BETTER HAG Uganda

(Better Health Action Group Uganda)

"Strengthening Synergies for Improved MNCH, SRHR, HIV Prevention and OVC support"

Organization Profile

Introduction

Better HAG Uganda (Better Health Action Group Uganda) is a registered and incorporated Non-Government, Non profit-making Organization (NGO), with the National NGO Board - **Registration Number: S.5914/9007**. Better HAG Uganda was started in 2008 by a group of health rights and development activists to respond to poor sexual and reproductive health among primarily women and youths, high HIV prevalence; skyrocketing maternal, neonatal and child mortality rates as well as the general inadequacy in the support availed to the ever growing number of disadvantaged children (OVC) nationwide.

Vision

We seek a world of better health with no cases of preventable maternal, newborn and child deaths, where people can access sexual and reproductive health (including HIV and AIDS) services as well as exercise their health rights, and where vulnerability to children in all angles is greatly reduced.

Better HAG Uganda will be a national force and a partner of choice within a nationwide pursuance towards improved maternal, neonatal and child health (MNCH), SRHR, HIV and AIDS incidence and prevalence and OVC. We wish to be known everywhere for our indelible commitment to addressing these not only Ugandan but also global public health concerns.

Mission

To promote better health with specific regard to SRHR, HIV/AIDS, MNCH and support to OVC through partnership, advocacy, networking, capacity building and meaningful involvement of all people irrespective of race, age, sex, level of education; religious and political affiliation, health as well as socio-economic status.

Better HAG Uganda's Thematic Areas

- Sexual and Reproductive Health and Rights (SRHR)
- HIV and AIDS
- Maternal, Neonatal and Child Health (MNCH)
- Orphans and other Vulnerable Children (OVC)
- Climate change mitigation and adaptation (through integration)

Core Values
Better HAG Uganda is guided by and believes in the following core values:

- ***Integrity and Accountability***
  The organization shall conduct all her work with utmost honesty and transparency. We shall not only do whatever is in our means to enhance good conduct in all our interactions at project and communication level but also accept responsibility for our actions.

- ***Excellence***
  Better HAG Uganda shall always promote project/program result-oriented hard work amongst staff that not only gives credit to its human resource but also contributes greatly in the achievement of her goals and strategic objectives.

- ***Respect and Equal Treatment***
  We shall promote equal treatment for all people irrespective of age, sex, level of education, religious and political affiliation as well as socio-economic status. We shall also uphold the dignity, value contributions and potential of every individual.

- ***Timeliness***
  Better HAG Uganda shall ensure that all her deliberations, projects, programs and reporting be done within the stipulated time frame.

Location & Communication Address

Better HAG Uganda has Head Offices on Plot 147, Kisingiri Road, Off Sir Albert Cook Road, Mengo Kampala. We have active district branch offices in Mbale (Bukikali T/Council, Lwaso Sub County) and Manafwa district on St. Lawrence House, Main Street, Magale Town Council-opposite the Play Ground. We also have a small office in Kibaale-Rakai but our operations have since mid 2012 been stalled due to financial constraints.
We can also be reached by email on; **health@betterhaguganda.org**, **info@betterhaguganda.org**, **info.betterhaguganda@gmail.com** or **Office Telephone** on +256 (0) 414 695 288 and Cell phone: +256 (0) 775 926 928.
Website: www.betterhaguganda.org

Strategic objectives
a) To enhance access to sexual reproductive health and rights for women and girls (not limited to) through awareness creation and advocacy
b) To contribute to a reduction in HIV prevalence and incidence rates in Uganda
c) To enhance comprehensive enlightenment of the Ugandan population, particularly of birth giving females about Maternal, neonatal and child health (MNCH) with specific regard to integrated preventive health care, child spacing, pregnancy, birth and the period thereafter, including HIV/AIDS.
d) To enhance care and support for orphans and other vulnerable children in Uganda
e) Strengthen advocacy for individuals, groups and networks in pursuit of better health in regard to SRHR, HIV and AIDS, MNCH as well as recognition and support towards the plight of orphans and other vulnerable children.
f) To enhance economic empowerment for primarily women, girls and OVC in Uganda.

