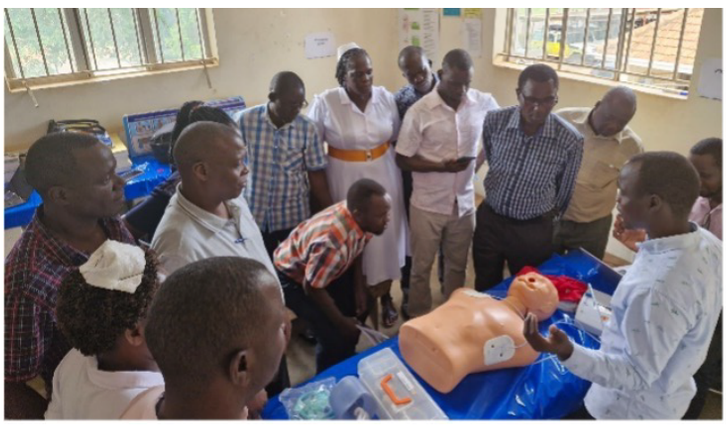
METS M&E Technical Support Program
OCTOBER 2024
METS WATCH

Setting up Centres of Excellence for post VMMC Care in Uganda

In a move to enhance healthcare delivery, the Ministry of Health has established four specialized Severe Adverse Management Centers (SAMCs) at key Regional Referral Hospitals across the country. This initiative, supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), is designed to provide specialized services in the management of severe adverse events (SAEs) resulting from Voluntary Medical Male Circumcision (VMMC). These hubs will handle complex cases referred from lower-level healthcare facilities. Furthermore, the centres will act as training sites, empowering medical personnel with the skills needed to manage SAEs related to VMMC.

The new centres, located at Regional Referral Hospitals in Soroti, Fort Portal, Masaka, and Mubende. "These centres represent a significant step forward in our healthcare delivery system," says Ibrahim Lutalo, the VMMC coordinator at MakSPH METS. "They are designed to provide specialized, timely, and effective care to individuals who experience complications from male circumcision."



The program has already made substantial progress in building medical expertise:

Each hospital received an intensive five-day training program for VMMC services

Specialized two-day emergency resuscitation training led by Mulago Hospital's Department of Anaesthesia

Advanced training in Continuous Quality Improvement (CQI) and Infection Prevention Control (IPC)

Twelve healthcare professionals from each hospital participated in comprehensive skills development

Health workers being taken through the procedure for emergency resuscitation and management

The initiative focuses on three core areas:

1. *Training healthcare professionals in advanced medical procedures and patient care*
2. *Specialized training in managing critical medical emergencies*
3. *Implementation of continuous quality improvement programs and infection control measures*

"This is not just about creating specialized centres," explains Alex Ochedikol, a Data Officer at METS. "It's about building sustainable excellence in healthcare delivery across Uganda."

The initiative was based on a prior assessment and was rooted in strengtthening the country's ability to provide advanced medical care while building a more robust and responsive healthcare system. Additionally, equipment and drugs were procured based on the findings in the assessment.

Therefore, the establishment of these centres addresses critical healthcare needs:
- Provides specialized care closer to communities *- Reduces travel time for patients requiring advanced treatment* *- Builds local medical expertise* *- Strengthens regional healthcare capabilities* *- Creates a network of excellence in medical care.*

Going forward, each hospital has established a regional quality improvement team to maintain high standards of care and support other healthcare facilities in their regions. This approach ensures that the benefits of the program extend beyond the four main centres to improve healthcare delivery throughout Uganda.

MaKSPH-METS showcases at IBBS Dissemination

The Makerere University School of Public Health (MakSPH) through the Crane Survey has supported the Ministry of Health to implement a respondent-driven surveillance in Kampala and 11 other districts (Masaka, Mbarara, Jinja, Fort portal, Arua, Gulu, Lira, Mbale, Tororo, Busia, & Buvuma) between 2021-2023.

The PEPFAR supported activity was conducted across 12 community sites among 1,589 participants including female sex workers and sexually exploited minors.
Participants were tested for HIV, and other sexually transmitted infections including syphilis and human papilloma virus (HPV), the virus responsible for most cases of cervical cancer.

One of the objectives of the surveillance is to estimate HIV prevalence and VL suppression among people living with HIV. In addition, it looks at uptake of HIV services and changes in behaviour.

