



**HEALTH AND SANITATION PROGRAM (HSP)
INTERVENTION**

REPORT 2020

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Abbreviations

Abbreviation	Detail
ICDC	Conflicts and Disaster Control International
CMP	Conflicts Management Program
DMP	Disaster Management Program
HSP	Health and Sanitation Program
MMR	Maternal Mortality Rate
REMAC	Resource Mobilization and Advisory Committee
UGX	Uganda Shillings
USD	United States Dollar

1.0 ICDC Overview

ICDC is a humanitarian Organization whose foundation was grounded on the basis of ensuring Disaster Secure Communities, Fostering Harmonious Living, Tolerance, Peaceful Cultural Integration & Co-existence, with Improved and Exciting Livelihood.

Aware of the vast needs of harmonious cultural integration, controversial land tenure systems, industrial eruptions, day to day emerging conflicts out of tribal & cultural variations, unpredictable natural calamities, and Poor health & Sanitation; Believing that universal and lasting peace can be established only if it is based upon social justice; Understanding that health is not mere absence of disease, but a state of complete physical, mental, and social well-being; Realizing that effective conflict resolution requires regular awareness and constant engagement of stake holder parties; moved by sentiments of justice and humanity as well as by the desire to secure permanent peace and welfare of the community, the founders of ICDC thereby agreed to establish a purely humanitarian Organization under the name Conflicts and Disaster Control International (ICDC).

Starting with its operationalization in Uganda, ICDC recognizes that most communities are fully multi-tribal but also the surrounding environment is endowed with rich natural resources that escalate tension. Like most of the communities in Uganda, the level of illiteracy is very high and consequently lack of awareness. Coupled with progressive uncontrolled births, immigrations due to wars and conflicts, immigrations in search of greener pastures for improved livelihood, the population grows day by day, with conflicts, wrangles, and epidemic disasters spanning the communities. Bloodshed is one other option that the uninformed communities resort to while trying to resolve their conflicts especially in land issues, encroachment in forests, to mention but a few.

1.1 Mission

Facilitate and resolve conflicts, natural calamities and disaster awareness campaigns and prevention amongst communities in all areas that affect family livelihood and pertaining to natural resources, environment, and health & sanitation.

1.2 Vision

Ensure an intuitive cultural integration with a motivated and empowered community living sustainably, while focused on being the leading humanitarian organization that alleviates all community related issues.

1.3 Core Values

ICDC is driven and guided by the following core values:

- i. Fostering harmonious Living and Tolerance.
- ii. Peaceful Cultural Integration and Co-existence.
- iii. Disaster Secure Community.
- iv. Improved and Exciting Livelihood in a family

1.4 Objectives

- i. Create awareness to the formal conflicts and dispute resolution procedures in communities while reinstating values of humanity.
- ii. Record, track, monitor, and manage conflicts that arise amongst communities. This will include the type of conflict e.g., tribal, land, violence, etc.
- iii. Evaluate the likelihood of disaster occurrence based on any foreseen indicators in ICDC geographical area of operationalization and setup counter and mitigation strategies.
- iv. Recruit ICDC scouts for emergency response and setup facilities to counter disasters.

1.5 Operational Content Scope

ICDC will operate in Three Core Thematic Areas under three Programs that Include:

- i. Conflicts Management Program- CMP
- ii. Disaster Management Program -DMP
- iii. Health & Sanitation Program - HSP

2.0 Statement of the Problem

There has been a high incidence of maternal mortality rate in Uganda, as evidenced by the prevailing statistics. According to a recent report by UNICEF, 440 deaths occur per 100,000 live births. Also, one woman out of every 49 die of a maternal complication related to pregnancy or delivery. This situation arises from several factors including inadequate drugs and equipment, delays by health staff to attend to mothers, which eventually hinder the quality of services offered to mothers during delivery hence resulting into maternal death (Government of Uganda. Save the Children, UNICEF, WHO; 2008). As noted in the WHO report on “Country cooperation strategy at glance” (May 2018) the government and other Non-governmental organizations have attempted to address problems associated with maternal healthcare, but more input in terms of infrastructure, equipment, and trained medical personnel is still required. This is evidenced in a UN report that was released in Uganda National Newspaper, New Vision (September 2019) where it is noted with concern that Uganda has registered a slight progress on maternal and child healthcare.

Though there are more hospitals and health centers that are lacking basic equipment in the delivery wards, Tororo Hospital became our first choice because of a new story that was aired on May 4th, 2019, (<https://www.youtube.com/watch?v=qTDi65smoLY>) by a local television station, NBS about healthcare systems in Uganda. The story showed how the hospital staff was struggling to contain the situation as mothers delivered on the hospital floor due to lack of ward delivery beds. This incident compelled us as ICDC to be part of the solution as we offer ward delivery beds.

As a humanitarian organization with an aim of ensuring that we all live in a secure and healthy environment and through our Health and Sanitation Program, we developed a strong feeling about our mothers who deliver via hardships and others dying during the process of giving birth.

It is against this background that we decided to come in and take action by procuring and delivering 4 ward delivery beds to Tororo general hospital, with the help of our partners and well-wishers. The hospital is located in the central business district of the town of Tororo, in Tororo District, in the Eastern

Region of the country, approximately 208 kilometers by road, east of Kampala, Uganda's capital and largest city.



