

**UGANDA**  
**Quarterly Progress Report**

<b>Project Name: MCHIP</b>
<b>Reporting Period: June 2012-September 2012</b>
<b>Obligation Funding Amount: \$900,000 June 2012-June 2013 (\$600,000 Mission Field Support; \$300,000 Core NUVI)</b>
<b>Project Duration: June 2012-June 2013</b>
<b>Evaluation Dates: June 1 – September 30, 2012</b>
<b>Person Responsible for Drafting this Report:</b>
<b>Project Objectives: (Taken from your project document)</b>
<ol style="list-style-type: none"> <li><b>1. At national level, to improve the capacity of UNEPI to plan, manage, implement, monitor, and coordinate support for routine immunization</b></li> <li><b>2. In selected Mission focus districts, to strengthen District Health Team (DHT) capacity to manage and coordinate support for immunization.</b></li> </ol>

**I. Overall Progress of the Project for the Quarter**

<b>Activities Planned</b>	<b>Activities Accomplished</b>	<b>Comments (National/District)</b>
<ul style="list-style-type: none"> <li>• Program start-up and documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Uganda program started; including setting up office and hiring/orientation of staff</li> <li>• Designed year 1 annual workplan, budget and draft project indicators, incorporating feedback from all key immunization partners; workplan and budget approved by Mission</li> <li>• Procured office equipment</li> <li>• Received formal approval from UNEPI, MCH Cluster, Senior Management and HIPAC to work at national level and in 5 districts</li> <li>• Received introduction letter to the USAID/MCHIP project districts</li> </ul>	<ul style="list-style-type: none"> <li>• National/District</li> </ul>
<ul style="list-style-type: none"> <li>• Improve capacity of UNEPI in planning, managing, coordinating and active monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Began attending EPI technical partners meetings and engaging with UNEPI on regular basis</li> <li>• Worked with UNEPI, UPA, UNICEF and partners to finalize a two year routine immunization (RI) roadmap/revitalization plan</li> <li>• Participated in updating cMY and the GAVI application workshop for the introduction of the new HPV and ROTA Vaccines</li> <li>• Participated/ Presented the Masaka ARISE experience to the central facilitators training for the AFENET and</li> </ul>	<ul style="list-style-type: none"> <li>• National/District</li> </ul>

	<p>during the Busoga region training team</p> <ul style="list-style-type: none"> <li>• Lead the process with partners to update, revise, and finalize an EPI policy</li> <li>• Initiated discussions with USAID implementing partners on areas of synergy and how MCHIP can provide TA for increasing district focus on RI</li> <li>• 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</li> <li>• 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 with a hope of developing the MCHIP RED/Quality assurance adaptation strategy</li> <li>• Began discussions with UNEPI and partners on re-introducing an EPI quarterly newsletter for stakeholders including the district leadership. A series of meetings were held between MCHIP, UNEPI, WHO; a working group formed and UNEPI/WHO appointed to spear head the development of the newsletter</li> <li>• 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</li> </ul>	
<ul style="list-style-type: none"> <li>• Improve quality and use of data</li> </ul>	<ul style="list-style-type: none"> <li>• Began designing baseline assessment tools for 5 districts, including review of existing supportive supervision checklists</li> </ul>	<ul style="list-style-type: none"> <li>• District</li> </ul>
<ul style="list-style-type: none"> <li>• Focused studies</li> </ul>	<ul style="list-style-type: none"> <li>• Participated in the MOH Joint Review Mission (JRM)</li> </ul>	<ul style="list-style-type: none"> <li>• National</li> </ul>
<ul style="list-style-type: none"> <li>• Operationalize RED</li> </ul>	<ul style="list-style-type: none"> <li>• Started exploring the best way of marrying PDSA and RED strategy to form USAID/ MCHIP strategy of sustainable routine immunization improvement/revitalization</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• National</li> </ul>
<ul style="list-style-type: none"> <li>• Child Days Plus</li> </ul>	<ul style="list-style-type: none"> <li>• Due to start in October, 2012</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## **II. Challenges, Solutions and Actions taken**

- MCHIP experienced difficulties in encouraging UNEPI to prioritize activities they had indicated to be conflicting activities. To remedy the situation, EPI staff was mobilized to participate in MCHIP activities.
- Depending on UNEPI to plan for central activities was a challenge for MCHIP. In response, different officers were used to help program implementation.
- Due to UNEPI's tendency to implement only one activity at a time, MCHIP lobbied to WHO to support MCHIP to conduct multiple projects at a time.
- 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 received an extension and she has been tasked to support the DELIVER project which will also be working on HCWM. 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. This structure will enable coverage of tasks through January, at which time activities in five districts will begin implementation, relying on the District Technical Officer to work on the national level, unless a new Country Director is hired.

## **VI. Update of the PMP**

MCHIP/Uganda has received the PMP template from USAID Uganda. However, work has not started on the development of the PMP as the baseline data from the districts is scheduled to be analyzed and summarized in February. Thus, MCHIP requested a March 8, 2013 submission date

for the PMP at which point data will be collected, recorded and analyzed and reported upon in the PMP template.

## **VI. Planned Activities for Next Quarter**

### **NATIONAL:**

- Liaise with MOH UNEPI, AFENET training, health education division and malaria program for information on materials
- 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
- Assist UNEPI with finalizing EPI Policy
- Explore collaboration with USAID partners, SDS and STRIDES in supporting routine immunization and attend UNEPI/Partner meetings
- Begin development of PMP
- 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
- Work with districts on solving gas cylinder problems (inventories, etc.)
- Participate in district planning meetings