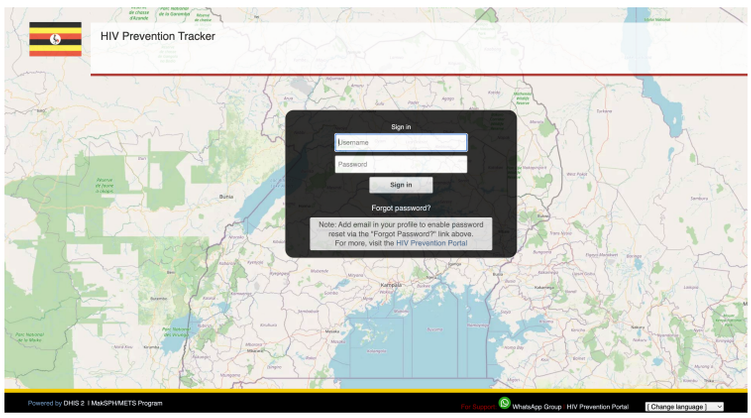
The Integrated Bio-Behavioural Surveillance (IBBS) findings were publicised during the national dissemination and data utility meeting held at the MakSPH Auditorium at Makerere University. The findings are summarised in the report shared here. The occasion was graced by American Ambassador to Uganda, William Popp, MakSPH Dean, Prof. Rhoda Wanyenze, PEPFAR, USAID, CDC representatives.

User Trainings

The Program has trained staff members in digital data management and cybersecurity, with 60% being dedicated data personnel.

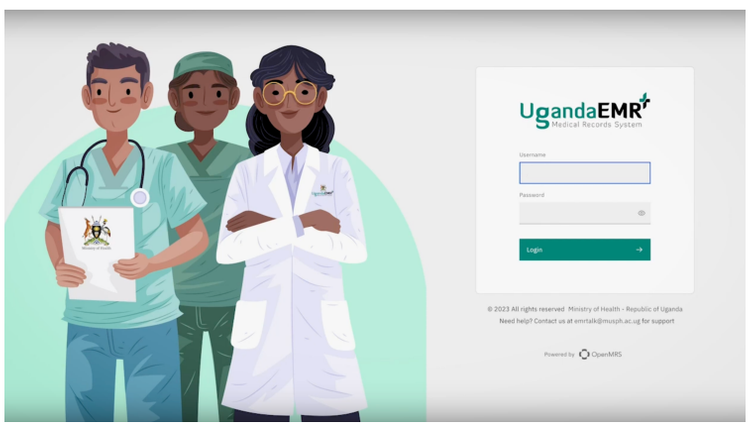
Several partners, including METS showcased innovations at the event. Among those showcased by METS were the comprehensive digital transformation innovations, developed with support from CDC Uganda, to support HIV prevention services across Uganda. The support has been in form of distribution of ICT equipment such as computers, solar and networking equipment to health facilities, innovations in care management including the following;

HIV Prevention Tracker



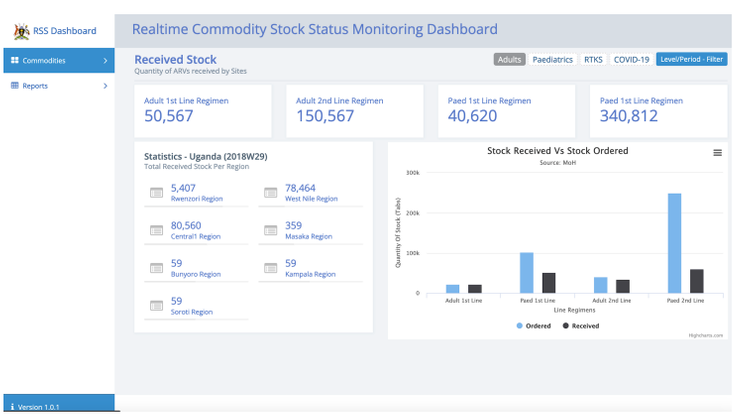
The HIV Prevention Tracker is a monitoring tool developed by the Makerere University School of Public Health – Monitoring and Evaluation Technical Support Program (MakSPH-METS), with support from the CDC, to enhance the tracking and utilization of HIV prevention services across service delivery sites in Uganda.

UgandaEMR+



This is one of Uganda's national electronic medical records (EMR) system, built on the OpenMRS platform. It is a comprehensive health information management system designed for the Ugandan healthcare context to support patient care, facility management, and national health reporting requirements.

HIV Prevention Tracker



Real-time ARV stock status (RASS) system was developed to provide real time status updates on ARV logistical commodities enabling facilities to track stock levels of commodities so that informed decisions can be made to redistribute stock in cases of over stocking or under stocking.