Activities and/or Programmes

Our key areas of work at Better HAG Uganda include but not limited to the following:

- HIV Counseling and Testing through community outreaches, door-to-door, church based
- Community awareness and education campaigns on gender based violence
- Dialoguing with leaders of the customary law: the traditional and cultural leaders as well as clan heads in a bid to change the negative perceptions and beliefs on the status and rights of women and girls
- Establishing community referral and protection (COREP) centers for women and girl survivors of GBV
- Staging live theatre presentations on the twin pandemics of HIV/AIDS and GBV
- Conducting medico-legal operations on victims of GBV
- Effective IEC/BCC material design, production and distribution
- Maternal, New born and Child Health (MNCH) comprehensive knowledge awareness campaigns (including its linkage with HIV and AIDS) through integration
- Community dialogue on advocacy issues in regard to MNCH and HIV and AIDS
- Sexual and reproductive health awareness creation and advocacy
- Condom programming (sensitization and distribution)
- Reaching out to young people in school with accurate messages on HIV prevention and gender based violence
- Conducting community feedback sessions with beneficiaries to inform project progress, evaluation and recommendations for future programming
- Mosquito nets distribution to pregnant women and children
- Referral and follow up of clients (especially those living with HIV/AIDS) to specialized institutions for specialized care and support
- HIV prevention and SRH information for young people in and out of school
- Basic support to the disadvantaged children (OVC)
- Advocacy on health rights issues in regard to MNCH and HIV/AIDS
- Livelihood programmes: Economic empowerment for women, girls and OVC. These include 8 Village savings and loans associations (VSLAs) in only Manafwa district.
- Networking with other partners

Achievements

- Better HAG Uganda has successfully counseled, tested and given HIV test results to 8,129 people since October 2011. 58% of these are females. 179 people (126 females) have been referred to specialized institutions for CD4 Count Diagnosis, treatment and ongoing counseling on HIV and AIDS. We also do follow ups to ascertain adherence and track loss to follow up clients.
- Have provided confidential legal support and advice to 691 women and girls since 2011.
- Better HAG Uganda has established 6 community referral and protection (COREP) centers in different communities in Manafwa district that are currently housing 34 GBV victims
- We have also successfully counseled 46 GBV perpetrators (men) and reconciled them with their wives
- Through community dialogues, we have changed 711 traditional, cultural and clan

leaders' perceptions towards men and girls in the GBV spectrum. They are now ambassadors of women and girls' inheritance and property rights, zero tolerance to wife battering, early/forced marriages and widow inheritance among others.

- We have supported 89 orphans and other vulnerable children in the district of Manafwa with items such as blankets, basins, soap, sanitary towels (for girls), cloths,
- Working with Manafwa district local Government, we have distributed 500 long lasting mosquito nets to 337 expectant women and 163 OVC households.
- Established 8 village savings and loans associations for women and older girls in the district of Manafwa. This is boosting investment/income generating projects for this group of people in the district.
- Reached over 1900 young people in secondary schools with accurate messages on the twin pandemics of HIV/AIDS and GBV

Key challenges and gaps experienced in our area of work

- ❖ Inadequate funding to reach out to all our target population nationwide
- ❖ Transport up country (Eastern Uganda given its hilly terrain). It is worse during the rainy season as we do not have a 4x4 wheel drive vehicle
- ❖ Inadequate remuneration for our key staffs
- ❖ Inadequate office equipment like furniture, computers (lap tops), multi-function printer/photocopier. This includes inadequate office space.
- ❖ The ever increasing demand for our services in the communities

Coverage:

Better HAG Uganda is a **NATIONAL** Non Government Organization. However, due to resource constraints (especially financial), the organization is currently operating in the two districts of Kampala (Central region) and Manafwa (Eastern region) with the Head Offices in the former.

Map of Uganda *(Look out for our districts of operation currently i.e. Kampala-Central region; Rakai in South, Mbale and Manafwa-Far East of the country)*

Key Partners

Better HAG Uganda partners with individual persons, the private sector, Civil Society Organizations as well as the Government both directly and indirectly, at local, national and international levels.

Key development partners include;

