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MCHIP Uganda Quarterly Report

FY2013 Q3 (April – June 2013)



Rukungiri QI-REC and microplanning workshop; discussing the 5 components of Reaching Every Child strategy to strengthen routine immunization

UGANDA
FY 2013: Quarter 3 Progress Report

Project Name: MCHIP
Reporting Period: April 1 – June 30, 2013
Obligation Funding Amount: \$900,000 June 2012-June 2013 (\$600,000 Mission Field Support; \$300,000 Core NUVI)
Project Duration: June 2012-June 2014
Evaluation Dates: April 1 – June 30th, 2013
Person Responsible for Drafting this Report: Dr. Gerald Ssekitto – Country Director
Project Objectives:
<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 routine immunization.

I. Overall Progress of the Project for the Quarter

Note: Due to high volume of acronyms, a list of acronyms are provided at the end of this report

Activities Planned	Activities Accomplished	Comments (National/District)
Program start-up and documentation	<ul style="list-style-type: none"> • Baseline completed and PMP revised according to baseline findings to be re-submitted to USAID for approval. It is anticipated that the PMP will be updated and resubmitted in August 2013. • Dr. Ssekitto K. Gerald was designated Country Director with a start date of July 1st, 2013. Having a CD in place will strengthen MCHIP leadership and strategic direction for the project and within the immunization landscape in Uganda. • Recruitment for two District Technical Officers and Monitoring, Evaluation and Learning Officer (ME&L) started this quarter. Interviews to be conducted in Q3, July 2013. Recruiting and hiring these positions will enable our team to implement planned activities without delay. 	<ul style="list-style-type: none"> • National
Improve capacity of UNEPI in planning, managing, coordinating and active monitoring	<ul style="list-style-type: none"> • MCHIP participated in UNEPI technical meetings in April and May 2013. In June, the meeting was not conducted due to administrative changes that were taking place in UNEPI management. • Supported training in QI-REC methodology in 2 MCHIP supported districts: Busia 39: (25 Females and 	<ul style="list-style-type: none"> • National • District

Activities Planned	Activities Accomplished	Comments (National/District)
	<p>14 Males), Kapchorwa 37: (15 Females and 22 Males). Participants included district, health Sub-district (HSD) and static Health Facility (HF) staff: (District Health Teams (DHT), HSD and HF incharges and EPI focal persons for Hospital, HSD and Health Center (HC) III).</p> <ul style="list-style-type: none"> • Oriented Village Health Teams (VHT) in all five districts except one (Rukungiri): Iganga (502 Females and 503 Males), Busia (631 Females and 509 Males). Kabale (2,606 Females and 1,476 Males), Kapchorwa (696 Female and 582 Male). • The DHT shared the macro mapping of populations (parishes) to static health facilities and continued with the second stage of micro mapping (identification and allocation of villages to static and outreaches in each parish). These initial mapping processes are one of the first steps of the QI-REC methodology and will help facilities link with their communities better and facilitate ownership plus demand for services. 	<ul style="list-style-type: none"> • District • District
Improve quality and use of data	<ul style="list-style-type: none"> • MCHIP participated in the preparatory meetings for the African Vaccination Week, 2013 • Published newspaper pullout for Government of Uganda RI performance (July – September & October – December 2012). This publication was distributed during the African Vaccination Week, 2013. • Supported data verification exercise as a pre-requisite for publishing EPI data in the Newspaper pullout. • In collaboration with WHO and UNEPI, conducted training of national trainers for Data quality self-assessment (DQS) data collectors and supervisors, total 42: (female 17 & male 25). • MCHIP technically and financially supported national level planning for DQS. 	<ul style="list-style-type: none"> • National • National • National • National • National • National
Collaborate and provide technical support for RI with USAID grantees	<ul style="list-style-type: none"> • MCHIP participated in the District Management Committee (DMC) meetings organized by USAID’s Strengthening Decentralization for Sustainability (SDS/USAID) for Iganga and Kapchorwa districts. Implementing partners’ (IP) reports were consolidated in the district department report. This facilitates MCHIP’s effort to collaborate with other USAID IPs. 	<ul style="list-style-type: none"> • District
Advocacy, communication, policy, documentation	<ul style="list-style-type: none"> • Supported MOH UNEPI in costing and impact assessment for the EPI Policy; prepared report. Thus the EPI policy is ready for Health Partners Advisory Committee (HPAC) to discuss before submitting to the 	<ul style="list-style-type: none"> • National

