCAH project, the laboratory has become a symbol of safety, precision, and efficiency. “Initially, our lab was in a dilapidated state,” recalls Mawaali.



“We had improvised working benches and working tops. We did not have flowing water. There were no proper storage spaces.”

This all changed with the project’s intervention. The lab was upgraded with modern working tops and built-in lockers, providing a hygienic and organised workspace. But perhaps the major advance was the installation of a reliable water system, a lifeline for any functioning lab.

“We were initially filling water every now and then, but currently, we have running water in the laboratory, with enough separate sinks for staining, handwashing, and even one for clients,” says Mawaali. “Our water tank can hold up to 10,000 litres, which sustains us through any season.”

In a laboratory that deals with high-risk samples such as TB, COVID-19, and the recent MPOX outbreak, water isn’t just a necessity. It’s a safeguard against infections. “Without water, you’re putting everyone at risk, staff, and patients alike. When you don’t have running water, definitely the infection is being spread to other clients and even ourselves. So, we need our running water available at all moments, and now we are secure,” says Mawaali with visible relief.

The improved laboratory environment hasn’t just benefited staff; it has inspired confidence in the community, resulting in a significant rise in service uptake. “We used to handle 800 patients per month. But in May, June, and July 2025, we have been seeing over 1,000 clients monthly,” notes Mawaali.

Before the project, the laboratory struggled to deliver timely results. Staff morale was low, and many procedures were avoided due to safety concerns. That’s no longer the case.

“Currently, because the facility is well established, we are handling whichever client comes in and able to have the results in the shortest time possible. We now have turnaround times of 45 minutes to 1 hour,” says a proud Mawaali. In the past it took three to four days to get results as the lab waited for someone willing to take the risk.

“The project has done a lot for us, it has standardised our work, structure and services.”

The ripple effect of these improvements has been particularly powerful for pregnant women seeking antenatal care. “Tests like hemoglobin estimation, urine analysis, and blood grouping, which we couldn’t do before are now standard practice. Every expectant mother who walks in is fully assessed, and we catch complications early,” explains Mawaali.

The RMNCAH project, as far as Mawaali is concerned, did more than upgrade a facility. It raised the bar for professionalism and accountability. “The project has done a lot for us, it has standardised our work, structure and services.”

Even with challenges like rising patient numbers and the need for a permanent water source, Mawaali remains optimistic, with a renewed sense of purpose boosted by a safer and better-equipped work environment.

An ambulance comes to a community's rescue

Yusuf Abu Kisadhaki, an ambulance driver at Nankoma Health Centre IV in Bugiri district, remembers a time not too long ago when the referral system was inadequate and responding to maternal emergencies felt like an impossible mission.

“We had only one district hospital ambulance. Here at Nankoma, we used a double-cabin pick-up vehicle as an ambulance. We faced serious challenges with fuel, maintenance, and transportation of critical patients,” recalls Kisadhaki.

Those challenges often meant that expectant mothers, children, and patients with life-threatening conditions had to endure long delays or find alternative transport, often by motorcycle – commonly referred to as boda-boda, to facilities of their destination. This often exacerbated their complications and, in some cases, led to death.

Through this MOH-KOICA-WHO initiative, a fully equipped ambulance was deployed to Nankoma Health Centre IV, replacing the old pick-up truck that was not designed for emergencies. The ambulance provided by the project came with oxygen, suction machines, monitoring equipment, alongside critical investments in specialised training, maintenance, and community response.

Despite the progress, there is need for the districts to cover the maintenance costs of the ambulances following the exit of the project.

AMBULANCE COMMITTEE MEMBERS TRAINED BY DISTRICTS IN YEAR 5

District	Male	Female	Total
Kamuli	10	2	12
Buyende	10	7	17
Iganga	7	3	10
Bugiri	11	8	19
Mayuge	7	5	12
Total	45	25	70



Kisadhaki remains hopeful nevertheless because “servicing is done immediately, so the ambulance is still functional.”

“With this ambulance, we have served the entire Busoga region. It is a free service, and we have been fully facilitated with fuel. This has eased my work so much. Now, in a single day, I can transport up to ten patients, mostly mothers, from Health Centre IIs and IIIs to Health Centre IVs or hospitals,” says Kisadhaki.

