Village Budget Clubs (VBCs) were formed with the objective of improving service delivery and demanding for accountability in Wakiso district. This was part of the Voice Accountability and Leadership project. Competent and reliable citizens were selected by the community and from two sub counties, two Village Budget Clubs were formed and trained in gender budgeting and leadership.

With support from the Community Budget Advisors, VBCs started their monitoring in eight schools and two health centers. At Nakitokolo health center, VBCs found an influx of patients in desperate need of antenatal care services. This was the only health center where women, youth and the elderly could seek
WATER, A NECESSITY FOR MENSTRUAL HEALTH MANAGEMENT

Situation at Kimengo Primary School before VBC intervention.

During the first monitoring visit, the Village Budget Club (VBC) members found out that Kimengo Primary School had no requirements for the girls to maintain good hygiene during menstruation i.e. jerrycans, basins and buckets. Students also had challenges accessing water since the water management committee had not given the school a copy of the borehole keys. As a result, students were limited to only fetching water in the evening.

Through the VBC interaction with the head teacher and the senior woman teacher, the VBCs found out that the school budgeted for emergency sanitary pads but due to the issue of water and other requirements, some girls were forced to remain home during menstruation.

After VBC intervention

During the engagement and interface meeting with the parents, duty bearers, influenced parents to appreciate girl child education and therefore support their girls to remain in school by providing them with sanitary pads. The head teacher also committed to increase the school emergency sanitary pads budget from 50,000/= to 100,000/=.

Girls are now accessing water at the school after it was resolved in the interface meeting that the water committee chairperson should give a copy of the keys to the school so that students are able to access water at any time.

The school bought requirements to use during menstruation like jerrycans and buckets for the girls to use for washing and cleaning themselves during menstruation. This has reduced girls absenteeism. They can now afford to maintain good menstrual hygiene during school time.

The enrolment of girls at Kimengo primary school has increased from 182 girls in 2017 to 205 girls in 2019. This is attributed to girls now accessing water and maintaining hygiene during menstruation while at school and getting support from their senior woman teacher who provides them with emergency sanitary pads.

Girls now have access to clean water
Disparities in education levels, and poverty levels are markers of injustice in society. Different mortality levels based on area of residence and age are also indicators of weaknesses in the capacity of the public health system to address the needs of the most vulnerable individuals in society.

Sexual and Gender Based Violence (SGBV) in Uganda is high with 60% of women having experienced violence compared to 53% of men.

One in four women report that their first sexual intercourse was forced against their will.

Women still lack full control of their own fertility, which is determined by their spouses and sociocultural norms and practices.

It is not easy to determine the actual investment in family planning (FP) and sexual reproductive health (SRH) programs by government because most of the services at health facility level are integrated, making it difficult to isolate specific time and costs allocated to FP and SRH.

Under the Voices for Health Project, FOWODE empowered community groups in Busia and Mityana districts with skills to track the distribution and use of FP/SRH commodities at rural health facilities; assess the quality of FP/SRH and adolescent health service delivery; and advocate for the prioritization and funding of FP/SRH interventions in district budgets. FOWODE also facilitated the formation of civil society family planning networks in Busia and Mityana, which provided a platform for district-level coordination of FP/SRHR interventions and the building of a collective voice of advocacy for increased financing and improved service delivery of FP/SRH.

The advocacy at district level, which was also amplified by FOWODE at national level, appears to have helped raise awareness and mobilize public sector resources. Notable results from this advocacy include the landmark development of the Mityana District Family Planning Costed Implementation Plan 2016-2021.
IMPROVING ACCESSIBILITY TO MATERNAL HEALTH SERVICES IN NAMUNGO

Since the inception of the Voice, Accountability and Leadership project in Namungo Sub-county, Village Budget Clubs’ capacity in advocacy and lobbying has enhanced with increased knowledge in gender monitoring and service delivery tracking across various service centres in both Health and Education sectors.

In the Health sector however, VBCs identified that Namungo sub-county was lacking good Health services as a result of having only one Health centre II serving a population of over 12,400 people. With regard to maternal health, mothers could travel over 20 kms to access delivery services at Ssekanyonyi H/C IV. Some mothers could not access this H/C IV for delivery services because they didn’t have means of transport available except boda bodas. This resulted into many mothers resorting to traditional birth attendants (TBAs) who could easily be accessible in a short distance of less than 5 kms. As a way forward, VBCs in Namungo sub-county started advocating for the upgrading of Namungo H/C II to enable it provide maternal health services such as deliveries through c-section. VBCs engaged legislators at district level and lobbied them so as to give this sub-county a priority among all H/C IIs to be upgraded because it was the “one and only” health center available in the whole sub-county.

Due to the increased advocacy and lobbying of the most influential legislators, the facility was eventually prioritised for upgrading and currently, construction work is ongoing. We hope that accessibility of maternal health services in Namungo sub-county will improve so that mothers will not resort to traditional birth attendants anymore. It is our hope that drug supplies will also increase.
The modern contraceptive prevalence rate stands at 42.1% compared to the national average of 35% for currently married women or women in union. Teenage pregnancies of girls aged 15-19 years is 30.3% compared to the national average of 25%.

The region has a high prevalence of women who have ever experienced sexual violence standing at 23% compared to the national average of 21.9%. The district experiences a high unmet need for family planning (24%).

22.6% Of the households in Busia district are female headed.

29.5% Of adolescents have begun childbearing to the national average of 24.8%. 29.5% is the teenage pregnancy rate among girls aged 15-19.

34.7% Is the current modern contraceptive prevalence rate compared to the national average of 35% for currently married women or women in a union.

The district experiences a high unmet need for family planning (30.4%) and a high maternal mortality ratio of 435 per 100,000 live births.

In case the service wasn’t available, the only alternative was Namayumba health center IV; the only health center which serves a vast area of four parishes. The shortest distance an average patient walks to access this health center which is located in Namayumba town council is 5 km from Kitayita parish.

The health centres registered an increased number of patients looking for services. The long hours patients usually spent in queues, waiting for health services discouraged them which is why many opted out. When the VBCs identified this as an advocacy issue, immediately they started advocating for the construction of a health center III.

The VBCs wrote to the Chief Administrative Officer and explained to him the need to construct health center III. Their report was received and discussed at the level of the executive committee.

The VBCs were advantaged by the fact that they were based in the Sub-county of Namayumba and their district councilor was on the executive as the Minister for health. It was easy to mobilise support for the issue introduced by the champion of power, Chief Administrative Officer Masokoi Luke Lukooda. From the executive, the issue of constructing the health center III was sent to the health worker’s committee where luckily one of FOWODE’s supportive members, a health worker; Mrs Nakimbugwe supported the construction of the health centre. Eventually, the committee wrote to the Director of health services to allocate funds for the construction of the health center the VBCs had asked for.

The Director health services, in his response to the committee said, “There are funds for upgrading some of the health centers in Wakiso, we can take Nakitokolo as a priority and we construct the health center III.” Currently the construction is ongoing and services offered are now inclusive of maternal health services.

During the last interface meeting held, the district planner thanked the VBCs for the initiative to bring the idea which has brought life in the community and the sub county of Namayumba.

“\textit{I never knew that we can create change in our community, the day I was selected to join the group of 20 people to be trained as part of the VBCs, I thought we will be taken as antigovernment but we have even worked with our councilors to bring an impact in our community. I pray all sub counties get Village Budget Clubs}” Nalumansi Rita, chairperson Namayumba Kitayita VBC.