Activities Planned	Activities Accomplished	Comments (National/District)
	cabinet for discussion and approval.	
Focused studies	<ul style="list-style-type: none"> • MCHIP disseminated results of district baseline assessment survey in 2 of 5 districts: Iganga and Busia. Involvement of district leaders in the dissemination meeting encouraged ownership of the RI program and leaders promised to support through channels such as procurement of standby gas cylinders and bicycles. • MCHIP participated in reviewing and updating the WHO/AFRO EPI prototype curricula (nursing & medical school curricula) • Dr. Gerald Ssekitto participated in the Regional Workshop to revise Medical and Nursing Curricula in Abidjan, Cote D'Ivoire in May 2013. Following the workshop, MCHIP presented the EPI prototype curriculum to the 6th National Principals for health training institutions conference 17th - 21st June 2013 held at Nile Resort Hotel Jinja: (90 principals from Uganda, Rwanda, South Africa, Kenya). The conference presented the step-by-step process of adapting and institutionalizing the EPI prototype curricula in Uganda. 	<ul style="list-style-type: none"> • National • National • National
Operationalize RED and QI	<ul style="list-style-type: none"> • MCHIP supported 2 districts (Kapchorwa 47: 24 male & 23 female, Busia 54: 24 male & 30 female) to conduct district review meetings. Participants included district leadership, in-charges of all static health units, EPI focal persons for HSD, representatives from hospitals and health development partners working in the district. • RI data for January to March 2013 was analyzed during Q3 for HF, sub-county, HSD and district and categorized each level. A tool to follow progress from the previous quarters reviewed was designed and used to show performance progress for each level. Feedback was given to in-charges and health IPs during review meetings. This preceded the QI-REC micro-planning meeting to contribute to the situation analysis for micro-planning. 	<ul style="list-style-type: none"> • District • District
Peer exchange visits	<ul style="list-style-type: none"> • MCHIP worked with the Masaka team to facilitate QI-REC training and micro-planning meetings in Kapchorwa and Busia districts, sharing detailed experiences on how Masaka introduced QI, what Plan-Do-Study-Act (PDSAs) were done, how they were done, including challenges/advice. 	<ul style="list-style-type: none"> • District

Activities Planned	Activities Accomplished	Comments (National/District)
PCV Introduction	<ul style="list-style-type: none"> • MCHIP supported training of district trainers for PCV introduction in 5 districts: Kabale (22 males & 8 females), Iganga (14 males & 15 females), Rukungiri (15 males & 7 females), Busia (13 males & 14 females) and Kapchorwa (16 males & 6 females) • Supported training of operational health workers (HSD training) in PCV introduction in the 5 MCHIP districts: Iganga 242: 164 females and 78 males, Busia 153: 88 females and 65 males). Rukungiri (21 females & 96 males) Kabale (297 females and 205 males) Kapchorwa (64 females and 25 males) • MCHIP supported 5 districts with PCV introduction coordination meetings at district level. • MCHIP participated in the launching of PCV introduction in Iganga district and shared QI-REC briefers to both national and international participants. The launch was presided over by the President of Uganda Yoweri Museveni. • MCHIP supported UNEPI to conduct post-PCV introduction support supervision in Iganga district. 	<ul style="list-style-type: none"> • District • District • District • National • National

