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Maternal and Child Health  
Integrated Program

# MCHIP UGANDA ANNUAL REPORT

OCTOBER 1, 2012 - SEPTEMBER 30, 2013



At a Plan-Do-Study-Act meeting in Rukungiri District, Uganda



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## List of acronyms

CD	Country Director
COBERS	Community-Based Education Research Service
CSO	Civil Society Organizations
DCD	Deputy Country Director
DHT	District Health Team
DMC	District Management Committee
DQS	Data Quality Self-assessment
DTO	District Technical Officer
EMMP	Environmental Mitigation Management Plan
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 and Child Health Integrated Program
MOH	Ministry of Health – Uganda
OPL	Operational Level
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
QIT	Quality Improvement Teams
QRM	Quarterly Review Meetings
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

# Uganda

## PY 2012-2013: Annual Progress Report

<b>Project Name:</b> MCHIP
<b>Reporting Period:</b> October 1, 2012-September 30, 2013
<b>Project Duration:</b> PY 5: June 2012-June 2013; PY 6: July 2013 – June 2014
** note, this Annual report will evaluate MCHIP Annual Reporting for October 1, 2013 – September 30, 2013. The program results summary for June 2012 – September 30, 2012 can be found in the Quarter 3 and Quarter 4 reports from 2012.
<b>Evaluation Dates:</b> October 1, 2012-September 30, 2013
<b>Person Responsible for Drafting this Report:</b> Dr. Gerald Ssekitto – Country Director
<b>Project Objectives:</b>
At national level, to improve the capacity of UNEPI to plan, manage, implement, monitor, and coordinate support for routine immunization
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 Program Year, including specific Quarter 4 updates

Activities Planned	Activities Accomplished	Comments (National/ District)
Program start-up and documentation	<ul style="list-style-type: none"> <li>★ Initial Project Management Plan (PMP) and the Environmental Mitigation Management Plan (EMMP) developed and submitted (January 10, 2013) to USAID Mission for review and approval; baseline completed (by December 2012) and findings re-submitted to USAID for approval. It is anticipated that the PMP will be updated and resubmitted by December 2013.</li> <li>★ District-specific baseline data was gathered in the five MCHIP districts (Kapchorwa, Rukungiri, Iganda, Busia and Kabale). The data was used, in conjunction with Quality Improvement, Reaching Every District (QI-RED) principles, during micro-planning exercises which were facilitated by MCHIP; micro- planning is a key component of RED.</li> <li>★ Dr. Ssekitto K. Gerald (former District Technical Officer (DTO)) was designated Country Director (CD) as of July 1, 2013. Having a CD in place has strengthened MCHIP leadership and strategic direction for the project and within the immunization landscape in Uganda.</li> <li>★ Hired two DTOs and one Monitoring, Evaluation and Learning (ME&amp;L) Officer, who will start working with MCHIP in October 2013. Hiring these positions will enable our team to implement planned activities without delay.</li> <li>★ Updated implementation plan and budget developed for follow-on funding in PY6; this will enable dialogues between USAID Uganda and MCHIP to determine continuation plans, final version to be sent to USAID/Uganda during Q2 2013.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> <li>★ District</li> </ul>

