



MAMA HEALTH RIGHTS PROJECT KICKS OFF IN PALLISA, BUDAKA

Expectant mothers in Pallisa and Budaka districts have moved closer to realising their right to adequate reproductive health services improve, following the launch of HEPS Uganda's Community Empowerment and Participation on Maternal Health Project in the two eastern districts on 19th May, 2007. The two-year health rights promotion and community initiative, worth Ushs 162 million, is funded by the European Union's Civil Society Capacity Building Programme (CSCBP).

HEPS Uganda Executive Director Ms Rosette Mutambi and the European Union's CSCBP Director Mr. Kroenendijk signed the funding agreement in Kampala on 12th March, 2007.

The project, to be implemented in five sub-counties in Pallisa and two in Budaka, aims to improve the health of expectant mothers by increasing maternal health rights awareness, promoting community participation and involvement, increasing demand and utilization of health services, and building effective interactions amongst key district policy makers, health providers and expectant mothers.

The project, falling within the empowerment, lobbying and advocacy themes of the EU's CSCBP, specifically targets expectant mothers, health care providers, district health officials and other local government leaders as well as community opinion leaders.

(Continued on page 2)

Death robs HEPS Uganda of Chairperson



REST IN PEACE: REV. CANON
DR. MABEL KATAHWEIRE
(SEPT. 26, 1944-MAY 26, 2007)

Death has robbed HEPS Uganda of its Chairperson and founder member, Rev. Canon Dr. Mabel Katahweire, who passed away at the age of 63 on 27th May 2007 in New York, USA. Her funeral service was held at All Saints Cathedral in Kampala on 5th June, 2007 and her body laid to rest the following day at St. James Cathedral, Ruharo, in Mbarara.

"We have lost an inspirational and committed leader whose love, kindness and direction has seen HEPS Uganda grow into an organisation with a national image," HEPS Uganda Executive Director, Ms Rosette Mutambi mourned, "We shall only be able to pay her back by carrying forward her vision of increased access to health services by vulnerable people."

Rev. Dr. Katahweire, who lost a long battle against cancer, was born on 26th September, 1944, in Kyangundu, Sheema, Bushenyi District, to

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HEPS Uganda's Prima Kazoora (2nd right) attends a pre-launch meeting with Pallisa District Health Team

MATERNAL HEALTH PROJECT TAKES OFF IN PALLISA

(Continued from page 1)

The main activities of the project will include training and sensitization of expectant mothers and health care providers on the health rights of expectant mother. They will also include advocacy for improvement in delivery of health services for expectant mothers.

In Pallisa and Budaka districts, like in the rest of Uganda, pregnancy related complications are among the leading causes of death, morbidity and disability among women in the reproductive age group (15-49 years). Yet due to women's special contribution to society, through maternity and motherhood, their health underpins any country's social economic development.

Unfortunately maternal mortality in Uganda has remained high over the last twenty years despite the 5-7 % economic growth rate registered by the country over the same period. The Uganda demographic survey of 2000/1 shows that the mortality rate only declined marginally from 506/100,000 live births in the period 1995-2000 to 505/100,000 live births in 2001.

According to the Uganda's Annual Health Sector Performance Report 2004/5, supervised deliveries have stagnated at 38% and the proportion of women delivering at health centres remains at a very low rate of only 25%. Uganda's Second Health Sector Strategic Plan 2005/6-2009/10 attributes the low levels of utilisation of health services by expectant mothers, among other factors, to women's low levels of education, and cultural practices including power dynamics at household and community levels.

To these factors, WHO reports add inadequate male involvement and inadequate medical, social and health

delivery systems as the other key factors, all of which place women at the risk of maternal ill health and often denies them the human right to life.

In order for Uganda to meet its Millennium Development Goals for health, there is need for strong advocacy for improvement of maternal health starting at lower levels.

