



MILCOT NIGHTINGALE CHALLENGE PROJECT; JUNE 2020-FEB 2021



**FIELD WORK REPORT : ASSESSMENT OF ADOLESCENT AND YOUNG ADULTS FRIENDLY SRHR SERVICES,
INFORMATION PROVISION & THE GAPS**

ASSESSMENT LOCATION : NANSANA DIVISION





1.0: JOURNAL

Midwife-led Community Transformation (MILCOT) is a registered community based organization on NO. WCBO/19/2408 and aims to bridge the gap that exists between the midwife and the local Communities, through provision of Adolescent and Youth Sexual Reproductive Health and Right (SRHR), mainly focusing on prevention of teenage and unplanned pregnancies, infant and maternal mortality, screening and management of Sexually Transmitted Infections and Cervical Cancer, as well as sensitizing on causes and effects of intimate partner violence.

MILCOT is one of the organizations in Uganda which signed up to implement the Nightingale Challenge. The purpose of Nightingale Challenge is to develop the next generation of nurses and midwives as leaders, practitioners, and advocates in health and to demonstrate that nursing and midwifery are exciting and rewarding careers. MILCOT Nightingale Challenge Project is funded by Burdett Trust for Nursing, based in United Kingdom.

One of the objectives of implementing the Nightingale Challenge Project was to conduct an adolescent and young adults SRHR gap analysis and training needs assessment in six health facilities out of the initially mapped 17 in Nansana Municipality and the assessment was done in three days, by three staff while targeting 06 health facilities.

1.1: METHODS USED

In conducting the gap analysis and need assessment, the team employed the following methods;

- ❖ Key Informant Interview
- ❖ Observation skills while on visit to the respective Health facilities

The health facilities where the tool for the above mentioned objective were administered were as follows;

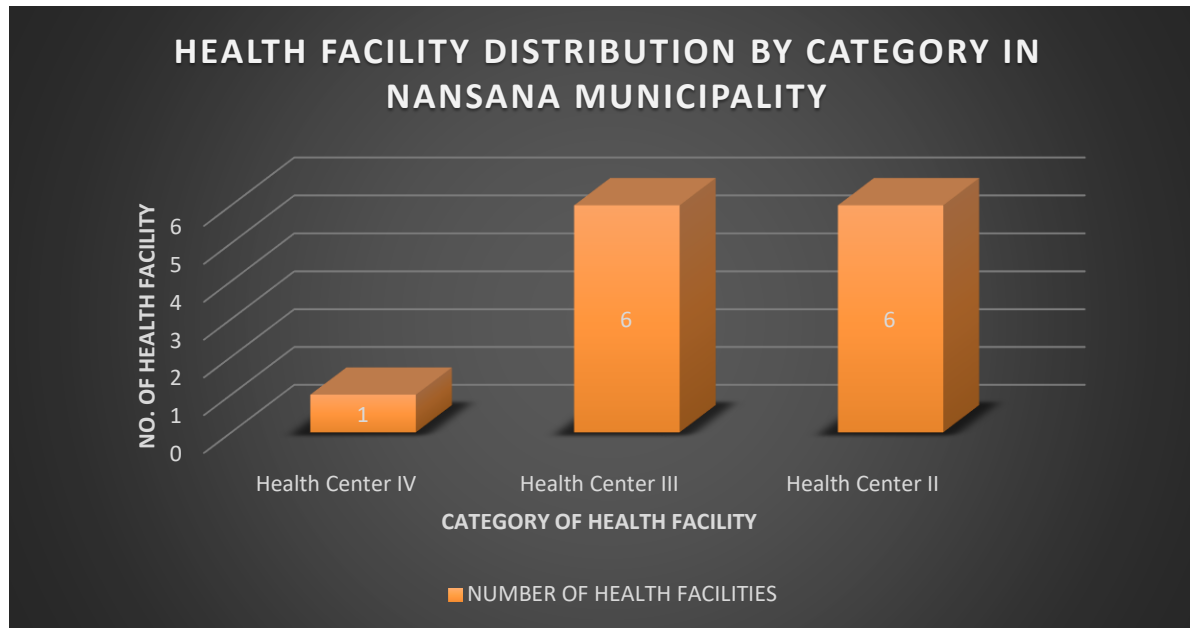
1. Nansana Health center II
2. Health Concern Initiative
3. Community Health Plan
4. Serving Lives Under Marginalization (SLUM) – DIC
5. Nabweru Health Center III
6. God's Grace Maternity & Health Care – Health Center II facility



2.0: OBJECTIVE OF THE ASSESSMENT

1. To collect data on adolescents and young adults SRHR needs and experiences
2. To identify the SRHR Services Provided in the respective health facilities
3. To describe the staff skills and gaps in offering SRHR services to adolescents and young adults.

Following the assessment of the 13 Government health facilities found in Nansana Municipality distributed as below;



MILCOT took on the next level of carefully selecting 06 Health Facilities that shall work as hot spots while considering the following criteria of accessibility to the health facilities within Nansana Division, legally operating, as pull factors for adolescents and young adults.



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| | | | | | | | | | |
|------------|---|--|----------------|---|--|--|--|---|--|
| 101 | Name of Health Facility | | | Nansana HCII | SLUM – Uganda ; DIC | Community Health Plan | Health Concern Initiative | God’s Grace Maternity & Health care | Nabweru Health Center |
| 102 | Location & Name of Interviewee(s) | | | Nakuule Zone - Key Informant Interview: Kasoga Loy 0706358227 | Nabweru Zone Key Informant Interview: Kayita Innocent 0755079651 | Lugoba Zone - Key Informant Interview: Julius Mwanamoiza - | Nansana town - Key Informant Interview: Ndibaisa Aisha | Kitawuluzi Zone; Key Informant Interview Lio Tripinion 0783663184 | Nabweru Parish – Key Informant Interview: Kanya Margret 0777000948 |
| 103 | Level of Health Facility | | | II | II | III | III | II | III |
| 104 | Type of Health Facility <i>(circle only one response)</i> | a) Government Health Facility / Centre | 01 02 03 | Government Health Facility | Private not for Profit Health Facility | Private not for Profit Health Facility | Private not for Profit Health Facility | Private for Profit Health Facility | Government Health Facility |
| | b) Private for Profit Health Facility | 04 | | | | | | | |
| | c) Private not for Profit Health Facility | | | | | | | | |
| | d) Other(s) specify: | | | | | | | | |



| | | | | | | | | | |
|------------|---|---|----------------------|----------|----------|----------|----------|-----------|-----------|
| 105 | Facility's Hours of Operation | a) 24 hours b) 12 hours c) Any Other (specify) | 01 02 03 | 24 Hours | 24 Hours | 24 Hours | 24 Hours | 24 Hours | 24 Hours |
| 106 | Facility's Duration in service (<i>circle only one response</i>) | a) Less than a year b) 1 – 4 years c) 5 – 9 years d) 10+ years | 01 02 03 04 | 8 Years | 02 years | 14 Years | 4 Years | 10+ Years | 10+ Years |

Section 2: Sexual Reproductive Health and Rights Services Provided

| | | | | | | | | | |
|------------|--|---|--|--|--|--|---|--|--|
| 201 | Does this Health Facility provide the following SRHR Services: (<i>Read to the participant and circle all that apply</i>) | 1. SRHR Information & Counseling Services 2. Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception 3. Post Abortion Care Services | A B C D E F G H I J K L M N O P | HIV/AIDS Care & Support Services STI Screening & Management Condom Promotion & Distribution Voluntary Male Medical Circumcision (VMMC) –As Antenatal Care Service Post –Natal Care Services | SRHR Information & Counseling Services Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception Post Abortion Care Services | SRHR Information & Counseling Services Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception Post Abortion Care Services | SRHR Information & Counseling Services Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception | SRHR Information & Counseling Services Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception Post Abortion Care Services | SRHR Information & Counseling Services Family Planning Services a. Modern / Artificial Methods of FP b. Natural Methods of FP Emergency Contraception Post Abortion Care Services |
|------------|--|---|--|--|--|--|---|--|--|