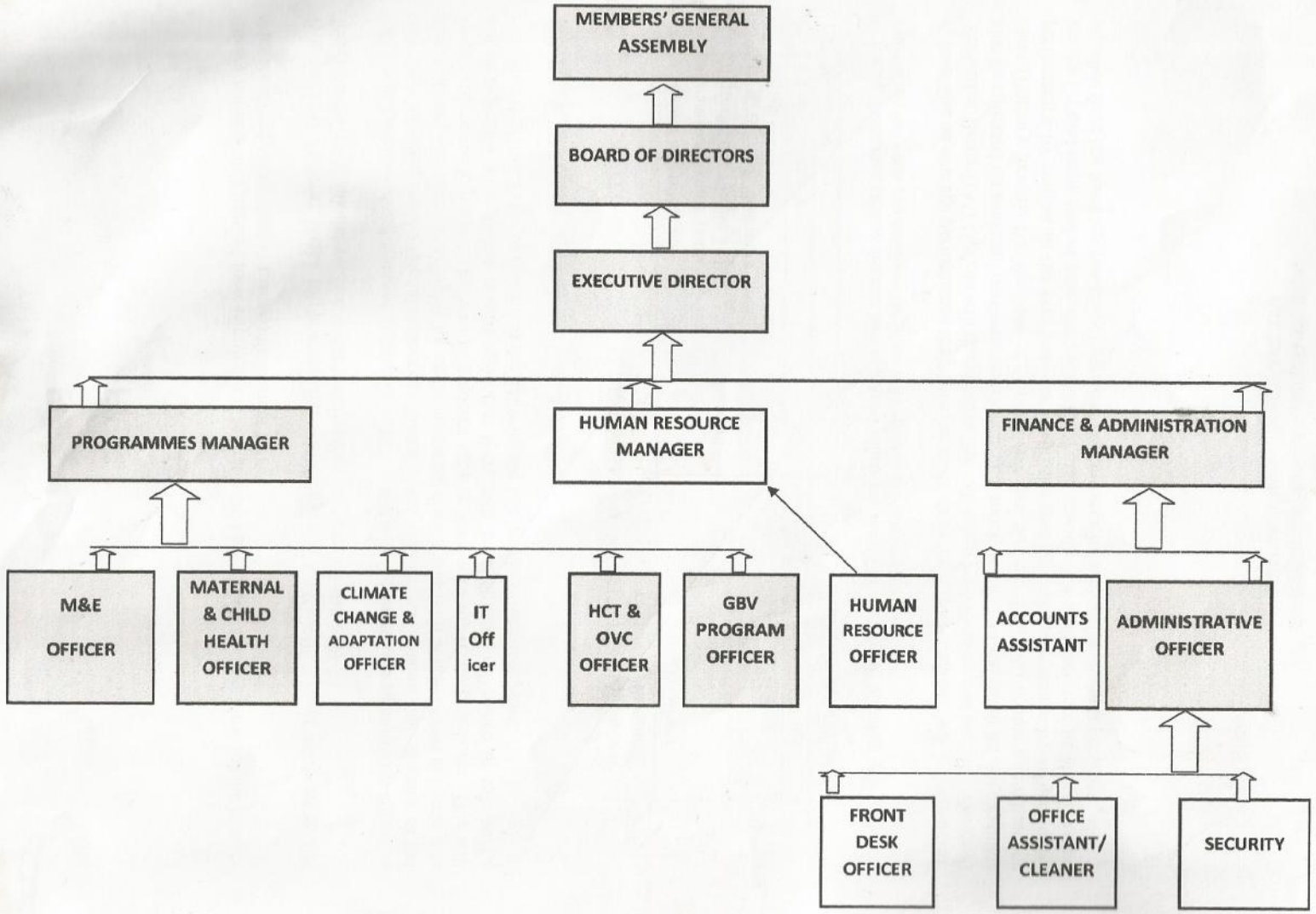
1. African Women's Development Fund (AWDF)
2. UNFPA,
3. American Refugee Committee International-Uganda Program

Implementing partners include; Community Health Alliance Uganda (CHAU), Community Health and Information Network (CHAIN) Uganda, SAIL Uganda, Magale Women Alliance against HIV/AIDS-MWAA (local/CBO), Sorry comes after danger-SCAD (local/CBO), Magale Health Center IV, Buwambwa Baptist Church-Magale, KCCA, and Manafwa District Local Government.

Organizational structure

Better HAG Uganda is a members' organization with a Board of Directors constituting of 9 members (5 females) who provide oversight over the Secretariat made up of 8 members (4 females) headed by the Executive Director (National Coordinator)-*see organogram attached.*

BETTER HAG UGANDA ORGANOGRAM



KEY: SHADED BOXES = FILLED POSITIONS

Appendix A

Overview of the Problem being addressed

While contraceptive knowledge and approval of contraception among adolescents is high, the level of actual use among sexually active adolescents is low. Recent UDHS data show that:

i. While 96% of married women know of at least one contraceptive method
ii. And 95% know of at least one modern method and;
iii. More than three-quarters of both male and female adolescents approve of family planning:

Only 30% of them have ever used a method. This percentage of ever use of a contraceptive method is higher than the 1995 figure of 24% ever use among married. Among all sexually active 15–19-year-olds, 35% of females and 44% of males have ever used a modern method, the majority of them using the male condom. Some of the reasons given for contraceptive nonuse include side effects; lack of appropriate knowledge about methods; opposition to use (personal, social and religious); misconceptions attached to safety of use; and costs related to purchase. In 2000–2001, the main reasons for nonuse of contraceptives among married women aged 15–29 who were not using and did not intend to use a contraceptive method included side effects (30%), intention to get pregnant (12%), partner's opposition (10%), health concerns (10%) and religious prohibition (5%).