Tororo General Hospital Entrance



ICDC Arrival at the Hospital

3.0 Budget, Resources & Accountability

Our finance team came up with a budget of UGX 11,050,000 (Approx. USD 3,157.14) that was forwarded to the Resource Mobilization and Advisory Committee (REMAC). Having been approved, members of ICDC and other well-wishers made contributions towards this noble cause; to provide ward delivery beds to Tororo Hospital.

3.1 Resources / Contributions Received

We managed to receive a sum of UGX 5,490,000 equivalent to US\$ 1,465 from the following partners and well-wishers.

1. Drishticon Inc., USA
2. Prof. Kochli Daniel
3. Ms. Donna Saffren
4. Mr. Kugonza Kasaija
5. Mr. Samson Mebraht
6. Mrs. Cleophas Ssemakula
7. Mr. Wogisha Benjamin
8. Mr. Ndenzi Gilbert
9. Ms. Kimbugwe Claire

3.2 Budget Breakdown for ICDC Hospital Maternity Beds Purchase & Delivery (BPD)

#	Item	Qty	Price	Total
1	Ward Delivery Beds	4	1,800,000	7,200,000
2	Transport-Beds	1	950,000	950,000
3	Media	1	500,000	500,000
5	Stickers	10	20,000	200,000
6	Allowances	4	100,000	400,000
7	T-shirts	20	15,000	300,000
8	Capes	20	10,000	200,000
9	Pull up banners	3	100,000	300,000
10	Miscellaneous	1	1,000,000	1,000,000
	Total, UGX (=)			11,050,000
	Total, USD (\$)			3,157.14

3.3 Actual Expenditure

#	Item	Qty	Price	Actual exp.
1	Ward Delivery Beds	4	1,100,000	4,400,000
2	Transport-Beds	1	710,000	710,000
3	Media	1	562,000	562,000
5	Stickers and Banner	8	15,000	132,000
6	Allowances	3	40,000	120,000
7	T-shirts	5	25,000	125,000
	Total, UGX (=)			6,049,000
	Total, USD (\$)			1,634.86

4.0 Procurement of Beds

Four maternity ward beds with their hospital folding screen and steps were procured from Kampala with the guidance of the hospital superintendent. This was in a bid to provide quality and enable us to supervise the process of making them in Kampala.

5.0 Hospital Beds Delivery & Handover

After procurement of 4 Ward Delivery beds with hospital folding screens and steps on 9th November 2020 in Kampala under the guidance of the hospital superintendent, 3 ICDC representatives, i.e., Mr. Kusemererwa Morris, Ms. Naturinda Enid and Mr. Namanya Brian embarked on the journey to Tororo Hospital Eastern Uganda to deliver them. The ICDC representatives were warmly welcomed by the hospital superintendent and team, who thanked ICDC for the generosity portrayed towards the mothers of the country.



ICDC and Hospital representatives



ICDC hands over the four sets of delivery beds to the Hospital

6.0 Hospital Management Response

Dr. Ochar Thomas, the hospital superintendent and team were overwhelmed with joy and wished to have more individuals and organizations adopting the spirit of ICDC Uganda, as they provide assistance to the hospital that will impact positively on the lives of many who are in need.

He affirmed that the ICDC intervention will greatly improve healthcare of pregnant mothers during antenatal and delivery process, as the hospital doctors and nurses will be able to attend to mothers more effectively. This will reduce on the maternal mortality rate.

He further thanked ICDC Uganda team for fulfilling their pledge despite the disruptions due to COVID 19 pandemic which extended the agreed date of delivering the beds as earlier discussed in February 2020.

7.0 Impact on the Hospital

The hospital superintendent pointed out that the beds will immensely reduce on the congestion in the maternity wards.

He emphasized that mothers will get more comfortable and improved care during delivery. More so, the labor ward will be more orderly and hygienic, enabling the nurses and doctors to do their work efficiently and effectively. In the long run, the number of mothers and babies who die in the process will be reduced (mortality rate). By June 1st, 2019 (<https://www.youtube.com/watch?v=yIMvSEiwrNg>) the hospital was able to deliver 400 mothers in a period of 1 month. We also hope that ICDC intervention will increase the number of mothers delivered at the hospital.

Due to the current political environment, the hospital superintendent was not able to discuss other critical areas in need of assistance but promised to discuss such issues after the political environment has normalized such that ICDC can come in and assist.

8.0 Challenges Faced by ICDC

- I. ICDC Uganda is still financially constrained despite the zeal to provide better services to the community and also people who are disadvantaged are in hard-to-reach areas.
- II. Transport challenges since ICDC has no company vehicle.
- III. Poorly facilitated officials.
- IV. Mobilization was done during the COVID 19 period which created serious movement restrictions, and even made it hard to mobilize funds from partners and well-wishers.

9.0 Way Forward

As earlier pointed out, the health care infrastructure and equipment are in a dire state to simply wait for government to take action with its prolonged bureaucracies, a window within which a hundred cases will have gone wrong. The good news is, the government takes care of major staffing and logistical needs. While working and coordinating with our partners, and well-wishers under HSP, ICDC intends to improve hygiene, and comfort in a number of identified health centers as models that will eventually influence government policies pertaining to healthcare infrastructure and equipment.

ICDC also intends to equip health centers (3 and 4) so that they are also in position to deliver pregnant mothers with ease. As a result, the main hospital will be decongested since the number of mothers who leave their nearby health centers to main hospital in search of better services will reduce.

We shall further identify more areas in urgent need, attention and action across the country in order to improve services generally.