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| | | | | | | | | |
|--|--|---|--|---|--|---|--|--|
| | | <p>4. HIV/AIDS Care & Support Services</p> <p>5. STI Screening & Management</p> <p>6. Condom Promotion & Distribution</p> <p>7. Voluntary Male Medical Circumcision (VMMC)</p> <p>8. Antenatal Care Service</p> <p>9. Post –Natal Care Services</p> <p>10. Safe Deliveries</p> <p>11. EMTCT</p> <p>12. Cervical Cancer Screening</p> <p>13. Breast Cancer Screening</p> <p>14. Sexual Assault Examination & Care</p> <p>15. Any other (Specify)</p> | <p>EMTCT</p> <p>Sexual Assault Examinations & Care</p> | <p>HIV/AIDS Care & Support Services</p> <p>STI Screening & Management</p> <p>Condom Promotion & Distribution</p> <p>Voluntary Male Medical Circumcision (VMMC)</p> <p>Antenatal Care Service</p> <p>Post –Natal Care Services</p> <p>Safe Deliveries</p> <p>Cervical Cancer Screening</p> <p>Breast Cancer Screening</p> <p>Sexual Assault Examination & Care</p> <p>Others: WASH</p> | <p>HIV/AIDS Care & Support Services</p> <p>STI Screening & Management</p> <p>Condom Promotion & Distribution</p> <p>Voluntary Male Medical Circumcision (VMMC)</p> <p>Antenatal Care Service</p> <p>Post –Natal Care Services</p> <p>Safe Deliveries</p> <p>Cervical Cancer Screening</p> <p>Sexual Assault Examination & Care</p> <p>Others: Laboratory Services & CT Scans</p> | <p>Post Abortion Care Services</p> <p>HIV/AIDS Care & Support Services</p> <p>STI Screening & Management</p> <p>Condom Promotion & Distribution</p> <p>Voluntary Male Medical Circumcision (VMMC)</p> | <p>STI Screening & Management</p> <p>Condom Promotion & Distribution</p> <p>Safe Deliveries</p> <p>Antenatal Care Service</p> <p>Post –Natal Care Services</p> <p>Breast Cancer Screening</p> <p>Sexual Assault Examination & Care</p> | <p>HIV/AIDS Care & Support Services</p> <p>STI Screening & Management</p> <p>Condom Promotion & Distribution</p> <p>Voluntary Male Medical Circumcision (VMMC)</p> <p>Antenatal Care Service</p> <p>Breast Cancer Screening</p> <p>Sexual Assault Examination & Care</p> |
|--|--|---|--|---|--|---|--|--|



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|-----|---|--|----------------------------|--|---|--|---|--|--|
| 202 | Among the above services given in 201, mention any three (3) that are most sought for. | 1. 2. 3. | | Counselling & testing for HIV Ante natal Care Family Planning | HIV/AIDS Family Planning & STI Screening & management | 1. ART services 2. Laboratory services HCG inclusive 3. Family Planning | 1. HCT 2. Cervical & Breast Cancer screening 3. STI Screening & management | 1. Family Planning 2. Safe Deliveries Post Natal Care | HIV/AIDS Care & support Family Planning & STI Screening & management |
| 203 | Does this Health Facility have designated days for providing SRHR services to adolescents and young adults? | a) Yes b) No | 01 02 | No | Yes; Every Friday is meant for adolescents and young adults | No | No | No | No |
| 204 | Age group served (circle all that apply) | a) Pre-adolescents aged 9 - 11 years b) Adolescents aged 12 – 17 years c) Adolescents aged 18 & 19 years d) Young adults aged between 20 – 24 years e) All the Above | 01 02 03 04 05 | Few Adolescents aged 12 – 17 years & Adolescents aged 12 – 17 years Majority are; Young adults aged between 20 – 24 years | Pre-adolescents aged 9 - 11years Adolescents aged 12 – 17 years Adolescents aged 18 & 19 years Young adults aged between 20 – 24 years | Pre-adolescents aged 9 - 11years Adolescents aged 12 – 17 years Adolescents aged 18 & 19 years | 1. Pre-adolescents aged 9 - 11years 2. Adolescents aged 12 – 17 years 3. Adolescents aged 18 & 19 years 4. Young adults aged between 20 – 24 years | Pre-adolescents aged 9 - 11years Adolescents aged 12 – 17 years Adolescents aged 18 & 19 years | |



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| | | | | | | | | | |
|-----|---|---|---------------------------------------|--|--|--|---|--|---|
| 205 | <p>What is the commonest category age group of Adolescents and Young Adults accessing the SRHR services? <i>(circle only one)</i></p> | <p>a) Pre-adolescents aged 9 - 11years b) Adolescents aged 12 – 17 years c) Adolescents aged 18 & 19 years d) Young adults aged between 20 – 24 years</p> | <p>01 02 03 04</p> | <p>Young adults aged between 20 – 24 years</p> | <p>Young adults aged between 20 – 24 years</p> | <p>Young adults aged between 20 – 24 years</p> | <p>-Adolescents aged 12 – 17 years -Adolescents aged 18 & 19 years -Young adults aged between 20 – 24 years</p> | <p>Young adults aged between 20 – 24 years</p> | <p>Adolescents aged 18 & 19 years</p> |
| 206 | <p>What is the commonest category of Adolescents and Young Adults accessing the SRHR services? <i>(circle all that apply)</i></p> | <p>a) General Adolescents and Young Adults b) Adolescents and Young Adults with Disability c) Adolescents and Young Adults on Harm Reduction d) Adolescents & Young Adults under Key Population e) Any other (Specify)...</p> | <p>01 02 03 04 05</p> | <p>General Adolescents and Young Adults</p> | <p>Adolescents & Young Adults under Key Population</p> | <p>General Adolescents and Young Adults</p> | <p>General Adolescents and Young Adults Adolescents & Young Adults under Key Population</p> | <p>General Adolescents and Young Adults</p> | <p>General Adolescents and Young Adults Adolescents & Young Adults under Key Population</p> |



| | | | | | | | | |
|-----|--|---|--|---|---|----|---|--|
| 207 | What is the average number of Adolescents and Young Adults served per month? | <ul style="list-style-type: none"> • Pre-Adolescents • Adolescent • Young Adults | 100 Adolescents & Young Adults – Years 20-24 | On a monthly basis although affected by COVID; 05 Pre-Adolescents 20 Adolescent 35 Young Adults | -50 Adolescents per month -400 Young adults per month -The above was before COVID | 40 | 00; Pre-Adolescents 04; Adolescent 04; Young Adults | |
|-----|--|---|--|---|---|----|---|--|

Section 3: Staff Skills and gaps in Offering SRHR Services to Adolescents and Young Adults

| | | | | | | | | | |
|-----|--|--------|----|--------------|---|-----|-----|-----|------------------------|
| 301 | Are there Nurses and Midwives at this health facility who have ever received training in SRHR? | a) Yes | 01 | Yes | Yes; Specifically on SRHR information but not services like PAC | No | No | No | Yes |
| | | b) No | 02 | | | | | | |
| 302 | If yes, How many | | | 5 Years back | 02 Months back | N/A | N/A | N/A | More than 2 years back |