The specific objective of this project is to increase demand and access to health services by expectant mothers in Pallisa and Budaka districts and activities to achieve this objective have been designed to bring about greater awareness of maternal health rights by communities, health workers and policy makers so that this can lead to; increased utilisation of available health services by expectant mothers, increased support of expectant mothers at household and community level, increased community participation in decision-making processes in the quest for solutions, as well as increased advocacy for more allocation of resources to maternal health services in the districts.

It is HEPS-Uganda's belief that women who are aware of their health rights are in a stronger position to determine how they should interact within the family, how they are able to access health services, and able to assess how they are treated by health workers.

In a project briefing meeting held at Pallisa district headquarters on 9th May 2007, the District Health Committee, chaired by the District Health Officer (DHO) Dr Andrew Namonyo, pledged to work together with HEPS Uganda during implementation and expressed disappointment that the project was not covering all the sub-counties in the district.

REV. CANON DR. MABEL KATAHWEIRE, 1944-2007

(Continued from page 1)

Mabel, the first of 11 children, learned early in life the need to serve, share and nurture – the characteristics she lived by throughout her life.

She went to Bweranyangi Junior School and later joined Bishop Stuart Teacher Training College. After two years of teaching at the Demonstration School and heading Kyeizooba Girls School for a year, she got married to Ernest Katahweire on 10th December, 1966.

A few years into years into her teaching career, she, together with her husband, received a calling to the ordained ministry and joined Bishop Tucker Theological College in 1971, where Mabel, after three years of study, earned a Certificate in Theology from Makerere University.

She was ordained a Deacon in 1972. In 1977, she travelled to the United States and furthered her education at various institutions. She earned her Bachelor of Arts degree in Sociology and Religion from Empire State College and a Master of Arts in Christian Education from Princeton Theological Seminary in 1982.

Mabel returned to Uganda in 1982 and served as a lecturer at Bishop Tucker Theological College for several years and concurrently pursued a Postgraduate Diploma in Education at Makerere University, awarded in 1987. Later she pursued an Advanced Diploma in Religious Education from Birmingham University in the United Kingdom and returned to Uganda to continue serving at Bishop Tucker Theological College.

In 1992, she was ordained into priesthood, becoming one of the very first female priests in Uganda. After having served 12 years at Bishop Tucker Theological College, she was appointed the Provincial Education

Secretary for the Province of the Church of Uganda – becoming again the first woman to serve in that position.

During her tenure, she initiated and was the coordinator for the Theological Education by Extension Programme, aimed at providing theological training for non-residential students preparing for the ministry.

In 1997, Mabel was installed as a Canon of St. James Cathedral, Ruharo, in Ankole Diocese – yet again becoming one of the first women priests to be honoured by Ankole Diocese Synod.

She was the first Chaplain of Mbarara University of Science and Technology. In 1999, Canon Mabel she enrolled for further studies in the United States, where she studied a Doctorate of Ministry Degree from Episcopal Divinity School in Boston. During this time in the United States, Mabel renewed her affiliation with Trinity Church, New York. So impressed were they with the TEE programmes in other parts of Africa that in 2001, the Trinity Church sponsored Mabel to go to Johannesburg, South Africa, to coordinate various TEE activities and to lecture in the area of Practical Theology. In this capacity, she taught courses in Women Studies and planned and conducted workshops on HIV/AIDS for TEE students.

Although a woman among giants in her right, the nurturing soul that she was, Canon Mabel always had time to be a helpmate to her loving husband of 41 years, the Rev. Canon Ernest Katahweire. The distance between Uganda and the United States did not prevent her from maintaining close contact with her family and friends in motherland.

Those whose lives she touched will remember Mabel's humility, generosity, hospitality, gentleness, and soft-spoken nature.

May her soul rest in eternal peace!

Lira sensitized on health rights, responsibilities



Data collectors in Lira attend a pre-field briefing from HEPS Uganda Executive Director Ms Rosette Mutambi (3rd from right)

HEPS-Uganda trained and sensitized community members in Lira about their health rights and responsibilities, and launched a situation analysis of the availability of medicines in the district. At the end of the one-day training, held on 19th August 2006 under the theme “Promoting Health Advocacy at the District Level”, 26 of the participants, including six with a medical background, were selected to carry out a survey on the availability of medicines in the district. The sensitisation workshop was supported by Health Action International (HAI) Africa.

