

UGANDA
PY 2013: Quarter 1 Progress Report

Project Name: MCHIP
Reporting Period: October 1-December 31, 2012
Obligation Funding Amount: \$900,000 June 2012-June 2013 (\$600,000 Mission Field Support; \$300,000 Core NUVI)
Project Duration: June 2012-June 2013
Evaluation Dates: October 1 – December 31st, 2012
Person Responsible for Drafting this Report: Patrick Isingoma, Acting Country Director
Project Objectives: (Taken from your project document)
<ol style="list-style-type: none"> 1. At national level, to improve the capacity of UNEPI to plan, manage, implement, monitor, and coordinate support for routine immunization 2. In selected Mission focus districts, to strengthen District Health Team (DHT) capacity to manage and coordinate support for immunization.

I. Overall Progress of the Project for the Quarter

Activities Planned	Activities Accomplished	Comments (National/District)
<ul style="list-style-type: none"> • Program start-up and documentation 	<ul style="list-style-type: none"> • PMP and EMMP developed and submitted (January 10, 2013) to USAID Mission for review and approval • Recruitment, short-list process and interviews conducted for potential Country Director; unfortunately candidate did not take position, thus MCHIP HQ and in-country team are realigning tasks and hiring consultants to ensure for continued program implementation without delays 	<ul style="list-style-type: none"> • National
<ul style="list-style-type: none"> • Improve capacity of UNEPI in planning, managing, coordinating and active monitoring 	<ul style="list-style-type: none"> • Provided assistance to UNEPI and program partners to restart the quarterly newsletter/dashboard with focus on routine immunization performance across all districts • Provided technical assistance in the review and finalization of the EPI Policy, ensuring for enhanced partners support • Worked with districts on preventive routine maintenance of the cold chain, including conducting a gas cylinder inventory and supporting the districts in completing the gas cylinder tracking system. MCHIP initiated this with the districts but will need to ascertain what exact role National Medical Stores (NMS) may be playing in relation to central gas cylinder distribution to districts. This will help to identify the gaps in the cold chain, establish the inventory and help districts to know what 	<ul style="list-style-type: none"> • National

	their exact inventory is.	
<ul style="list-style-type: none"> • Improve quality and use of data 	<ul style="list-style-type: none"> • Finalized district assessment baseline tools which will be used to collect data in all five districts which MCHIP supports • Began baseline assessment in all five districts; will be completed and disseminated in Q2 	<ul style="list-style-type: none"> • District
<ul style="list-style-type: none"> • Operationalize RED and QI 	<ul style="list-style-type: none"> • Developed draft training modules and training agenda for RED+QI (iRED, or improvement RED) for select districts; training central team will occur in Q2 	<ul style="list-style-type: none"> • National/District

II. Challenges, Solutions and Actions taken

- Recruitment of a Country Director has not yielded results, thus, MCHIP HQ and in-country teams continued to shift tasks as needed to ensure that program implementation continues as planned. STTA was increased to further provide support for program activities during Q1 so that no delay in activities occurred due to this challenge

III. Lessons, Best Practices and Recommendations

With MCHIP's immunization work still ramping up, it is too early to provide lessons, best practices or recommendations.

IV. Success stories

With MCHIP's immunization work still ramping up, it is too early to provide success stories.

V. Management Issues

Recruitment efforts to select a Country Director identified potential candidates; three top choice individuals were short-listed and interviewed. A candidate was selected and an offer was made. However, the candidate rejected the offer stating salary as the main reason. MCHIP was not able to match his past salary from consultant work in a hardship post. Thus, Patrick Isingoma, Deputy Director and National Technical Advisor, continues to serve as Acting Country Director, focusing on national level technical coverage and management issues within MCHIP. Currently, MCHIP is reviewing options of continuing to have Patrick Isingoma serve as Acting Director through the life of the project (until June 2013), with additional support from the MCHIP HQ team. Dr. Gerald Ssekitto, District Technical Officer, has been providing support at the national level, continuing to support Patrick with the workload. MCHIP will also consider using greater STTA during this time and as project implementation begins in the five districts.

VI. Update of the PMP and EMMP

MCHIP/Uganda submitted the PMP and EMMP January 10th, 2013 for USAID Uganda to review. Once baseline data are collected during Q2, the PMP will be updated accordingly, particularly in relation to setting more evidence-based targets once district specific data is analyzed and interpreted.

VI. Planned Activities for Next Quarter

NATIONAL:

- Liaise with MOH UNEPI, AFENET training, health education division and malaria program for information on materials such as: the UNEPI (Immunization in Practice in Uganda), PowerPoint slides developed by AFENET and other partners, and the VHT and Health Unit Management Team booklets
- Support the newsletter working group with the drafting and initiating the first draft that summarizes all-district key RI performance issues together with the EPI/WHO focal person for disease surveillance officer
- Finalize draft RED+QI curriculum for select districts
- Train a central team to help train the district in baseline assessment data collection. This will also be taken as a central training/supervision team (so we shall build up this team to MCHIP's interests)
- Assist UNEPI with finalizing EPI Policy
- Explore collaboration with USAID partners, SDS and STRIDES, in supporting routine immunization and attend UNEPI/Partner meetings
- Facilitate finalization of initial PMP and EMMP drafts
- Develop internal communication plan
- Hold initial discussions with resource centre on improving data quality in the MCHIP districts
- Review materials/status for HUMC and VHT in the project districts
- Identify and train a central team on RED+QI

DISTRICT:

- Finalize baseline assessment:
 - collect district profile information, including map partners working in districts; EPI data collection and analysis; identify common problems of Health Unit (HU); identify enablers and barriers in districts; identify promising practices in districts and district/HSD/HU process for identifying and recognizing them; gauge the status of community resources (e.g. HUMCs, VHTs, mobilizers); regroup HUs to Sub Counties
 - Prepare five district reports and one consolidated report; update PMP and training materials using data collected
 - Give feed back on baseline assessment to each districts and start planning for RI improvement
- Participate in district planning meetings
- Review Supportive Supervision checklists

- Data feedback regarding RI performance and processes will be given to Health Sub-District (HSD), Sub-County and Health Units
- Participate in district review meeting and conduct mapping of communities/populations defined by their geographical areas to health service points
- Support districts Give feedback on routine immunization performance to all HSD, S/C and health facilities.
- Training of VHT in at least one district (Rukungiri).
- Train at least 35 health workers in each district in OPL with iRED
- Pursue potential partnership with Makerere University Child Health Development Center