Today, with the influx of unregulated internet and video libraries, many Ugandan adolescents have a tendency of identifying with pornography whether in school or out of school. It is important to note that pornography poses a great danger to young people as: exposure to pornography threatens to make them victims of Sexual Violence, results into sexual illnesses, unplanned pregnancies, and sexual addiction, may incite them to act out sexually against other adolescents, negatively shapes their attitudes and values as well as interfering with young people's development and identities.

In addition, there are lots of information gaps on sexual and reproductive health issues especially for the young people. Worse to note here is that peer influence has continued to be the core source of information on this subject yet information shared at peer level may not be accurate. It should therefore be noted that the unique needs of young people require a unique approach that ensures a systematic flow of updated correct information for any effective response on adolescents' reproductive health concerns.

A lack of basic needs is an important root cause for adolescents' high risk sexual behavior as it inhibits taking protective measures like buying condoms, perpetuates early sexual debut especially for girls. Inability for parents to afford basic necessities implicates trading off girls into early marriages with it associated risks. By parents sharing one room with children, children grow up seeing or hearing their parents' sexual activities making them perceive sex as normal hence the urge to experiment at an early age.

These factors that put young people to the risk of sexual and reproductive health problems need well thought of interventions and partnership. Note that this is well pronounced in the rural Uganda where knowledge levels on SRH are too lacking.

On the other hand, Uganda's maternal mortality ratio remains high at 435 per 100,000 live births with 6000 mothers dying annually meaning 16 mothers dying every day which is still far from the set reality under Millennium Development Goal (MDG) 5 of 131 per 100,000 live births by 2015 and similarly, the Infant and Under Five Mortality Rate of 76 per 1000 live births and 137 per 1000 live births respectively. Inadequate access to skilled attendance at birth, emergency obstetric care, contraception, safe abortion services and comprehensive post-abortion care has aggravated maternal and newborn mortality in Uganda.

Other factors include Malaria which continues to put lives of many expectant women, newborns and under five children at serious health risks; gender discrimination characterized by persistence of customary law discrimination towards women, violence against women and girls as well as deep-rooted cultural norms, customs and traditions including forced and early marriage as practices that continue to constitute serious obstacles to the realization of good maternal health.

The low status of women in society and their dependency on others, financially and in decision making, undermine their autonomy and negatively affect their ability to access essential maternal health services. About 31% of the population still lives in absolute poverty (below $1 per day) thus many rural women experience precarious living conditions making a large proportion of them unable to access emergency obstetric care in time, since they lack enough resources e.g. for transport (despite public hospitals providing free maternal health services).

There is further a direct link between harmful traditional practices and the spread of HIV/AIDS, which is a major cause of indirect maternal and child mortality not only in Uganda but also in Africa as a whole. It is estimated that about 1.4 Million women will get pregnant annually and approximately 6.5% of them are infected with HIV, translating to about 91,000 HIV infected pregnant women.
In essence, the rights-holders (women and girls) are lacking empowerment to claim their right to quality maternal health services. They also lack the right and accurate information and knowledge on good maternal health practices as well as their right to be protected from harmful practices. This therefore calls for serious civic education in addition to encouraging rights-holders to claim their rights from the relevant and/or would be concerned authorities.

According to the 2004-05 Uganda HIV/AIDS Sero Behavioral Survey (UHSBS), 6.4% (or slightly over 800,000 people) of adult population in Uganda are infected with HIV. Overall, there has been a declining trend of HIV infection from a peak of 18% in 1992 to the current figure. The international target is to halt, by 2015, and begin to reverse the spread of HIV/AIDS.

But despite the sustained declining trend of HIV/AIDS prevalence, it remains a significant threat to human and economic development. Over one million cumulative HIV/AIDS-related deaths have been reported since HIV/AIDS was first recognized in the country; and HIV/AIDS remains one of the major causes of morbidity and mortality in Uganda.

HIV/AIDS has orphaned scores of children. Uganda has about two million orphans, 45% of whom are the result of HIV/AIDS - yet the number is rising. HIV/AIDS has created long-term impacts on the education system, which include mortality of children and teachers. The pandemic has also adversely affected labor productivity and output in all organizations through decimating the workforce, especially skilled personnel.