**ADJUMANI DISTRICT LOCAL GOVERNMENT**

HEALTH DEPARTMENT

QUARTER FOUR (4) HEALTH PROMOTION AND EDUCATION PROGRAM PERFORMANCE REPORT FOR 2018/2019 FY

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# INTRODUCTION

This is a quarterly health promotion and education performance report for Q4 of FY2018/2019. The report highlighted the objectives, core intervention and specific targets of HP&E, planned results for Q4, actual results achieved with the resources received, key challenges encountered and recommendations to improve performance. The report is intended for information sharing with key stakeholders, managers and decision makers for the achievement of Health Promotion and Education goal.

**Sector Strategy goal:**

* Contribute to the prevention, control and elimination of diseases through increasing community adaptation and sustenance of healthy practices that prevent and control diseases.

**GENERAL OBJECTIVES:**

* To focus on providing knowledge, improving attitudes and increasing risk perception that will lead to voluntary adaptation and sustainability of healthy practices through systematic engagement with the community and key stakeholders in the prevention and control of diseases.

**3: VISION OF HEALTH PROMOTION AND EDUCATION:**

* Knowledgeable, healthy and productive population capable of taking control over their own health that contribute to socio-economic growth and National development

**4: Mission:**

* To provide the highest possible level of awareness to all host and refugees community through using various communication strategies/channels to reach every persons at all levels.

**STRATEGIES USED TO ACHIEVED RESULT**

* Social marketing: Is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of program designed to influence the behavior of target audiences in order to improve the wellbeing of individuals and society. We apply this strategy during SBCC activation in community centers, social places like markets, churches, and busy trading centers.
* Partnership-A partnership for health promotion is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes. Increasing health promotion is exploring partnerships between the public sector, civil society and the private sector, political leaders, with that we were able to be supported by some partners for community dialogues, Radio talk shows and trainings.
* Intersect oral collaboration: A recognized relationship between part or parts of different sectors of society which has been formed to take action on the issue to achieved health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.
* Networking with facilities, schools implementing partners, communities and all key stakeholders e.g. health promoting facilities which does not only provide high quality comprehensive medical and nursing services but also develops a corporate identity that embraces the aims of health promotion with active participatory roles for patients and all members of staff develops it’s into a health promoting physical environment and action to promote the health of the patients, their staff and the population in the community they are located in .

Health promoting schools engages health and education officials, teachers, students, parents and community leaders in effort to promote health, it fosters health and learning with all the measures at its disposal and strives to provide supportive environment for health and a range of key school health education and promotion programs and services.

**ACTIVITIES CONDUCTED VS ACTIVITES ACHIEVED DURING THE QUARTER**:

600 health education materials produced on menstrual hygiene management and WAY project, printed and disseminated in schools, communities, VHTs and key stakeholders in the district to create awareness on the targeted categories for action for improvement.

Eight (8) radio talk shows were conducted in local FM radio stations (Aulogo, Amani and USALAMA FM) to educate the communities on key health issues and concerns on NTDs, Menstrual hygiene management, Right and responsibility of children, safe holiday, violence against children, HPV and Key

family care practices .This is expected to have reached an audience of more than 248,000 host and refugees communities in the district and region.

Trained 100 Adolescents on Adolescent health, menstrual hygiene and Adolescent health rights to mobilize and educate the peers on the above problems affecting Adolescents in Maaji II and III with support from DRC.

Ten (10) community dialogue meetings were conducted in ten Refugee settlements attended by about 800 host and refugees’ youth, leaders and health stakeholders to discuss key community health issues and concerns on HIV/AIDS and TB .The community dialogue meetings culminated in community health action plans for health promotion and disease prevention with funding from UNICEF.

12 health education outreaches conducted to schools and communities to mobilize them and create demand for health services in collaboration with implementing partners.

10,000 IEC Materials on Ebola were distributed in Schools, communities, health facilities, VHTs, Heads of Departments, political leaders, Banks, private clinics, social places, churches, implementing partners and Refugees communities to create awareness and vigilance among people and to be able to report any occurrence of any unfamiliar illness detected in the community for appropriate action.

Trained 100 Hygiene promoters in Elema and Agojo settlements on Primary health care concept in order to create awareness to improve on the hygiene and sanitation in the two settlement to prevent the occurrence of any hygiene and sanitation related diseases among the Refugee communities with support from EMESSCO.

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| **SNO** | **Activity Planned** | **Number planned** | **Number achieved** | **Number of participants reached** |
|  | Community mobilization, sensitization and Advocacy meeting | | |  |
| 01 | Radio talk shows | 06 | 08 | Almost the entire population. |
| 02 | Integrated support supervision in all health facilities in Adjumani west HSD | 02 | 00 | 12 facilities |
| 03 | Production, Printing and Dissemination of IEC materials | 10000 | 10000 | Communities, schools , health facilities HODs,IPs ,political leaders and refugees |
| 04 | Health promotion and Education outreaches to schools | 05 | 05 | 2500 students benefited |
| 05 | Community dialogue | 05 | 11 | 800 people attended |

**Other activities undertaken during the quarter includes.**-Daily health education talk conducted in the hospital  
-Participated in 3 days training on MR in Arua  
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# Key CHALLENGES:

* Lack of means of transport affected activities
* Inadequate funding for planned activities not to be achieved
* Effort by IPs has not been put together to support the sector
* Inadequate staffing and poor attitudes towards work also affected the sector.
* Inadequate community participation and involvement to identify, plan, implement intervention and monitor.
* Inadequate IEC materials to support health Education in other areas
* Low health workers attitudes towards health education
* Lack of documentation of health education conducted by facilities.
* New technologies have the potential to cause harm through misleading or deceptive information.
* Heavy Promotion of unhealthy lifestyles, such as tobacco use and fast food consumption.
* Increasing pollution
* Health problem associated with poverty, such as overcrowding etc. affect the health of the people.

# RECOMMENDATION:

* Need for motorcycle to improve on the effectiveness and efficiency in services delivery
* Need for all stakeholders to put effort together and participate in behavior change
* Need for inter-sectorial collaboration if health promotion is to achieve its objectives
* Need for attitude change
* Need for recruitment of Assistant health Educator in Adjumani East HSD (MUNGULA)
* Need for appropriate public health policies to enhance behavior change.

**HEALTH PROMOTION AND EDUCATION ACTIVITY TARGETS FOR FY 2019/2020**

1. **20% of schools to be reach with health education program**
2. **100% of health facilities providing health education in and out of the facility**
3. **800 IEC materials to be produce, pretested and distributed to facilities, schools, Ips, communities, VHTs, politicians.**
4. **24 Radio talk shows to be conducted on various health programs**
5. **20 community dialogue to be carry out in 20 parishes**
6. **20% of the host and Refugees population reach with health messages**
7. **8 Advocacy meetings to be conducted on various health program**

**ACHNOWLEDGED THE CONTRIBUTION OF THE FOLLOWING PARTNERS.**

* UNICEF
* DRC
* LWF
* EMESSCO

**THANK YOU FOR LISTENING**