Activities Planned	Activities Accomplished	Comments (National/ District)
<p>Improve capacity of UNEPI in planning, managing, coordinating and active monitoring</p>	<ul style="list-style-type: none"> <li>★ MCHIP participated in Uganda Expanded Program on Immunization (UNEPI) technical meetings throughout the year. Participation in these meetings ensured that MCHIP's technical perspective was shared with colleagues.</li> <li>★ MCHIP also provided assistance to UNEPI and program partners to restart the quarterly newsletter/dashboard with focus on routine immunization performance across all districts. This served as feedback to districts and other stakeholders and has been acknowledged by the Acting Program Manager of UNEPI. This endeavor has also included the MoH Resource Center, a key national partner in managing and encouraging data quality and use.</li> <li>★ Provided technical and financial support for the drafting and processing of the EPI Policy, which is due for cabinet discussion and approval.</li> <li>★ Participated in preparatory meetings for African Vaccination Week 2013.</li> <li>★ Supported UNEPI to conduct preventive routine maintenance of the cold chain and a gas cylinder inventory. MCHIP technically supported all health facilities in its five districts to procure stand-by gas cylinders and ensure adequate inventory. This will minimize scarcity of gas for EPI refrigerators in the districts. MCHIP also supported establishing gas cylinder tracking systems in each district, to ensure that the procured gas cylinders do not go missing.</li> <li>★ Technically and financially supported UNEPI to train 41 (20 female and 21 male) Central Operational Level (OPL) Trainers. Participants included District Health Team (DHT) members from MCHIP districts, the Uganda Ministry of Health (MOH) including UNEPI, Resource Centre, UNICEF, WHO and other partners. Participants discussed solutions to real challenges in EPI and improved their understanding of how QI-RED can improve immunization.</li> <li>★ The central OPL trainers conducted training of 198 operational health workers in QI-RED in the five MCHIP districts, including 141 women and 57 men. Trained health workers came from government and private hospitals and Health Center (HC) IIs.</li> <li>★ Supported training in QI-REC methodology in all five MCHIP districts, totaling 391 participants (204 women and 187 men). During Q4 this included 315 participants (164 women and 151 men) in Iganga, Kabale and Rukungiri. Participants included district, health sub-district (HSD) and static Health Facility (HF) staff including hospitals.</li> <li>★ Oriented Village Health Teams (VHT) in all five districts at a total of 10,135 participants (6,137 women and 3,998 men); of these, VHTs in Rukungiri were oriented in Q4, totaling 2,630 (1,702 women and 928 men). The VHTs are key stakeholders representing parents and caretakers in Quality Improvement Team QIT meetings, and play a large role in mobilizing for immunization and defaulter tracing.</li> <li>★ To facilitate reaching the target population and to better implement RED and QI, MCHIP supported DHT and HF in-charges to mapping out HFs, outreach service/catchment areas (macro and micro mapping). These initial mapping processes are one of the first steps of the QI-RED methodology and facilitated DHTs on a quarterly basis to assess performance of each HF and provide specific feedback to HFs &amp; leaders at the district and sub-county level. This also facilitated focused active use of local data for better use of resources, linking EPI to the communities, facilitating ownership and increasing demand for services.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> <li>★ National</li> <li>★ National</li> <li>★ National</li> <li>★ National</li> <li>★ District</li> <li>★ District</li> <li>★ District</li> <li>★ District</li> </ul>

Activities Planned	Activities Accomplished	Comments (National/ District)
<p>Improve quality and use of data</p>	<ul style="list-style-type: none"> <li>★ MCHIP, WHO and UNICEF supported MOH/UNEPI to conduct a nationwide DQS in 26 districts including five MCHIP districts. This included recruitment of consultants and training of supervisors and data collectors, totaling 42 participants: 25 men and 17 women. MCHIP technically and financially supported national level planning and training for DQS.</li> <li>★ District level efforts to improve data quality was initiated as part of National DQS follow up and QI-REC technical support by data collection for DQS, which was conducted during Q4 in all five MCHIP districts.</li> <li>★ MCHIP supported its five districts in routinely analyzing local data, information used in district quarterly review meetings (QRM), and providing feedback to district and sub-county leaders as well as HFs. EPI locally-generated data is aggregated to facilitate assessment of sub-county, health sub-district (HSD) and district performance. The assessment for sub-county, HSD/county and district is designed to attract attention and support from local governments and members of parliament. As a result, leaders in all five districts pledged to procure standby gas cylinders and bicycles for outreach. Participants of district QRMs include district and sub-county civil &amp; political leaders, DHTs, representatives from other district departments including community development and education, and other partners working in the district.</li> <li>★ The five MCHIP districts have so far conducted four QRMs, due for July – September 2013. Good and poor performing HFs are identified during the review meetings, basing on analyzed locally generated EPI data, to facilitate focused interventions to reach all children with quality routine immunization (RI) services.</li> <li>★ MCHIP supported MOH/UNEPI to publish quarterly newspaper pullouts for district RI performance for the four quarters (Local gov. FY quarters). This serves as a feedback mechanism for districts and other stakeholders, and facilitates harmonization of EPI data at the district and MOH levels.</li> <li>★ For each quarter newspaper pullout, MCHIP supports MOH Resource Center to conduct EPI data verification exercise as a pre-requisite for authority by MOH to publish EPI data in the newspaper pullout.</li> <li>★ MCHIP is supporting MOH/UNEPI to develop EPI data analysis tools (National and District) to facilitate regular EPI data analysis and use for action by EPI management staff at national and district levels.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> <li>★ District</li> <li>★ District</li> <li>★ District</li> <li>★ District, National</li> <li>★ National</li> <li>★ National, District</li> </ul>
<p>Collaborate and provide technical support for RI with USAID grantees</p>	<ul style="list-style-type: none"> <li>★ MCHIP prepared a letter of support for a proposal to USAID that the COBERS, at the Child Health and Development Centre at Makerere University, are developing. The idea behind this letter of support is to work together to engage health professionals such as medical, nursing and midwifery students to support on-going community service in child survival. Regardless of COBERS USAID award status, MCHIP will explore partnering with COBERS students; including how to support spread and scale-up of best practices in immunization, by having COBERS students who are already placed in MCHIP-supported districts document the QI-RED approach that MCHIP is facilitating, as well as documenting general RI activities.</li> <li>★ MCHIP participated in the DMC meetings organized by Strengthening Decentralization for Sustainability (SDS)/USAID for Iganga and Kapchorwa during all quarters. Participation in the meetings has helped MCHIP collaborate with other USAID implementing partners by way of sharing quarterly work plans, implemented activities in the previous quarter and planned activities for the next quarter, thus cultivating opportunities for integration within the districts. Other MCHIP supported districts have not been organizing DMC meetings.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> <li>★ National</li> </ul>

