

METS WATCH

Functionalization of HIV Testing Services (HTS) Module in UgandaEMR



METS in partnership with CDC and USAID implementing partners conducted an HTS solution follow-on activity. The M&E team was following up on program issues (how much HTS data has been entered, what are the challenges, plans for scale up away from the pilot facilities) and the developers team was upgrading the UgandaEMR system to version 3.3.10 which had improvements to the HTS solution having received feedback from the initiation phase in August 2022. METS conducted on site mentorships for the IPs technical team's on how to conduct the upgrade and provided troubleshooting tips in case of errors

Makerere University School of Public Health Monitoring and Evaluation Technical Support Program (MakSPH-METS), in collaboration with Ministry of Health - AIDS Control Program (MOH-ACP), and USAID-SITES embarked on upgrading the Uganda EMR (UgandaEMR) to enable real-time and retrospective entry of data at all HIV testing service points within a facility (HTS Solution). This is expected to greatly improve the provision of HIV Testing Services, support timely capture

of quality data, and aid timely clinical decision making.

UgandaEMR is a facility-level electronic medical system designed to support data management for HIV programs and other health services. Currently, UgandaEMR is in use at over 1900 facilities countrywide.

METS is mandated to support Government of Uganda (GOU) and Implementing Partners ensure submission of quality National and

PEPFAR program reports. This involves development, upgrading, testing, piloting, and roll-out systems that can support generation of complete, timely and accurate data.

The roll-out of the HTS module into the EMR was conducted between 9th – 20th January 2023 and targeting 140 PEPFAR supported health facilities (70 CDC & 70 USAID/DOD).

This involved conducting district entry



Mentorship and training of users on how to use UgandaEMR to capture and store HTS data at Kiganda HCIV in Mityana district

meetings, creating awareness to the District Health Teams, orientation of system users as well as collecting on-site feedback on the usability of the upgraded HTS Solution.

Currently, over 300 site-level health providers have been oriented on use of the upgraded system and operationalization is improving in all the 140 facilities.

To meet user expectations, additional modifications on the system were performed. The team has documented experiences and lessons learned, all of which will inform national scale-up for the upgraded system to additional HTS sites.

The roll-out has already registered results and among them is improved user capability to enter all required HTS data at the various data entry points; and elimination of double counting during report generation. Additionally, an HTS dashboard is now available and displays real-time HTS results. The upgraded HTS Solution now enables generation of KP/PP HTS indicators.

Below are some of the identified best practices

- (i) Facilities that had a functional EMR system were generating better quality HTS reports.

- (ii) Sites with active HTS Focal Persons had their data entered in time with no backlog.

Next Steps

- (i) Implementing Partners will support roll-out of the upgraded HTS Solution to additional PEPFAR supported HTS sites.
- (ii) METS will support MOH roll-out an HTS Mobile Application that will enable off-site HTS data capture.
- (iii) HTS Focal Persons to ensure functionality of the upgraded HTS Solution, timely data capture and HTS report generation.



HTS EMR module orientation at various health facilities

Digitization of Quality Improvement Efforts for Improved Program Accountability



Dr. Martin Ssendyona making his remarks, he highlighted the importance of the Tracker to MoH



Julius Ssendiwala took participants through a session on data extraction and use

The Makerere University School of Public Health - Monitoring and Evaluation Technical Support (MakSPH-METS) Program, together with the Health Information Systems Program (HISP) in collaboration with Ministry of Health (MoH) - Standards, Compliance, Accreditation and Patient Protection (SCAPP) department finalized development of the National Integrated Quality Improvement (QI) database (<https://cqi.health.go.ug>).

The online database aims to streamline QI implementation at all health sector levels in the country and tracks both qualitative and quantitative innovations and projects from the point of enrollment, identifies improvement due to changes, indicates progress, measures performance all the way to summarizing observations. With this innovation, MoH will be empowered to monitor QI investments nationally and inherently improve the quality of healthcare provided at health facilities. The database has a user-friendly dashboard which helps users to manipulate data at all levels to guide decision making.