Speaking at the workshop, Mr. Thomas Akaki, HEPS-Uganda's Representative/Mobiliser and Lira Hospital Health Advocate, thanked HEPS-Uganda for the wonderful work the organisation is doing to promote access to essential medicines in the district and rest of Uganda.



HEPS Uganda staff train in involving communities in health systems



Dr Rene Loensen of TARSC/AQUINET demonstrates techniques to participants

HEPS Uganda's Advocacy and Communications Officer Mr Aaron Muhinda and the Counseling and Complaints Officer Mr Abrahams Mutumba attended a regional training workshop on participatory methods for a people-centered health system, held between 14th-17th February 2007, in Bagamoyo, Tanzania.

The workshop was organized by EQUINET in partnership with IFAKARA Health Research and Development Centre/TARSC. The training drew participants from over 35 CSOs engaged in health issues in southern and eastern Africa.

The training aimed at empowering CSOs in using Participatory Methods to facilitate the community

in identifying their own problems and suggesting solutions to improve their lives.

In a related development, Mr Muhinda also represented HEPS at the International Federation of Health and Human Rights Organisations (IFFRO) training, "Monitoring the Right to Health and Role of Health Professionals", held in Kampala between 3rd-8th February 2007 at Akrah Foundation in Mukono.

The training was organized by AGHA in partnership with IFFRO and the objective was to provide CSOs with capacity in applying the right to health to monitor the implementation of health laws.



Participants at the IFFCO training. Left is HEPS Uganda's Advocacy & Communication Officer, Mr Aaron Muhinda

Budaka schools get HEPS training, form health rights clubs

HEPS Uganda launched its School Outreach activities in Budaka District on 16th August 2006, with a one-day training to prepare participants to train their fellow students in school health clubs on health rights and responsibilities, including rational use of medicine. School Outreach is a component of the Community Outreach Programme was piloted.

At the end of the training, the

participants received copies of the Trainers' Guide on Health Rights and the Rational Use of Medicines.

The school outreach training was aimed at educating, empowering and enabling health care consumers in schools and institutions of higher learning to learn and demand for their health rights and exercise their health responsibilities through information dissemination on health rights with emphasis on

access to essential medicines and rational use of medicines.

The training was officially opened by the area LC V Chairman Mr. Arthur, who appreciated HEPS-Uganda's activities and further saluted HEPS for choosing Budaka district and promised total cooperation with the organisation.

The training workshop recommended to extend the training to primary schools, religious leaders, political leaders as well as service providers.

HEPS UGANDA JOINS “MISSING THE TARGET” SURVEY TEAM

HEPS Uganda and Action Aid International have been accredited by the International Treatment Preparedness Coalition (ITPC) to represent Uganda on Missing the Target project team. The project objective is to monitor the state of AIDS treatment delivery in heavily affected countries in the world. Uganda is among the new countries that have been included on the group. The project is scheduled to commence early April and first report will be out in July. The project is continuous and activities of the second report will start early Aug and report be ready by November.

The team is comprised of HIV/AIDS advocates from 14 countries that include: Argentina, Belize, Cambodia, Cameroon, China, Malaysia, Malawi, Morocco, Nepal, Rwanda, Uganda, Zambia, and Zimbabwe

Despite the international community and government pledges to improve health

care in especially Treatment on HIV/AIDS, possible universal access to HIV treatment has remained a myth to majority vulnerable and poor people in the world and Uganda in particular

The ITPC report team works to engage global leaders like; UNAIDS, WHO, the Global Fund and PEPFAR to outline a vision of how global agencies could collaborate to accelerate ART delivery as part of overall health systems development.

