

ARJ-HEALTH ACCESS FOUNDATION

ANNUAL PROGRAM REPORT 2025



Strengthening Access to Quality Sexual and Reproductive Health Services in Uganda

January – December 2025

EXECUTIVE SUMMARY

In 2025, ARJ Health Access Foundation implemented high-impact Sexual and Reproductive Health (SRH) interventions focusing on health systems strengthening, capacity building, and community service delivery. Key achievements included:

- Training and mentorship of health workers on the correct use of Combipack across eligible Uganda Catholic Medical Bureau affiliated health facilities in Uganda
- Increased uptake of Family Planning (FP) services through community outreach
- Strengthened adolescent-responsive health services
- Onsite Mentorship and Continuous Quality Improvement to improve RMNCAH services delivery



- i) Over 300 Health workers trained on the appropriate use of Combipack
- ii) 49 Health Facilities Reached
- iii) Over 500 clients received LARCS
- iv) Over 700 Clients received Short Acting Contraceptives
- v) 10 Health Facilities visited (Along with the MoH) in Northern Uganda for mentorship and CQI in RMNCAH Service delivery.

ORGANIZATIONAL OVERVIEW



Background: ARJ Health Access Foundation (AHAF) was established in 2019 as a Community Based Organization (CBO) and later registered as an indigenous Non-Government Organization with its Headquarters located about 2km along Mukono-Kayunga Road, Mukono District.

The Organization focuses on ensuring provision of high quality, integrated Sexual and Reproductive Health (SRH) services to vulnerable groups such as the young people, women and girls, and hard to reach communities among other interventions, including climate change. This is mainly achieved through implementation of innovative, evidence-based, high impact interventions and strengthening systems for effective service provision.

Our Commitment: AHAF believes that all people have a right to quality health care services. We are committed to making this a reality in the margins of Ugandan societies through building synergies from national to global levels. We believe that this work is strengthened through strategic partnerships and collaboration with key stakeholders to achieve the intended outcomes

Our Vision: A healthy, empowered and socio-economically productive community

Mission: To enhance equitable access to quality health care services among the vulnerable, undeserved and marginalized communities through innovative, evidence-based interventions, systems strengthening and capacity development

Core Values: Client centered care, Integrity, Innovation, Team Work, Excellence and Accountability

KEY PROGRAM INTERVENTIONS

Training & Mentorship on MA Combipack At Uganda Catholic Medical Bureau Affiliated Health Facilities

ARJ Health Access Foundation implemented a structured training and mentorship model targeting health workers in UCMB-affiliated health facilities to improve safe management of Intrauterine fetal death and other pregnancy loss related conditions.

Key Results



□ **Enhanced Health Worker Competence:** Over the reporting period, health workers across UCMB-affiliated facilities demonstrated improved knowledge, skills, and confidence in the safe and effective use of MA Combipack in managing pregnancy loss related conditions as per the clinical care guidelines of Uganda.

□ **Improved Quality and Consistency of Care:** Standardized training and mentorship resulted in more consistent, guideline-adherent service delivery across supported facilities, contributing to improved quality of care services and better outcomes.



□ **Strengthened Practical Skills through Simulation:**

Hands-on simulations and demonstrations significantly enhanced providers' technical proficiency in Combipack administration, client counselling, and complication management.

□ **Addressed Misconceptions and Increased Acceptance:**

Training successfully corrected misconceptions about MA Combipack, broadening provider understanding of its appropriate clinical applications, including management of incomplete abortion and intrauterine fetal death.



□ **Strengthened Health Information Systems:**

Improved capacity in data recording and reporting led to increased accuracy and completeness of HMIS data, enabling better tracking of service uptake, commodity utilization, and program performance.

□ **Improved Service Readiness and Continuity of Care:**

Provision of job aids, Uganda Clinical Guidelines, IEC materials, and seed stock of Combipack ensured immediate service delivery, supported continuous learning, and strengthened follow-up mentorship at facility level.

Community-Based Family Planning Services

ARJ Health Access Foundation expanded access to Family Planning services through community outreaches and facility linkages.