METS plans to support the roll out the system across the country and this was kickstarted with the training of national trainers (ToT) which took place at Ridar Hotel, Seeta, Mukono District on January

4th - 6th, 2023. This intervention will promote utilization of electronic based platforms to monitor and improve accountability for health care quality improvement interventions in the country.

The national ToT was opened by the Commissioner of Health Services, Dr. Martin Ssendyona who emphasized the need to track and report on QI work. He reassured participants of the commitment of MoH to support the implementation of this database. The

training was attended by Ministry of Health officials from SCAPP department, Division of Health Information, Division of Information Communications Technology (ICT) and quality improvement officers and focal persons from all the 16 regional referral hospitals in the country.

The rollout of the CQI database is designed to run from the central level (headquarters) to Regional Referral Hospitals, District health offices and finally to health facilities.



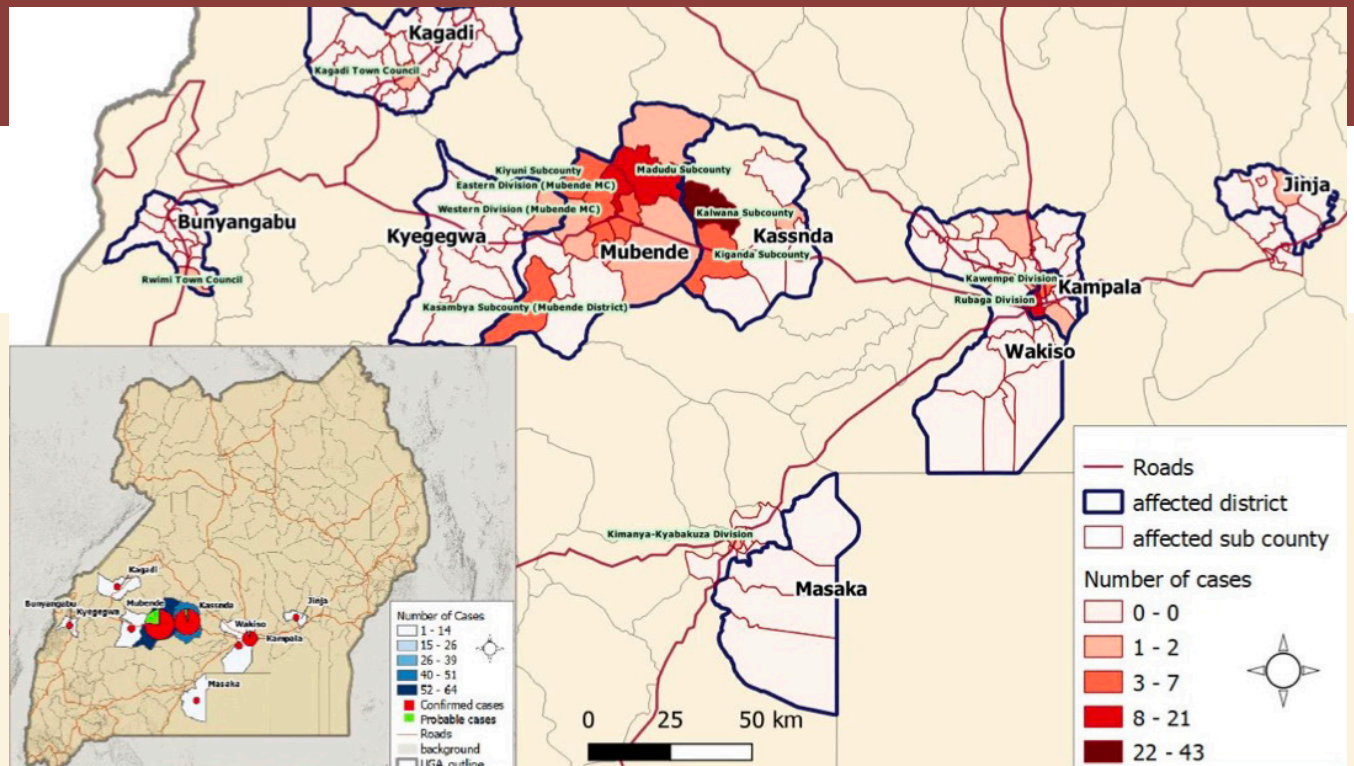
Dr. Benson Tumwesigye from SCAPP department making a presentation on the roll out plan



Participants at the training

Uganda is Ebola Free!

