



Busoga
HEALTH FORUM
Always caring, Always here, because your life matters

ANNUAL REPORT 2022

A Healthy, Thriving Busoga



Dr. Peter Waiswa
Board Chair, Busoga Health Forum

Busoga is in a crisis – poverty, ill health, poor education, and lost leadership. But things should not remain that way. A critical resource Busoga has is health professionals whose capacity to improve health indicators in Busoga should be utilized more than before.

On behalf of Busoga Health Forum (BHF), I am pleased to welcome you to read this annual report of 2022, whose content is guided by our vision, a “healthy thriving Busoga” and our mission, “to promote healthier families through convening and coordinating actors’ efforts in Busoga”.

In the past one year we have made respectable achievements while engaging both the health professionals and the community populations. Indeed, in 2022 we started to build a link between the health professionals (on the supply side) and local community populations in Busoga (on the demand side of health services).

In 2023 and beyond, we aim to focus on people-centered solutions built around improving quality, convenience, and responsiveness, ensuring that the needs of the most under-reached people drive how products and services are delivered in Busoga.

To this end we will work with partners, to co-create and implement context specific, data & evidence informed solutions to health problems. We commit to align with government and districts to implement a regional approach to health systems strengthening in Busoga, and to be transparent, accountable, efficient, people centered and consultative. I call upon Busoga health professionals and organisations, and well-wishers to join us in transforming Busoga.

On behalf of BHF Board,

I welcome you to this BHF annual report for 2022, a year when BHF achieved respectable milestones, as you will read in detail. Our focus in 2022 has been on three core interconnected areas: impacting the community, raising resources, and organizational development. The milestones we have achieved can be termed as “sewing the seeds” that we hope shall germinate into rich and abundant harvests. Some examples of sewing the seed are; in the area of impacting the community we have mobilized our key community level partners and have agreed on prioritizing the health issues that matter to the ordinary people of Busoga. In the area of resource mobilization, we have already signed some funding partnerships with some of our local and international collaborators. In 2023 we hope to start implementing some of the projects from these partnerships. In the area of organizational development, BHF is no longer a crawling infant, we are up and running. I say this because we have achieved respectable milestones in terms of hiring and retaining a competent team. Particularly, we filled critical positions in the program and finance departments. That is not all. We have also been able to operationalize our critical policies, especially in human resource, finance, communication, and monitoring and evaluation.

I extend words of appreciation to the BHF board for the support you have given me and my team in 2022. Thank to the various local and international partners who have supported us. Thank you to tireless team at the BHF secretariat in Jinja, without your dedication we would not have achieved the milestones in this report. Most importantly, thank you to the community of ordinary people in Busoga who have allowed to be a part of your journeys to living healthy and thriving lives.

On behalf of BHF Secretariat



MOSES KYANGWA
Chief Executive Officer
Busoga Health Forum

OUR HISTORY

The Busoga Health Forum was established to ‘To mobilize the Abe ‘Busoga and well-wishers towards accelerating efforts to improve health and thriving in Busoga’. Individuals from Busoga are desirous to be formed into a body corporate to associate officially in a bid to promote good health and improve health outcomes in the Busoga region.

The BHF is affiliated with the Busoga Consortium for Development (BCD) which is a non-partisan platform established to rally the people and friends of Busoga to steer the sub region’s socio-economic development. In line with the mission of the BCD’s Busoga Development Agenda (BDA), which is to accelerate Busoga’s social, economic and political development through community-driven approaches that strengthen the sub-region’s human capabilities, the BHF has chosen to build its strategy on human-centered interventions. The location of Busoga to lake and river water bodies, ambient climate and fertile soils, road and water access to other East African countries and markets all make it a seemingly perfect place for greater socio-economic development.

Unfortunately, despite the absence of war, socio-ethnic clashes, social disruptions, or natural disasters for the past six decades that would lend well to socio-economic stability leading to development, the region suffers from the most backward socio-economic indicators.

The Government of Uganda (GON) response to health in Busoga through H/F, H/W, projects, public health, and private providers has suffered suboptimal success because of several factors:

- Suboptimal coordination and management of the health sector

- Inadequate governance and oversight over the district health system

- Suboptimal regulation of the public and private sector

- Very poor community engagement and involvement in creating their own health and linking to the formal health system.