In Uganda HEPS-U with partner organizations like Action Aid International will use the report as an advocacy tool policy makers and legislators to save lives of vulnerable and poor people living with HIV who are currently dying unnecessarily across Uganda.

HEPS deveys policy advocacy manuals

HEPS-Uganda has developed a guide for her Health Policy Advocacy programme at the district level. The guide has three parts – Advocacy Guide, Research Guide and Research Setup.

The purpose of the guide is to help our partners at district level in formulating effective health advocacy interactions in order to influence health policy implementations in their districts within the context of Uganda’s current decentralized systems of service delivery.

RESOURCE CENTRE GETS MORE BOOK TITLES

HEPS-Uganda’s Resource Centre is well equipped with new publications on rational use of

medicines. It has been boosted with donations from various organizations.

The most recent donations

coming from World Health Organisation (WHO), Action Aid International Uganda, and Health Action International (HAI) Africa.

The Resource Centre now occupies space that is big enough to accommodate more users and visitors. The books are catalogued and classified so that readers can easily locate books of their interest under the guidance of the librarian.

The Information Officer Mr. Paul Akankwasa, who is also in charge of the Resource Centre, is still soliciting for more books related especially on health and other health-related publications so as to equip the Resource Centre with information required by our stakeholder.

The Resource Centre is open to every interested person.



HEPS Uganda’s Information Officer Mr Paul Akankwasa in the Resource Centre



WHEN A PROMISE IS EMPTY

HEPS Uganda launches report on

health financing

The Coalition for Health Promotion and Social Development (HEPS-Uganda) officially launched its report on Uganda's health sector September 19, 2006, revealing inadequacies in the government's funding of activities and programmes related to the fight against HIV/AIDS.

Launched at a ceremony held at Mandela National Stadium Namboole, the report, titled "*Funding the Promise; Monitoring Uganda's Health Sector Financing from an HIV/AIDS Perspective*", recommends greater commitment of public funds to health and HIV/AIDS services in particular as an essential ingredient to the longevity of scaled-up programmes, especially treatment.

The report is the culmination of a study HEPS-Uganda commission in 2005, to establish the level of government commitment to meeting its obligation of ensuring access to health care for all. Conducted with support from Action Aid International Uganda, the study also sought to assess the degree of prioritisation accorded to different components of HIV/AIDS interventions, and to establish whether HIV/AIDS resources reach the people who need them most.

The study report highlights the delays in the delivery of drugs by National Medical Stores, and cites inadequate drug supply at the health units. Out of an estimated 1.1 million people living with HIV/AIDS in Uganda, the report says about 150,000 were in need of Anti Retroviral Treatment (ART), but only about 67,000 were being served by the end of fiscal year 2004/05. "Precisely, about 83,000 people living with HIV/AIDS who are in urgent need of ARVs are not accessing them," says the 50-page report.

Speaking at the launch of the report, the consultant and the research team leader Mr. Swizen Kyomuhendo of Makerere University's Department of Social Works and Social Administration, said

Drug Access Digest, Volume 3, Issue 1, June 2007



access to basic health services in the country was still low, with drug supply in the health facilities remaining inadequate compared to the demand.

Mr Kyomuhendo said although half of the public health care (PHC) funds were being allocated for drugs, they were still not enough. "Uganda has a big financial gap in the health sector," he said.

Presiding at the report's launch, Ministry of Health Permanent Secretary Mr Kezaala, representing the Minister of Health, thanked HEPS-Uganda and Action Aid International Uganda for the wonderful contribution being made to update the public and Ministry of Health on the health situation in Uganda and promised his ministry's cooperation.

The launch came at a time when cartons of ARVs were reported to have expired at the National Medical Stores while so many people living with HIV/AIDS were dying for lack of treatment. Mr Kezaala said government had started investigating the matter.

SOCIAL DETERMINANTS OF HEALTH A GREY AREA

Leading Health CSO's in Uganda mapped

A study profiling civil society organisations (CSO's) dealing with health issues has found they are yet to effectively address childhood development, social exclusion, gender inequality, rural-urban migration, working conditions and other similar issues, generally classified as social determinants of health (SDH).

