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COVER PICTURE: HE Yoweri Kaguta Museveni signing the declaration.
CONTENTS

Executive Summary ................................................................. 4
Resolutions .............................................................................. 5
Introduction ............................................................................. 6
Objectives ............................................................................... 7
Meeting Proceedings .............................................................. 8

ACRONYMS
EXECUTIVE SUMMARY

On 23rd July 2015 over 500 religious leaders travelled from across Uganda to attend a high level advocacy meeting to roll out the Reproductive Maternal, Newborn, Child, and Adolescent Health Advocacy, Social Mobilization and communication strategy in support of the ‘A promise Renewed Sharpened Plan’.

Organised by the Ministry of Health with support from UNICEF and Global Alliance for Vaccines and Immunizations (GAVI), the meeting with over 500 religious leaders was aimed at raising their awareness on RMNCAH issues, orienting them on the continuum of care using the life cycle approach and further strengthening the partnership in mobilizing communities and changing key behaviours related to RMNCAH in their respective constituencies.

Through their umbrella body, Inter-Religious Council of Uganda (IRCU), the religious leaders promised to use their influence among the population to end Reproductive, Maternal, Newborn, Child and Adolescents (RMNCAH) deaths.

Uganda’s President H.E Yoweri Kaguta Museveni also pledged his support by signing a commitment with a strong warning to saboteurs of immunisation campaigns whom he referred to as “murderers”. He called on the Police and Resident District Commissioners to arrest individuals and sects sabotaging such programmes. He educated the religious leaders about good feeding practices, stressing that Ugandans need to know the importance of balanced diet. The President asked the Ministry of Health to equip the religious leaders with tools to address key behavioural barriers to uptake of RMNCAH services.

The Director General of Health Services, Dr. Jane Aceng presented the country’s progress, achievements and areas that need focus in the health sector. She noted that the religious leaders have several platforms through whom behaviours of Ugandans can be changed.

She explained, currently, 18 women die every day due pregnancy related complications with haemorrhage accounting for 42%, malaria 36%, labour 22%, unsafe abortion and anaemia each contributing 11% deaths. Good antenatal care can prevent up to ¼ of maternal deaths but only 48% of Ugandan pregnant women make the recommended minimum of 4 ante-natal care visits. Adolescent females experience more maternal deaths and 110,000 are living with HIV.

In regard to newborn health, Uganda’s neonatal mortality rate has remained relatively constant at 27 per 1,000 live births. Malaria, diarrhoea and infections like HIV account for more than 70% of under five deaths. The under-five mortality rate is 90 deaths per 1,000 live births.

The religious leaders asked Government to increase the number of health workers and essential medicines in health facilities.

“In some health facilities, women deliver under candlelight because there is no electricity. You go to a health facility, but you are referred to a clinic where the critical medicine needed is sold. Clinics have now become referrals.”

- SHEIKH JUMA CHUKU FROM ARUA DISTRICT

Msg. John Baptist Kawuta of the Inter-Religious Council of Uganda lamented the lack of ambulances to transport expectant mothers to health facilities in the country as a reason for the number of babies and women, who die due to pregnancy related complications.

The Archbishop of Uganda His Grace the Most Rev. Bishop Stanley Ntagali who also doubles as chairperson of IRCU committed to implement the resolutions of the meeting into action adding that it is incumbent upon religious leaders to do more.
RESOLUTIONS

- Need to ensure the longevity of the IRCU
- To hold a National prayer for maternal and child health
- Death is inevitable but high maternal and child mortality rate is because we have not done enough.
- Birth registration should be a birth right and free
- MOH to streamline all health messages in the media
- Wrong religious sects should be dealt with
- Uganda to censor the current sexual reproductive health education material
- The right of the unborn to be considered
- Need to clarify on TOR of the partnership between MOH and IRCU
- Develop tool kit for IRCU and find mechanisms of disseminating information up to grass root level
- Plan for capacity building of the IRCU on family planning and RMNCAH
- Need tax exemption for donations of essential services e.g. ambulances
- Need for Government to equip existing health facilities as we wait for Mulago women’s hospital
- Devise mechanisms for partner coordination