The BHF vision of ‘A Healthy, Thriving Busoga’; and our mission ‘To convene and coordinate Stakeholders’ efforts to improve Health and livelihoods in Busoga’ take cognizance that addressing the health challenges in a sustainable manner will require a transformation of the socio-economic sector (education, health, food security, and livelihoods at a minimum). The BHF leadership and membership resolve to associate and work together as the Basoga professionals in partnership with the Government of Uganda, CSOs, philanthropists, communities themselves and the international community to create this vision.



INTRODUCTION

This report presents an outlook of what went on at BHF in 2022. Broadly, the report focuses on three core areas of: (i) organizational development, (ii) community impact, and (iii) sustainability. Under organizational development, the report gives updates on policy operationalization, governance and leadership, as well as human resources management, strategic planning and reporting. Under community impact, the report gives updates on the CBO approach to community engagement, current projects, especially the Urban Thrive Project. Under sustainability, the report gives updates on overall resource mobilization, investment, and partnerships.

FIVE YEAR STRATEGIC CONTEXT

The 2023 - 2027 BHF strategic plan comes at a time when BHF is growing, especially in the areas of programming, community positioning, resource mobilization, networking, and organizational development. The completion of the strategic plan, in a participatory manner, involving community beneficiaries and strategic implementation partners, was a reflective-learning experience for BHF. The 2023 – 2027 strategic plan points to the three interrelated and hierarchical areas; (i) long term sustainability of BHF (resources and resourcing), (ii) organizational development (governance, leadership, policies and processes), and (iii) bringing about impact in the community (lasting change, especially in the area of health).

Quantitatively, between 2023 and 2027 BHF anticipates to have achieved the following;

COMMUNITY IMPACT

- 80% reduction in Sickle Cell Disease (SCD) infections in Busoga by 2027
- 45% reduction in water, sanitation, and hygiene related infections in Busoga by 2027
- 45% improvement in responsiveness and adherence to immunization/vaccination campaigns (especially HPV, COVID-19, etc.) in Busoga by 2027
- 65% reduction in malaria infections in Busoga by 2027
- 65% reduction in malnutrition, especially among 0 – 24 year olds in Busoga by 2027
- 45% reduction in incidence of abuse of SRHR in communities in Busoga by 2027
- 65% improvement in adherence and responsiveness to modern family planning methods in Busoga communities by 2027
- 65% improvement in health data access and utilization by 2027
- 65% improvement in uptake of immunization services by 2027

ORGANIZATIONAL DEVELOPMENT

- 60% growth in BHF organizational capacity by 2027
- 85% improvement in membership fees collection by 2027

RESOURCE MOBILIZATION

- Fund 30% of BHF strategy from own investments by 2027
- Fundraise up to 10 billion UGX by 2027.

The 2023 annual work plan lays out the thematic priorities of BHF in terms: (i) organizational development, (ii) community impact, (iii) resource mobilization. Below are some of the overall core activities that shall be implemented in 2023.

We anticipate that the developed model will inform Uganda’s urban health policy and also inform scale-up in other urban settings in or out of Uganda. The project aligns with the health sector development plan which has prioritized urban spaces and urban health, as well as the second national FP costed implementation plan that calls for continuous research on FP dynamics, including what works to improve FP services in different contexts

This 3-year project is funded by John Templeton Foundation. In partnership with the Ministry of Health in Uganda and Busoga Health Forum.

Project objectives:

General objective: To contribute to the reduction of the unmet need for and increased use of FP in urban settings by adapting high-impact practices in FP and developing and testing a tailored package of interventions to for effective delivery and increased coverage and uptake of VFP services in emerging urban areas. The project also aims to contribute to improved performance of urban health systems in the study sites about VFP.

