Improving Co-ordination Of Health Service Delivery In Mid-western Region

Bakahirwa M. Philip
Kasambula Lordwin
Omoding Alex
Taban Gabriel

MOH/RPMT-Hoima Fellows

**Academic Mentor**
Dr. Arinaitwe Moses (STAR-EC)

**Institutional Mentor**
Dr. Byakika Sarah (MoH)

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Introduction

- RPMTs are based in 12 regions in Uganda
- The mandate of RPMTs is to strengthen Coordination, Reporting, Planning, M&E among others
- Mid-Western region is comprised of 7 districts
- Health services in the region is supported by government and Implementing Partners
Background

- District Capacity assessment of health service delivery in the country carried out by CDC in 2014 cited poor coordination in mid-western region.
- Consultative meeting with health stakeholders to further analyze the report was done.
- We analyzed report findings that showed Kiboga and Kiryandongo were most affected with poor coordination.
## Background Cont’

<table>
<thead>
<tr>
<th>Sub-county</th>
<th>Implementing Partners in Kiboga</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiboga Town Council</td>
<td>7</td>
<td>• All the 7 offer HIV related services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 3 MCC</td>
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<tr>
<td></td>
<td></td>
<td>• Nutrition supplements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• EMTCT</td>
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<tr>
<td>Kapeke</td>
<td>5</td>
<td>• All in HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 in nutrition services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Condom distribution</td>
</tr>
<tr>
<td>Lwamata</td>
<td>3</td>
<td>• 2 in HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• SMC</td>
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<tr>
<td></td>
<td></td>
<td>• FP Sensitization</td>
</tr>
<tr>
<td>Bukomero S/C</td>
<td>0</td>
<td>No IP</td>
</tr>
<tr>
<td>Bukomero TC</td>
<td>3</td>
<td>• 2 in HIV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RH sensitization</td>
</tr>
<tr>
<td>Dwaniri S/C</td>
<td>1</td>
<td>Citizen Voices and action</td>
</tr>
<tr>
<td>Muwanga</td>
<td>0</td>
<td>No IP</td>
</tr>
<tr>
<td>Kibiga S/C</td>
<td>1</td>
<td>Provision of Motorcycles and RH</td>
</tr>
<tr>
<td>Entire District</td>
<td>4</td>
<td>HIV, malaria, RH, Livelihood</td>
</tr>
</tbody>
</table>
## Background Cont’

<table>
<thead>
<tr>
<th>Sub-county</th>
<th>Implementing Partners in Kiryandongo</th>
<th>Services offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bweyale S/C</td>
<td>9 IPs</td>
<td>• HIV services&lt;br&gt;• Nutrition&lt;br&gt;• Sanitation&lt;br&gt;• And other relief services</td>
</tr>
<tr>
<td>Kigumba S/C</td>
<td>1</td>
<td>• OVC services</td>
</tr>
<tr>
<td>Kiryandongo TC</td>
<td>1</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Kiryandongo S/C</td>
<td>1</td>
<td>• OVC services</td>
</tr>
<tr>
<td>Masindi Port</td>
<td>0</td>
<td>Nil</td>
</tr>
<tr>
<td>Mutunda S/C</td>
<td>1</td>
<td>OVC services</td>
</tr>
<tr>
<td>Entire district</td>
<td>5</td>
<td>Malaria, HIV, Nutrition&lt;br&gt;RH services, Surgical Camps, M&amp;E and FP</td>
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</tbody>
</table>
Problem Identification

- Fellows held a consultative meeting with IPs
- The team discussed the service delivery bottlenecks
- A number of them were identified through brainstorming and multi-voting
- Poor coordination of service delivery was selected as the most priority bottleneck to better results
Root Cause Analysis

- Stakeholders identified causes of poor coordination as;
  - Most IPs did not have MOUs with the district
  - Some of them lacked activity profiles
  - There was limited stakeholders’ monthly and quarterly meetings to plan and discuss results
  - Districts had irregular regional stakeholders fora
  - All that caused duplication of activities and wastage of resources yet other areas were underserved
Problem Statement

• Coordination of health service delivery in Kiboga and Kiryandongo districts was inadequate

• This was largely due to limited joint planning and implementation of activities.