This is thanks to the district leadership, who decided that health facilities should contribute a proportion of their primary health care funds to support an innovative fuel pooling system.

In addition to training ambulance committee members to ensure proper management and maintenance of the ambulances, Kisadhaki and his colleagues from the other districts in the project benefitted from specialised training in defensive driving and first aid.

“We learned how to control and reduce accidents, but also how to assist patients before moving them, for example, stopping bleeding or stabilising a condition. Previously we used to just carry the patient. Now I make sure the situation is stabilised first. This project taught us that,” explains Kisadhaki.

“With this ambulance, we have served the entire Busoga region. It is a free service, and we have been fully facilitated with fuel.”

The RMNCAH project scorecard: 2020 - 2025

An independent end-line evaluation confirmed remarkable improvements in the availability of RMNCAH services between 2020 and 2025.

Most notable among these improvements were access to emergency transport as well as availability of Comprehensive Emergency Obstetric and Newborn Care services in targeted facilities that are mandated to provide this service. Significant advances were also recorded in the availability of essential guidelines, trained staff, and critical equipment like oxygen concentrators and suction apparatus.

Based on District Health Information System (DHIS-2) data from all health facilities in the five districts, the project made tangible progress towards its targets of increased RMNCAH service delivery and improved management capacity of health systems between 2020 and 2025.

RELEVANCE

The project aligned with development priorities and policies at the global, national, and sub-national levels. Globally, it was in sync with the Global Strategy for Women, Children and Adolescents Health (2016-2030); the RMNCAH strategies which aim to reduce preventable deaths and improve the health of women, children, and adolescents; and Sustainable Development Goal 3 of ensuring healthy lives and promoting well-being for all at all ages.

Nationally, the project was in line with national plans and policies including the National Health Sector Strategic Plan 2020/21-2024/25; the RMNCAH Sharpened Plan and Investment Case II 2022/23-2026/27; the Uganda Essential Maternal and Newborn Clinical Care Guidelines 2022; and the National Standards for



Improving the Quality of Maternal and Newborn Care 2018. The project was equally responsive to regional disparities and supported government-endorsed health system strengthening efforts and RMNCAH interventions. Locally, the project was relevant to the health challenges and priorities of the target districts.

EFFICIENCY



Strategic Partnership



Adaptive Budgeting



Timely Implementation



Ambulance fuel pooling



Digital tools



Workforce training

The approach to the project demonstrated efficiency in implementation through strategic partnerships; adaptive budgeting; timely implementation of activities; cascading trainings for health workers and health managers; leveraging local health systems; pooling of fuel for ambulances; and innovations such as the use of digital tools. However, synergy between different project interventions was undermined by delays in implementation of some activities due to the COVID-19 pandemic and the late procurement of ambulances which was in the second year of the project.

The RMNCAH project scorecard: 2020 - 2025

EFFECTIVENESS

- Expanding and improving infrastructure.
- Supplying essential medical equipment.
- Building technical skills for health workers, teachers and students in the various aspects of RMNCAH and sexual and reproductive health and rights.
- Training of ambulance committees.
- 23 out of 24 output targets achieved, except for ambulance committee trainings, which could only begin in Year 2 after procurement of the ambulances.

Nearly all
24
output targets
achieved

SUSTAINABILITY

To ensure sustainability, the project employed strategies such as working within existing government structures and frameworks, capacity building, and partnerships at all levels of the health care system. Accordingly, the project is well poised to sustain its outcomes because of these strategies.

Integration
across
Government

Capacity
Building

Partnerships

Local
Ownership

COHERENCE



The RMNCAH project was well-aligned with and advanced the goals of national development and health policy frameworks, notably the National Development Plans III and IV; the Uganda Vision 2040; and the National Health Policy II. Moreover, it supported and complemented other ongoing health and development interventions within the target districts

OUTCOMES AND IMPACT

30 Supported Health Facilities	2020	2025	
Institutional maternal mortality ratio (number of deaths per 100,000 live births)	66.0	19.3	↓
Institutional neonatal mortality ratio (number of deaths per 1,000 live births)	5	2.5	↓
Antenatal care attendance in the first trimester	30%	48%	↑
Attendance of at least four antenatal care visits	40%	56%	↑
Deliveries attended by skilled health workers	54%	72%	↑
Postnatal care attendance for women within two days of delivery	93%	95%	↑

GENDER MAINSTREAMING

The project integrated gender considerations across components to address inequalities that affect access to RMNCAH services, including sexual and reproductive health services for adolescent boys and girls in the region. From the project design, there was deliberate effort to reach and cater for specific needs of women and adolescents - both boys and girls. To better position the service providers to perform their roles, health workers and teachers received capacity building on gender-sensitive service delivery, ensuring respectful and non-discriminatory care. The project also considered gender parity in RMNCAH and sexual and reproductive health trainings for health workers, students, and teachers.