Specific objectives

- To develop and implement a tailored package of high-impact interventions fit for emerging urban settings in Uganda using participatory approaches
- To improve understanding of FP and decision-making capacity for healthy reproductive or contraceptive behaviors; strengthen effective delivery and management of FP services through a tailored package of high-impact interventions.
- To explore the current coverage of VFP and barriers and facilitators of contraception use in emergent urban settings in eastern Uganda

To assess the effectiveness, facilitators and barriers of the proposed intervention package in improving VFP service provision, accessibility and utilization

- Outcomes**
- New clients and previously underserved people using voluntary family planning to act on their reproductive choices on timing and number of children
 - Users satisfied with the voluntary family planning (VFP) services provided
 - Improved delivery and management of quality family planning services.
- Proposed activities and result areas**

Result 1: Increased knowledge and understanding of VFP among women, men and young people

- Activity 1.1. Training and supervision of gender and age-sensitive participatory community groups
- Activity 1.2. Support and enhance implementation of media-based social and behavioral change and use of digital technologies.
- Activity 1.3. Strengthen provider-initiated VFP counseling.

Result 2: Improved delivery of VFP services

- Activity 2.1. Developing/enhancing knowledge and skills of healthcare providers
- Activity 2.2. Strengthen availability of FP commodities and services.
- Activity 2.3. Strengthen community-based provision of VFP services.
- Activity 2.4. Strengthen application and use of digital technologies to support service delivery.
- Activity 2.5. Improve referral care and management of FP side effects.

Result 3: Governance and management

- Activity 3.1. Improve alignment of FP services to reduce unmet need.
- Activity 3.2. Institutionalization and sustainability: Support better planning and integration of VFP into urban plans



15
Community facilitators trained from Iganga Municipality and Jinja City



823
Participants were engaged through our SMS intervention



20
Radio talk shows were conducted in Iganga and Jinja City.

Pro bono Initiative

Ear, Nose and Throat

480

People were reached during our monthly ENT clinic at Mafubira Health Center II

09

Radio Talk show focusing on ENT conducted on Busoga One Radio and NBS Radio



Background

BHF advocates for the improvement and maintenance of personal and community health through the development of community centred interventions and policy briefs based on the evidence that is generated in the region and country on best practices. BHF is therefore a think tank, generating evidence to drive health policy action to improve the health and development of individuals in Busoga sub-region and any other regions in Uganda.

BHF implements its mandate in collaboration with the central government, that is, the Ministry of Health (MOH) and the district local government administrative structures. BHF also works with development partners and community-based structures to reach out to the target populations in the communities, that is, health workers, administrators, policy makers, vulnerable women, adolescent girls and young women and children.

Areas of focus include: improvement in quality health care services, community mobilisation and sensitization, training and continuous career skills development for healthcare workers, economic empowerment for the most vulnerable community individuals who cannot meet the cost of their health care needs, adolescent sexual reproductive health, school health programs for students and pupils, immunisation, nutrition, advocacy and health research.

Objectives

- To increase the number of specialists providing healthcare services in Busoga
- To support BHF to create a rapid impact on the lives of the people of Busoga.
- To set up an activity that quickly increases the visibility of BHF

Pro bono Initiative

NonCommunicable Disease

04

Non communicable Disease Outreach conducted.



To lessen the impact of NCDs on individuals and society, a comprehensive approach is needed requiring all sectors to collaborate to reduce the risks associated with NCDs and to promote interventions to prevent and control them.

Investing in better management of NCDs is critical. Management of NCDs includes; detecting, screening and treating these diseases, and providing access to palliative care for people in need.

High-impact essential NCD interventions can be delivered through a primary healthcare approach to strengthening early detection and timely treatment. Evidence shows such interventions are excellent economic investments because, if provided early to patients, they can reduce the need for more expensive treatment.

Busoga Health Forum (BHF) is therefore carrying out NCDs awareness among corporate institutions in the Busoga sub-region, counsel and screen staff and provide the necessary care on-site and through referrals for the management of advanced cases.

Impact result: Improved staff productivity

Outcome Results

Increased awareness about NCDs and associated risks

Improve the work environment.

A healthier workforce.

Proposed Activities

Conduct an NCD awareness campaign.

Sensitise members of the targeted corporate institutions on NCDs

Form and train a workplace NCD task force to promote awareness and champion preventive/ mitigating activities.