The study, conducted by HEPS-Uganda as part of a wider process sponsored by the Commission on Social Determinants of Health (CSDH), was aimed at mapping and developing a database of leading health and SDH-related CSOs in Uganda. Other supporting institutions included Health Action International (HAI) Africa, Net work for Equity in Health in Southern Africa (EQUINET), and People's Health Movement South Africa representing the Health Civil Society Net work (HCSN) of East and South Africa.

The study detailed the target CSOs' diversity, phases of development, legal status, and role; explored how they

are currently addressing SDH; identified the gaps and challenges they face in addressing SDH in Uganda; and explored the opportunities they can exploit to address SDH more effectively.

The results of the study, aimed at informing and promoting the adoption and effective implementation of policies and interventions that tackle the social roots of human suffering, show that health CSO's are yet to address SDH effectively due in part, to shortage of funding, management skills and continuity. They operate in a society with immature politics and a stringent regulatory regime, according to the study report.

To realize the targeted 2.5 health treatments per person per year, the study said, more public resources will have to be committed to the health sector. Inequalities still exist in access to health services, particularly in the case of rural women, children and other vulnerable groups. Food shortages affect child nutrition.

Early marriages, unwanted pregnancies, unsafe abortions, and STIs continue to plague young people (adolescents), who make up a third of the total population. Multilateral, bilateral and regional trade agreements have constrained access to essential medicines.

In the absence of an employment policy, employees work under unsafe conditions and are not protected against employers who abuse their rights.

Complaints & Counselling Desk goes to Pallisa

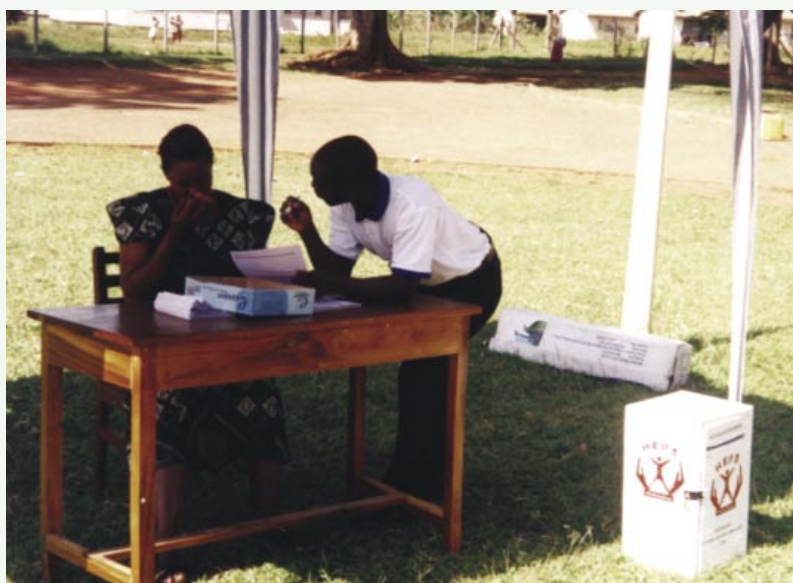
HEPS-Uganda's Counselling and Complaints (C&C) service reached Pallisa District, with a three-day pilot study being carried out at Pallisa Hospital between 15th-17th August 2006.

The pilot study at Pallisa and an earlier one at Rubaga Hospital were planned as precursors to a permanent C&C desk at each of the two hospitals. The C&C service would institutionalise a redress and check mechanism and make the mutual interaction of health providers and health consumers' possible.

The Pallisa pilot was commissioned by HEPS with the aim of reaching out to health consumers and finding out from them how health rights are violated. HEPS-Uganda intends to use its C&C service to bridge the gap between policy makers, health providers and health consumers to improve the interaction of these three

parties, thereby bettering health care service delivery, where policies will be made to suite the demands and realities of health consumers.

