

UGANDA
PY 2012: Quarter 4 Progress Report

Project Name: MCHIP
Reporting Period: July 1-September 30, 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: June 1 – September 30, 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"> • Uganda program started; including setting up office and hiring/orientation of staff • Designed year 1 annual workplan, budget and draft project indicators, incorporating feedback from all key immunization partners; workplan and budget approved by Mission • Procured office equipment • Received formal approval from UNEPI, MCH Cluster, Senior Management and HPAC to work at national level and in 5 districts • Received introduction letter from MoH to the USAID/MCHIP project districts • We were introduced to the DHO's, CAO's and RDC's meeting 	<ul style="list-style-type: none"> • National/District
<ul style="list-style-type: none"> • Improve capacity of UNEPI in planning, managing, coordinating and active monitoring 	<ul style="list-style-type: none"> • Began attending EPI technical partners' meetings and engaging with UNEPI on regular basis • Worked with UNEPI, UPA, WHO, UNICEF and partners to finalize a two year routine immunization (RI) roadmap/revitalization plan • Participated in updating cMYP and the GAVI application workshop for the introduction of the new HPV and 	<ul style="list-style-type: none"> • National/District

	<p>rotavirus vaccines</p> <ul style="list-style-type: none"> • Participated/presented the Masaka ARISE experience to the central facilitators training for AFENET and during the Busoga region training team (linking next steps with quality improvement in RED to future MCHIP work at district level) • Led the process with partners to update, revise, and work towards finalizing an EPI policy (process is still long) • Initiated discussions with USAID implementing partners on areas of synergy and how MCHIP can provide TA for increasing district focus on RI • Participated in national District Health Officer, Chief Administrative officers, and Resident District Commissioners meeting; introduced project to all district leaders with special emphasis on the 5 districts • Conducted staff (DTO) orientation visit to Masaka district during their planned quarterly Health Unit Improvement team meetings to learn more about how they were implementing Plan-Do-Study-Act concepts and compare it with the RED strategy in order to better develop the MCHIP RED/Quality improvement adaptation strategy • Began discussions with UNEPI and partners on re-introducing an EPI quarterly newsletter for stakeholders including the district leadership. A series of meetings was held between MCHIP, UNEPI, WHO; a working group formed and UNEPI/WHO appointed to spearhead the development of the newsletter • Contributed to a UNEPI/AFENET-led exercise to revise the Immunization In Practice (IIP) training materials including slides, and presented the Masaka experience to share the mentoring/coaching experience and include quality improvement concepts into the materials 	
<ul style="list-style-type: none"> • Improve quality and use of data 	<ul style="list-style-type: none"> • Began designing baseline assessment tools for 5 districts, including review of existing supportive supervision checklists 	<ul style="list-style-type: none"> • District
<ul style="list-style-type: none"> • Focused studies 	<ul style="list-style-type: none"> • Participated in the MOH Joint Review Mission (JRM) 	<ul style="list-style-type: none"> • National
<ul style="list-style-type: none"> • Operationalize RED 	<ul style="list-style-type: none"> • Started exploring the best way of marrying PDSA and RED strategy to form USAID/ MCHIP strategy of sustainable routine immunization improvement/revitalization • Shared Masaka experience to develop the EPI/MCHIP strategy of strengthening existing structures to create a sustainable linkage of communities/VHTs/HUMC and the Health Unit Management committees at sub county level 	<ul style="list-style-type: none"> • National

II. Challenges, Solutions and Actions taken

- MCHIP worked with UNEPI to help prioritize activities, although with measles and upcoming polio campaigns, UNEPI had a number of conflicting activities. To address the situation, MCHIP worked to provide extensive support to UNEPI staff in relation to RI pieces of work.
- Depending on UNEPI to plan for central activities was a challenge for MCHIP due to their many concurrent activities and staffing shortages. In response, different officers were used to help program implementation, and MCHIP lobbied with WHO to work in closer synergy in relation to RI activities.
- Some activities shifted from UNEPI to NMS, thus MCHIP shared feedback from the monthly meetings.
- There is the possibility that UNEPI may relocate offices to Kampala, though it is not clear at time when this will occur. During this reporting cycle, MCHIP staff visited UNEPI more times than was originally planned.

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

The initial Country Director, Victoria Masembe, planned on joining MCHIP full-time once the AIDSTAR-One program closed; however, AIDSTAR-One entered discussions on an extension and she has further been tasked to support the DELIVER project which will also be working on health care waste management. Thus, Patrick Isingoma, Deputy Director and National Technical Advisor, is currently Acting Country Director, focusing on national level technical coverage and management issues within MCHIP. We have begun recruitment to fill the Country Director position. Newly hired Dr. Gerald Ssekitto, District Technical Officer, will support national level efforts through December to help Patrick with the workload. This structure will enable coverage of tasks through January, at which time activities in five districts will begin implementation.

VI. Update of the PMP and EMMP

MCHIP/Uganda has received the PMP template from USAID Uganda. However, it was agreed with the Mission that the final PMP will be developed to include baseline data from the districts, which is scheduled to be analyzed and summarized in February. Thus, MCHIP requested a

March 8, 2013 submission date for the final PMP at which point data will be collected, recorded and analyzed and reported upon in the PMP template. The Mission has agreed to this date of submission. In the meantime, a draft PMP and EMMP using available data such as DHS and HMIS will be developed as this will guide the project in determining what will be measured and how it will be measured. This initial draft PMP/EMMP will be ready by mid-December.

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 together with the EPI/WHO focal person for disease surveillance officer
- Develop RED+QI curriculum for select districts
- Finalize district assessment baseline tools
- 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
- development of initial PMP draft
- Finalize 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 RED+QI

DISTRICT:

- Conduct district introductory visits/courtesy calls
- Conduct baseline assessment:
 - collect district profile information, including map partners working in districts; EPI data collection and analysis; identify common problems of HUs; 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
- Work with districts on solving gas cylinder problems (inventories, etc.) - we shall initiate this but we are not sure of NMS
- Participate in district planning meetings
- Review Supportive Supervision checklists
- Collect district data - HU and HSD will be done next year