Key Results

- **Expanded Access to Family Planning Services:**
Community outreaches significantly increased access to a wide range of family planning services, particularly among underserved and hard-to-reach populations.
- **Increased Uptake of Modern Contraceptives:**
The intervention contributed to a measurable rise in the number of clients adopting modern contraceptive methods, including long-acting reversible methods.
- **Strengthened Community–Facility Linkages:**
Effective referral systems were established between community outreaches and health facilities, ensuring continuity of care and follow-up for clients.
- **Improved Community Awareness and Demand:**
Targeted health education during outreaches enhanced knowledge on family planning options, dispelled myths, and increased informed demand for services.
- **Reduced Unmet Need for Family Planning:**
The program contributed to addressing unmet need by reaching first-time users and underserved groups with appropriate counselling and services.
- **Enhanced Service Integration and Efficiency:**
Integration of family planning into broader outreach services improved efficiency, optimized resource use, and increased the overall reach of essential health services

Onsite Mentorship and Continuous Quality Improvement (CQI) in Reproductive, Maternal, Newborn, Child and Adolescent Health

Key Results



□ **Expanded Facility Coverage for Mentorship:** Ten (10) **health facilities** in Northern Uganda were reached through joint mentorship visits conducted in collaboration with the Ministry of Health to strengthen the capacity of the health workforce in provision of RMNCAH services to the community

□ **Improved Quality of RMNCAH Service Delivery:**

Supported facilities demonstrated measurable improvements in adherence to RMNCAH clinical standards and protocols following targeted mentorship and support supervision.

□ **Strengthened Capacity of Health Workers:** Over 100 health workers received on-site mentorship, resulting in enhanced competencies in maternal, newborn, child, and adolescent health service provision.

□ **Implementation of Continuous Quality Improvement (CQI) Initiatives:** Facilities initiated and strengthened multiple CQI projects, addressing key service delivery gaps identified during mentorship visits.

□ **Improved Data Use for Decision-Making:** Health facility teams showed improved use of RMNCAH data for tracking performance, identifying gaps, and informing quality improvement actions.

□ **Enhanced MoH–Partner Collaboration and Oversight:**

Joint visits strengthened coordination, alignment with national priorities, and government ownership of RMNCAH quality improvement processes





Focus Areas During the Mentorship

□ **Antenatal Care (ANC):** Focused on strengthening early identification and management of pregnancy-related risks, improving adherence to recommended ANC contacts, provision of essential interventions (e.g., IPTp, iron/folate, HIV/syphilis testing), and promoting birth preparedness and complication readiness.

□ **Labour & Delivery (Intrapartum Care):** Emphasized skilled birth attendance, correct use of the partograph, timely identification and management of obstetric complications, infection prevention, and adherence to safe delivery protocols to reduce maternal and neonatal morbidity and mortality.

□ **Essential Newborn Care:**

Strengthened immediate newborn care practices including thermal care, early initiation of breastfeeding, cord care, neonatal resuscitation, and identification and management of newborn danger signs.

□ **Maternal and Perinatal Death Surveillance and Response (MPDSR):**

Supported systematic identification, notification, and review of maternal and perinatal deaths, with a focus on root cause analysis, documentation, and implementation of actionable recommendations to prevent future deaths.

□ **Postnatal Care (PNC):**

Enhanced provision of timely postnatal services for mothers and newborns, including monitoring for complications, counselling on breastfeeding and newborn care, family planning, and ensuring continuity of care within the critical postnatal period.





- **Adolescent Health:**

Promoted delivery of adolescent-friendly services, including counselling on sexual and reproductive health, prevention of early pregnancy, STI/HIV awareness, and addressing barriers to access such as stigma and confidentiality concerns.

- **Family Planning:**

Strengthened capacity to provide a full range of modern contraceptive methods, quality counselling for informed choice, method initiation and follow-up, and integration of family planning into other RMNCAH service delivery points.

CROSS-CUTTING ACHIEVEMENTS

- **Improved Quality of RMNCAH Service Delivery:**

Across supported facilities and outreaches, there was enhanced adherence to national clinical guidelines, resulting in more consistent, safe, and client-centred care.

- **Strengthened Health Workforce Capacity:**

Health workers gained practical skills, confidence, and competency through training, mentorship, and onsite coaching, improving performance across multiple service areas.

- **Increased Access to Essential Health Services:**

Integrated outreach and facility-based approaches expanded access to family planning and RMNCAH services, particularly for underserved and hard-to-reach populations.

- **Increased Uptake of Priority Health Services:**

There was a notable rise in utilization of services such as modern contraceptives, antenatal care, and postnatal care due to improved service availability and community engagement.

- **Enhanced Data Quality and Use for Decision-Making:**

Strengthened HMIS reporting and data use practices enabled facilities and program teams to better track performance, monitor commodity use, and guide interventions.