For more information visit our resource centre or our website: www.heps.org



HEPS Uganda's Complaints & Counselling Officer, Mr Abrahams Mutumba (L) talks to a client at Pallisa Hospital

WHO, Health Ministry monitor medicine prices

A study to examine prices of selected essential medicines has taken off. HEPS-Uganda, as a member of Uganda Country Working Group (CWG), is part of the team implementing the Monitoring of Medicine Prices Survey. Other members of CWG involved in the project include the Ministry of Health (MoH), World Health Organisation (WHO), Joint Medical Stores, and Health Action International (HAI) Africa. The study seeks to establish the availability and affordability of essential medicines.

HEPS-Uganda together with its partner institutions kicked off the study project on September 19, 2006, with the training of the data collectors at Arch Apartments in Ntinda, Kampala, where four pharmacists and four Civil Society representatives were trained as data collectors.

The ministry of Health's Chief Pharmacist Mr. Martin Oteba, commissioned the study. Present were WHO's Joseph Mwoga, HAI Africa's Patrick Mubangizi, and HEPS Uganda's Rosette Mutambi.

Speaking at the training, Mr Mubagizi said Uganda was among the least developed countries of the world, where a big proportion of the population still lives on less than a dollar a day. Its health statistics, he added, are among the worst in the world with HIV/AIDS further weakening the country's already overburdened public health system.

Mr Mubangizi said it is estimated that only one third of Uganda's population has access to essential medicines. Access to medicines is a human right issue and the main reason people seek health care, he emphasized, adding that periodic monitoring and assessment of medicine prices was very important in determining if medicines are available and affordable at different levels in the distribution chain.

In Uganda, MoH, WHO and HAI Africa and its local partner HEPS-Uganda, through CWG, have since started the regular monitoring of medicine prices under a unique project entitled "the Regional Collaboration for Action on Essential Medicines in Africa."

The project, offering a structural and financial opportunity for the partners to develop and budget for

collaborative activities on monitoring medicine prices in the country, has since produced its first quarterly report to inform and update policy makers, implementers and health consumers of the situation and what influences price patterns in the country.

By gathering and analyzing comprehensive data on the prices of selected medicines in the five representative regions of Uganda and across three sectors (public, private-for-profit and private-not-for-profit/NGO), the one year study aims to document the availability and price variations of selected medicines within private and NGO sections. It also aims to, among others, document the availability and price variations of selected medicines in the public sector, and monitor the affordability of treatment for a selected list of common diseases.

All the three target sectors (public, private-for-profit and private-not-for-profit/NGO/mission) contribute a significant proportion of health services in the country.

Data from the Uganda Pharmaceutical Sector Baseline Survey (2002) revealed that many medicines were



Members of CWG review the research tool

unaffordable for a significant part of the population and one of the survey's recommendations was for further study to gather reliable and comprehensive data on the prices so as to get a guideline strategy for improving affordability.

Price is one of the most pre-dominant barriers to access medicines. In developing countries, at a national level, the cost of medicine may account for up to 80% on non-salaried health expenditure, and at a community level, the majority of the people pay-out-of-pocket for the medicines they need. Therefore, price is often the determining factor affecting whether the government can offer treatment to its population for a particular disease or



HEPS UGANDA-VSO PARTNERSHIP ENTERS YEAR III

Voluntary Services Overseas (VSO) has a keen goal to develop partnership with its stakeholders in its overall objective of poverty eradication. Though most large and well established and functioning organisations which are able to support themselves would survive, grow and develop with or without the help of mega development organisations like VSO; small, young and struggling organisations are frequently ill equipped and resourced to efficiently operate.

This is where VSO's intervention is relevantly critical to the survival,

and later Robert Peters to work as Counseling & Complaints project officer. All worked for a period of 9 months respectively.

The arrival of Bas & Linda at HEPS in Feb 2006 was a blessing that everybody welcomed and still feels to date.

The couple was very instrumental in improving the internal organization at HEPS and also in articulating HEPS vision of making health rights and health responsibilities a reality.

