

## DHIS2 Academy 2022

**METS participated in the DHIS2 Academy 2022 that was hosted by HISP-Uganda under the theme 'Design for Data Use Academy.'**



DHIS2 Academy participants take a group photo.

The workshop was held at Namanve, Uganda on 28th November to 3rd December 2022 with 105 participants from 17 countries representing different non-Governmental organizations (NGOs), Ministries of Health, and Education. The NGOs from the different countries in the region included; AFENET Nigeria & Uganda, Save the Children Somalia & Uganda, GIZ Malawi Republic of Guinea, Palladium Malawi, Pathfinder Ethiopia, JSI Uganda, Child Health and Development Center - Makerere University, Life Net Uganda, RTI South Sudan, IDI Uganda, MakSPH-METS Uganda, GREDO

Somalia. The academy was also attended by participants from ministries of health.

The Design for Data Use Academy was a practical training program aimed at supporting facilitators and participants to work together to learn the principles and skills for good system design. It allowed participants to review the adoption of DHIS2 standards and features within their local country contexts. It also provided an opportunity for experience and solution sharing among countries and promoted networking and collaboration among DHIS2 implementers in the region. Participants were equipped with the

skills to design systems that support data analysis and use and not those that mimic the data collection tools. The academy goal was achieved with numerous use cases, interactions, and knowledge exchange between different implementers.

In her opening remarks, the State Minister for Primary Education, Dr. Joyce Kaducu emphasized the need for cross sectoral learning and designing sustainable systems that can be managed in-country thus building capacity. She further emphasized the need for evidence-based planning where data informs





DHIS2 Academy Participants attending a training session



METS team that attended the DHIS2 Academy pose for a picture with Daisy (C) from HISP

our decisions. She encouraged the participants to ensure they learn as much as they could and transfer the knowledge to their colleagues.

The incorporation of use cases from the education sector like school health issues

was also appreciated and demonstrated areas for cross sectoral synergies and learning between the health and education sector.

The academy was officially closed by the Assistant Commissioner, Head of Division

of Health Information at the Ministry of Health, Dr. Paul Mbaka who emphasized the need to analyze and utilize the data that we collect. He re-emphasized that technology and open-source platforms can revolutionize information sharing and data use.

# Scale up of electronic Case-Based Surveillance System (e-CBSS)



eCBSS scale up training in Bukedi region for 25 facilities

The MoH National TB and Leprosy Program (NTP) adopted electronic Case-Based Surveillance System (e-CBSS) in January 2021. The eCBS is an aggregate system that records individual Tuberculosis (TB) and Leprosy patient

data from the time they enter a health facility; a diagnosis is made, patient is registered and enrolled onto treatment, their contacts are followed up, and it continues to report all events until they complete TB and Leprosy treatment.

As of December 2022, over 447 health facilities out of the 1674 TB diagnostic and treatment units (DTUs) were using the system in the regions of Acholi, Ankole, Bugisu, Bukedea, Teso, Kigezi, South and North Central, Kampala,



Lango, Karamoja, West Nile, Toro, Busoga and Bunyoro.

The PEPFAR supported scaleup is underway and METS was tasked to coordinate it in over 80 districts. The goal for 2023 is to have 800 health facilities enrolled onto the eCBS system. This involves training of end users in the 15 MoH regions. The roll out is expected to be completed by the end of 2024.

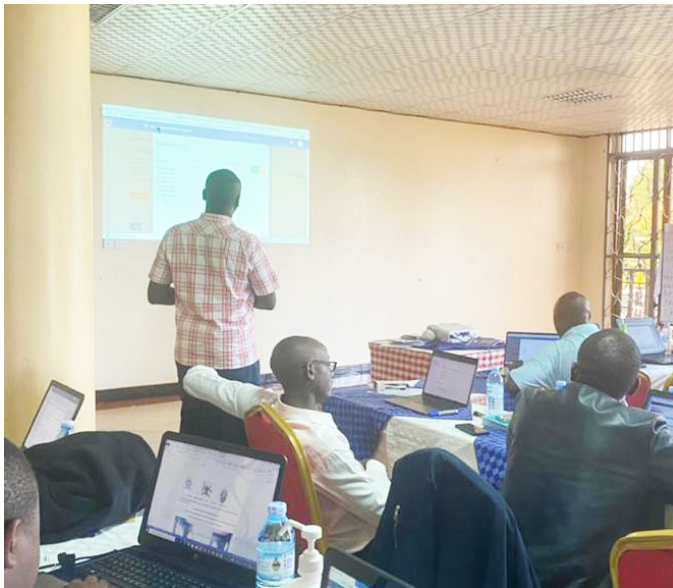
The next phase of training will be done as classroom, and others will be onsite at the health facilities. Efficient ways of scaling up to fasten the scale up process are being employed and biostatisticians, and staff in Diagnostic TB Units (DTUs) will be facilitated to move to other health centers with no trained staff as a cost cutting approach. The initial trainings were dedicated to selected staff in high volume health facilities (referral hospitals, Health Centre IVs, hospitals, and selected Health Centre III).

