UKPHS UGANDA HEALTH SYSTEM PRIORITIES

OVERVIEW OF FINDINGS:

In 2018, three years since the launch of the SDGs, Uganda had, compared to the average in sub-Saharan Africa, made the most progress on the SDG3: Good Health and Well-Being indicators[1]. However, a review of the Ugandan Ministry of Health's comprehensive Knowledge Management Portal revealed that only 8 of 41 Uganda Health Sector Development Plan indicators were achieved at the end of the 2018/19 financial year. There was slow or no progress in 61% (27) of the total commitments made in 2018 by key stakeholders.

The second National Development Plan 2015/16 – 2019/20 sets Uganda's medium-term strategic direction, development priorities and implementation strategies. The plan recommended that the health sector work towards strengthening the national health system including governance; disease prevention, mitigation and control; health education and promotion, curative services; rehabilitation services; palliative services; and health infrastructure development.

CONCLUSIONS AND PRIORITIES FOR UKPHS:

Based on a detailed analysis of the key priorities, a review of current gaps in support, and assessment of where the Health Partnership model could add most value, the stakeholders consulted agreed that the overall focus of the UKPHS programme in Uganda be aligned with the following areas

STRENGTHENING HEALTH INFORMATION AND DATA SYSTEMS FOR IMPROVED DECISION MAKING

The selection of this focus area was based on a number of concerns raised:

- Lack of consistent data relay to the Ministry of Health – though there are a number of data management platforms utilised by health workers (including mTrac[2]), the upload of data is inconsistent in terms of both quality and quantity
- Data received by the Ministry is often not live and so outdated
- Lack of functional supply chains and adequate reporting around availability of supplies, means that often health facilities are without vital drugs and equipment for long periods of time.

STRENGTHENING HUMAN RESOURCES PERFORMANCE

This priority was based on a number of issues raised during the scoping visit including:

- Low levels of patient satisfaction linked to quality of care and inadequate respectful care
- Lack of available skilled healthcare workers leading to patient health seeking behaviour which favours traditional medicine and those working outside of the formal healthcare system
- Late referral for complex conditions due to lack of knowledge and late presentation of illness, in addition to a lack of knowledge around correct procedures for referral
- Gaps in training for health educators meaning low numbers of trainers
- Inconsistent levels of training across training institutions leading to varying levels of skill and knowledge across cadres.

STRENGTHENING COMMUNITY HEALTH SYSTEMS

This focus area was highlighted as a key priority area by the Permanent Secretary, and supported with issues raised through further meetings including:

- Informal health systems, such as Village Health Teams, lack the incentive to remain in post, leading to an inconsistent and inadequate community health presence
- Around 50% of Ugandans are unable to access health facilities within 5km of their homes, meaning that a robust and competent community health presence is vital
- As above, lack of knowledge among Community Health Workers can lead to late referral and late presentation of illness at health facilities
- There is conflict between the traditional Community Health Worker (CHW) model and the newly devised Community Health Extension Worker (CHEW) model[3] and a need to pilot within districts in Uganda to determine which model best serves the population.

Beyond the health priorities identified, across the programme the UKPHS in Uganda will operate in the context of Uganda Ministry of Health priorities; seek opportunities for synergies with other HSS interventions and; demonstrate accountability through regular engagement with the Ministry of Health, District Health Offices, and technical working groups.

[1] Uganda scoping studies report, Annex 5 (Situational analysis)

[2] mTrac is used by health facility workers in Uganda to submit routine, weekly health surveillance data by SMS using their own basic mobile phones.

[3] CHWs are part of the Village Health Team in Uganda. They are voluntary members of the health workforce who live in the communities in which they serve. Their key roles are in improving and promoting health at a community level, and while they may play a role in prescribing some medications, they do not carry out much clinical work. CHEWs will be paid, full-time health workers with a higher level of training than the traditional CHWs.

UGANDA PRIORITIES | INITIAL THEORY OF CHANGE

	Service Delivery - Community Health Systems	Human Resources for Health	Health Information Systems
Indicative Activities	• Capacity building to improve the use of data for decision making at regional referral hospitals and district level • Mapping of all existing health data systems and applications • Scaling up of successful pilots i.e. UNICEF HSS district assessment tool • Develop live dashboard for MoH leadership to monitor HS, NDP, health worker performance etc.	• Generate evidence to use to advocate for updating NM curriculum • Support regional hospital and N/M schools/oral health training schools around it: Training and placement • Training to improve HW performance • Leadership training, change management, quality improvement training, maternal and perinatal death data management at regional hospitals	• Evidence generation from piloting of CHEWs in 2-4 districts • Training of CHEWs, Training of VHTs • Optimising Mtrack and UNICEF information systems • Interventions to sustain the CALL centre initiative • Support and evaluate the implementation of community supply chain strategy
Indicative Outputs	• Number of CHEWs and VHTs trained using new curriculum in 2-4 districts • Number of CHEWs and VHTs with improved skills to use MTrack system • Number of referrals between CHW teams and Health facilities • Number of calls received and responded to at MoH CALL centre	• Number of placements in N/M schools • Number of midwifery teachers trained and mentored • Evidence of effectiveness of N/M school interventions generated • Number of participatory events to advocate for improved N/M curriculum with MoH and MoE • Number of N/M, MDs, Hospital administrators given leadership training • Number of HWs trained in MPDSR QI	• Number of mid-level managers at district and regional hospital level trained in data use for decision making • Live dash boards use at referral hospital, DHO and MoH developed and evaluated • Dash boards should have components of health worker performance, patient satisfaction, supply chain, disease surveillance etc. • Mapping of all existing health data systems and applications completed
Indicative Outcomes	•Evidence to guide CH worker policy generated •Improved health promotion and community service delivery •Improved CHW performance •Improved vital registration, district and community level dash boards for decision making •Improved surveillance and response system	•Improved patient satisfaction •Improved health worker performance •Evidence for improved N/M curriculum generated Reduced institutional maternal and perinatal mortality rate	•Improved use of data for decision making and planning at regional hospitals, District and national levels •District HSS assessment tool scaled up
Potential Impact	**Improved health worker and health service performance, including for the poor and most vulnerable populations.**		