Place analysis of affected persons by districts as of 11th January 2023



Source: Ministry of Health Situation Report 93

January 11, 2023, marked the end of the Sudan Ebola Virus Disease outbreak in Uganda. The Ministry of Health organized a special event to declare the country free of the deadly disease. This event was celebrated in Mubende District where the first case of the deadly virus was reported on

20th September 2022. The first victim was a 24-year-old male from Ngabano village in Madudu Sub-County who later passed. By the end of the outbreak, a total 142 cases had been confirmed with 22 probable cases and 55 deaths recorded.

The celebration was held 42 days after the last confirmed case, and this corresponds to the two Ebola incubation periods needed to declare a country Ebola free as per WHO recommendations.



A photo opportunity for partners that collaborated with the Ministry of Health with Minister Hon. Jane Ruth Aceng, Mubende district leadership and funding partners

Ministry of Health invited all implementing partners that had contributed to the 10-week battle to eradicate the deadly virus. METS was one of the implementing Partners that were invited to the declaration meeting.

METS support for the outbreak response included installation of ICT equipment to ease communication and surveillance across facilities, towns and affected districts; capacity building for data collection and management; contact tracing in two sub counties; as well as capacity building for Infection, Prevention, and Control (IPC) practices in the facilities and communities.



A photo moment with US Ambassador Natalie Brown



Permanent Secretary Dr. Diana Atwine with the METS delegation

Outbreak statistics

Mubende district was the most affected with 64 confirmed cases and 29 deaths, followed by Kassanda with 49 cases and 21 deaths, Kampala had 18 cases and 2 deaths, Kyegegwa 4 infected and 1 death, Wakiso and Bunyangabu both reported no deaths and reported 3 and 1 cases respectively, Kagadi and Masaka reported 1 case each, both died and Jinja had 2 cases and 1 death.

Research is being conducted to establish the cause and origin of the virus. Drivers of infection were majorly household infections, and exposure to infected blood. There was a reported super spreader event, a burial of an infected person.

The Government of Uganda implemented several interventions to support the treatment units across the affected district. These included;

- I. Set up of mobile testing areas which returned results within 6 hours of testing
- II. Construction of over 300 bed units

in Mubende, Entebbe, Kassanda

- III. Training over 2000 personnel to help manage the disease outbreak
- IV. Enhanced surveillance and contact tracing
- V. Conducting mortality testing to ensure chains of transmission were tracked
- VI. Organizing public addresses, social media messages, conducting door-to-door and community awareness campaigns. The President of the Republic of Uganda delivered a public address and instituted movement restriction 'lockdown' in and out of Mubende and Kassanda to curb disease spread.
- VII. Quarantine of contacts to avoid spread to other districts.

Moving forward, MoH will provide continued support to survivors to help them reintegrate in the communities as well as responding to all suspected cases reported to MoH through the toll-free numbers. Research on vaccines and therapeutic diagnostics is a major priority area to support future preparedness.

Emphasis on Infection Prevention and Control activities in private and public health facilities is critical. Additionally, support will be given to strengthening of laboratories; and there is a plan to introduce mobile field vans to declutter the HIV Clinics, in Mubende, that had been converted into Ebola treatment units.