Case Based Surveillance Implementation

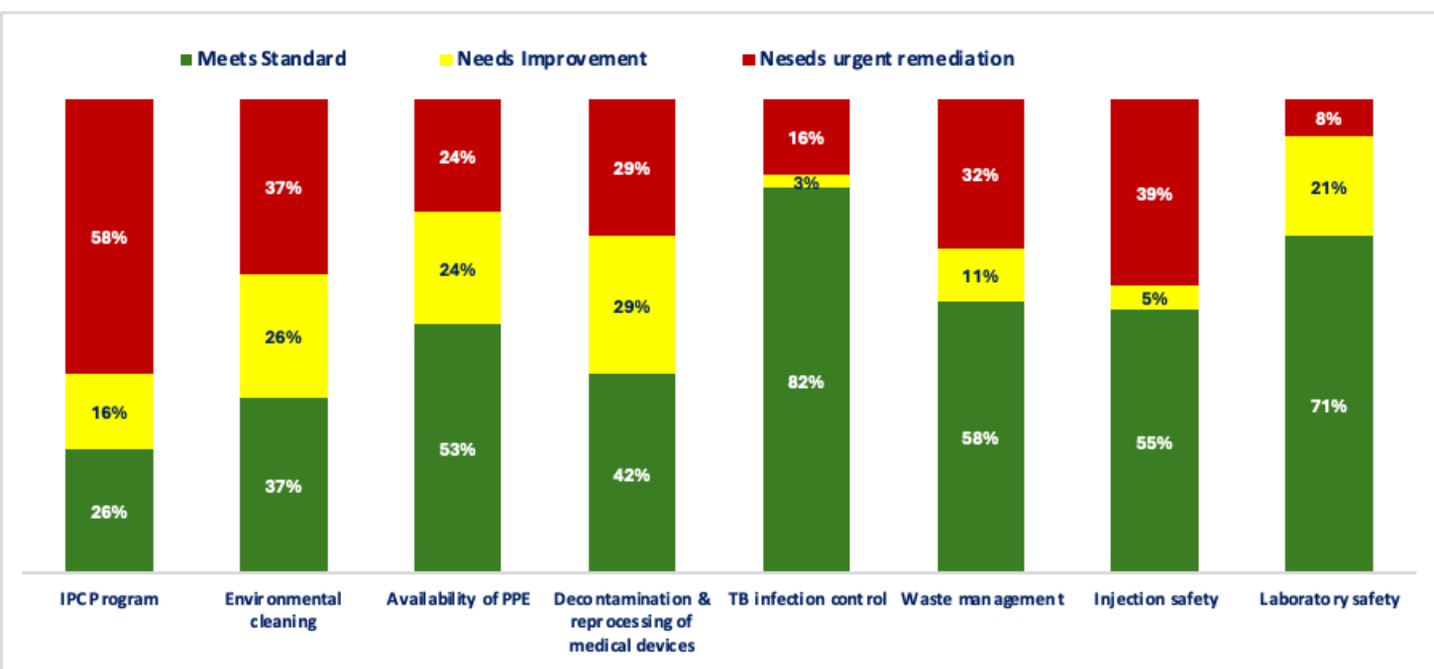
Developed and supports management of a dashboard, that provides real-time, individual-level data from electronic medical records and helps identify trends and areas needing attention. This allows for quicker and more targeted responses to HIV challenges

Using Sims Data to Improve IPC Practices: The Uganda IPC CQI Collaborative

For several years, PEPFAR has been implementing the Sites Improvement Monitoring Systems (SIMS) as an above site mechanism to monitor and improve program quality and support service and non-service delivery functions. SIMS assessments are guided by the core essential elements (CEEs) among the various domains.