II. Challenges, Solutions and Actions taken

- With less than a year of guaranteed funding, MCHIP Uganda finds it difficult to make longer term plans, despite the fact that the QI-REC strategy requires medium term aspirations to achieve its full potential. However, to continue supporting the QI-REC momentum in Uganda, MCHIP will develop a one-year follow on implementation plan with the hopes that funding will continue past this next implementation year.
- UNEPI is undergoing staffing transitions with a majority of staff being given other assignments within the MOH. This impacts implementation of activities directly involving UNEPI staff. The new UNEPI program manager remains with a few UNEPI experienced staff to run UNEPI.
- PCV vaccines were supplied only to Iganga district despite completed training in Kapchorwa, Busia, Rukungiri and Kabale districts. MOH (UNEPI) directed to only distribute vaccines to these other districts once the whole region has been trained, since some stock out issues in Iganga have been attributed to people from nearby districts coming to Iganga for PCV. MCHIP is advocating for supply of PCV to the districts through UNEPI, WHO, and UNICEF. MCHIP has also advocated that training be expedited around the time when PCV is delivered so that when PCV vaccine is delivered, health workers' trainings are still relevant and timely. UNEPI has announced to MCHIP that during the third week of August, vaccines will be in the country to cover the regions where MCHIP districts are located.

III. Lessons, Best Practices and Recommendations

- Involvement of district and sub-county leaders in routine immunization activities with the DHT and HF in-charges stimulates commitment to RI, ownership and funding. The district and sub-county

leaders resolved continued involvement of HF in-charges in sub-county technical planning committee meetings so that RI issues can be regularly discussed and funded.

- As part of QI/PDSA and in line with encouraging districts to solve management-related persistent problems with local resources, continued efforts and discussion between MCHIP, UNEPI and partners resulted in MOH developing guidelines to facilitate districts to procure standby gas cylinders using existing PHC funding. This will solve a long standing problem in provision of continuous quality RI services and reducing the number of cancelled static and outreach sessions.
- Analyzing RI data by HF and sub-county exposed non performing HFs in a non-threatening way, and resulted in re-starting and accelerating immunization performance.
- MCHIP experienced that the more they engaged HF staff in the processes of QI-REC microplanning, the more they shared 'real' problems impacting RI (e.g. closed outreaches, long waiting time for parents).
- Most problems affecting RI at health facility level can be solved by the health facility staff without added financial support, but with technical support and encouragement. This was observed during the QI-REC microplanning meetings when PDSAs were selected (e.g. reducing long waiting times during RI sessions, increasing attendance at outreach sessions, ensuring outreach happens according to plan).
- Further recommendations at the district level:
 - Capacity of districts, HSD, Sub-county and HFs to solve their problems associated with RI should be explored before partners offer to fund solutions.
 - DHT and HF staff should be encouraged to engage and share RI data with leaders at their levels for more ownership and support.

IV. Success stories

MCHIP is gathering national and district specific stories to be shared as success stories during the annual report in October 2013.



Group work on QI-REC during microplanning workshop in Rukungiri

V. Management Issues

- Short listing for recruitment of 2 District Technical Officers (DTOs) and 1 Monitoring, Evaluation and Learning (ME&L) officer is in progress. Interviews will be held in the next quarter. The team has continued to hire consultants to facilitate speedy implementation of activities: DQS, newspaper pullout, and EPI policy costing and processing. MCHIP HQ staff has continued providing increased technical assistance. The team is assisted by consultant Mohamed Bukenya (who worked on the QI approach in Masaka district related to immunization with the ARISE project).
- MCHIP has had no M&E officer to routinely and deeply analyze data for the program. Dr. Ssekitto Gerald has continued his support with M&E inputs for MCHIP in Uganda. However, it has been agreed to recruit an M&E Officer for the post in July 2013
- MCHIP has been without a Country Director since the program began in June 2012. Recently, after conducting rounds of interviews, MCHIP HQ staff encouraged Dr. Ssekitto Gerald to assume the role of Country Director. He accepted this role in June 2013 and will formally commence as Country Director (CD) in July, 2013, at the start of the next quarter
- Dr. Masembe Victoria, the Country Director AIDSTAR 1 continues to support MCHIP as signature for checks until the new CD begins
- Documenting how local solutions are arrived at is an important part of advocacy, thus, MCHIP will hire a documentation consultant to support this endeavor

VI. Update of the PMP and EMMP

The results of the baseline assessment have been finalized. The data will be used to update the Performance Monitoring Plan (PMP) during the next quarter.