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| | | | | | | | | |
|-----|--|---|---|--|---|--|--|--|
| 303 | What capacity building initiatives were held in last 12 months to Nurses and Midwives on SRHR; and in which topics | | Non | 1. Family Planning 2. HIV/AIDS 3. PAC 4. Gender Based Violence 5. STI 6. Breast & Cervical Cancer screening | ART Training Training on Family Planning | No | No | Post abortion care |
| 304 | What is the gap in providing friendly SRHR services for Adolescents and Young Adults accessing this health facility? | | There is no Space for such services No man power | Poor perception of parents towards SRHR services Cost Share attached to the services at times makes it hard for young adults to seek these services | No Data | Adolescents are not aware about SRHR | 1. Unavailable Family Planning methods in variety 2. Lack of skills in Staff 3. Financial constraints on clients | Adolescents and young adults do not get enough health education due to lack of specific days designated for them |
| 305 | What are the training needs for Nurses and Midwives of this facility in enhancing Adolescents and Young Adults accessing friendly SRHR services? | | Training In SRHR | Practical Training on providing adolescent friendly SRHR services | Training on How to implement SRHR services | STI management Mental Health Assessment | Training in provision of modern family Planning Methods | 1. How to use persuasive language 2. How to integrate SRHR in our daily work 3. Counselling skills |
| | | <ul style="list-style-type: none"> Leadership skills | | | | | | |



| | | | | | | | | |
|-----|---|--|--|--|--|--|--|--|
| 306 | What other characteristics exist to ensure better delivery of friendly SRHR services to Adolescents and Young Adults? | <ul style="list-style-type: none"> SRHR Counseling Skills | Leader ship skills SRHR Counseling Skills | Leader ship skills SRHR Counseling Skills | Leader ship skills SRHR Counseling Skills Communication skills | Leader ship skills SRHR Counseling Skills | Leader ship skills SRHR Counseling Skills | Leader ship skills SRHR Counseling Skills |
| 307 | 2020 was declared by WHO as an International year of Nurses and Midwives. What do you know about this? | | Yes | Not aware of this | I don't know what exactly it involves | Yes but forgot the month | Does not know anything | She did not know about it |
| 308 | What do you know about Nursing Now Campaign and Nightingale Challenge? | | None | Not aware of this | To empower nurses and midwives | No but Nightingale was the founder of modern nursing | Does not Know anything | She did not know about it |

GENERAL ANALYSIS OF DATA COLLECTED IS AS SUMMARY

The gap in providing friendly SRHR services for Adolescents and Young Adults accessing this health facility are as summarized below;

- Financial constraint on adolescents seeking the services; cost share attached to the services at times makes it hard for young adults to seek these services.
- Lack of specific medical staff to work on adolescents and young people SRHR needs.



- Adolescents are not aware about SRHR
- Poor perception of parents towards SRHR services
- Unavailability of full range of Family Planning methods
- Inadequate SRHR skills among nurses and midwives
- Adolescents and young adults do not get enough health education due to lack of specific days designated for them

The training needs for Nurses and Midwives in enhancing Adolescents and Young Adults accessing friendly SRHR services are as summarized below;

- ❖ Training in SRHR in general
- ❖ Practical Training on providing adolescent friendly SRHR services
- ❖ Training on How to implement SRHR services
- ❖ Key Populations and SRHR
- ❖ Basic Training in assessment and management of depression for nurses and midwives
- ❖ Training in provision of modern family Planning Methods
- ❖ How to integrate SRHR in our daily work
- ❖ Basic SRHR Counselling skills
- ❖ Managing burnout in healthcare settings

Other Training Needs

- ❖ Leadership skills
- ❖ SRHR Counseling Skills
- ❖ Communication skills in providing adolescent and young adult friendly SRHR services

General Observation analysis

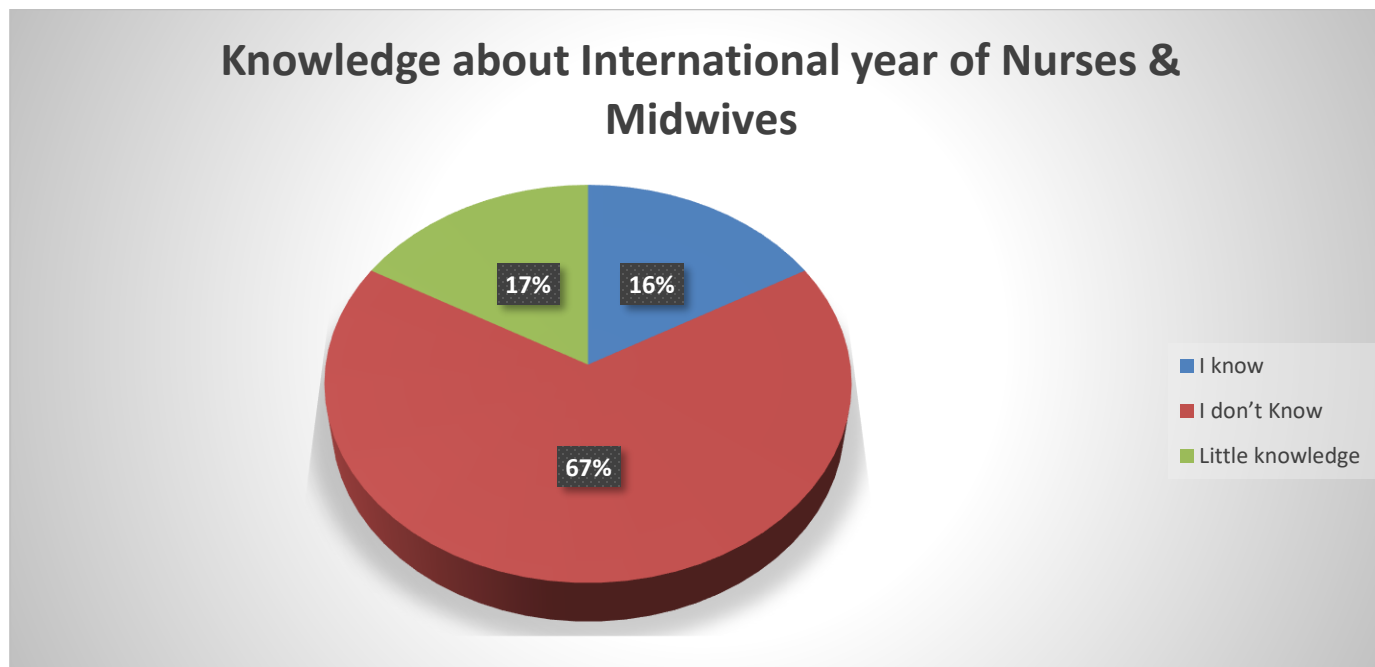
- ✚ 50% of the nurses and midwives interviewed have never attended any training nor any capacity building initiatives intended for them and even the 50 % who reported training were talking of training done 2 to 3 years back.



