



HEALTH

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Despite significant effort made in global healthcare, women and children in low-income countries continue to die in high numbers before, during, and after deliveries. Many Mothers suffers in the hands of unknown and known medical conditions that causes death during pregnancies, at birth and after birth arises from heart disease, pre-eclampsia or eclampsia brought by high protein in the body of a pregnant mothers is one of the emergencies that kills in few minutes or hours, ectopic pregnancy, cause of taking Arterether drug by pregnant woman, risk of a woman who has been delivering by operation, malaria, ignited abortion, HIV/AIDS. Causes of death of babies during delivery mentioned few like high and low uterus waters, congenital abnormalities etc. It also noted that there are many conditions that causes death after child birth, and these include among others bleeding postpartum hemorrhages, postpartum eclampsia, puerperal sepsis and fever (that is infection out of product of labour). Prescription of children from preventable diseases like respiratory infections, malaria, and diarrheal disease.

DMS' public health focus therefore continues to be on the reduction of maternal and child mortality in vulnerable communities through innovative health networks support, improve poor facilities and increment of facilities such as maternity departmental infrastructures, equipments, supplies, capacity building training and exposure of midwives and gynaecologists and medical assistants. Improve medical water, sanitation, and hygiene (WASH) and nutrition programs.

In 2013, the health sector portfolio expanded with new approaches introduced, new donor partnerships formed, and the recruitment of a new development Health Advisor based out of East Africa. DMS continued to widen her rural and urban



health programs in health focus area and our health system strengthening for case regions of Uganda. DMS' health programs based with communities, civil society, and government structures to address local and national gaps in healthcare provision. Stakeholders work together to design, implement, and monitor programs that strengthen the health system and have people at the centre of their own development.

Youth engagement, especially working with adolescent parents in urban areas, was further developed during the year. While pregnancy-related complications are the leading cause of death among adolescent girls in the developing world, working with young people to be the drivers of their own development leads to improved health-seeking practices, including family planning and proper nutrition for their children. We also made significant advances in the nutrition sector for the past 3 years, with our support to Nutrition Program; we have been able to help 2000 children in preventing and managing moderate malnutrition in rural and urban areas.

Capacity Strengthening

In Apac, Oyam and Lira, we trained 33 Village health team (VHTs), traditional birth attendants (TBA) in family planning advisory, follow up and care for mothers, pregnancy mapping, counseling and referral, and institutional delivery, antenatal attendance and care (ANC) and postnatal care services.

We also trained government health midwives in lives saving techniques and referral handling on various cases issues, such as unwanted pregnancies; HIV and AIDS; the basic prevention and management of outbreaks of diseases like malaria, acute watery diarrhea, and measles; and on long-term family planning methods.

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We implemented a comprehensive and integrated primary healthcare programme in local partnership with 12 healthcare facilities we improved access to quality healthcare operations by control of communicable diseases; community health prevention and control; curative care; community-based nutrition interventions; reproductive healthcare, WASH and therapeutic actions.