Activities Planned	Activities Accomplished	Comments (National/ District)
	<ul style="list-style-type: none"> <li>★ MCHIP is working with STAR-EC to jointly recruit a communications specialist to document work done by both projects for sharing in a QI-REC “How To Guide”.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> </ul>
<p>Advocacy, communication, policy, documentation</p>	<ul style="list-style-type: none"> <li>★ MCHIP and other partners technically and financially supported MOH/UNEPI to review the EPI draft policy and process it for approval through MOH structures and consensus with other stakeholders. The group completed a policy costing and impact assessment and report, and drafted a Cabinet memo for the Minister’s endorsement and submission to Cabinet for approval. The policy will guide EPI system management and implementation throughout Uganda.</li> <li>★ MCHIP supported the printing of 900 copies of “Immunization Practice in Uganda” and distributed copies to all central OPL trainers and MCHIP-focus district OPL training participants as part of an OPL training course. The manual serves as a reference for operational health workers and mid-level EPI managers in Uganda.</li> <li>★ In Q4, MCHIP participated in a national stakeholders meeting on Quality improvement by MOH/QA Department to share what MCHIP and other partners are doing, and learn more of MOH guidelines pertaining to QI implementation in Uganda.</li> <li>★ To rejuvenate the discussion on EPI in Uganda, EPI stakeholders engaged the new Minister of Health and analyzed the strengths, weaknesses, opportunities and threats to RI in Uganda and developed solutions during July 2013, followed by meetings and assignment for partners. MCHIP has participated in these meetings and advocated for RI as a foundation for systematic control and eradication of vaccine preventable diseases.</li> <li>★ MCHIP participated in meetings, organized by MOH and UNICEF, of CSOs working to improve routine immunization, in order to share working approaches and challenges for better implementation of the program. Meetings took place during Q4.</li> <li>★ MCHIP Uganda participated in discussing a desk review report of the implementation of community case management of malaria, pneumonia and diarrhea by WHO consultants in USAID/Uganda offices. In the meeting, USAID advised that Implementing Partner (IPs) need to integrate interventions to ensure efficient and cost-effective use of limited available resources.</li> <li>★ MCHIP is collaborating with sister partners, not funded by USAID, working in the districts to harmonize implementation and minimize duplication: these include AFENET-START by CDC in Kapchorwa and Busia districts.</li> <li>★ MCHIP actively participated in the MOH Uganda Joint Review Mission meeting that reviewed and recommended interventions for the next implementation cycle/FY.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> </ul>
	<ul style="list-style-type: none"> <li>★ MCHIP participated in a recent USAID IP meeting and shared some best practices for other IPs that could be considered for adaption to improve program implementation for healthy communities.</li> </ul>	