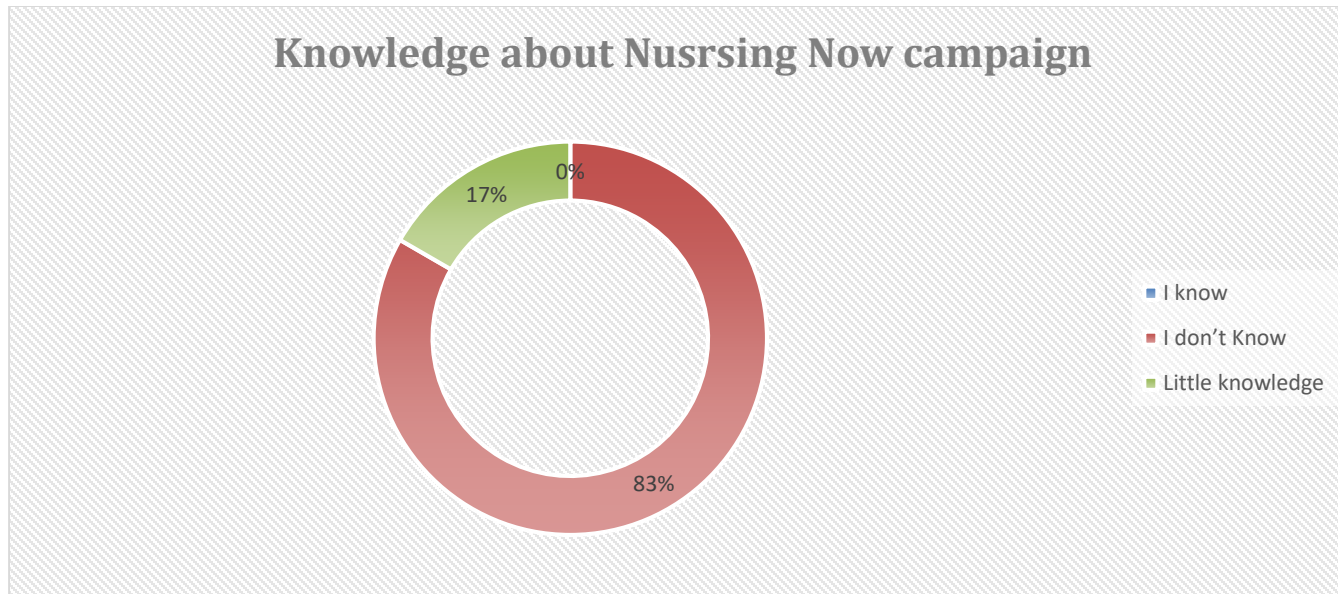
- ✚ 83.3% of the Health Facilities where the rapid assessment was done do not have any specific days and/or shelter for SRHR services meant for adolescents and young adults.

Further observations are as illustrated below;

- ✚ Performance on knowledge about international day of nurses & midwives is as illustrated below



- ✚ Performance on knowledge about Nursing Now Campaign



RECOMMENDATIONS

- There is need for immediate training of Nurses and Midwives assessed in the suggested respective fields
- There is need to enlighten the nurses and midwives on Nursing Now campaign and International day of Nurses and Midwives so that they can participate in such important events
- The six health facilities can serve as the hot spot areas for data collection on information regarding the needs of adolescents in the urban slum areas since the rapid assessment shows a glare gap on SRHR services and health seeking behavior by adolescents and young adults
- There is key need for adolescent friendly and young adult friendly services in all the 06 health facilities where the rapid assessments were done.
- There is need for continuous capacity building of nurses and midwives while engaging them in Nursing Now campaigns



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- There is need to cascade such projects to the entire Wakiso district so as to get a more reliable prevailing situation regarding SRHR health seeking behaviors of Adolescents and young adults.
- The 06 Health Facilities where the rapid assessment was done shall be used as hot sport areas for data collection regarding issues affecting adolescents from the adolescents themselves.

The Municipal Health Officer and the health workers interacted with presented the following as the s health services most sought for by adolescents and young adults; therefore, nurses and midwives need to be capacity built on how to handle the adolescents when they come for such services

- Contraceptives use
- Post abortion care
- Antenatal services
- Postnatal specifically child immunization services
- Treatment for bruises and injuries due to intimate partner violence

Conclusion

The Nightingale Challenge project targets young nurses and midwives to be leaders, practitioners, and advocates in health and to demonstrate that nursing and midwifery are exciting and rewarding careers. Adolescents and young adults' sexual health is one of the many health areas that should not be under-looked. In so doing, MILCOT has been able to assess the existing gaps and needs assessment among the nurses and midwives in providing friendly health care. Six healthcare facilities have been assessed in regard to provision of adolescents and young adults SRHR services and nurses and midwives' knowledge and gaps in relation to provision of SRHR services.

END OF REPORT



MILCOT NIGHTINGALE CHALLENGE JUNE 2020-FEB 2021

**FIELD WORK REPORT ON ASSESSMENT TOOL 1 & II FOR HEALTH FACILITY
AND HOUSEHOLD DISTRIBUTION**



ASSESSMENT LOCATION: NANSANA MUNICIPALITY

SEPTEMBER 2020



1.0: Background

Midwife-led Community Transformation (MILCOT) is a registered community based organization on NO. WCBO/19/2408 and aims to bridge the gap that exists between the midwife and the local Communities, through provision of Adolescent and Youth Sexual Reproductive Health and Right (SRHR), mainly focusing on prevention of teenage and unplanned pregnancies, infant and maternal mortality, screening and management of Sexually Transmitted Infections and Cervical Cancer, as well as sensitizing on causes and effects of intimate partner violence.

MILCOT is one of the organizations in Uganda which signed up to implement the Nightingale Challenge. The purpose of Nightingale Challenge is to develop the next generation of nurses and midwives as leaders, practitioners, and advocates in health and to demonstrate that nursing and midwifery are exciting and rewarding careers. MILCOT Nightingale Challenge Project is funded by Burdett Trust for Nursing, based in United Kingdom.

One of the objectives of implementing the Nightingale Challenge Project was to conduct an adolescent and young adults SRHR gap analysis and training needs assessment in six health facilities out of the initially mapped 13 in Nansana Municipality and the assessment was done in three days, by three staff while targeting 06 health facilities. The activity took 6 days inclusive of the day for orientation on the assessment tools.



Nightingale Challenge Project: Mapping Tools Orientation

This activity engaged six staff as we had a team to visit Nansana Municipality while we needed a team to also validate the health facility as presented by the Municipality Health Officer/Inspector.

This assessment was looking at the entire municipality within which the project targeted division is found. An Independent meeting was also done with the Municipal Health Officer.



Nightingale Challenge Project: An interview with the Municipal Health Officer

1.1: METHODOLOGIES USED

While implementing the mapping of existing households, health facilities and nurses in Nansana Municipality, MILCOT employed the following Methods:

- ❖ Key Informant Interviews
- ❖ Observation skills while on visit to the respective health facilities
- ❖ Physical field visits to the health facilities – sampled 06 health facilities as recommended by the Municipal Health Inspector/Senior Officer
- ❖ Meeting With The Municipal Information Officer And Municipality Planner



2.0: FINDINGS

2.1: Structure of Wakiso District where Nansana Municipality falls

Nansana Municipality is found within Wakiso District that is made up of two counties Busiro and Kyadondo with seven constituencies, three in each of the counties and one in Entebbe Municipality, It also has 15 Sub counties, One municipality and six Town Councils. The headquarters of the district is located in Wakiso Town Council. The District generally has 146 Parishes, 704 Villages and two one municipal Divisions are lower local government. The November 2014 National Census estimates the number of households in Wakiso District to be; 504,620 with average household size of 3.9.

2.1: Nansana Municipality

Nansana is a town in the Central Region of Uganda, located in the Wakiso District and is one of the five municipalities in the district. In 2002, the national population census put Nansana's population at 62,044. In 2010, the Uganda Bureau of Statistics (UBOS) estimated the town's population at 86,200. Furthermore, In 2011, UBOS estimated the mid-year population at 89,900. In 2014, the national population census put the population at 365,124. It was established that the municipality is composed of 04 divisions namely;

1. Nasana
2. Nabweru
3. Gombe
4. Busukuma

There are **18 Parishes** in Nansana municipality namely; Busukuma, Entebbe, Gombe, Kakiri, Katabi, Kasanje, Kira, Masulita, Maya, Mutundwe, Nabweru, Namayumba, Nangabo, Nansana, Nsangi, Ssabagabo, Ssisa and Wakiso.

