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New Vision Motor-bike ambulances in Mbale reduce maternal deaths (May 10, 2015)

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Daily Monitor Let's unite to wipe fistula off the map (May 22, 2015)

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Daily Monitor The women who deliver babies in hard-to-reach areas (May 5, 2015)



Patrick Mwesigye
Access to Adolescent health services is a right, not a privilege Dr. Edson @UNFPAUganda @UNFPA_ESARO. #commit2deliver

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Ndyabangira Fulex Atworeka
Thanx for assisting our mothers #endfistula

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▲ Hon. Minister for Health Elioda Tumwesigye (C) demonstrates how a scanner is used during the handover ceremony of medical equipment to the Ministry of Health by UNFPA. Looking on (R) is UNFPA Country Representative Ms. Esperance Fundira and officials from the Ministry of Health.

UNFPA hands over reproductive health equipment to Govt of Uganda

As a commitment to delivering a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled, UNFPA handed over an assortment of reproductive health supplies and equipment worth US dollars 772,576 (shs2.7b) to the Government of Uganda.

The supplies were handed over to the Minister of Health, Hon. Elioda Tumwesigye by UNFPA Country Representative Ms. Esperance Fundira during a colorful ceremony at a UN Ware House in Nalukolongo, south of the capital Kampala on June 29.

"The hand-over of this equipment is a significant action towards saving the lives of mothers and their babies in Uganda," said Ms. Fundira. "Let us ensure that the equipment is at the right place, at the right time and in the right hands to help deliver critical health care."

The supplies and equipment which is part of the assistance of UNFPA to the Government to improve reproductive health services consist of delivery beds, delivery sets, hospital beds, cesarean sets, stretchers, screens, wheel chairs, operating tables, theater lights, anesthetic machines, sterilizing units fetal heart monitors, new born resuscitation equipment, infant incubators, long acting

family planning sets and post-abortion care sets.

Ninety five health centres in eight districts of Gulu, Arua, Napak, Nakapiripirit, Bundibudyo, Abim, Amudat and Kitgum, will benefit from this support.

Hon. Minister Tumwesigye recognized UNFPA's continued support to improving maternal health in Uganda and reiterated Government's commitment to reducing maternal mortality and morbidity.

"It is a thorn in the flesh that a woman in the process of giving life ends her own life instead. The Government of Uganda is committed to ensuring that every delivery is a happy one," he said. He also emphasized the need to accelerate efforts to end teenage pregnancy, one of the main causes of maternal deaths in Uganda.

Ms. Fundira applauded the Government on the progress being made to improve the lives and quality of health care at all levels. She specifically pointed out work on the implementation of the Sharpened Plan for Maternal and Newborn Health and the Family Planning Costed Implementation Plan (CIP).

UNFPA will further support the distribution to the respective districts, hospitals and Health centers.

Fistula survivors narrate, "Now the bed is dry"

Magdalene Busingye's fifth delivery did not go as planned. Although the developing pregnancy looked fine during the three antenatal visits she attended; when it was time to deliver she experienced difficulties to push the baby out.

After 20 long hours of labour she was rushed to a private clinic near her home town in Kibale where doctors performed a C-section. Four days after, she noticed she was leaking urine continuously. She had developed obstetric fistula, a hole in the birth canal caused by obstructed labour, leading to continuous leakage of urine.

Magdalene's case is not unique. In Uganda, one out of 50 women of reproductive age have had a fistula, although the condition is completely preventable. The Bunyoro Sub-region in Western Uganda where Magdalene lives has four per cent of all fistula cases according to the Ministry of Health, signifying the highest fistula prevalence in Uganda.

The district of Hoima in the region hosts over 500,000 people but only has three health centre IVs and one regional referral hospital. Moreover, the area is vast and the road infrastructure is poor, making it hard for women to reach the hospital or one of the health centre IVs.

According to Dr. Ian Asiimwe, the fistula surgeon at Hoima Regional Referral hospital, the health centres are not fully equipped and are in dire need of more staff.

"We often receive mothers who arrive exhausted and in urgent need of care," he states. "The existing health centres IIIs and IVs should be operationalized to offer emergency obstetric care and the transport problem in the region should be improved in order for women to reach health services easier."

Other main causes of fistula are limited access to quality health services, low awareness of the condition and high teenage pregnancy rates.