Capacity building on gender-sensitive service delivery

Catering for specific needs of women and adolescents - both boys and girls

Reducing gender inequality by eliminating barriers to school retention

A mother's journey from tragedy to hope



For Moreen Katushabe, a 30-year-old mother in Kasiira-Nairolwa village, Kidera sub-county, Buyende district, the experience of childbirth is one of both heartbreak and renewed hope.

Living just five kilometres from Kidera Health Centre IV, Katushabe has witnessed first-hand the remarkable transformation of maternal and neonatal services through the RMNCAH project. Her story is a reflection of what is possible when a community's health system is fortified from the inside out.

"I had taken a while without conceiving because I was using family planning. When I conceived again, I returned to Kidera Health Centre IV to receive antenatal services. What brought me back was the improvement I saw in the facility," says Katushabe.

Her last visit to the facility was in 2016, and the conditions then were starkly different. "The antenatal clinic was too small. We

“We are now lucky that Kidera Health Centre IV received an ambulance and can easily transport mothers in need.

used to squeeze in the space, and some women had to sit on the floor,” she recalls.

But today, the environment has completely changed. With funding from the RMNCAH project, a waiting shade was constructed at the antenatal area, which has expanded the section and now provides ample seating. The creation of a private examination room allows health workers to monitor the growth and health of unborn babies with care and dignity. “The sitting space is now big enough and we no longer have to squeeze in a small space,” Katushabe says with obvious satisfaction.

Her delivery experience also illustrates how much the maternity unit has improved. In 2016, there was only one delivery bed, and women in labour had to wait for her turn, even when in distress. “We used it in shifts,” recalls Katushabe. “One had to wait for another mother to deliver before they were helped.”

Now, the facility boasts of four delivery beds, ensuring that no woman is left unattended to at the most critical moment. The post-natal ward has seen an upgrade as well. Its ceiling was repaired, the space expanded, and furnished with more beds to comfortably accommodate recovering mothers and their newborns.

“I now feel happy with life. That's why I came back for antenatal care this time around,” says Katushabe. But perhaps the most life-saving addition to Kidera Health Centre IV is the ambulance service. It is a resource that Katushabe painfully recalls not having when she needed it most.

“In 2016, after I delivered my second baby, the health officer diagnosed the baby with tetanus and referred us to Kamuli General Hospital. But there was no ambulance. We used a boda boda and by the time I reached Kamuli, the baby had died.”

The trauma from that experience remains fresh in Katushabe's mind. However, thanks to the RMNCAH project, there is an ambulance stationed at the facility, fully equipped and ready to transport emergency cases without delay. “We are now lucky that Kidera Health Centre IV received an ambulance and can easily transport mothers in need. We are so grateful because the situation is now better,” says Katushabe with gratitude.

“I now feel happy with life. That's why I came back for antenatal care.

Timely and quality services define the patient experience

On an ordinary morning in Kasolwe, Bulagalala, a village in Kamuli district, Monica Namulinda walked the familiar path to Balawoli Health Centre III. But unlike in the past, she wasn't worried about overcrowding, long waits, or having to travel to a distant hospital. She was calm, hopeful, and grateful.

For Namulinda, and others like her, access to timely and quality health services used to be a struggle until Balawoli Health Centre III received a much-needed upgrade of its infrastructure. The intervention brought a renovated facility, a stocked laboratory, a clean water supply, and a roofed waiting area - basic yet transformative changes that now define the patient experience.

She remembers the frustration vividly, how residents were forced to stand or sit outside, hoping to be seen by a health worker.



A couple with twins who benefitted from the RMNCAH project services.