There are **26 Villages** within Nansana Municipality namely; Kakiri, Nansana, Kajjansi, Sentema, Lubowa, Lweeza, Namulonge, Naalya, Najjera, Namanve, Nsangi, Nsasa, Kyengera, Nabbingo, Kawanda, Kisubi, Lugonjo, Kitikifumba, Kijabijo, Kimwanyi, Kitukutwe, Masulita, Maya, Ssabagabo, Wampeewo, Zana.

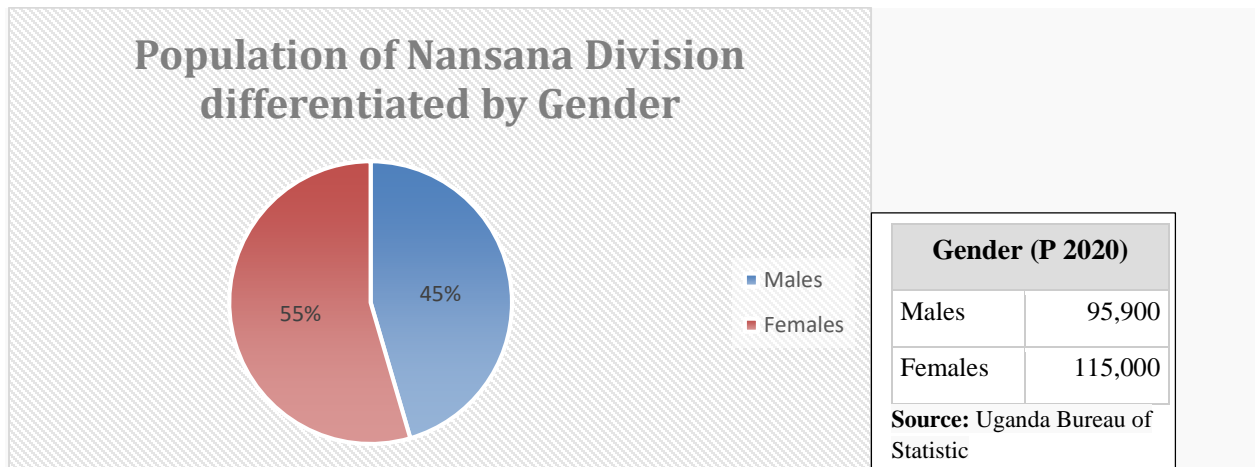
2.2: Nansana Division;

Nansana Division has a total population of; 210,900 with a total number of households of 35,446 and 4.0 as the average household size according to the National Census of 2014. The population projection as by 2015 was 152,500, while for 2020 was 210,900.



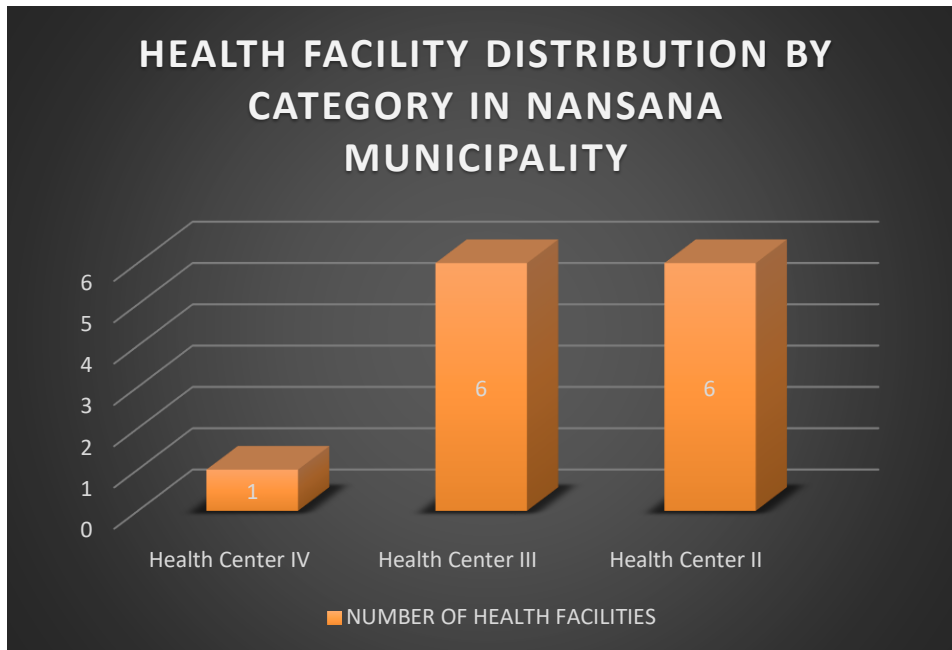
2.3: Gender Distribution in Nansana Division

Nansana Division population differentiated by gender is as illustrated in the figure below;



3.0: HEALTH FACILITY TYPE, DISTRIBUTION & STAFFING LEVELS IN NANSANA MUNICIPALITY

It was established that Nansana Municipality has 13 Health facilities that are all owned by the Government of Uganda owned. The health facilities are categorized as summarized below;



The Municipality Health Officer emphasized that the municipality has over 200 Private for Profit (PFP) Health facilities within the Municipality. He also mentioned that there are three Private Not for Profit (NFP) Health facilities that are also entitled to Primary Health care funding namely;

1. Nuture Africa in the Municipality
2. St Charles Lwanga in the Municipality
3. Community Health Plan in Lugoba

3.1 Health Facility distribution per category and staffing levels.

The team on ground were able to assess the general number of health facilities in detail while establishing the staffing levels and staffing gaps per health facility examined. The summary of the findings of the above mentioned in relation to specifically Government of Uganda owned health facilities is as summarized below;

Table 2: Government of Uganda Health Facility distribution per category, staffing levels & staffing gaps in Nansana Municipality

| NAME OF HEALTH FACILITY | FACILITY LEVEL | NO. OF HEALTH PERSONNELS | LOCATION | PERSONNEL GAP |
|-------------------------|----------------|--|----------------|--|
| Buwambo Health Center | IV | 01nursing Officer, 03enrolled Midwives 03 Enrolled Nurses 01enrolled Principal Nurse | Gombe Division | No Principal Health Officer No Principal Psychiatry No Principal Nursing Officer No Principal Midwife |



| | | | | |
|-------------------------------|-----|---|-------------------|----------------------------|
| | | | | No Senior Nursing Officer |
| Nabweru Health Facility | III | 02 Enrolled Midwives 03 Enrolled Nurses | Nansana Division | 01 Nursing Officer Missing |
| Kawanda Health Facility | III | 01 Enrolled Nurse 02 Enrolled Midwives 01 Nursing Officer | Nabweru Division | 02 Enrolled Nurses Missing |
| Tikkalu Health Facility | III | 02 Enrolled Midwives 03 Enrolled Nurses | Gombe Division | No Nursing Officer |
| Kasozi Health Facility | III | 02 Enrolled Midwives 03 Enrolled Nurses | Busukuma Division | No Nursing Officer |
| Nabuttiiti Health Facility | III | 02 Enrolled Midwives 03 Enrolled Nurses | Busukuma Division | No Nursing Officer |
| Namulonge Health Facility | III | 02 Enrolled Midwives 03 Enrolled Nurses | Busukuma Division | No Nursing Officer |
| Nansana Health Facility | II | 01 Enrolled Nurse 01 Enrolled Midwife | Nansana Division | N/A |
| Nasolo Wamala Health Facility | II | 02 Enrolled Midwives | Nabweru Division | No Enrolled Nurse |
| Maganjo Health Facility | II | 01 Enrolled Nurse | Nabweru Division | No Enrolled Midwife |
| Matugga Health Facility | II | 01 Enrolled Nurse 01 Enrolled Midwife | Gombe Division | N/A |
| Migadde Health Facility | II | 01 Enrolled Nurse | Gombe Division | No Enrolled Midwife |
| Gombe Health Facility | II | 01 Enrolled Nurse | Gombe Division | No Enrolled Midwife |