- **Strengthened Continuous Quality Improvement (CQI) Systems:**

Facilities institutionalized CQI processes, regularly identifying service delivery gaps and implementing targeted improvement actions.

- **Improved Commodity Availability and Service Readiness:**

Provision of seed stock (e.g., MA Combipack) and strengthened supply chain awareness ensured continuity of services and reduced stock-related disruptions.

- **Addressed Misconceptions and Improved Community Awareness:**

Community engagement and provider training helped dispel myths around family planning and MA Combipack, increasing acceptance and informed demand for services.

- **Strengthened Referral and Linkage Systems:**

Functional linkages between community outreaches and health facilities improved continuity of care, especially for clients requiring follow-up or long-term services.

- **Enhanced Government Ownership and Coordination:**

Close collaboration with the Ministry of Health and district teams strengthened alignment with national priorities, improved oversight, and promoted sustainability of interventions.

- Strengthened partnerships with Ministry of Health and faith-based institutions
- Improved data use for decision making
- Increased community trust in SRH services

CHALLENGES & MITIGATION

Challenge	Mitigation strategy
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<p>Limited Health Worker Availability and High Workload</p> <p>Challenge: Health workers were often overstretched, limiting time for mentorship, adherence to protocols, and quality service delivery.</p>	<ul style="list-style-type: none"> • Adopted onsite, integrated mentorship approaches to minimize service disruption • Engaged facility leadership to improve duty rosters and task-sharing • Promoted peer-to-peer learning and mentorship within facilities
<p>Inconsistent Commodity Availability (e.g., MA Combipack, FP methods)</p> <p>Challenge: Periodic stock-outs affected service continuity and client trust</p>	<ul style="list-style-type: none"> • Provided seed stock during trainings and outreaches • Strengthened commodity monitoring and reporting systems • Linked facilities to district and national supply chain structures for timely replenishment
<p>Data Quality Gaps in HMIS Reporting</p> <p>Challenge: Incomplete and inaccurate data limited effective monitoring and decision-making.</p>	<ul style="list-style-type: none"> • Conducted targeted mentorship on HMIS tools and registers • Introduced routine data review and validation practices • Promoted data use for decision-making at facility level
<p>Persistent Misconceptions and Stigma (FP & MA Combipack)</p> <p>Challenge: Misconceptions among both providers and communities affected uptake and service provision.</p>	<ul style="list-style-type: none"> • Integrated values clarification and attitude transformation (VCAT) sessions into trainings • Strengthened community sensitization and health education during outreaches • Equipped providers with IEC materials and counseling skills
<p>Weak Referral and Follow-Up Systems</p> <p>Challenge: Gaps in linking community outreaches to facilities affected continuity of care.</p>	<ul style="list-style-type: none"> • Established structured referral pathways and tools • Strengthened community–facility linkages through coordination with VHTs and facility teams • Promoted follow-up mechanisms for referred clients

<p>Limited Functionality of CQI Structures</p> <p>Challenge: Some facilities had inactive or weak CQI teams, affecting continuous improvement efforts.</p>	<ul style="list-style-type: none"> • Reactivated and mentored facility-based CQI teams • Supported development of simple, actionable CQI projects • Encouraged regular review meetings and documentation of progress
<p>Logistical Constraints for Outreach and Mentorship Activities</p> <p>Challenge: Transport and resource limitations occasionally delayed planned activities.</p>	<ul style="list-style-type: none"> • Leveraged joint planning with MoH and district teams • Integrated activities to optimize available resources • Prioritized high-need facilities and communities
<p>Low Male Involvement in RMNCAH/FP Services</p> <p>Challenge: Limited male engagement affected decision-making and uptake of services, especially family planning.</p>	<ul style="list-style-type: none"> • Incorporated male engagement strategies during community outreaches • Promoted couple counseling approaches • Used community leaders and champions to influence behavior change
<p>Gaps in Adolescent-Friendly Service Delivery</p> <p>Challenge: Barriers such as stigma, limited privacy, and provider bias affected adolescent access to services.</p>	<ul style="list-style-type: none"> • Trained providers on adolescent-responsive care • Strengthened privacy and confidentiality practices at service points • Conducted targeted outreach to adolescents and youth
<p>Limited Use of MPDSR Findings for Action</p> <p>Challenge: Although reviews were conducted, implementation of recommendations was sometimes weak</p>	<ul style="list-style-type: none"> • Strengthened follow-up on action points from MPDSR meetings • Integrated MPDSR into CQI processes • Engaged facility leadership to ensure accountability and ownership

END OF REPORT