The high need of fistula repairs in the region was the main drive to commemorate the third International Day to End Obstetric Fistula in Hoima town on May 23rd. Under the theme 'End fistula, save women's dignity', all stakeholders, local leaders, religious leaders, UNFPA and WHO, private partners and the Ministry of Health acknowledged their responsibility and reiterated their commitment to prevent and repair fistula.



▲ Magdalena Busingye, fistula survivor with her baby Natulinda recovering at Hoima hospital

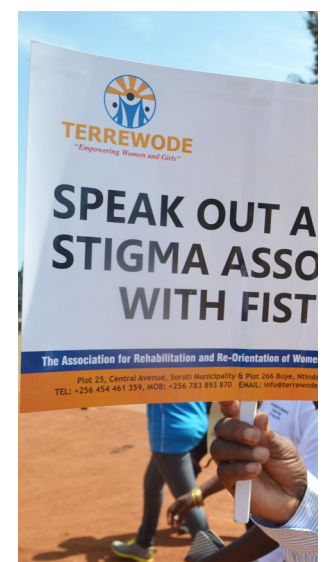
This year, the cause also received support from new allies: Nakasero Hospital, which is a private hospital, committed to supporting the treatment of fistula by availing their theatre room for repairs. Even celebrity Halima Namakula spent a week in the smallest villages in Hoima district, sensitizing schools and communities about the condition with the support of partners on the ground Terrewode and Engender Health.

Thanks to efforts of all these partners, Magdalena found that what she was suffering from was not a curse but a condition called obstetric fistula. She heard about the fistula repair camps organised at Hoima hospital on the local radio and her family supported her to travel to get the needed care.

"At the private hospital in Kibale, they told me it was normal that I was leaking urine and they chased me away," she recalls angrily. "After my operation here, I woke up and my bed was dry, for the first time in months. I am happy! Now, I feel ready to name my new baby: she will be named Natulinda, which means, God is watching over us."

Magdalena and other fistula survivors were greeted by Guest of Honour Hon. Sarah Opendi, Minister for Primary Health Care. Opendi surprised all patients by making her rounds through the hospital. In her speech, she narrated how touched she was by the most vulnerable cases and shocked

▼ First picture: UNFPA Deputy Representative Cecile Compaore and Halima Namakula during the commemoration of International Day to End Fistula in Right: A march was held through the centre of Hoima city, ending at Boma grounds where the event took place.



by the young age of some of the fistula survivors. She urged all partners to look at preventing fistula cases instead of putting up fistula hospitals.

"I want to appeal to the religious leaders to be our voice in the community, we must end the teenage pregnancies, early marriages and we must ensure safe deliveries in the hands of a skilled birth attendant for all mothers." After recognizing and extensively thanking the five fistula surgeons, who worked tirelessly for a week, she stated that 3,000 more health workers will be recruited nationwide to improve service delivery. UNFPA Deputy Representative Cecile Compaore commended the Government for the leadership and political will and emphasized the critical need to address the inequalities within our health system. "More financial commitment and scaling up of evidence-based, cost-effective, quality interventions will end the needless suffering of millions of women and girls. We can ensure that others do not suffer the same fate," she said during her speech.

Hoima.



Halima Namakula joins the fight against fistula

Halima, better known as 'the mother of all musicians in Uganda', besides business woman, legendary singer and humanitarian worker, is also a dedicated fighter against fistula. Her NGO WAWI (Women at Work International) aims to empower the girl child and help sex workers off the streets. WAWI now joined efforts with UNFPA to end fistula in Uganda.



Q: Why did you decide to do charity work?

A: Because I want help. I want to help Uganda, its children and its women. I want every girl to receive education and every woman to be healthy and free of violence. I was a counsellor when I lived in the United States of America, so it is something that comes very natural to me.

Q: Do you believe in the mix of the entertainment industry and charity work?

A: I strongly believe in the power of edutainment. I use my face to approach people and sensitize them. Because I am known and respected, they listen to me.

Q: How do you sensitize girls and women?

A: Simple. I tell them my life story. The whole truth about how it was growing up. I was a teenage mother (Halima had her first child at 15 and her second at 17 years old), I can relate to the hardship and the stigma of teenage pregnancy. I tell them how I missed being a teenager and how nobody wanted to associate with me, that girl who became pregnant at 15 years old. I emphasize on how much I had to fight to get where I am now and how lucky I was. To the boys, I narrate how my sons asked me about sex and condom use and what I told them. I tell them to respect their mother, as it is the only person one can trust and who will never lie to their children. This way, I try to get teenagers closer to their parents and I try to create more dialogue between them.