4.0: ASSESSMENT FOR RESPONSIVE & PREVENTIVE SERVICE DELIVERY – ADOLESCENT FRIENDLY SERVICE & INFORMATION

4.1: Issues affecting service provision

Issues that affect delivery of adolescent friendly SRHR services presented by the Municipal Health Officer and health workers interacted with, were as below;

- In terms of infrastructure design – no safe space to attract adolescents and young adults to seek for such services
- The service providers lack the knowledge on service provision and specifically ART service provision for adolescents and young adults
- Community awareness regarding the services being available in the Government health facilities is also low
- Inadequate knowledge on SRHR for adolescents by health workers.
- Negative attitude towards adolescents’ service provision
- Community –facility linkages of adolescents by peers is still lacking
- The few health workers who work with adolescents are overwhelmed with work since others have negative attitude towards adolescent friendly service provision
- Congestion in Government health facilities.



4.2: Common services sought for in relation to SRHR by adolescents and young adults

The Municipal Health Officer and the health workers interacted with presented the following as the Services most sought for by Adolescents and young adults.

- Contraceptives use
- Post abortion care
- Antenatal services
- Postnatal specifically child immunization services
- Treatment for bruises and injuries due to intimate partner violence

GENERAL OBSERVATIONS & RECOMMENDATIONS

- ✚ There is a general major gap regarding Adolescent and Young adult service provision in relation to Sexual Reproductive Health Care
- ✚ 99% of the health facilities (12 G.O.U Health facilities) in Nansana Municipality have staffing gaps; at least one or two staff missing in the facility hence affecting service provision
- ✚ There is limited data in all the health facilities regarding service demand and provision for adolescents and young adults in relation to SRHR in Nansana municipality and therefore the Division as well
- ✚ The Municipality Health Officer advised that the project should concentrate its work in government and Private Not for Profit (PNP) health facilities because of stability in staff since staff in Private for Profit Health facilities are fragile. This will ensure sustainability of the health personnels whose capacities shall have been built.

Conclusion

The municipality has a total of 13 government facilities, 4 health facilities that are private but not for profit, while 200 Private for Profit. Regarding assessment of the provision adolescents and young adults SRHR services and nurses and midwives' knowledge and gaps in relation to provision of SRHR services. The Nightingale Challenge project, MILCOT will be working closely with six health facilities and out of these, 3 will be government health facilities, while three will private not for profit health facilities.

END OF REPORT



Nightingale Challenge Training Report.
Conducted from 6th October 2020 – 8th October 2020

Implementing organization: Midwife-led Community Transformation (MILCOT).
Country; Uganda.

Participants: Nurses and Midwives in Nansana Municipality.



Submitted to;
Burdett Trust for Nursing
November, 2020



Background

Midwife-led Community Transformation (MILCOT) is a registered CBO on Reg. NO. WCBO/19/2408 which aims at bridging the gap that exists between the midwife and the local Communities; through the provision of Sexual Reproductive Health (SRH), targeting adolescents, and young adults focusing on prevention of teenage and unplanned pregnancies and Sexually Transmitted Infections (STIs). MILCOT is one of the Organizations in Uganda which signed up to implement the Nightingale Challenge. The aims of the global Nightingale Challenge are to invest in young nurses and midwives, allowing them to become more active leaders in the workforce to improve patient care, find creative solutions and to lead, fulfilling their potential to become capable, efficient and working to the top of their license.

Acknowledgement

MILCOT acknowledges **Burdett Trust for Nursing** for funding MILCOT Nightingale Challenge activities, without them, we would not have implemented this program.

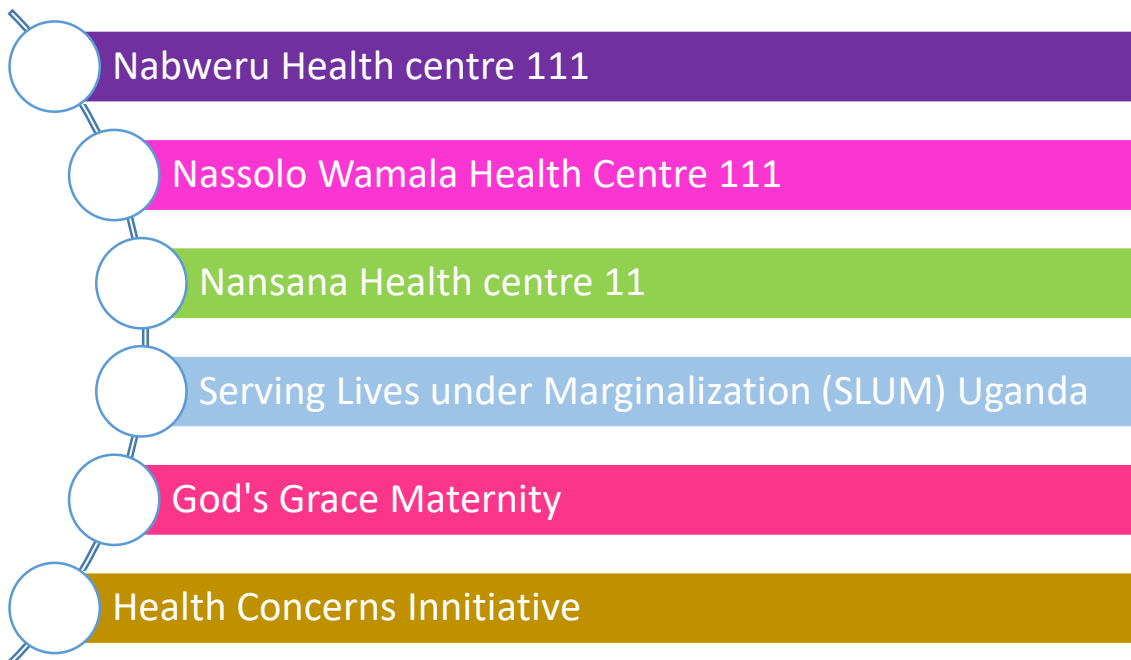
Project Aim

The aim of MILCOT Nightingale Challenge Project is to build the resilience of Midwives and Nurses in providing effective and efficient preventive and response health service delivery.



Training Participants

The participants were randomly selected young nurses and midwives from six health facilities out of thirteen mapped in Nansana Municipality. A total of 11 participants took part in the training.



There were 3 government Health Centres; Nabweru Health Centre 111, Nassolo Wamala Health Centre 111 and Nansana Health Centre 11 – these provide general health services including: Prenatal and Antenatal Care, Delivery Services, Postnatal Care, Immunization, HIV and SIT Management.

We also had 3 Private Not for profit which included SLUM Uganda, Health Concern Initiative and God’s Grace Maternity. The first two work with Key populations who include; female sex workers, LGBTI and drug injectors among others.

Expected outcomes

Trained Nurses and midwives have knowledge and leadership skills in providing effective and efficient preventive and response health service delivery.