Even when they were seen, limited lab equipment meant frequent referrals to Kamuli General Hospital, often a costly and exhausting journey for many rural families.

“But now, we have a shade and a well-furnished and spacious laboratory,” Namulinda says. “We are well taken care of. The place is very clean, and water is always available for hand-washing and swallowing medicine. The project has been very beneficial to us.”

These improvements are not just about comfort; they represent dignity, safety, and the ability to receive timely healthcare close to home. “We no longer suffer with services. They are here, available, and the health workers are ready to help. That gives us peace of mind,” Namulinda says.

As Namulinda reflects on the changes, she appreciates what's possible when the health system is strengthened, not just with infrastructure, medicine, and machines, but also with dignity, compassion, and community-centred care.

“We are well taken care of. The place is very clean, and water is always available for hand-washing and swallowing medicine. The project has been very beneficial to us.”

Adolescent education on sexual and reproductive health and rights

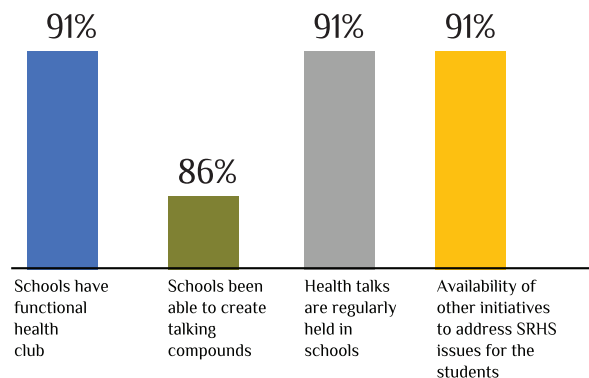
Talking about the availability of sexual and reproductive health and rights services in schools, of the 22 schools randomly sampled, 91% had established functional health clubs, held regular health talks, and offered other initiatives to address sexual and reproductive health and rights issues for students.

Training of and collaboration among District Health Team members, schoolteachers, and health workers on adolescent sexual and reproductive health were instrumental in enabling young people to stay in school and to acquire vital information. Also, because of this training and collaboration, health workers conducted more school visits to offer services such as vaccination and reproductive information.

The training equipped teachers with skills to handle adolescents and student leaders to support their peers. Retention in school has since improved. Far fewer girls are dropping out of school due to challenges like menstruation because their teachers and parents were educated on how to support them and provide them with their basic needs.

The sexual and reproductive health programme contributed to a reduction in teenage pregnancies. Designating at least one special clinic day per week for adolescent health services at health facilities helped to de-stigmatise these services. This led to increased demand for and uptake of these services.

AVAILABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS INITIATIVES IN SCHOOLS (n=22)



Source: End-Term Project Evaluation, September 2025



Ibra Ikoba, Assistant Academic Prefect and Peer educator, Bunya Secondary School, Mayuge District

“We use the slogan ‘Education First, Children Wait’ to encourage our peers to focus on school and delay sexual activity. At first, some students laughed at us, but now, even those who were stubborn have changed.



Everline Sunday Wafula, Teacher and Health Club Patron, Bukoyo Secondary School, Iganga District

“Before the project started, early pregnancy was a serious issue here. Every beginning of term, we would identify at least four or five pregnant girls. That has now changed. These days, we examine and find none or get only one.

Girls are asking questions and boys are listening and learning

Shamim Namukose, a Senior Two student at Bunya Secondary School in Mayuge district, was quick to notice a troubling issue at the school. “Girls would miss school every month because of their periods. Many were too shy to talk about it, didn’t know how to track their cycles, and some had never even seen a sanitary pad,” she recalls.

Yet today, Namukose, who travels from Girigiri village to the school stands tall, not just as the library prefect, but also as a proud member and peer educator in her school’s Sexual and Reproductive Health and Rights Club.

Through the RMNCAH project, Namukose and her peers received structured training on sexual and reproductive health, including menstruation management, HIV/AIDS awareness, and risky adolescent behaviours such as drug abuse and early sexual activity. The training empowered students to take the lead in educating their fellow learners.

“As peer educators, we go class to class and speak openly about issues that used to be taboo. At first, it was difficult. Some students were shy. But now, things are different. Girls are asking questions. Boys are also listening and learning,” Namukose explains.

