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| **Title**  | **image2931.edited.gifSupport and partnership for ‘Save a Mother, Save a Child’ Campaign** |
| **Background**  | In most developing countries, Maternal mortality has become nothing short of an epidemic. World over, hundreds of thousands of women die from complications during pregnancy or childbirth each year; that’s one woman dying nearly every minute of each day-and millions more left with life-altering disabilities. Uganda’s Maternal Mortality Ratio had remained high for 15 years, with no significant decline. The Uganda Demographic and Health Survey of 2006 registered a modest decline from 505 to 435 deaths per 100,000 live births. This Maternal Mortality Ratio translates to about 6,000 women dying every year due to pregnancy related causes. Unfortunately, these women are not dying because the health community doesn’t know how to prevent their deaths, they are dying because they lack knowledge and information about maternal health and the available services or dangers of not attending antenatal care, delivery without skilled personnel or the conditions they live in are very dangerous and undermines women’s rights. Uganda’s target for Millennium Development Goal-5 is to reduce by three quarters the maternal mortality rate and reduce by two thirds the child mortality rate between 1990 and 2015. Looking at the pace and steps Uganda has taken towards achieving this and current situation, for example in Buhweju District, we highly doubt whether this will be achievable within this period unless more effort is put in. According to the last Status of emergency obstetric conditions (EmOC) in Uganda report, about 15% of all pregnancies develop life-threatening complications and require emergency obstetric care. Due to its low percapita, Uganda experiences shortages of essential equipments and supplies, in most districts like Buhweju, lacked specific signal functions for EmOC, reliable source of power, lack water and lack of facilities for blood transfusion. As a result, most people have shunned seeking antenatal care and delivery in health facilities. Less than 30% of people in Buhweju deliver in health centers or seek antenatal care. Majority deliver at home in hands of mothers in law or traditional birth attendants. Most of these women are actually not aware of the necessity to go for at least 4 antenatal visits.  |
| **About the Campaign**  | The ‘Save a Mother, Save a child’ is a three months campaign aimed at combating national and local efforts towards saving lives of mothers and children who die or develop lifelong complications during delivery as a result of preventable causes. The campaign is designed on a premise that local communities can play an instrumental role in changing attitudes and supporting the efforts towards improving maternal, newborn and child health. The campaign will focus on mobilizing local resources and empowering women and girls of child bearing age with resources and adequate information so as to prevent avoidable and last minute emergencies as women can access maternal, neonatal & child health advice from trained and skilled health professionals. The campaign which will mark the launch of TUMU Foundation will ensure that mothers visit antenatal clinics at least 4 times during the entire pregnancy, the first within the first trimester, then at 24-28 weeks, 32 weeks and 36 weeks. **Over 15,000 people** are targeted to be reached through community sensitization campaigns on issues of maternal, newborn and child health within the three months period.  |
| **Purpose and rationale**  | In every society, children make up approximately half of the community population and their mothers another one-fifth. Mothers and their children run a great risk of injury and disease because their lives are concerned with beginnings and growth. As Uganda celebrates its 50th Anniversary this year, TUMU Foundation together with its partners are looking at saving Uganda’s next 50 years and we are saying, **no mother should die while giving another life**. A mother needs considerable motivation and understanding to bring herself and her children to maternal health clinic regularly. It is often very difficult to ignore a crying child who is sick, but it is easy to forget about vaccinations or antenatal care or child spacing. Buhweju being one of the most underdeveloped districts in Uganda faces a very big challenge with limited access to quality health care services, low income levels, poor transport and communication costs, high illiteracy levels among many others. Very few people in and around Buhweju attend at least 2 antenatal visits with more than 80% delivering from home without the presence of any skilled personnel. In most cases, most of these women end-up getting serious complications during the delivery process and that’s when they are transported to hospitals and health centers when its already late for many. Due to long distances involved, prolonged obstructed labor and due to health center related delays, majority never make it to the hospital or end up with lifelong complications on the side of the mother or child.The campaign will run in the local language and ensure full participation of all community members  |
| **Objectives** | 1. Reduce on incidences of women and children dying due to preventable causes
2. Improve maternal, newborn and child health within Buhweju District and neighboring areas
3. Influence a change in attitudes and practices and improve maternal health seeking behaviors
4. Build community’s capacity and increase confidence in the health systems