Following are indicators captured which are specific to MCHIP:

Indicator	FY Target	FY Achievement To date	Notes
Number of children vaccinated by DTP3 (D)	56000	64805	
Conducted vs planned district review meetings (D)	20	10	District review meetings for April to June are planned in July 2013
Conducted vs planned EPI quarterly newsletter / pullout (N)	4	2	MOH delayed approval of the publication
Districts with functional tracking system for gas cylinder/cold chain management (D)	5	5	Need more follow up to ensure it is continuously updated
Number of peer exchanges, by health & community (D)	10	11	Experience members from Masaka are supporting the 5 MCHIP districts to make QI practical and possible by giving practical experience
Number of districts disaggregating outreach vs static EPI data , by DTP1 & DTP3 (D)	5	5	All districts disaggregating EPI data by DTP1 & DTP3. Disaggregating outreach vs static EPI data so far

			ends at health facility level, recommended to HMIS review to include it in HMIS 105.
Regular EPI technical coordination meetings (N)	10	8	June meeting was not held
Number of people trained in child health and nutrition through USG-supported programs	120	9295	Both national and district based training included

VI. Planned Activities for Next Quarter, PY5, Q4:

During PY5, Quarter 4, MCHIP Uganda plans to:

National:

- Finalize the detailed PY6 workplan to guide program implementation from July 2013 – June 2014; submit workplan, budget and checklist in August, 2013
- Update and submit PMP
- Continue supporting MOH in EPI policy development
- Publish EPI Newspaper dashboard
- Support conducting National DQS including MCHIP supported districts
- Establish closer collaboration with Quality Assurance division Ministry of health
- Hire new staff (2 DTOs and 1 ME& L officer)
- Support continued follow up of current EPI revitalization plan
- Continue participating in District management committee meetings where we provide updates with USAID and implementing partners

District:

- Conduct microplanning for the remaining districts of Iganga, Kabale and Rukungiri
- Support OPL training of health workers in all 5 MCHIP supported districts
- Support on job training of health workers in supportive supervision knowledge and skills
- Support conducting district EPI quarterly review meetings in all districts
- Support follow up review of PDSA implementation and EPI RED microplanning in all districts
- Support on the job training of the district and HSD QI coaching skills
- Support the Mapping of service areas for each health facility visual (sketch maps)
- Support DHT engagement of district councils to share QI-REC strategy and HF mapping

LIST OF ACRONYMS

CD	Deputy Country Director
DHT	District Health Team
DMC	District Management Committee
DQS	Data Quality Self-assessment
DTO	District Technical Officer
EPI	Expanded Program on Immunization
HC	Health Centre
HF	Health Facility
HPAC	Health Partners Advisory Committee
HSD	Health Sub-District
IP	Implementing Partners
M&E	Monitoring and Evaluation
ME&L	Monitoring, Evaluation and Learning
MCHIP	Maternal Child Health Integrated Program
MOH	Ministry of Health - Uganda
PCV	Pneumococcal Conjugate Vaccine
PDSA	Plan-Do-Study-Act
PHC	Primary Health Care
PMP	Project Management Plan
QI	Quality Improvement
QI-REC	Quality Improvement in Reaching Every Community
RED	Reaching Every District (sometimes called REC/Reaching Every Child)
RI	Routine Immunization
SDS	Strengthening Decentralization for Sustainability
UNEPI	Uganda National Expanded Program on Immunization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VHT	Village Health Team
WHO	World Health Organization