 Highlighted 5 key players:
- Mothers shy away and some ignorant
- Fathers busy and have delegated their role; MOH to develop specific role of men in RMNCAH
- Religious leaders; in addition to caring for the sick, should also deal with health workers
- Religious leaders to adopt the Good Samaritans approach; go beyond prayers and take action as well
- Local Governments to take charge of health matters and ensure optimal functionality of existing health facilities; avoid reliance on the private clinics

- Need to strengthen mentorship of health worker with Interpersonal Personal Communication and customers care skills
- FBO activity plans and budgets to be aligned within health sector plans and budget
- Focus on cause of the problems; spiritual and emotional aspects

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INTRODUCTION

The improvement of women and children’s access to much needed RMNCH care and the achievement of MDG 4 and 5 require innovative approaches to service delivery and establishment of strategic partnerships. A potential strategy for reducing maternal and child mortality in high burden countries like Uganda is the development of strong partnerships with the faith based organizations.

In Uganda, religion permeates every aspect of life, it provides a framework for personal conduct, an established view on family life and organized communal activities. Religious leaders are by far the most important opinion leaders in communities that can help to shift social norms in a positive way. Hence, the MOH is looking at strengthening partnership with Religious Leadership for reducing maternal and child mortality in the country. Religious leaders can play an important role in community to ensure uptake of key life-saving interventions under Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCH), both by promoting and directly mobilizing the community to seek these services.

It is in this context that the MOH in collaboration with UNICEF, GAVI and other partners organized a National Religious Leaders Orientation Session to unite over 600 religious leaders from across the country to support maternal and child survival in Uganda.

The meeting focused on orienting the Leadership on the life cycle approach and building a common understanding on the role of religious leaders during critical time periods on the continuum of care throughout the life cycle; adolescence, pregnancy, child birth, the post-natal period and childhood. Great strides have been made in the past several years to gain the support of religious leaders in changing the hearts and minds of the community in support of maternal and child health including; immunization, HIV Aids, CHD/FHDs, and nutrition etc. However, much still needs to be done in order to ensure that these successes continue.

On the demand side several barriers exist to the utilization of RMNCH service; women often lack knowledge and decision making power to avail critical RMNCH services before during and after delivery. Women who may face complications often are not part of the decision regarding the potential course of action. In addition, several religious and cultural practices exist in many parts of Uganda that threaten maternal and neonatal survival; Ingestion of herbs to quicken labor, refusing caesarian section on the pretext that women need to deliver normally to prove woman hood and culture of silence/non expression of pain. Religious leaders can play a critical role in influencing families to give up these harmful practices and adopt positive behaviours to improve maternal and child survival outcomes.

Evidence based communication strategies to increase knowledge and change attitude, behaviour norms at individual, community and societal level are essential to eliminate key demand side barriers and this cannot be done without the sustained support of the religious leaders.

The MOH is committed to reaching the most marginalized and excluded populations in Uganda with high impact RMNCH services. This will entail engaging all relevant sectors in the drive to increase demand for these services and reduce maternal and child mortality in Uganda. Religious leaders are a key stakeholder with considerable influence in their respective communities and can drastically change maternal child survival outcomes in Uganda with their collective support.
OBJECTIVES

i. To raise religious leaders’ awareness on reproductive, maternal, newborn and child health matters.

ii. To orient religious leaders on the continuum of care using the life cycle approach to address health issues.

iii. To strengthen partnership with religious leaders in promoting uptake of health services by their respective congregations.
MEETING PROCEEDINGS

WELCOME REMARKS FROM IRCU; BISHOP OF MITYANA DIOCESE, RT. REVERAND DR. STEPHEN KAZIMBA MUGALU

Noted that despite the statistical analysis improving maternal and child health needs everyones effort.

He highlighted the challenge of scaling up actions to generate results and that the meeting allows partnership to maximize areas of strength and not undermine the work of each other and focus on building collaborative partnership.