Previous outbreaks of the Ebola virus include

1. Ebola Zaire in 2018 in Kasese district with 4 deaths reported.
2. In 2012, two Sudan Ebola outbreaks occurred in Kibaale district in July (11 cases and 4 deaths) and November (6 cases and 3 deaths) in Luwero District.
3. 2007 witnessed an outbreak in Bundibugyo district where 131 cases were reported and 42 reported dead.
4. The largest outbreak ever registered in Uganda happened in 2000 in Gulu district; with 425 cases and 224 deaths registered and lasted 6 months.



METS delegation led by Evelyn Akello (C) share a light moment with the Honourable Minister Aceng and RDC Mubende, Rosemary Byabasajja (L)



The Ebola Disease Response Pillar leads being recognized by Hon. Jane Ruth Aceng. Among them was Dr. Sarah Byakika (blue and white attire) who sits on the METS Steering Committee.

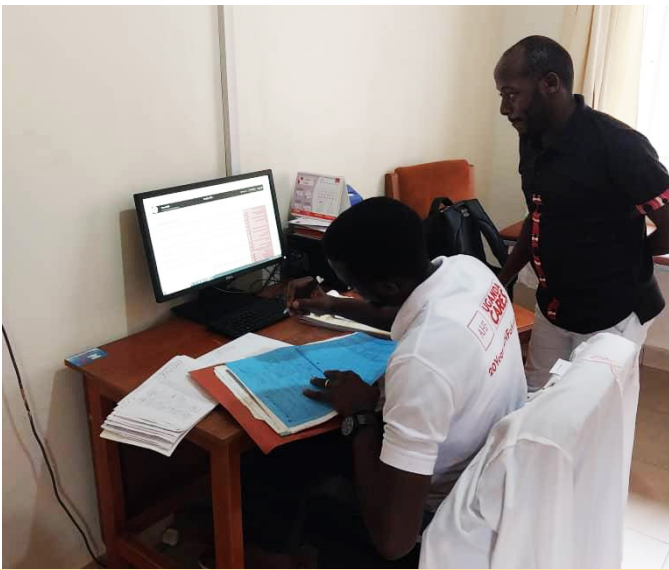
PICTORIAL



As part of the centralised procurement of Information Communication Technology (ICT) data capture equipment, a team from METS installed Windows OS on 902 computers at the CDC headquarters in Entebbe. The equipment will be distributed to 26 IPs to support patient care management at health facilities



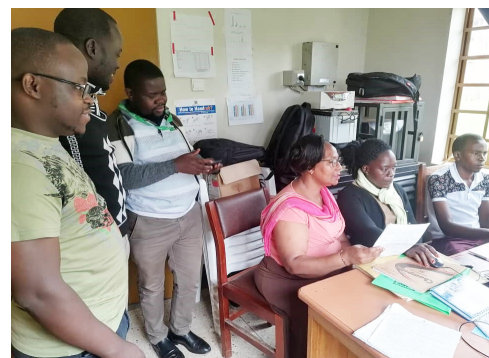
METS in partnership with MoH and RHSP conducted a Gender Based Violence mentorship in 56 facilities Isaac Sebuliba (R) during training and feedback session at Masaka Police HC III



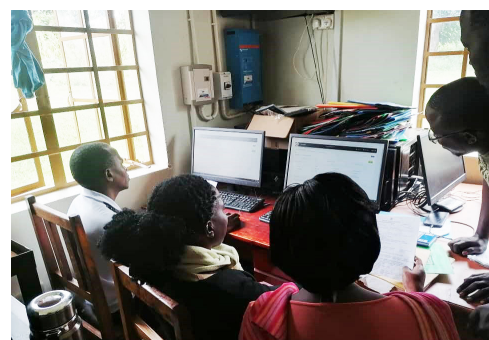
The dream of Point of Care at Masaka Regional Referral Hospital is finally a reality. The METS team has played a significant role in getting this facility back on track. The clinical team is happy with the system and will continue to work with METS to improve UgandaEMR.



HTS EMR module orientation at various health facilities



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DUNCAN'S FAREWELL IN PICTURES

Duncan Mugisha was part of the Finance Team at METS



METSWATCH

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