• This led to some IPs implementing parallel projects in their preferred sub-counties

• As a result duplication and wastage of resources was evident
General Objective

- To ensure optimal utilization of resources from partners in Kiboga and Kiryandongo districts through improved coordination; joint planning, implementation and monitoring and evaluation of health service delivery by June 2016.
Specific Objectives

• To support the district formalize their relationship with the IPs

• To establish monthly fora for joint planning, implementation of health activities within 6 months.

• To hold district quarterly review meetings for collective assessment of performance and challenges with in 6 months

• To increase the participation of districts and IPs and other stakeholders in quarterly regional performance review meetings
Implementation

• We Initiated monthly coordination meetings in which we agreed that;
  – All IPs update their activity profiles
  – All IPs update/ sign MOUs that spell out roles and responsibilities
  – We carry out district quarterly review meetings
  – We conduct joint support supervision
  – We conduct desk reviews to monitor performance
  – We jointly support districts to improve HMIS reporting rates eg. Weekly surveillance
  – We hold regular regional review meetings
Results

- 6 Monthly coordination meetings were held and will continue
- Most IPs now have updated activity profiles and work plans (17 in Kiryandongo and 14 in Kiboga)
- Updated/signed MOUs that spell out roles and responsibilities (17 in Kiryandongo and 14 in Kiboga)
- District quarterly review meetings were held, 1 in each district
- Joint support supervision with most IPs on board
- We conducted desk reviews to monitor performance
Results Cont’

• We carried out regular regional review meetings to discuss performance

• Synergies are being realized e.g in Kiboga UHMG organized joint FP Camp in Kibiga Sub-county

• Cohesion between IPs and DHOs office

• Activities streamlined e.g AEE and IDI

• Joint DQA on Maternal and eMTCT Data verification

• Joint mentorship to staff on HMIS report completeness
Results. Weekly Surveillance Reporting

Weekyly Surveillance Reporting

<table>
<thead>
<tr>
<th>Period (Weeks)</th>
<th>Kiryandongo</th>
<th>Kiboga</th>
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</thead>
<tbody>
<tr>
<td>2015W46</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>2016W9</td>
<td>80.8</td>
<td>73.3</td>
</tr>
<tr>
<td>2016W19</td>
<td>84.6</td>
<td>90</td>
</tr>
<tr>
<td>2016W22</td>
<td>88.5</td>
<td>93.3</td>
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</table>
Sustainability

- With the leadership of the Chief Administrative Officers, the districts are ready to continue with the coordination efforts.

- In Kiboga district, IDI, save the children, World Vision, Malaria Consortium, UHMG, Africa Evangelistic Enterprise (AEE) have agreed to support monthly meetings in a rotational order.

- In Kiryandongo IDI and save the children have agreed to support the district monthly meetings.

- IPs are now supporting the creation of similar coordination structures in other districts in the region.
Lessons learnt

• IPs are willing to work together if they are coordinated through the DHOs’ office

• Good coordination helps IPs to save resources and achieve more results

• Coordinated activities Increase morale and motivation to deliver comprehensive services due to shared responsibilities.
Challenges and Solutions

Challenges

• Short Implementation period
• Delay in release of funds
• Overlapping DHT activities

Solutions

• Implementation initiated before receipt of funds
• Internal reorganization of RPMT resources
• Delegation of responsibilities by DHTs
Conclusion

• Coordinated health service delivery activities in Kiboga and Kiryandongo, has contributed to reduction in duplication of health service activities, optimal utilization of resources, collaboration between the IPs as well as improved results.

• Weekly surveillance reporting in the two districts improved from 70 and 65 to 93.3 and 88.5 respectively.
Acknowledgement

• Ministry Of Health FCO
• MakSPH/CDC
• Mentors
• CAOs and DHO’s offices
• All IPs, DHTs
• All fellows