His prayer was that the meeting acts as a spring board for action to improve maternal and child health and working together to transform lives, communities for a better future.

““To optimize results we need to adopt integrated approach and the council pledged to play their role in their communities to move people to taking action, energize social movements, create demand and support the principle of universal access through the IRCU structures.”” - RT. REVERAND DR.

WELCOME REMARKS FROM MINISTER OF STATE FOR PRIMARY HEALTH CARE, HON. SARAH OPENDI

She welcomed and thanked all for accepting to attend this very important meeting. She thanked the IRCU for partnership with the health a key factor for socio economic development. She acknowledged the role of IRCU on the road to achieving Sustainable Development Goals; 42% of health care is provided through Faith Bases Organization.

She emphasized the need to focus on correct health information and messages to impact on health of mothers and children. She re-echoed the objectives of the meeting and that the meeting offers an opportunity to review progress, identify challenges and to strengthen our commitment.

At the end of the meeting, a declaration will be signed

PRESENTATION FROM THE DIRECTOR GENERAL HEALTH SERVICES

Highlighted the progress made with RNMCAH interventions from 1990 to date

CAPTION:Non dium dit? Nostem la morterem. Rissulin si speris. Fulocrus, convocuBultus, quidem
### TABLE OF ACHIEVEMENTS

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<tr>
<th>INDICATORS</th>
<th>1990</th>
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<td>94.9</td>
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<tr>
<td>Total Fertility Rate</td>
<td>7.3</td>
<td>6.9</td>
<td>6.2</td>
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</table>

She shared the trend of immunization coverage Improvement from 2012/2014 that showed general improvement and emphasised the target to reach all children with the 11 antigens free of charge despite this coverage we still have a challenge of under immunized and un immunised children that leaves communities vulnerable to outbreaks of the targeted diseases. The PVC was introduced 2013 April and there is a plan to introduce HPV vaccine in October this year. Uganda has not registered any world polio virus since 2011 even with outbreaks in the neighbouring countries. Progress was also noted in the reduction of HIV transmission, Mother to child it was 28,000 in 2011 and reduced to 8,000 in 2014. There was also notable reduction in new HIV infections. In some parts of the country the prevalence of malaria has reduced to less than 10%. The audience was requested to take up proper use of existing control measures like the use of the distributed mosquito nets and adhered to clinical care. She said that today 18 mother’s die daily in child labour. She thanked His Excellency for declaring that all maternal deaths should be notifiable to the Ministry of Health to allow for investigations and audit. To deal with one of the causes of maternal death that is anaemia and blood loss, four regional blood banks were established in Mbarara, Gulu, Mbale and Fortportal regions.

### CHALLENGES

Among the challenges she highlighted low staffing levels: 1 midwife:18,000 women as compared to the WHO recommendation of 1:500, low demand for delivery at health facilities (56%), delay in seeking care, low demand for contraception, lack of coordination of partners and their activities and limited availability of youth friendly services. Stunting levels in children under 5 (33%), high adolescent birth rate (19%), hand washing (32%), lack of information for decision making. Attention and funding is not focussed on priority areas.
MOVING FORWARD:

We need “business unusual” involving all key players and an action agenda based on renewed commitment to partnership, promotion of innovative actions and approached to scale up and replicate services. Using a promise renewed sharpened RMNCH plan, government and its partners by incorporating these five strategic shifts into national actors by; lead the effort in implementing the sharpened RMCH plan, cost the strategies and set measurable benchmarks, deepening engagement with partners with a goal of aligning resources to a common plan and accountability framework.

In her remarks the Director General highlighted the roles of civil society organisations, parliamentarians, private sector, multilaterals and faith based organisations.

IRCU PRESENTATION

Ssenyonjo gave us a brief history, composition, roles and mandate of IRC. He gave highlights of what the FBOs are doing in Uganda, achievements challenges and plans. He highlighted the need for capacity building among the religious leaders. The presentation emphasised their will to boost national efforts in responding to RMNCH needs.

The meeting was shown documentaries highlighting activities and success stories by the IRCU and immunization milestones.