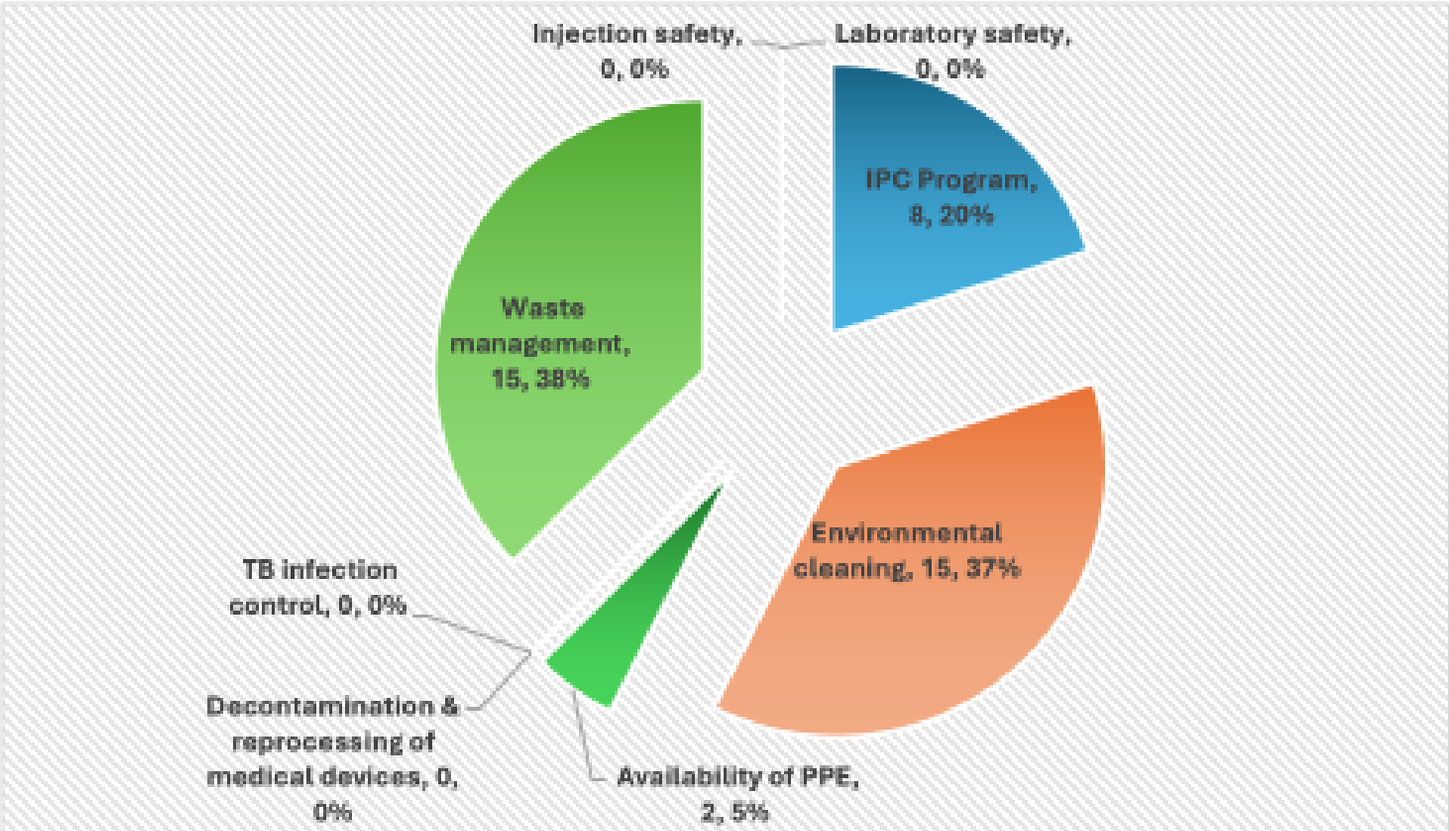
Infection Prevention and Control (IPC) is one of the domains monitored for improvement, however, there has been minimal evidence of utilization of SIMS results to improve IPC practices. A Continuous Quality Improvement (CQI) Collaborative was established aimed at improving the utilization of SIMS results to enhance IPC practices across CDC supported regions and develop a toolkit which will guide in the improvement activities in health facilities.

In collaboration with IPs, 38 health facilities ranging from health centres to regional referral hospitals (RRH) were selected to implement the IPC CQI collaborative. To ascertain the state of IPC in these facilities, an IPC SIMS concentrated tool was used to assess these facilities. The assessment involved a team of central, regional and district coaches who supported the facility to establish the performance and initiated CQI projects based on the finding. The baseline findings showed that the most facilities met the required standards for TB infection prevention (82%) and laboratory safety (71%) while more than half of the facilities needed urgent remediation within the IPC program (58% and injection safety practices (39%). The figure below shows the proportion of sites with different level of compliance to the IPC quality standards per domain.



Proportion of sites with different level of compliance to the IPC quality standards

The assessment revealed several challenges, including knowledge gaps in IPC practices and resource limitations, it further highlighted opportunities for improvement. Mentorship sessions were conducted to help teams identify and launch their own quality improvement projects, tailored to each facility's unique needs. The figure below shows the summary of QI projects initiated per domain in the supported health facilities.



Summary of QI projects initiated per domain in the supported health facilitiest

With these projects, we hope to contribute to improvement in IPC practices across the country. As one team member noted, "This initiative has the potential to transform healthcare delivery across Uganda. By focusing on continuous quality improvement, we are not just solving today's problems – we are building a culture of excellence that will benefit patients for years to come."

The collaborative will be implemented under the guidance of MoH in collaboration with IPs including IDI, Baylor Uganda, UEC, UPMB, AIDS Information Centre, and Reach Out Mbuya, working alongside district local authorities. The results of the collaborative will drive improvements in IPC practices across all levels of health care and thus promote safety and reduce health care associated infections.

Gallery

Pleased to announce that our Steering Board member, Dr. Fredrick Makumbi, was inducted as Fellow of the Uganda National Academy of Sciences (UNAS) yesterday Friday, November 1, 2024, at Four Points by Sheraton Kampala, Uganda.

Moments from the IBBS Dissemination

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