Activities Planned	Activities Accomplished	Comments (National/ District)
Focused studies	<ul style="list-style-type: none"> <li>★ MCHIP with UNEPI and other partners developed tools (district, health facility and exit interviews) that were used to collect EPI baseline data from the MCHIP supported districts. In a cascaded manner, central supervisors (13: 7 women and 6 men) were trained and facilitated trainings of district data collectors (15: 3 from each district). Data was collected from all levels of health facilities, rural and urban, good and poor EPI performers. Reports of the EPI baseline assessment (national/aggregated and district specific) were disseminated to individual districts and formed part of the situation analysis for QI-REC micro-planning. The national report was shared with UNEPI and other stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>★ District</li> </ul>
Pre-service interventions for Routine Immunization	<ul style="list-style-type: none"> <li>★ MCHIP/Uganda, through its headquarters staff, reviewed and commented on a recently revised WHO/Geneva “Immunization in Practice” micro-planning module, using experience from QI-RED in Uganda. The finalized revised Geneva modules will be sent to all WHO regions for adaptation and use, including the WHO Africa Regional Office.</li> <li>★ MCHIP HQ and Uganda staff participated in reviewing and updating the WHO/AFRO EPI prototype (nursing &amp; medical school) curricula. The Uganda team participated in an Africa Regional Workshop to revise Medical and Nursing Curricula in Abidjan, Cote D’Ivoire. Following the workshop, MCHIP/Uganda 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 and Kenya). The conference presented the step-by-step process of adapting and institutionalizing the EPI prototype curricula in Uganda.</li> </ul>	
Operationalize RED and QI	<ul style="list-style-type: none"> <li>★ MCHIP supported its five districts to conduct EPI micro-planning that operationalized Component 1 of RED and resulted in district EPI micro-plans and Plan-Do-Study-Act (PDSA) cycle plans. PDSAs were planned by Quality Improvement Teams (QIT) at district, HSD and sub-county (HC III) levels. The QITs implement, monitor and, on a monthly basis, review implementation and adjust accordingly. All PDSA plans use a step-by-step method towards addressing priority problems identified in the microplans.</li> <li>★ During Q4, district coaches were trained to support PDSA review and coaching at district, HSD, and sub-county meetings. In total 80 coaches in Kapchorwa and Kabale districts been trained and participated in the coaching.</li> <li>★ MCHIP-supported districts have implemented and conducted their first PDSA review and are now implementing the improved PDSAs. The QITs will be completing the first PDSA cycle implementation around December 2013. PDSA reviews, as much as possible, are being combined with ongoing scheduled QRMs.</li> </ul>	<ul style="list-style-type: none"> <li>★ District</li> <li>★ District</li> <li>★ District</li> </ul>
Peer exchange visits (as part of operationalizing QI-REC)	<ul style="list-style-type: none"> <li>★ During the QI-REC implementation, Masaka District representatives have supported MCHIP districts’ lessons learned with QI from their 2010-2012 ARISE activities (<a href="http://arise.jsi.com/system-innovation-component/">http://arise.jsi.com/system-innovation-component/</a>). This peer exchange resulted in a practical understanding of how QI-RED can work and enabled in-person exchanges between districts on how to improve their RI program.</li> <li>★ After coach training, coaches from Kapchorwa District were facilitated to participate and support Kabale during the coaching training and PDSA review meetings. Other peer exchange visits are planned for the next next implementation year (Oct 2013 – June 2014); this method of using coaches from one district to support other districts forms a key peer-to-peer “learning and spreading of ideas” foundation of the QI-REC approach.</li> </ul>	<ul style="list-style-type: none"> <li>★ District</li> </ul>

Activities Planned	Activities Accomplished	Comments (National/ District)
PCV Introduction	<ul style="list-style-type: none"> <li>★ MCHIP participated in pneumococcal conjugate vaccine (PCV) trainings (national up to health facility level) for the introduction of PCV10 vaccine in the country. MCHIP technically and financially supported trainings for PCV introduction in the five districts at district and HSD levels, where operational health workers were trained. In total, MCHIP supported training of 1,255 health workers (684 women and 571 men).</li> <li>★ MCHIP was a key player in the national PCV vaccination launch, which was opened by His Excellency the President of Uganda, Yoweri Museveni on Saturday April 27, 2013 in Iganga District. This was an opportunity in which MCHIP shared brief overviews with global and national dignitaries (e.g. MOH, GAVI, WHO/Geneva, etc).</li> <li>★ MCHIP supported UNEPI to conduct post-PCV introduction support supervision in Iganga district.</li> <li>★ MCHIP has continued to advocate for supply of PCV vaccine to all MCHIP supported districts, which have finished the PCV introduction trainings and which were evaluated by WHO. However, only Iganga was provided with PCV vaccine to date.</li> </ul>	<ul style="list-style-type: none"> <li>★ National</li> <li>★ National</li> <li>★ National, District</li> <li>★ District</li> </ul>