The trainers

Team of Trainers For Milcot Nightingale Challenge Training 2020

HARRIET NAVIGA
Midwife Leader
Topics;
1. International Year Of The Nurse And A Midwife, Nursing Now Campaign and Nightigale Challenge
2. Health Care Leadership

DR. GRACE EDWARDS
Professor of Midwifery Education and Practice
Aga Khan University School of Nursing And Midwifery-Uganda Campus
Topics;
1. Leadership and Management
2. Web Aides

CLIFF ASHER ALIGA
Critical Care Specialist, Senior Lecturer Aga Khan University School Of Nursing & Midwifery
Topic
Covid 19 Management

KAYITA INNOCENT
SRHR Educator
Topics
1. Introduction to Adolescent Health Issues In Uganda.
2. Sexual Reproductive Health Intergration

CAROLINE NAKANYIKE
Clinical & Couseling Psychologist Social Worker
Topics;
1. Basic Couseling Skills

NAMBI ANNET BEATRICE
Health Promotion And & Public Health Specialist
Topics
1. Burn Out In The Health Care Enviroment

IYA JANE
Clinical & Couseling Psychologist / Midwife
Topics;
1. Intergrating SRHR Services For Key Populations

The facilitators were all professionals drawn from various health fields

Guest Speakers

The training was blessed to have;

- The local administrative leaders who included; the Municipal Health Officer & Municipal Health Inspector.
- National Coordinator of Nursing Now Campaign Uganda.

Covid-19 Standard Operating Procedures

Throughout the three days of training, the Ugandan Ministry of Health guidelines for prevention of Covid-19 were observed in the training room which include;

- The number of all individuals did not exceed 20 on all days of the training.
- Screening of all individuals was done at registration before entering the premises.



- Hand washing facility was available before accessing the training room, also a hand washing facility was provided inside the training room. Alcohol-based and hand sanitizers were also available at all tables.
- All trainers and trainees wore facial masks, and these would be changed as required
- Social distancing maintained by two meter between each other.
- Posters with information and key messages on Covid-19 were displayed on walls and guidelines on Dos and Don'ts were provided to every individual.

Training report in details.

Day One: Tuesday 6th October 2020.

The training opened up with opening prayer, Uganda National Anthem and the Nurses Anthem. This was followed by a brief session of self-introductions.



Opening prayer, Singing of the Uganda Anthem and the Nurses' Anthem.

Session 1: Introduction to the International Year of the Nurse and a Midwife.



The trainees were taken through the events of 2020, the International Year of the Nurse and a Midwife, Nursing Now global campaign and the Nightingale challenge.



Introduction to the International year of the Nurse and a Midwife, Nursing Now Campaign and the

The discussion points were as follows;

- The World Health Organization (WHO) designated 2020 as the “International Year of the Nurse and the Midwife,” in honor of the 200th anniversary of Florence Nightingale’s birth, who was a visionary nurse and leader.
- Globally, nurses and midwives are considered less important and treated with less respect despite the great role they do play.
- Nursing Now Campaign is a global campaign between the WHO, the International Council of Nurses, and Burdett Trust for Nursing. The intent is to raise the status and profile of nursing worldwide by investing in all aspects of nursing.



- Hon Sarah Opendi, the Minister of Health for General Duties, who said that the government was fully behind the campaign and working towards the improvements needed, including increased numbers and improved remuneration, launched nursing Now Uganda on 22 March 2018.
- The Nightingale Challenge aims to equip and empower the young generation of nurses and midwives as leaders, practitioners and advocates in health.
- MILCOT is one of the participating Organizations and it focuses on bringing services close to the community by building the Resilience of Midwives and Nurses towards effective and efficient preventive and response health service delivery.
- The Nightingale Challenge Team Led by Prof Lisa Bayliss from UK visited MILCOT in 2019 to see the work of the project.
- Nurses and midwives are in unique positions to make a difference every day locally, nationally, and globally for patients, the profession, and individually. Everyone has the opportunity to do something that strengthens nursing and midwifery.

Session 2: Introduction to COVID-19 and its Management.

This was a mandatory training session which was directed by the Uganda Ministry of Health for every event due to the increasing numbers of COVID-19 cases hitting communities, nurses and midwives at the lower health facilities had to be empowered with adequate knowledge and skills to build their confidence in prevention and management of COVID-19.



Introduction to Covid 19 management

Discussion points:

- How has Health system changed during COVID 19
- Level of preparedness
- Our adequacy of resources
- Social economic impact
- Psychosocial Impact of the pandemic

Session 3: Introduction to Leadership.

Effective leadership is crucial in shaping organizational culture and driving the implementations of programs in healthcare sector. The purpose of this module was to introduce the concept of leadership to nurses and midwives in the nightingale training. The session started with an individual assessment using an adaptable tool “Assessing your leadership style”, which is designed to help leaders determine their leadership styles. Thereafter, the training empowered Nurses and Midwives with Leadership skills to enable lead teams and make effective decisions in their areas of influence with confidence. The following were covered;



Points of discussion;

- Management is doing things right; leadership is doing the right things”
- Leadership is doing what is right when no one is watching."
- Outstanding leaders go out of their way to boost the self-esteem of their personnel. If people believe in themselves, it's amazing what they can accomplish."



Trainees carrying out a self-Leadership style assessment



The exercise break lead by the Leadership trainer.

Day Two: 7th October

Session 1; Adolescent and Young Adults Sexual Reproductive Health.

Adolescents and young people are vulnerable to all kinds of health challenges by virtue of their level of activity, willingness to take risks, and limited information. These include reproductive health problems such as STIs/HIV/AIDS, early or unwanted pregnancy, unsafe abortion, and psychosocial problems such as substance abuse, delinquency, truancy, sexual abuse among others. According to the UDHS 2006, teenage pregnancy rate is estimated at 25%. By the age of 15, 23 % of females have had sexual intercourse and this figure rises to 67% by 18 years and by 18 years 53% of girls are already married. Despite early onset of sexual intercourse among adolescents and young adults, contraceptive use is low. Programs that target adolescents and young adults be based on comprehensive understanding of, and in respect for their rights and realities of their diverse sexual and reproductive lives. The friendly services as well as facts and options but not just don'ts and should be accessible, acceptable, non-discriminative, appropriate and effective.



This session therefore aimed at enabling nurses and midwives understand how to integrate adolescent friendly SRHR services in the daily work.

In the photo above, during the SRHR session, each trainee was drawing a picture that gives an impression of how a girl who has carried out abortion is perceived in the community.

The following were covered:

- Introduction to Sexual Reproductive Health and Rights.
- Uganda current Demographic Statistics on Adolescent Health.
- Overview of Adolescent Health Issues in Uganda.
- Health care concerns of adolescents.
- Promotion of adolescent health-friendly services (AFHS/ADFHS).
- Quality of adolescent friendly health services.
- Principles of delivery of adolescent health services
- Sexual Reproductive Health Integration.
- Benefits of Sexual Reproductive Health Integration.
- Gender-based Violence

This session also looked at how well the nurses and midwives can utilize the Sexual Reproductive Health Apps, in the quickest and easy way as they are providing SRHR information to the clients. These electronic information is readily available in the google play store on all android phones.



My Period App

Family Planning - Hesperian guide

Safe Pregnancy App

Safe Birth App

The above Apps and others are rich in SRHR knowledge and are meant to be taught to adolescents and young adults who visit health centers with various SRHR issues.

Health Care Leadership.

Leadership and management are important for the delivery of good health services. The healthcare system builds effective teams in promoting patient-centered care, which require skills through training to be able to set goals, manage and provide effective feedback in running a successful health facility. This session therefore aimed at building nurses' and midwives' capacity to stand as leading agents of change in their work environment and the community despite their position. This would enable them change their mindset to focus on identifying challenges and finding solutions at work stations. Areas covered include;

- Nurses and midwives in leadership position of authority
- Taking initiative and leadership stance to make a difference
- Building effective team work for efficient service delivery
- Critical thinking, decision making and problem solving skills in health work environment.



