

Strengthening regional referral hospitals to provide evidence-based technical support to district health services

USAID's Malaria Action for Districts project has been working with the Ministry of Health in Uganda to strengthen the capacity of regional referral hospitals, improve the quality of their services and improve the provision of technical supervision to districts. As a result, at Fort Portal Regional Referral Hospital, malaria related deaths have dropped significantly.



A community dialogue in Rwamwnaja recommended by Fort Portal RRH team to support Kamwenge District in January 2018

MALARIA IN UGANDA

Malaria remains one of the largest health burdens in sub-Saharan Africa, despite being both preventable and treatable. In Uganda, out of 125 households, an average of eight children under five will die from malaria-related deaths. Since 2016, USAID's Malaria Action Program for Districts (MAPD) project has delivered malaria prevention and control interventions in 47 districts at all levels in Uganda: national, district and community.

When 42 malaria-related deaths (with nine children under five likely to die due to lack of blood transfusion supplies) were reported between June to August 2017 at Fort Portal Regional Referral Hospital (RRH), Uganda's Ministry of Health and USAID's President's Malaria Initiative (PMI) were prompted to investigate the cause.

MALARIA CLINICAL AUDITS

MAPD project staff supported the Ministry to conduct a malaria clinical audit at Fort Portal RRH. Upon review of the facility, MAPD staff recommended the following:

- ▶ Initiate and institutionalize case management quality improvement interventions (including clinical and mortality audits in the hospital)
- ▶ What is currently being done to solve the problem
- ▶ The Community Health Department (CHD) of the RRH to always use service utilization data to identify where cases are coming from and liaise with the respective districts to deliver joint community interventions
- ▶ MAPD Regional Coordinator and Hospital Director to organize training of RRH staff in Integrated Malaria Management (IMM) and clinical audit courses

- ▶ The CHD and MAPD staff to jointly conduct community interventions using households impacted by severe malaria cases and deaths as entry points to localized communities and to organize community dialogues within the vicinity of affected households.

This intervention was developed to strengthen the capacity of the RRH as well as to improve the quality of its services and its provision of technical supervision to districts for controlling malaria.

COMMUNITY DIALOGUES

The influx of malaria cases indicated that malaria prevention and control information had a problem at the community level as well as health facility level.

As such, Fort Portal RRH health workers worked with village health teams and MAPD project staff to facilitate community dialogues in areas where cases were reported in the districts of Kasese (Kichamba and Maliba), Kamwenge (Ntara and Nkoma subcounties), Kyenjojo (Kyarusozi Town Council and Butunduzi subcounty), and Bundibugyo (Bubukwanga subcounty, Bundibugyo Town Council and Harugali subcounty) and Kyegegwa.

By October 2017, malaria-related deaths were reported to have dropped at the RRH.

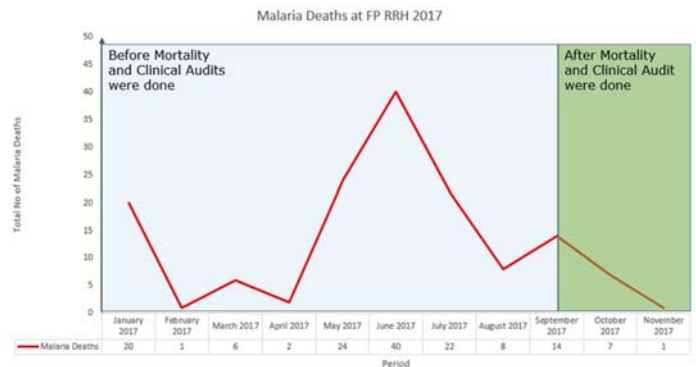


Figure 1: Reported malaria case mortality at Fort Portal RRH

HEALTH FACILITY MONITORING

In order to maintain a stable reduction in malaria cases and deaths, districts prioritize weekly health facility monitoring through health care system assessment rectification and follow ups. The follow up included technical assistance from MAPD and MoH staff on malaria case management. With the continual monitoring and evaluation of health facilities, districts also plan to use this data and information to create targeted community activities (for example, dialogues at household and community level).

In January 2018, the RRH staff were able to provide technical support supervision to Kamwenge district by identifying a possibility of a malaria upsurge through the referrals that were made from Rwamwanja Health Center III. By using the data gathered at the referral hospital, staff had a quicker response time, carried out line listing at the facility and recommended possible interventions at both facility and community level to address the upsurge.

This success story is published as part of a series from the USAID's Malaria Action Program for Districts project. For more information, see www.malariaconsortium.org/resources/publications/977/ or contact: Dr Sam Gudo, s.gudo@malariacconsortium.org

USAID's Malaria Action Program for Districts aims to improve the health status of the Ugandan population by reducing childhood and maternal morbidity and mortality due to malaria. The project will support the Government of Uganda for a period of five years, focusing in particular on children under five years of age and pregnant women.

This project, made possible by the generous support from the American and British people, is implemented by Malaria Consortium in partnership with Jhpiego, Banyan Global, and Communication for Development Foundation Uganda (CDFU), Deloitte Uganda and Infectious Diseases Institute (IDI).

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“We need capacity building especially in data interrogation and how we can do our own audits. We should also move to eHealth, build capacity towards eHealth. Regardless we should promote effective prevention by use of long lasting insecticidal treated nets (LLINs) in communities...”

Florence, Hospital Director at Fort Portal RRH

MAPD plans to engage directly with communities through interventions that Malaria Consortium has successfully used (such as integrated community case management and interpersonal communication) and encourage support between districts, health facilities and communities in order to reduce malaria mortality in Uganda.



A doctor from the National Malaria Control Program (NMCP) gives Malaria updates during the feedback meeting at Fort Portal RRH

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