## II. Challenges, Solutions and Actions taken

- ★ Delay and shifting of activities within UNEPI has been noted due to many internal administrative challenges in the MOH that are beyond the scope of development partners (e.g., hiring EPI Manager, finalizing management role of vaccine related cold chain/logistics). The current impasse within the MOH (and outside of UNEPI jurisdiction) relating to NMS versus UNEPI management of cold chain and logistics has led to many delays, including implementation of PCV introduction trainings at district and HSD levels. PCV vaccines have also not yet arrived in country.
  - Transition of central management of vaccines and supplies (including gas cylinder distribution) from UNEPI to NMS, and failure to bundle vaccine and injection materials at central level, has led to shortages of these supplies at districts and lower levels. Being in close collaboration with both UNEPI and the districts has made MCHIP appreciate what the districts are going through. Because current vaccine/logistics shortcomings require resolution at the highest levels, MCHIP’s strategy has been to encourage districts to solve problems within their reach as they wait for the MOH to solve vaccine/supply stockout problems from central level.
- ★ With less than a year of guaranteed funding, it is difficult for MCHIP Uganda to make longer term plans; 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 has undergone recent 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. It is important to note that the efforts MCHIP put into capacity building with UNEPI over the past year will have to be repeated. Of note, early promising signs with the program manger point to his openness and willingness in working closely with all partners including National Medical Stores, his clear style of communication, his weekly meetings with the new Minister of Health, and a vision for how to begin addressing some of the key persistent problems that have been hampering UNEPI functionality over the past few years.

- ★ Vaccine shortages throughout the country have improved towards the end of this reporting period, across all antigens. With respect to PCV vaccines, these 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; however, the vaccines did not arrive in August. MCHIP continues to support UNEPI in its work to build closer relations with NMS to ensure that widespread vaccine shortage to districts and their facilities does not continue.

### III. Lessons, Best Practices and Recommendations

- ★ Routine immunization data was analyzed and shared with the HF in-charges during quarterly review meetings, stimulating commitment to RI. The meetings proved to be a good venue to share key problems and success, as well as generate an opportunity for the group to share and brainstorm solutions to issues presented. Analyzing RI data by HF and sub-county highlighted non performing HFs in a non-threatening way, and resulted in re-starting focus on systematic ways to improve immunization performance.
- ★ Involvement of health development partners in district QRM facilitates resource mobilization to support routine immunization. For example, during the Kapchorwa District QRM, Uganda Red Cross and the Reproductive Education and Community Health (REACH) program offered to do social mobilization and radio talk show airtime respectively.
- ★ The macro mapping service area clarification exercise revealed that there was duplication of services (two or more outreaches in the same area), whereas other areas were not served at all. This was noted when one staff complained that their outreach was not working because the one near theirs had worked a few days earlier.
- ★ Further recommendations at the district level:
  - Districts are encouraged to solve problems within their reach and means as they wait for the MOH to solve vaccine/supply stock out problems from central level
  - Districts should forecast and quantify their vaccine needs and directly guide MOH on the quantities required
  - Health development and selected private partners working in the district should be invited and encouraged to participate in the district QRMs.
- ★ 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 national guidelines to facilitate all districts in Uganda 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. This is an example of parts of QI-REC already being taken to scale at national level, as promising practices emerge from the 5 MCHIP districts.
- ★ 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 is a key concept behind QI, and 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; what cannot be solved within the financial means of districts should then be advocated for with district administrative leaders; all of these efforts should be focused on first 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 technical/financial support.

