



“HAFT”

HEALTH ADVOCATES FRONTLINE TEAM

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WEST DIVISION

FORTPORTAL

KABAROLE DISTRICT

WESTERN REGION

UGANDA



CONCEPT NOTE FOR HEALTH ADVOCATES FRONTLINE TEAM

“HAFT”

NAME

HEALTH AVOCATES FRONTLINE TEAM

VISSION

UPLIFTING HEALTH STANADARDS OF RURAL COMMUNITIES IN UGANDA

MISSION

WORKING ASTEAM THROGH COOPERATION WITH ALL STAKE
HOLDERSTO IMPROVE HEALTH STARDARDS IN RURAL COMMUNITIES.

OBJECTIVES

1. To sensitize the community about available health service in their nearby health center.
2. To ensure people get aware of preventive and curative measures of diseases affecting their lives
3. To ensure people know to care for their lives and maintain hygiene in their homes
4. To reduce maternal and infant mortality and morbidity rate
5. To sensitize people in the community about the increasing rate of HIV/AIDS and refer the screened individual to the health units for further help
6. To sensitize people about the effect of domestic violence in their home and the community
7. To carry out community diagnosis and health .

PROBLEM STATEMENT

Uganda does not differ from other African countries that suffer the challenges of lack of awareness on preventable diseases that has caused the government to spend a lot of money on these preventable diseases that can be prevented by citizen in their country

Many Ugandans spend a lot of money in seeking medical attention on preventable diseases of which we think if we can sensitize people and create a change , we would have saved a lot of money that the government invest on preventable diseases and even people can minimize on spending and be able to support their children in schools and can cater themselves, and leaving dependency .there is a need to sensitize infant and maternal

mortality and mobility rate, high HIV prevalence in the area, low health care seeking behaviors in the community and increase malaria cases.

JUSTIFICATION

According to UNHS, 2009/2010, children constituted an estimated number of 17.1 million children below the age of 18 years which is about 57.4% of Uganda's total population of 30.7 million people. Of these, 14% (2.43 million) are orphans of which 45.6% (1,108,080) of the orphans are due to HIV and AIDS. Approximately 51 percent (8.1 million children) are either critically or moderately vulnerable, while 63% live with caregivers other than their biological parents. Currently, at least one in every four households has an orphan and 3 million children live below the poverty line (OVC Situation Analysis 2010). According to UBOS Mapping report 2011/2012 for Kabarole District, revealed that a total number of 22,019 OVCs were served by September 2011 out the estimated total number of 100,983 leaving an estimated total of 78,964 in critical conditions.

These uncontrollable deaths of the useful parents due to HIV/AIDS pandemic continues to accelerate the vulnerability of children because majorities are orphaned at a tender age. Of all the families in the country, 25% have at least one orphan out of which the majority is exposed to malnutrition, loss of family identity, engaged in stressful labour, lack protection and are exposed to HIV/AIDS in pursuit of survival (TASO, 2008). Kabarole has one of the highest HIV prevalence in the country which stands at 11% whereas the national is at 7.3%.

Mobilizing community health workers and leaders to encourage women to give birth in a health facility has remained a great challenge. Providing transportation to help women attend health centers, and strengthening supply chains to provide reliable access to life-saving products and upgrading health reach life-saving care within two hours is also a challenge.

Training and mentoring health providers to deliver consistent, quality care, equipping health providers with life-saving medical devices and supplies needs community mobilization needs emphasis.

Many of the health facilities lack even the most basic medical equipment, without which it is difficult and, at times, impossible to provide quality obstetric and newborn care. For this reason

this project intends to create awareness approach to preventing maternal and newborn deaths among other health challenges as explained .

STRATEGIES TO REACH OBJECTIVES

Sensitize the community about available health services in their nearby health centers through targeting church services ,visiting health centers 'visiting schools and carry out community meetings.

Ensuring people get awareness about preventive and curative measures of diseases affecting their community by ensuring preventive measures like maintaining proper hygiene and sanitation ,sleeping under treated mosquito nets and emphasizing proper utilization of health services as a curative measure.

On reducing the mortality and mobility rate of children under five years by sensitizing mothers to take their children for immunization program and carrying out follow ups to get children who are not fully immunized .

On health improvement of pregnant mothers through health education on different topics like nutrition and advising them to go for antenatal services for safe delivery.

On carrying out diagnosis through carrying out community survey to find out the health problem affecting the community.

Sensitizing the people about the effects of domestic violence through cooperation with all stake holders and holding meetings to identify families experiencing domestic violence and giving them counselling services.

Sensitization of people about the increasing rate of HIV/AIDS in the community and how to control its spread through emphasizing preventive strategies like being faithful to your partner,

use of condoms ,abstinence and also providing counseling and guidance services for infected people.

ACTIVITIES

- ✓ HEALTH EDUCATION TALKS
- ✓ COMMUNITY DIAGNOSIS AND HEALTH REASERCH
- ✓ PROMOTIONOF PROPERHYGIEN AND SANITATION
- ✓ CARRYING OUT REACHES AND FOLLOW UPS
- ✓ LINKING COMMUNITY MEMBERS TO THE HEALTH CENTERS
- ✓ REPORTING AND NOTFYING DISEASE OUT BREAK IN THE COMMUNITYTO THE
AUTHORISED UNITS

HAFT MEMBERS

CO-ORDINATOR

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VOLUNTEERS

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