HEPS website was developed by Bas and launched. Today

Annual evaluation forms were also introduced to help the Executive Director evaluate the organizations projects and activities.

Linda together with HEPS community outreach officer Ms Hope Beinomugisha developed a facilitators trainers guide for community outreach for western and Eastern Uganda in Runyankole and Lugwere /English languages in a bid to achieve HEPS objective of educating and empowering health consumers. The guide targets the poor and vulnerable and educates them on how to demand their health rights and exercise their health responsibilities as stipulated in HEPS strategic plan 2005-10.

HEPS resource center was also started and with the assistance of another VSO volunteer Lillian from the Uganda law Society, HEPS information officer was trained in library skills especially on how to use the dewey data classification system.

A resource mobilization gap was identified at the organisation. Bas and Linda were able to fundraise for HEPS. Barclays bank and Accenture an international business consultancy company supported projects in HEPS Uganda's three strategic programmes, with financial assistance amounting to 13.5 million. The two donors approved HEPS Uganda's proposals on the recommendations of VSO – Uganda. The establishment of HEPS resource center was also boosted by a grant from Barclays and with this grant, HEPS improved the soft ware of its desktop and laptop computers, bought a bidding machine and related books on HIV/ AIDS.

Mr. Robert Peters was our second volunteer and he successful started the long awaited counseling and complaints desk project by developing a project plan and piloting a study at Mengo Hospital. the C&C project is also well stipulated in HEPS strategic plan 2005-10.

The project is under implementation HEPS spearheaded by the volunteers whom Robert trained.



THANK YOU: VSO Volunteer Bas receives a certificate of Recognition

growth and development of such infant organisations like HEPS-Uganda.

On 18th August 2004, HEPS Uganda signed a partnership agreement with VSO.

The overall goal was to contribute to improved access to health services for disadvantaged people in Uganda through improving the organisations internal capacity with the aim of achieving HEPS objective of making health rights and health responsibilities to all Ugandans a reality. Going into the third year, HEPS happily considers this partnership a great success.

Since the signing of the partnership, HEPS has received three volunteers. First was a couple Bas and Linda who were recruited to work as Organizational Development Advisers

HEPS vision is being shared with the international community at www.heps.org.

HEPS staff was trained and availed skills on how to update its website and an update manual was later developed by Robert Peters for future reference.

For the first time HEPS- Uganda developed a strategic plan 2005-2010 that would guide the organisations projects and plans. The respective project officers community outreach and health advocacy were trained on how to utilize the plan.

Monthly and weekly plans were also introduced in the endeavor to improve the internal functioning of the organisation.

IN PRAISE OF HEPS UGANDA: A TESTIMONNY FROM A STUDENT INTERN



The author, Mr Sam Katunguka with HEPS Uganda staff at the pilot of C&C service at Mengo Hospital

I have found HEPS-Uganda to be an organisation with a difference in her efforts to educate Ugandans on their Health Rights, Health Responsibilities and Rational Use of Medicine (RUM) for better health. During the time of our interaction, I convinced the NGO to come in to fill the gap of the services that have been ignored for long. Since health needs and problems are as old as man, so should have been education on RUM besides advocacy. These services were for sure overdue in Uganda although it is true that better late than never.

I came to know about this 'organisation with a curing edge' through newspapers as it dealt with 'heartless' embezzlers of the Global Fund. The effort was to protect access to drugs and medical care by patients of HIV/AIDS, TB and malaria. HEPS-Uganda has such a fantastic advocacy performance and strategy that is and will continue to be a turning point for Uganda's health service delivery.

I did not only admire but also sought for an opportunity to have contact with the precious organization. It came to reality when Makerere University asked me to look for where to do my field attachment from as an undergraduate student of Bachelor of Adult and Community Education. I could not hesitate to approach the management with an application.

