

Regional health integration to enhance services in eastern Uganda

Improving access to high-quality integrated services for malaria and maternal, newborn and child health in 25 districts

Background

Despite significant progress made over the past decade, Uganda is still far from reaching its goal of achieving universal health coverage by 2030. Providing access to affordable, high-quality health services for rural and low-income segments of the population remains a challenge.

Malaria and poor maternal, newborn and child (MNC) health are major public health problems in Uganda. Twenty-three percent of those tested for malaria are positive in eastern Uganda and malaria contributes 17 percent of total outpatient attendances in the region.^[1] The country's maternal mortality rate also continues to be high at 343 per 100,000 live births in 2015.^[2] Likewise, neonatal and under five mortality rates remain considerable at 20.2 and 49 per 1,000 live births respectively in 2017.^[3]

Country

Uganda

Donor

United States Agency for International Development

Length of project

May 2017 – April 2022

Partners

Communication for Development Foundation
Uganda

IntraHealth International

Medic Mobile

Republic of Uganda's Ministry of Health

The AIDS Support Organisation



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Project outline and objectives

Overall, the Regional Health Integration to Enhance Services in Eastern Uganda (RHITES-E) project aims to ensure that:

- the malaria positivity rate declines to seven percent by 2020 in accordance with the National Malaria Reduction Strategic Plan's target
- all 25 districts are adhering to the test, treat and track principle, meaning that all fever patients are tested, and that all positive cases are treated and registered in national databases
- all facilities providing antenatal care (ANC) services are following World Health Organization (WHO) guidelines for intermittent preventive treatment in pregnancy (i.e. women receive at least three doses of sulfadoxine-pyrimethamine from the second trimester of pregnancy)
- the distribution of long lasting insecticidal nets (LLINs) to pregnant women during their first ANC visit increases from 17 percent in 2017 to 84 percent in 2022 in accordance with national ANC targets
- health facilities are feeding high quality malaria data into the District Health Information System 2, which is being used to optimise strategies and interventions.

Activities

Within the broader scope of RHITES-E, Malaria Consortium supports districts with the delivery of malaria prevention and treatment interventions that are in line with WHO guidelines and the Uganda Malaria Reduction Strategic Plan 2014–2020. The priorities set out in the strategic plan include malaria vector control, case management, prevention and treatment in pregnancy, advocacy, social and behaviour change interventions, surveillance, monitoring and evaluation, and operational research.

We also support the project's MNC activities, which are integrated with interventions targeting nutrition, family

planning and mother-to-child transmission of diseases such as HIV and syphilis. For example, health workers can test pregnant women for malaria, HIV and syphilis in the same visit. Through integration, RHITES-E avoids duplication of services, increases coverage and helps ensure that a continuum of care is provided during pregnancy, delivery and the postnatal phase.

Specifically, Malaria Consortium is:

- training midwives on basic MNC care skills
- training health facility workers on integrated malaria management, malaria in pregnancy, continuous net distribution and rapid diagnostic test quality assurance
- providing health workers with on-site training and mentorship to guarantee the quality of services
- monitoring health facilities' distribution of LLINs
- training 45 laboratory technicians to assist Ministry of Health laboratory specialists in conducting external quality assurance for malaria diagnosis
- training senior clinical officers and medical officers to carry out clinical audits of severe malaria case management
- providing technical assistance to health facility and government staff to improve data quality, hold data review meetings and use data to drive district planning, costing and accountability
- working across district, health facility and community levels to ensure that services are integrated where possible so patients can access a range of services in one visit
- raising community awareness and holding promotional meetings on malaria prevention and control.

Learning objectives

The project aims to learn:

- how training improves the laboratory diagnosis of malaria and health workers' case management performance
- how integrating malaria interventions with other health services affects the interventions' quality.

References

1. Republic of Uganda – Ministry of Health. District Health Information System 2 (DHIS2). [April–June 2018].
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3. Uganda Bureau of Statistics. Uganda Demographic and Health Survey 2016. Kampala: Uganda Bureau of Statistics; 2016. Available from: https://www.ubos.org/onlinefiles/uploads/ubos/pdf%20documents/Uganda_DHS_2016_KIR.pdf.

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Disclaimer: This project is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents of this brief do not necessarily reflect the views of USAID or the United States Government.

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Cover image: Expectant mothers attend a health training at Kinoni Health Centre III, Lwengo district.

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