**Successes**

- Users from regional partners have reported that the system is now being used to determine hotspots of TB since the system captures patient home addresses.
- The e-CBSS helps users to compile the HMIS 106 quarterly report which is then uploaded to DHIS2.
- The system has facilitated the tracking of patients that miss their appointments by compiling appointment reminders list thus minimizing cases of lost-to-follow up (LTFU).



Mable Nakawooya training CSOs in charge of contact tracing These will support facilities to utilize the system since it captures the coordinates of patients' home



A user demonstrating the system in one of the trainings



Onsite training in Iganga district at one of the facilities

# Annual National Healthcare Quality Improvement (QI) conference



CDC Uganda Deputy Director, Jessica Conley commended the improved data access and utilization that can be appreciated through the online QI materials and training guide that were launched at the beginning of the conference

The Ministry of Health held the 9th National Quality Improvement (QI) conference on 13 - 15 December 2022 at Speke Resort, Munyonyo under the theme Supervision, Monitoring, Coaching & Mentorship for a Resilient Health System - the role of Quality Improvement.

The objectives of the conference included sharing new QI innovations in the management and delivery of health services; mobilizing, and advocating for support, resources from leaders and financing actors towards improvement of the quality of health care; and

highlighting policy issues and ideas for building resilient and sustainable delivery of quality health care. The conference was used to launch the online QI materials and training guide.

The conference brought together researchers, practitioners, health services managers, policy makers and academia to take stock of what has been done and what more is needed to improve health care in Uganda. Milestones gained by various implementing partners, under Quality Improvement, were showcased at the conference.

METS team participated in the conference

and made several contributions; as a panelist, Dr. Alice Namale shared views on how Implementing Partners are impacting QI implementation at service delivery level; Evelyn Akello chaired a mid-morning session on Special Groups, Dr. Simon Muhumuza presented on 'Improving Client Satisfaction in Uganda's Health Sector'; Julius Sendiwala made a presentation on 'Quality Improvement Of PMTCT And EID Services In Health Centre II Countrywide'; and Wilfred Soyekwo presented on 'Mothers' Experiences on Receiving Male Midwives During Birth'.



Delegates at the QI conference



Julius chairing the improved service delivery models session in Sheena hall





Hon. Margret Muhanga poses with funding partners and recipients of the awards to reorganise their outstanding contributions towards quality improvement during the 9<sup>th</sup> QI conference

**The conference ended with several recommendations;**

- i) The CQI database will be rolled out through trainings starting in January 2023.
- ii) Improve participation of District Health Officers and Regional Referral Hospital (RRH) directors for the next conference.
- iii) Disseminate the MOH guidance on the Regionalization strategy.
- iv) Conduct quarterly regional performance reviews.
- v) Ensure RRHs have consolidated regional support workplans.
- vi) Improve use of QI data through development of QI data management guidelines.
- vii) Strengthen the dissemination of QI interventions.



Dr. Alice Namale sharing on how implementing partners are impacting QI implementation at service delivery level during the 9th QI conference

The conference was officially opened by Hon. Hanifah Kawooya, the state minister for Health General Duties. She cautioned health workers to have a clean conscience while executing their duties and emphasized the need for more efforts in Infection, Prevention and Control. The Director General of

Health, Dr. Henry Mwebesa warned workers about absenteeism and called on the health facility leadership to make regular supervisory visits to their health centers.