Hold radio talk shows to create NCD awareness among the general public

Support the targeted corporate institutions to design and implement an NCD-conscious work environment.

Screening for NCDs and Referral

Conduct quarterly on-site screening for NCDs,

Refer suspected cases for investigation of cardiovascular diseases (such as heart attacks and stroke) and cancers to hospitals and other accredited facilities.

Provide Psycho-social counselling and support to identified patients.

Child Thrive Projects



In collaboration with Karolinska University in Sweden and Jinja Regional Referral Hospital, we agreed to implement the following projects; Neonatology, Neuro-pediatrics, child rights, and pediatric emergency. The neonatal unit team's research capacity of 2 nurses and one medical doctor was built, focusing on data and sample collection. The objective of pediatric neurology is to strengthen care in both Stockholm municipal council, Sweden and Busoga Region, Uganda through knowledge sharing, research and exchange program between Astrid Lindgren Children's Hospital Stockholm and Jinja Regional Referral Hospital. Pediatric neurology care is not well established in Busoga, yet there is observable prevalence, according to JRRH records as of 2022 showing about 85 sick children in the neurology clinic.

BHF and Swedish neonatal team discussed how to collaborate better, after which some capacity building sessions were conducted. During that visit by the Stockholm team, we had trainings on resuscitation which involved midwives from maternity, postnatal, gynecology ward and the special care unit. BHF hosted four resident doctors for an exchange program and they rotated in the neonatal unit as part of the learning process. BHF also hosted online CMEs on Management of neonatal jaundice, and Fluid management in neonates. BHF became aware of ETAT in the pediatric population, conducted training on ETAT in partnership with visiting Swedish pediatric emergency team, follow up done for skills achievement, and 45 Health care providers were training on ETAT. As far as the child rights project is concerned, two inter departmental meetings were held by pediatric and social work arms of JRRH to harmonize working relationships. We secured permission from homes and school, especially those for the children with neurological challenges.

Sickle Cell Disease Fundraiser



Annually up to 25,000 babies are born with sickle cell disease in Uganda, with 80% of them dying before their 5th birthday, according to the Ministry of Health in Uganda. The report adds that the national sickle cell trait prevalence stood at 13.3%, and at 20% in Busoga region in 2017. While the Ministry of Health in Uganda launched a centre of excellence for sickle cell management as a strategy to reduce the burden in Busoga Sub region and northern Uganda, this has not yet led to noticeable reduction in prevalence. In response to the worrying spread of sickle cell disease in Busoga region, Ministry of Health in Busoga Kingdom and Busoga Health Forum in collaboration with Jinja Regional Referral Hospital proposed joint action against sickle cell disease. At a joint fundraiser in December 2022 a total of 18 million UGX was raised in cash while 12 million UGX was pledged towards the fight against Sickle Cell Disease in Busoga. Prior to the fundraiser, the fundraising team agreed that the money raised would be used to procure a modern machine for testing for Sickle Cell trait.



Some of the celebrations in 2022

World Cancer Day

BHF and Hospice Jinja jointly organized an awareness run aimed at promoting awareness about HPV and encouraging younger women, especially in urban centers to go for testing in commemoration of the World Cancer Day that falls on February 4. Our broader goal to engage ministry of health, as well as local government planning units in Busoga to prioritize, more than before, HPV related health services in Busoga region.

World Malaria Day

On April 24 2022 we actively participated in the awareness events in commemoration of the malaria week in Uganda. Through the area members of parliament for Busoga region we issues policy briefs amplifying the need to increase funding for malaria if the escalating indicators are to be brought down. We also conducted a series of radio talk shows urging community populations to adhere to preventive measures against mosquito bites.

World Neglected Tropical Diseases Day

On January 30 we issued an advocacy brief all the members of parliament urging them to advocate for more resource allocation in to Busoga region towards the fight against tropical diseases. We also aired, on various FMs in Busoga debates on how leaders Busoga can help prevent the escalation of tropical diseases, especially among community populations around waters bodies.