BRIEF UPDATE TO H.E BY HON. SARAH OPENDI, MINISTER OF STATE FOR PRIMARY HEALTH CARE

She gave a summary update on what had been covered in the morning session and Notable issues is wrong religious sects against health interventions, school teaching material promoting homosexuality and need to follow up on the immunization bill.

REMARKS FROM HON MOH, DR. ELIODA TUMWESIGYE

Nearly every church in Uganda has a church and every parish has a mosque, therefore this is an opportunity to be harnessed by MOH. He also noted that the contribution of PNFP is significant in provision of health care.

PNFP facilities get some financial support whose support is dwindling due increasing number of Health facilities calling for a need to devise alternative funding mechanisms for example the reproductive health voucher. He thanked HE for 1b support to IRCU. He updated the meeting that Uganda is one of the beneficiaries to global support that will target PNFP and strengthening HCIII structure and the upcoming Constituency health assembly.
SPEECH HE YOWERI KAGUTA MUSEVENI

Key highlights:

He stressed the need for religious leaders to promote positive practices, while quoting biblical stories. He quoted Mark 6:30-43, noting that although religious leaders can not perform miracles like Jesus but encourage people work to feed themselves, families, church and the country.

He has observed wide spread poverty across the country in all faiths and challenged them to counter the belief that poverty is synonymous with faith;

• All believing households must be exemplary in wealth creation. Christians and Muslims must be exemplary to be able to attract followers. Money is needed to live decently, to support fellow men and the church/mosque. We live on fertile land but have wrong attitude, poverty is an attitude.

• There is need to shift the focus on subsistence farming (hand to mouth) leaving no savings to ensure food and income security.

• For wealth creation, all must be involved, no need for spectators

Health issues

It is easy to ensure health; e.g establishment of the immunization program of which have made a high impact in the population increase for 14m to 35m.

Highlighted the need to immunize adults against hepatitis starting with high risk districts.

Government to deal with defaulting religious sects e.g some religions discourage many health interventions like immunization.

“Immunization cannot work in isolation but hand in hand with other health interventions more difficult to control e.g hygiene and sanitation, Safe water, nutrition-balanced diet.”

- HE YOWERI KAGUTA MUSEVENI
Asked the MOH to provide nutrition information in detail not in general, Behaviour change issue has been tackled well by religious e.g spread of hepatitis, alcoholism. Behaviour (discipline) is key for development. Good health, you can achieve much. Commented on the ongoing malaria crisis and advised MOH to develop a mechanism of dealing with mosquito. Need to equip religious leaders and other change agents with key health facts. He pledged support and sustainable financing for the IRCU.

ANSWER SESSION BY TWO MATERIALS
Resolutions were presented

COMMENTS ON DECLARATION
• Enhance or rephrase the family planning section
• Section on sexual and reproductive health- homosexuality stand should be clear
• Change unwanted pregnancies to unplanned pregnancies
• Focus on couples and not only women for family planning; support couples make informed decisions

Signing of the declaration by the 7 Heads of the IRCU
Signing of the declaration by the Ministers of Health
CLOSURE
Hon MOH thanked all guests for turning up for joining efforts to ensure health our population, Gavi and UNICEF, and other partners, heads of the religions that turned up, H.E for opening the meeting despite his busy schedule. Thanked the IRCU for the work done and He pledged his availability for the IRCU to move the work forward an welcomed Archbishop to close the meeting.

CLOSURE BY THE HIS GRACE ARCH BISHOP OF UGANDA DR. STANLEY NTAGALI
• Thanked MOH and UNICEF for organizing this important meeting.
• Religions committed themselves to mobilizing communities take responsibility for their health.
• Thanked GOU for recognizing the potential of religious leaders in achieving health for all.
• Thanked president for the support to IRCU
• Thanked the organization of meeting and MOH for this partnership and pledge support to achieving health for all.
• He recommended if the controversial book is seen, burn it.
• Asked Bishop Odama to give a closing prayer
Con nercerum unihilin hos, P. Solus ex num qui condam apervivium di publicit; ia oc, suam