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| **Strategy**  | We shall engage in **community mobilization and awareness campaigns** to encourage women to present early for antenatal care and attend the recommendable 4 antenatal visits. We shall encourage and promote delivery by health centers to avoid any complications during delivery. Our campaign shall target majorly all women and girls of child bearing age (14 years and above). This is because women, especially young girls don’t share their pregnancy status outside the family early in the pregnancy days, often waiting until they are ‘showing’ to acknowledge the pregnancy in the public. We shall organize at least 3 ***public awareness campaigns*** targeting at least 15,000 people. During these campaigns, debates, games and other forms of entertainment tailored to suit our main message will be organized. At least 3 ***radio talk-show*** programs will be organized at local radio stations in local languages involving Foundation’s Staff, stakeholders and other community members. We shall compile and publish Information, Education and Communication ***(IEC) materials*** and health care guides/charts to help mothers make life saving decisions during emergencies. Mobile Maternal Health Clinics (MHC) shall be organized to offer antenatal and post natal care to women in remote and hard to reach areas of the district. During these clinics, breast examination & cervical cancer screening, family planning, nutrition education, HIV testing and prevention-of-mother-to-child transmission (PMTCT), antenatal check-up, neonatal and child health advice will be offered, among others. A Maternal Health Care clinic will be setup at TUMU Hospital in Rugongo, Karungu Sub-county, Buhweju where women will be provided with free antenatal check-up, treatment of minor illnesses, detection and management of any risk to health including PMTCT care, health maintenance for all mothers and children whose homes are near enough for them to reach the clinic, HIV testing and counseling, breast examination and cervical cancer screening, among others. Needy mothers will be provided with a new born kit and an insect side treated mosquito net. We shall offer ambulance services to women with obstetric conditions at an affordable subsidized cost, increasing chances that women together with their children will survive child birth. We shall offer free normal delivery services to all mothers at TUMU Hospital during the campaign period. We shall work district health professionals and build capacities of community health volunteers to ensure follow-up and referral of women with obstetric conditions. Home visits will be organized and conducted for specific families where a mother and her child are at a risk. We shall ensure that communities become bearers of information to prevent unintended pregnancies, unsafe abortions and work with police to reduce and follow-up cases of domestic violence’s and behaviors that undermine women’s rights.  |
| **Expected results** | * Reduced incidences of women and children dying as a result of preventable causes
* Increased access to maternal, newborn and child health services within Buhweju and neighboring areas.
* Increased community and local capacity to provide for and support the delivery of maternal and reproductive health care services
* Increased proportion of women who deliver by skilled health workers and attending at least 4 antenatal visits
* A fully established and functional TUMU Foundation ready to increase access to quality health care and support to needy and less privileged groups.
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| **The need** | TUMU Foundation would like to seek partnership and support to organize and carryout this campaign. The foundation will require financial resources so as to organize and conduct the above activities and achieve the needed health outcomes.* **USD$ 240** will enable TUMU Foundation organize and conduct one community awareness campaign
* **USD$ 8** will sponsor a needy expectant mother to attend recommended 4 antenatal visits
* **USD$ 20** will sponsor a needy expectant mother to deliver at a health center
* **USD$ 80** will sponsor a needy mother to deliver by a caesarian section
* **USD$ 64** will cover all admission costs for a needy mother after delivery by a caesarian section
* **USD$ 240** will pay a monthly salary for an Enrolled Midwife

 The Foundation will ensure proper utilization and accountability of any funding received to conduct this campaign and will share progress and life stories of beneficiaries.   |
| **Organizational Background**  | Tumu Foundation is a Non Governmental Organization aimed at increasing access to quality health care services and support to less privileged groups in Buhweju and the neighboring areas. The initiative to start-up a Non Governmental Organization started in 2010 when Mr. Johnson Tumusiime, the Founder and Chairman of Tumu Group of Companies constructed a Hospital with a Modern art of facilities and equipments at Rugongo, Karungu Buhweju. The facility was later opened on 4th November 2011 by the President of Uganda, His Excellence Yoweri Kagutta Museveni. The founder was inspired by the poor conditions and quality of life that people in this new district and neighboring areas were living in and was compelled to make a difference. The Foundation works through a dedicated team of Village Health Teams and other community mobilizes and all its Programmes are entirely community owned. Tumu Hospital has since provided affordable quality health care services to over 5,000 people in the district and neighboring areas. The Hospital has modern equipments like Ultra sound, Scans, X-RAY machines, theatre and other modern equipments. The training institute has 40 students who are currently training in Comprehensive Nursing, Midwives and Lab Technicians. The foundation, hospital and training institute employees over 50 resident staff that are highly skilled and committed to serving the community. More than 60% of our work is done through community based rehabilitation where we ensure full participation of community members. We envisage an empowered society where less privileged people are able to access quality healthcare services and social support leading to improved quality and meaningful lives. Our Mission is to become a regional leader and partner in improving lives of less privileged groups in Buhweju and neighboring areas, through provision of quality, accessible and affordable health care services, and rehabilitation support using innovative Community Based Rehabilitation and Development approaches |
| **Contact information** | Mugabi Collins TUMU FoundationRugongo, Karungu BuhwejuP.O Box 1503, Mbarara-Uganda Tel: +256 759 762 870Email: collins@tumugroup.org, info@tumuhospital.ug Website: <http://tumufoundation.wix.com/tumufoundation>  [www.tumuhospital.ug](http://www.tumuhospital.ug)  |