World Tuberculosis Day

On March 24 2022 we broadcast awareness messages on all our social media platforms about TB. Busoga, particularly, has recorded lower prevalence (7%) of TB infections compared to other parts of Uganda, however, action must be taken. We also aired radio shows focused on increasing joint action among health actors in Busoga to tackle the increasing prevalence of TB. Further, an advocacy brief was drafted and presented to some of Busoga Members of Parliament urging them to prioritise funding for TB in Busoga region.

World Immunization Week

Between 24 and 30 April 2022 we mobilized our individual and institutional partners to; (i) raise awareness, and (ii) urge households, villages, and communities to go for immunization/vaccination. Working with local village leaders, policy makers and implementer at parish, Sub County, and district levels, we send out information messages encouraging community populations to go get their shots. We particularly worked with Rays of Hope (Hospice Jinja) to raise awareness about, and promote vaccination against human papillomavirus (HPV). We also championed awareness campaigns towards COVID-19 vaccinations, especially focusing on demystification of myths about COVID-19 vaccines.

World Blood Donors' Day

We commemorated the world blood donors' day on June 14 2022 by drafting and issues a policy brief the all the Members of Uganda Parliament from Busoga region. Busoga sub-region, with an estimated population of 5.03 million people, is the region with the fourth highest number of health facilities after Kampala, South Central and North Central, contributing about 7% of all health facilities in Uganda, attended by over 10% of the total population of Uganda. Since 29% of the blood donated in Uganda is used to treat people with severe malaria and 17% to treat people with Sickle Cell Disease, and since Busoga region has the highest prevalence of malaria and Sickle Cell Disease in Uganda, the need for establishment of a blood bank in Busoga is a matter of life and death. Further evidence shows that the national Sickle Cell Trait prevalence in Uganda stood at 13.3%, while in Busoga it was at 20%, according to a LANCET Global Health Study in 2017. In our advocacy brief we argued that while the average national prevalence of malaria in Uganda is 9%, Busoga has a prevalence rate of 21%. Clearly, the need for more blood in health facilities in Busoga region cannot be overstated. Thus, the establishment of a blood bank in the region is a first structural step to achieve that goal.

World AIDS Day

On December 1 2022 we commemorated the world AIDS Day through a series of parallel dialogues involving some of our key stakeholders. In the dialogues aired on radio we moderated discussions on how new messages on preventing the spread of HIV can be delivered, especially to tackle to growing complacency among youthful populations.



Organizational Development



The board has provided overall strategic oversight roles in ensuring the strategic plan is successfully drafted, and engaged respective external potential sources of funding for the organization. Specifically, the board has ensured; (i) resources, policies, and processes are available in line with respective priorities. More specifically, the board has given support to the director of BHF to ably lead his team towards realizing targets.

The director of the organization has rallied internal and external stakeholders towards achieving strategic targets, supported by the board. The director has also supported the team of coordinators at the tactical level to achieve intermediate targets. The coordinators of projects and departments have in turn supported their respective teams at the operational level.

In the past year the human resource at BHF has been strengthened by the recruitment of a program manager and a finance officer. Thus, the operationalization of the program office and finance office has led to improvement in overall effectiveness and efficiency in the organization.

The following draft policies have been put into use awaiting board approval; (i) finance policy, human resource policy, communication policy.

Resource Mobilization

Grant applications were sent out in response to various calls for applications. The key ones were sent to PATH, PATHWAYS AFRICA, and JICA. While BHF did not sign any funding agreement in 2022, some of the applications sent out are in final stages of negotiation for funding, especially PATHWAYS AFRICA.

At a joint Sickle Cell Disease fundraiser in December 2022 a total of 18 million UGX was raised in cash while 12 million UGX was pledged towards the fight against Sickle Cell Disease in Busoga.

A total of 3,000,000 UGX was collected from BHF members, down from the 7 million UGX collected in 2021. The stagnation and fall in membership collection has been due to BHF lack of a robust-aggressive strategy on how to engage members to pay up annually. While BHF boasts of over 1,000 individuals enrolled into our social media platforms, less than 100 of them have actually registered as members, while less than 70 of those registered have paid up their membership. Further, it has been observed that even among the adherent members, some are reluctant to renew their membership (on time). The details on resources raised in 2022 are contained in the 2022 annual financial report.



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