So far my expectations are becoming realities. Theories and the philosophies taught at University are

slowly but surely unfolding into truth. The praxis is where theory informs and guides the practice. I appreciate that this is a basic necessity in operations. Any operation that is not guided by theory is not only blind but shire anarchy.

I have observed that programmes fail when not founded on clear conceptual framework. The very well organized HEPS is founded on clear vision, mission with long-term, intermediary and short-term objectives. The NGO has programmes for Community Outreach, Health Policy Advocacy, Counselling and Complaints Desk.

HEPS-Uganda has a well informed, charismatic, democratic and consultative leadership. It is a type of counselling support-supervision of Y-theory. It is visionary designer-developer and amazingly team-playing the same time. With this type of leadership style that paves way for individual staff unique talents there is and will continue to be excellent performance for HEPS-Uganda. I pity those who abuse the vulnerable people's rights and hope for a better informed Ugandan community empowered to demand for their rights and exercise their responsibilities in RUM.

Sam B. Katunguka
2nd Year Student MUK

From the Executive Director



Maternal deaths are too many, unnecessary and no longer acceptable



Medicine Access Digest
is quarterly
newsletter of

**COALITION FOR
HEALTH
PROMOTION AND
SOCIAL
DEVELOPMENT
(HEPS-Uganda)**

**Kisingiri Road
Mengo, Kampala
P.O. Box 2426
Kampala**

Tel: 256-414-270 970

Email: heps@utlonline.co.ug

**Website:
www.heps.org**

EDITORIAL TEAM

Rosette Mutambi
Executive Director
HEPS Uganda

Aaron Muhinda
Information Officer
HEPS Uganda

Richard Hasunira
Member
HEPS Uganda

It is disheartening to note that maternal health is an area that has been neglected for so long. Maternal health figures have not significantly changed for the past 20 years, and that grim situation is no longer acceptable. It is high time mothers realised their right to adequate and effective reproductive health care services.

Mothers form the spine of society; they cannot continue dying from avoidable complications during child birth, which is a natural role they play for the good and continuation of life and humanity. Because they play such an important role, they have a right to appropriate health care and it is the duty of all of us in government and the community to ensure that they enjoy that right.

The proportion of women delivering at health centres remains at a very low rate of only 25%. Uganda's Annual Health Sector Performance Report attributes the low levels of utilisation of health services by expectant mothers largely due to women's low levels of education, lack of relevant information, cultural practices including power dynamics at household and community levels, inability to recognise the danger signs of pregnancy, and inability of the spouse to give consent and support to their wives, and poverty.

Uganda's infrastructure especially road networks are so poor that it is very difficult in times of emergency to reach a health centre in time. In rural areas of Uganda, the quickest mode of transport is at present is a *boda boda* or a bicycle which in any case is not appropriate for an expectant mother.

HEPS Uganda has recently launched a

Community Empowerment and Participation on Maternal Health Project in Budaka and Pallisa Districts in Eastern Uganda, thanks to the European Union Civil Society Capacity Building Programme, and will over the next two years try to ensure government, district and local authorities and communities give maternal health the priority it deserves.

For HEPS Uganda to make a difference, even in this small project area, there is need for cooperation from health workers, the district health team, opinion leaders, government, communities and most importantly, the husbands, who make decisions.

Every stakeholder should be part of the effort to achieve universal access to emergency obstetric care kits (mama kits) for expectant mothers. Government should train health workers so they can treat expectant mothers with dignity; and incorporated male participation into all maternal health programmes.

We should build mutual understanding and cooperation between the service providers and recipients; and empower mothers to know that their health is a human right not charity and to demand for the services they need.

Mothers should however, also know they shoulder the primary responsibility over their health, and must seek antenatal care when they get pregnant. Let us all support them to realise their health rights.

**ROSETTE MUTAMBI
EXECUTIVE DIRECTOR
HEPS UGANDA**

'Medicine Access Digest'
is compiled, designed and
printed by

New Enterprise Publications
(0752-824326, 0712-413717)

To learn more about HEPS and UCEAM and their activities, just log on to:

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