“ We counsel our peers about making good decisions. They now know how HIV is transmitted, and how to protect themselves.

One of the most impactful lessons they share is how to manage menstruation with dignity and safety. The health club teaches girls how to make reusable sanitary pads, a life-changing skill for students who cannot afford commercial products. “Now, we even have emergency sanitary pads kept in the school office for anyone in need,” says Namukose.

Menstruation used to be a major barrier to education for many girls at Bunya Secondary School. Without access to menstrual



products, knowledge of their cycles, or proper facilities to clean and change, girls often stayed home during their periods, missing school. “Now that they understand their cycle and how to manage it, more girls are staying in school. Even those who used to feel ashamed now walk with confidence,” reveals Namukose.

The club also provides essential information about HIV/AIDS prevention, safe practices, and the dangers of using unsafe objects, dispelling myths and encouraging open dialogue. “We counsel our peers about making good decisions. They now know how HIV is transmitted, and how to protect themselves,” notes Namukose.

Despite the club being relatively small, its reach extends across the entire school. Through creative methods such as separate student group discussions and one-on-one peer talks, the health messages are spreading fast and making a visible impact. “We started with a few students, but now, everyone knows what the club does. Even boys are participating,” reveals Namukose with pride.

Despite the progress, there are still some gaps mostly affecting day students, such as the lack of washing facilities, soap, and spare uniforms. “If a girl soils her uniform and does not have a spare, she may choose not to come to school. If we had buckets, soap, and extra uniforms, it would help so much,” advises Namukose.

Working within existing structures to sustain the project

To sustain its outcomes, the project operated within the existing district structures and frameworks. It supported the government to develop their capacities for effective delivery and management of RMNCAH services, and established partnerships at all levels of the health care system.

At the national level, the project was coordinated by the Reproductive and Child Health Department of the Ministry of Health. The Maternal and Child Health Department was involved in designing, implementing, and monitoring RMNCAH interventions.

At the sub-national level, the project strengthened the district health and education systems, enabling them to deliver RMNCAH services for women, men, children and adolescents more effectively. The District Health Teams, health facilities, and schools participated in designing, implementing, and monitoring the project activities. This not only leveraged the existing structures to ensure sustainability of the project outcomes; it also promoted a sense of ownership and commitment to safeguard the investments in RMNCAH services.

“Initiatives such as the study visit to South Korea have helped strengthen district leadership in governance and health data management for evidence-informed decision-making.

and ambulances will benefit the communities for decades to come. These initiatives, including a study visit to South Korea, have helped strengthen district leadership in governance and health data management for evidence-informed decision-making. Other interventions have contributed to the development of human resource and infrastructure capacities in health facilities and schools to effectively deliver RMNCAH services.

The project strengthened the management and leadership capacities of district health officials and political leaders. The development of the human resource and infrastructure capacities of the districts, health facilities, and schools will enable these entities to effectively oversee and improve RMNCAH services. The investments to support quality RMNCAH service delivery through infrastructure improvements and procurement of essential equipment, health supplies,



Dr. Richard Mugahi, the Commissioner for Reproductive, Maternal and Child Health in the Ministry of Health, chaired the RMNCAH project steering committee.



Participants in RMNCAH project steering committee meetings.



KOICA Uganda Country Director, Ms. Jihee Ahn, World Health Organization Representative, Dr. Kasonde Mwinga, Ministry of Health Director General, Dr. Charles Olaro, and Deputy Chief of Mission of the Embassy of the Republic of Korea, Mr. Choi Heejo, during the policy dialogue on RMNCAH on 25 June 2025 in Kololo.

CALL TO ACTION



Institutionalise the interventions: District Local Governments should formally integrate key interventions into their annual work plans and budgets.



Strengthen Adolescent Health: Continue and expand support for school health clubs and SRHR education.



Broaden Investment: Future initiatives should expand coverage to include a wide range of health facilities, ensuring equitable service quality across the sub-region, while providing more targeted support for community engagement.



Scale Up Innovations: Adopt and scale up best practices like community-based ambulance committees, fuel pooling, and school-health facility linkages to all districts.



Address Systemic Gaps: The Ministry of Health and districts should prioritise resolving human resource shortages, supply chain issues for medicines, and securing dedicated domestic funding for infrastructure and equipment maintenance.



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