## IV. Success stories

### Involvement of Local Leadership Helps Improve Immunization Services The Nyamiryango HC II experience in Kabale District, Uganda

“Last year I did not carry out routine immunization (RI) for 6 months” says Alex Kwikiriza, In-charge of Nyamiryango HC II located in Butanda Sub-county, Ndoorwa West Health Sub District (HSD) in Kabale district. “My health facility under performance could not be noticed because the district health office could not assess performance of individual health facilities, but sub-counties, due to lack of clearly demarcated service areas for each health facility, and thus target populations.”

Alex Kwikiriza is an enrolled comprehensive nurse and has been working at Nyamiryango HC II for two years. In the last 11 months, he has seen great improvement in RI at the health center—an activity that had previously been abandoned completely.

MCHIP/Uganda facilitated Kabale district local government to conduct macro mapping of populations against PHC health facilities throughout the whole district. Mapping facilitated the District Health Team (DHT) to clearly identify the service areas of each health facility and target population. Using the target population and local EPI data, each health facility’s performance for six months was assessed. Best and worst performing health centers on RI were identified using a national RI categorization tool being encouraged by the Uganda National Expanded Program on Immunization (UNEPI) and partners.

Alex noted, “Kabale DHT, with MCHIP/Uganda support, organized a district quarterly review meeting attended by political and religious leaders and health workers from all static health centers in Kabale district. It was found out that my health center had not vaccinated any child for the past 6 months.”

“The district Chairperson asked me to stand amidst the meeting to explain why my health facility had not vaccinated a single child in the past six months despite having all that it takes to vaccinate children. “It was a hard moment for me! They also showed me the effects of this poor performance. I was very touched and ashamed to be the in-charge of a health facility performing poorly and letting down the whole district.”

Alex continued, “The district chairperson asked me to go to his office and discuss the challenges I face in the health facility and come up with solutions. As a result of this meeting, Nyamiryango HC II RI challenges were put in the spotlight of both political and health leaders of the district. I met with



the district chairperson, and district health officer explained to them the various challenges faced by the health facility. Then, these challenges were systematically addressed.”

His face beaming with confidence, he says, “I am happy to note that after this meeting, the following achievements and successes have been registered at the health center. In September 2013, Nyamiryango HCII successfully immunized 79 babies from birth to one year. In October, we have immunized 121 babies from birth to one year from both static and outreach sites. In July and August, Nyamiryango carried out one outreach session each month, and in September and October, two outreach sessions were carried out each month.” All of this was done using existing resources at the health center.

“I thank MCHIP/Uganda for coming in, for without their intervention, Nyamiryango to date would still not carry out vaccinations. We now know which villages to focus on and our target populations, we track and access and utilization issues and follow-up in strengthening immunization. MCHIP/Uganda has also helped us in identifying our immunization needs and challenges and we also understand that each health facility is accountable for providing health services to their identified community.” Alex further asserts that, “through the continuous mentorship and training I have received over the past year from the DHT and MCHIP, the immunization rates of Nyamiryango HC II have steadily gone up and there is a great improvement in the service delivery at the health center.”

## V. Management Issues

- ★ The team is assisted by consultant Mohamed Bukenya (who worked on the QI approach in Masaka district related to immunization with the ARISE project).
- ★ Dr. Masembe Victoria, the Country Director AIDSTAR 1, supported MCHIP as signatory for checks until the new CD began in July.
- ★ Documenting how to arrive at local solutions is an important part of advocacy, thus, MCHIP will hire a documentation consultant to support this endeavor.
- ★ MCHIP Uganda opened a project-specific bank account and the MCHIP Country Director is the signatory.

## VI. Update of the PMP and EMMP

The results of the baseline assessment were used to update the Performance Monitoring Plan (PMP) during Program Year 6, Quarter 1. MCHIP-specific indicators are outlined as follows:

Indicator	FY Target	FY Achievement	Notes
Number of children vaccinated by DTP3 (D)	56000	84020	During Q4 alone the districts vaccinated 19,215 children with DTP3.
Conducted vs. planned district review meetings (D)	20	15	District review meetings for July to September are planned for November 2013.
Conducted vs. planned EPI quarterly newsletter / pullout (N)	4	4	The four publications include the July - September (Q4) 2012. July – September (Q4) 2013 is being processed for publication in November 2013.
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+3	Experienced members from Masaka are supporting the five MCHIP districts to make QI practical and possible by giving practical experience the 3 are from Kapchorwa to Kabale for Coaching and PDSA review meeting
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, successfully advocated for this indicated to HMIS review to include and was included in all HMIS tools.
Regular EPI technical coordination meetings (N)	10	9	June meeting did not take place
Number of people trained in child health and nutrition through USG supported programs	120	12512	Both national and district based training included, Q4 trained are 3137 (Female 1989 & Male 1148); because MCHIP was not certain on its Year 1 progress in districts, it set modest targets for this fiscal year. Thus, the target calculation took into consideration mainly national level efforts; however, considerable progress has been made in startup in the districts, which is reflected in the achievements of this indicator.

## VI. Planned Activities for Next Year, PY6:

During PY6, Quarter 1 (October 1 – December 31, 2013), MCHIP Uganda plans to:

### Administrative and Operational:

- ★ Hire and orient additional staff (DTOs, ML&E)

### Communication and Documentation:

- ★ Finalize detailed FY 14 workplan, implementation plan, and update PMP
- ★ Develop QI-REC “How to” guide, with sections developed as per district work

### National:

- ★ Support continued follow up of current EPI revitalization plan
- ★ Support development of updated revitalization plan with continued follow up
- ★ Continue to produce newspaper pullout/newsletter quarterly performance
- ★ Follow up on DQS “lite” testing
- ★ Advocate for QI-REC to feed into the QA program with lobbying, sharing documents, working to add QI-REC to compendium of QI approaches in health nationwide (by April 2014)
- ★ Medical/health institutions: have select institutions identify point person for us to work with; meet with/invite for central level training the RI point people; distribute revised IIP manuals as needed; advocate for provision of TT vaccines to students
- ★ Continue EPI policy finalization until through Cabinet; national policy dissemination meeting in April 2014
- ★ Promote distribution of existing stationery/IEC materials
- ★ QI peer exchange to another country (Ghana/Ethiopia, with MCHIP + UNEPI + DHOs?)
- ★ UNEPI capacity building in vaccine/logistics: technical support for cold chain/logistics if needed

### District:

- ★ Follow up on DQS “lite” testing (linked with National level activities)
- ★ Build DHT management & planning capacity (e.g. microplanning, HF mapping harmonization & bring leaders on board, team building/task shifting promotion, cross district peer exchange & SS focusing on management maybe Jan/Feb 2014)
- ★ Promote regular meetings with CAO to give updates and

advocate for increase in PHC

- ★ Engage district councils to share QI-REC strategy and HF mapping
- ★ Build DHT training/capacity in EPI
- ★ Formation of QITs at DHT/HSD/SC levels (support/document monthly QIT meetings)
- ★ Ongoing support for review meetings as learning sessions (quarterly district meetings with all I/Cs; quarterly DLC advocacy by DHO/EPI FP)
- ★ Support biostatistician to visit 20 HUs/quarter to support DQS lite
- ★ Cross district & HF SS (start in July 2013 with learning who’s who and review who are strongest coaches, etc.; part of peer to peer)
- ★ DHT quarterly visits to HUs combining SS/coaching
- ★ HSD to HU monthly combining SS/coaching
- ★ HU to HU peer learning through coaching; promote internal HU self-assessment/supervision
- ★ Provide small amount of time-bound funds and tech support for supportive supervision to existing outreach
- ★ Address hard to reach issues on a district-by-district basis but reserve some funds for each for agreed-upon strategy
- ★ Ongoing review meeting feedback from district to S/C (technical)
- ★ VHT/other community influential involvement on QITs
- ★ Promote meetings facilitated by HF staff
- ★ Gas cylinder tracking started in all 5 but needs continued strengthening
- ★ Strengthen vaccine forecasting at district and HU level (technical)
- ★ Management focused cross visits district to district
- ★ Management and service delivery cross visits HU to HU within a district
- ★ National peer exchanges combined with DHO review meetings
- ★ Limited technical advocacy and support to Child Days Plus

## VII. Images



Iganga LC 5 Chairman at Quarterly Review Meeting



Rukungiri RED-QI Training



Health Worker, Rukungiri, PDSA Quality Improvement Team



Health Worker, Presenting PDSA for the Supply Chain



Rukungiri Supply Chain Quality Improvement Team Meeting



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