The closing ceremony of the 9th QI Conference was graced by the State Minister for Primary Health care, Margaret Muhanga; the PEPFAR country coordinator, Mary Borgman; the CDC Uganda Deputy Director, Jessica Conley; and the Director Curative Services, Dr. Charles Olaro.



CDC Uganda Deputy Director, Jessica Conley commended the improved data access and utilization that can be appreciated through the online QI materials and training guide that were launched at the beginning of the conference



Quality person-centered services are essential to ensure that optimal health outcomes are met and PEPFAR Uganda incorporated explicit quality management practices, including Quality Assurance, Quality Improvement, and Continuous Quality Improvement activities, into service delivery programs to ensure epidemic control. Mary Borgman, PEPFAR coordination office



# Using digital integration to manage Decongestion at Health facilities



Samuel Lubwama from METS talking about the standards in health care interoperability in reference to ART access at the Health Innovation Conference 2022

Over 1.3 million people Living with HIV (PLHIV) are receiving antiretroviral therapy in Uganda. Of the 1965 clinics providing ART, 632 are categorized as high volume: over 500 clients in care, with heavy clinic attendance daily. To decongest the facilities, the Ministry of Health (MoH) adopted Differentiated Service Delivery Models (DSDM) where clients receive care based on a model that best suits them. These include Facility based Individual management (FBIM), Facility Based Group management (FBG), Fast Track Drug Refill (FTDR), Community Drug Distribution Point (CDDP) and Community Client Led Drug Distribution.

In urban settings such as cities and towns, drug restocking was a challenge hence the need for a revised approach. Medication was delivered to patients through pharmacies in their neighborhoods (Community Retail Pharmacy Drug Distribution Point - CRPDDP). The CRPDDP requires that information is exchanged between the health facility and the community

pharmacy. The patient who qualifies for CRPDDP is refilled at the retail community pharmacy for a specified period without the need to return to the health facility unless advised by the health worker. Each health center that participates in CRPDDP is assigned one or more pharmacies which it issues drugs to dispense them on its behalf.

Initially, the exchange of information was done through use of paper, to track the patients receiving care at the pharmacies

attached to the health facilities. Paper based tools had to be carried to and from the pharmacy to reconcile the patients in the CRPDDP model of care. To ease this process, a collaboration between MoH, METS, Infectious Disease Institute (IDI) Academy and Africa Resource Centre (ARC) was formed to create a platform where data can be exchanged between systems to reduce on the burden of tracking patients on paper. EMRs such as UgandaEMR (a MoH patient electronic medical records system developed by



METS) and ART Access (developed by IDI Academy) were selected to support the exchange of information for community drug refill point. UgandaEMR is a custody of treatment records for a patient at over 1400 health facilities across the country and it facilitated the exchange of information about the type of drugs the patients were prescribed for and basic

information regarding the patient to the ART Access System. The ART Access system was required to exchange all information captured during the refill visit at the pharmacy.

To achieve this, interoperability standards had to be enforced. A Fast Health Interoperability Resources (FHIR)

generic generator engine was built by METS in UgandaEMR to facilitate multiple health information system exchanges (such as ART Access) to create the necessary data in an agreed format and send it to the receiving system.

## Success Stories

The development of the information exchange platform for the two systems (UgandaEMR and ART Access integration), created a solution that achieved the following;

- i) Reduced the need for a manual exchange of information between the pharmacy and health facility.
- ii) The health facilities continuously receive updates on patients that visit the pharmacies, and this informs clean data for patients that are lost to follow-up.

- iii) Enabled recall of patients that should return to the facility to see a clinician or do tests while monitoring their well-being.
- iv) Facility decongestion which improves the quality of care for the patients that visit the health facility.

Offered visibility to the MoH which in turn allows officials at national and regional levels to evaluate the success and challenges of the CRPDDP approach to care.

## HIGHLIGHTS FROM METS RETREAT

METS held an end of year strategic plan meeting to lay a plan for an effective execution of objectives for the year as well as celebrate recent Achievements. Staff had a gift

exchange as well as soccer match and celebrated Stephen Senkomago who was transitioning out to his next challenge







METS held a friendly match between Data Science and Informatics (R) Vs “The Rest of METS” (L) during the retreat. The match ended in a draw

### STEPHEN SENKOMAGO'S SEND OFF



We wish you well in your endeavours

**METS WATCH**

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