Healthcare leadership session



Group session of team building exercise during the Healthcare leadership. They appreciated the importance of working with different people with different ideas and skills.

Day Three; 8th October, 2020

Session 1; Integrating SRHR services for Key Populations;

In Uganda and by definition, Key Population include those people who are female sex workers, drug injectors, LGBTI, fish mongers, long distance drivers, prisoners and uniformed personnel – including police, army and other security people. The prevalence of HIV/AIDS in Uganda stands at 8% of the total population 7.3% according to UAC, KP size estimate review report-2014, and 7.3% as by NSP 2015-2020. This category of people faces higher rates of HIV and AIDs than the general population and are most at risk of contracting HIV. Additionally, this category of population faces a lot of stigma and discrimination from their community of stay and in health facilities; while most of the time female sex workers engage in unprotected sex leading to unplanned/wanted pregnancies thus leading to unsafe abortions.



Integrating SRHR services for Key Populations

Handling key populations at risk of contracting HIV/AIDS in the health sector requires medical personnel to be skilled and trained in friendly service delivery to enable them utilize the services effectively. Therefore, nurses and midwives were given knowledge and skills that enables them to provide non-stigmatized and non-judgmental healthcare to the key population groups. The session included:

- MOH Recommendations in the role of Health workers in KP service delivery. Not to discriminate against any individual who seeks medical care.
- Components of friendly health services for key population.
- Key Populations and Basic Counselling.
- Key populations and STI Management.

Key points of discussions:

Session 2; Burnout and Self Care for Nurses and Midwives.

By definition, burnout is a long term stress reaction marked by emotional exhaustion, depersonalization and lack of sense of personal accomplishment. WHO (2019) defines burnout as a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. Nurses and midwives in healthcare



environments with packed workdays, demanding pace, time, pressures and emotional intensity are at high risk for burnout. The training therefore, provided nurses and midwives with information on how to look for signs and symptoms of burnout as individuals; and they were also provided with self-care skills.



BURN OUT



Trainees during the Burn out session

Points of discussion were around causes – heavy workload, low pay, power relations at workplace, gender disparities and family responsibilities.

Ways to prevent burnout;

- Prioritize self-care amidst – engage in exercises, music, dance and drama; meditation; take a work leave
- Reduce exposures to job stressors - long working hours, working late, weekends.
- Advocate for improved working conditions.
- Increase job resources - reach out to people you trust at work, network, attend trainings, support supervision and reviews.
- Take the opportunity to reassess yourself.

Session 3; Basic Counselling skills for Nurses and Midwives

For any healthcare worker, counseling is one of the skills needed of him/her for effective service delivery. In our local setting, it is a fact that many nurses and midwives are faced with the emotional problems of adolescents and young adults they see on a daily basis. They often feel helpless because they would like to help but are not sure about what they should do or how they should do it.





The Basic counselling session by a counseling psychologist

In this training some basic counselling skills were provided to nurses and midwives to enable them offer satisfactory health services to vulnerable adolescents and young adults who come with psychosocial issues.

The following were covered;

- Understanding counselling in the health sector environment
- Forms of counselling
- SRHR counselling issues
- Basic counselling skills and techniques.



Local Authority engagement

MILCOT worked closely with Nansana Municipal Council and Municipal Health Officer and Municipal Health Inspector attended the event and they appreciated the work of MILCOT in the community, creating awareness about the International Year of the Nurse and the midwife, Nursing Now campaign and bringing Nightingale Challenge close to the community.

The local authority representatives promised to continue working with MILCOT to accomplish the Nightingale challenge project and to work together in improving adolescent health through bringing midwifery services from labor suit to the marginalized communities.



Municipal Health Inspector giving his address to the nurses and midwives. He appreciated MILCOT for bringing such a transformational initiative to the community.



Lead team with the Municipal Health Officer Dr. Bugembe after addressing the nurses and midwives and promised that his office is open to work together with MILCOT in such great initiatives.

Challenges

- The Training was carried out during Covid-19 pandemic and the MOH guides for prevention of spread of the disease do not allow any meetings to exceed 20 individuals. This limited the number of nurses and midwives enrolled for the training.
- Due to the effects of Covid-19 pandemic, the costs of transport, food and refreshments were so high which raised the expenses than it was planned.
- The processes and procedures especially those requiring endorsement from local authority were taking so long due to the effects of the pandemic.



Success of the Training

- The trained nurses and midwives developed knowledge and understanding of the global programs of Nursing Now Campaign and Nightingale Challenge in raising the profile and status of nurses and midwives.
- Enhanced Leadership skills for effective service delivery in the health care environment.
- Enhanced knowledge and skills in offering efficient sexual reproductive health and rights services towards adolescents, young adults and key populations.
- Motivated spirit of continuous personal and professional developments (CPDs) to improve on knowledge and skills for effective and efficient healthcare service delivery.



Trainees ready to make a difference in their areas of influence.

Feedback from the trainees.

Edith Nalunga

“I acquired a lot from the training especially learning about my leadership style and how I can improve my leadership skills”

Khainza Phiona

“In many cases, us the nurses and midwives forget about caring for ourselves especially when we are exhausted. From this training, I have learnt how to prevent burnout by sparing time and care for myself”

Birungi Mariam

“The knowledge about the International year of the nurse and a midwife, Nursing Now Campaign and the Nightingale Challenge opened my eyes to know that nurses and midwives have been thought about”.



“I have gained new knowledge on how to integrate Sexual Reproductive Health in our daily work and how to care for key populations without judging them”.

Lio Tripinion

Nursing profession has not been recognized, but MILCOT has helped me realize that it takes me to make the change that I want to see”

Closure of the Training.

The Training was officially closed by the National Coordinator of Nursing Now campaign Uganda; Ms. Catherine Odeke who applauded MILCOT for the good work and the Nightingale Challenge training and encouraged the participants to join the movement of Nursing Now Campaign to raise the profile and status of nurses and midwives.



The team with national coordinator of Nursing Now Campaign who officially closed the training



The team with national coordinator of Nursing Now Campaign who officially closed the training

Way forward

Continuous mentorship of the trained nurses and midwives in healthcare leadership and management and implementation of the other remaining Nightingale Challenge activities.

Conclusion

The purpose of Nightingale Challenge is to develop the next generation of nurses and midwives as leaders, practitioners, and advocates in health and to demonstrate that nursing and midwifery are exciting and rewarding careers. In promoting this purpose, the MILCOT Nightingale Challenge training for the eleven nurses and



midwives from six health facilities, is one that proved to be ideal in developing them into inspirational leaders and advocates for change in the healthcare environments and the in the communities at large.

The comment of Nansana Municipal Health Inspector about MILCOT Nightingale Challenge Project and the work of MILCOT in the Community.

COMMENTS OF COMMUNITY LEADERS ABOUT THE MILCOT NIGHTINGALE CHALLENGE TRAINING AND MILCOT'S WORK IN THE COMMUNITY.

Name Kahira Joshua DATE: 3/oct/2020

Office Municipal Health Inspector

Comment

This is a timely initiative in our community especially with the increasing effects of COVID 19 in the community.

One that note therefore the young people could have alternatives and support for the sexually reproductive services and this time at community level.

To the health workers / service providers this is capacity built as in making their services from the health centers to the communities.

The initiative is also timely as it will help in handling particular communities that are at risk of infections the (K.P) in order to bring down the risk of spread.

Signed Hoban



Lead team celebrating the achievement

This report was compiled by:

Harriet Nayiga

MILCOT Director

AND

Caroline Nakanyike

Projects Coordinator