Q: When did you first hear about fistula?

A: During a Family Planning outreach a woman asked me if she can use an IUD (IntraUterine Device or coil) when she is 'leaking'. I did not understand what she meant by 'leaking' and I only found out later when I went back to the States and asked a doctor there. I was so horrified that Ugandan women could suffer from this condition. These women needed me!

Q: That is when you started campaigning to end fistula in Uganda?

A: Yes. That was in 2012. Since then, WAWI has organised several outreaches and organised two fistula walks in Kampala; WAWI's strength is mobilization. The recent 'end fistula walk' in Kampala on the 4th of July with support from UNFPA had General Kale Kayirura, the Inspector General of Police as Chief Walker and rounded up over 2,500 people.

Q: Tell us about the work you do with UNFPA.

A: Thanks to UNFPA, I was able to do mobilisation and awareness raising in Hoima district and surroundings as preparation for the 'International Day to End Fistula' commemoration. I visited 24 High Schools. I sensitized the teenagers on fistula and through them, I was able to find three more women who suffered from fistula. Three girls came to me and said: "What you are talking about, I think my mother has it..." So I asked them to take me home because I want to become their mother's friend. I insist on going to the villages myself, to the poorest and hardest-to-reach areas. I do not mind sitting on the floor or eat what they are eating. That is how I connect with the women. I talk to them softly with a motherly voice and that appeals to them and gets them comfortable. I tell them: "Let's get you fixed". I always try to sound sincere and I follow up on every case I send for repair.

Q: If you could do more, what would you do?

A: I would ask the Government to get more involved. No, I would ask the President himself. Everybody needs to be aware and fistula needs to end. I would tell the President: all these hidden women suffering from fistula cannot vote because they are leaking!



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Saving mothers, saving babies for the next generation



▲ Jacob Manyang, South Sudanese refugee and team leader of 17 volunteers in Nyumanzi I refugee settlement in northern Uganda.

Volunteers are a valuable resource for filling the gap between emergency response and community needs. And volunteering can play a key role in recovery efforts following emergencies. For young South Sudanese refugees living in Nyumanzi I refugee settlement in Adjumani, northern Uganda, volunteering is not only for skills development, socialization and fun, but also one way of giving back to the community by advocating for safe motherhood. Thirty five year- old Jacob Manyang is a team leader of 17 volunteering with UNFPA's Implementing Partner ACORD. He shares his story about what inspired him to become a volunteer and what motivates him:

My name is Jacob Manyang. I am 35 years old. I come from Jonglei State in South Sudan. I fled South Sudan in December 2013 when conflict broke out. I entered Uganda through Nimule and Elegu at the Uganda border where we were brought to Adjumani district.

In March this year, ACORD announced that they were looking for volunteers to work and deliver messages to pregnant mothers as well as relay messages on reproductive

health, and gender based violence.

We were interviewed and I was successful. I am now the team leader of 17 other volunteers in the settlement.

My job is to mainly talk to expectant mothers about the benefits of delivering at a health unit. Our task includes referring mothers to the health centre through pregnancy mapping.

It makes me happy to see a healthy mother return home with a healthy baby and a smile on her face.

This is not my country. But my people live here. When I heard there was a volunteer position, I did not hesitate to apply for it. Since, I am not in school anymore and do not have a job, I thought the best way to keep myself busy was to become a volunteer.

In South Sudan I was working in the health department as a nurse in the surgical ward of Jonglei State hospital. I therefore felt that I could use my skills and experience to save mothers and babies displaced by the conflict from my own home.

What motivates me to volunteer is that after this conflict, we are talking about a new generation. If we do not encourage mothers to go to the health centers for these services, we shall see a lot of lives lost giving birth at home.

There are a good number of mothers who have ended up delivering at the health unit because I convinced them to.

“After this conflict, we are talking about a new generation. If we do not encourage mothers to go to the health centre for these services, we shall see a lot of lives lost by giving birth at home.”

Currently, a total of 155,514 South Sudanese refugees are being assisted in Uganda since the influx began in mid-December 2013. On average, 55 individuals per day are still arriving, mostly women and children.

In Kiryandongo refugee settlement where Jacob resides together with already 36,013 refugees, the daily average number of new arrivals registered has increased from 50 to 70 over the last month of June due to ongoing fighting in Unity State (South Sudan).