MPDSR Community of Practice and National Data Use Approach: experiences from Uganda

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MNCH ACTIVITY OVERVIEW



The USAID Maternal Child Health and Nutrition (MCHN) Activity: 5 year program (2019 – 2024) to improve MNCH and nutrition outcomes in Uganda



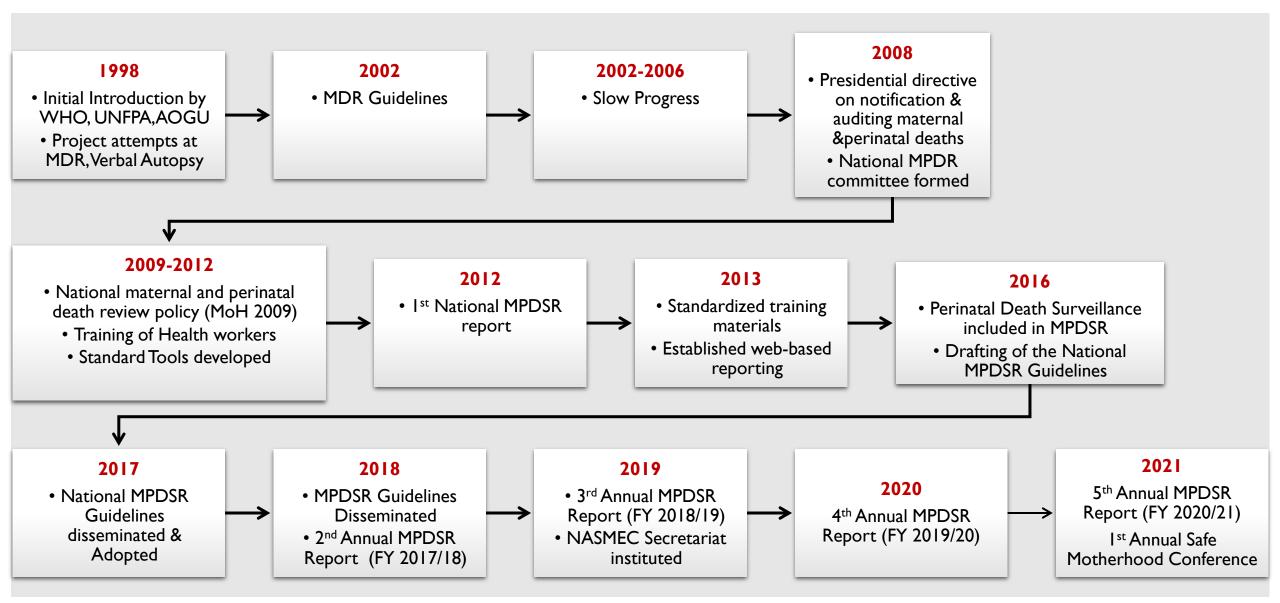
Purpose: Support GoU to cascade policies, guidelines, standards, data use and implementation strategies for improved MNCH and nutrition service delivery



MCHN Activity closely collaborates with GoU to support and leverage efforts to improve MNCH outcomes through:

- ✓ Implementation of priority high-impact interventions and practices (e.g., MPDSR),
- ✓ increasing use of data for planning, decision making and learning

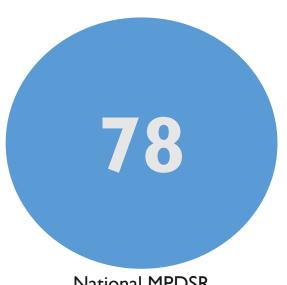
MPDSR History in Uganda



Uganda MCHN's work on MPDSR

Established CoP for MPDSR (over 650 people get weekly data digests)

• Weekly reports to MOH on MPDSR findings; open to stakeholders

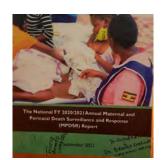


National MPDSR Weekly Reports Disseminated





MPDSR Weekly
Interactive Dashboards





MPDSR Data Visualization Summaries



Uganda MCHN's work on MPDSR

1

2

3

4

Email-based summaries

Key Highlights Report

MoH-RHI Collaboration

Targeted Implementation

From August 2020

- Present information from DHIS2 using interactive Excel dashboard
- MPDSR data summaries, sent out to only USAID IPs

December 2020- March 2021

- Collated Feedback from IPs
- Added graphic summaries (Including GIS maps)

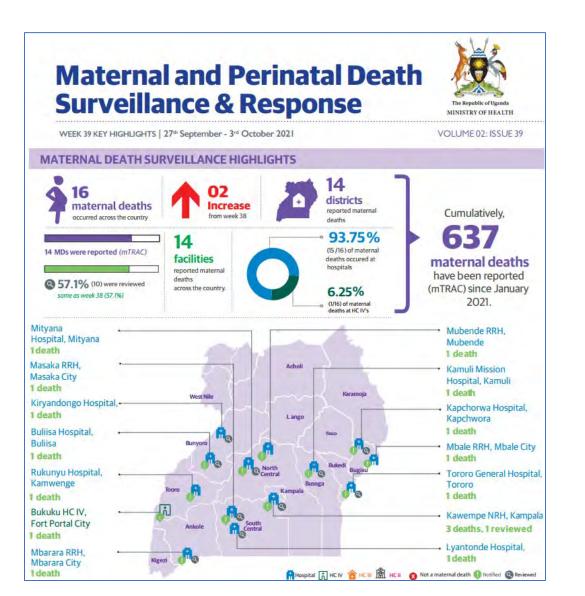
March 2021-To-date

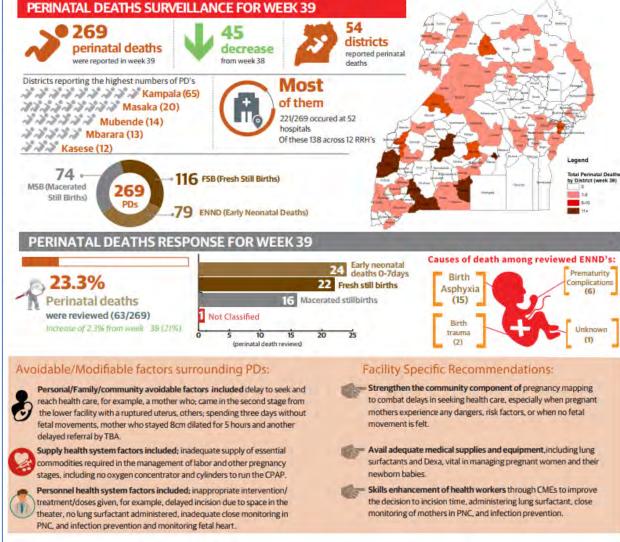
- Weekly graphic summary presentations
- Multi-sectoral Stakeholder MPDSR Visual & Graphic summaries
- Dissemination expands to National Level

April 2021-To-date

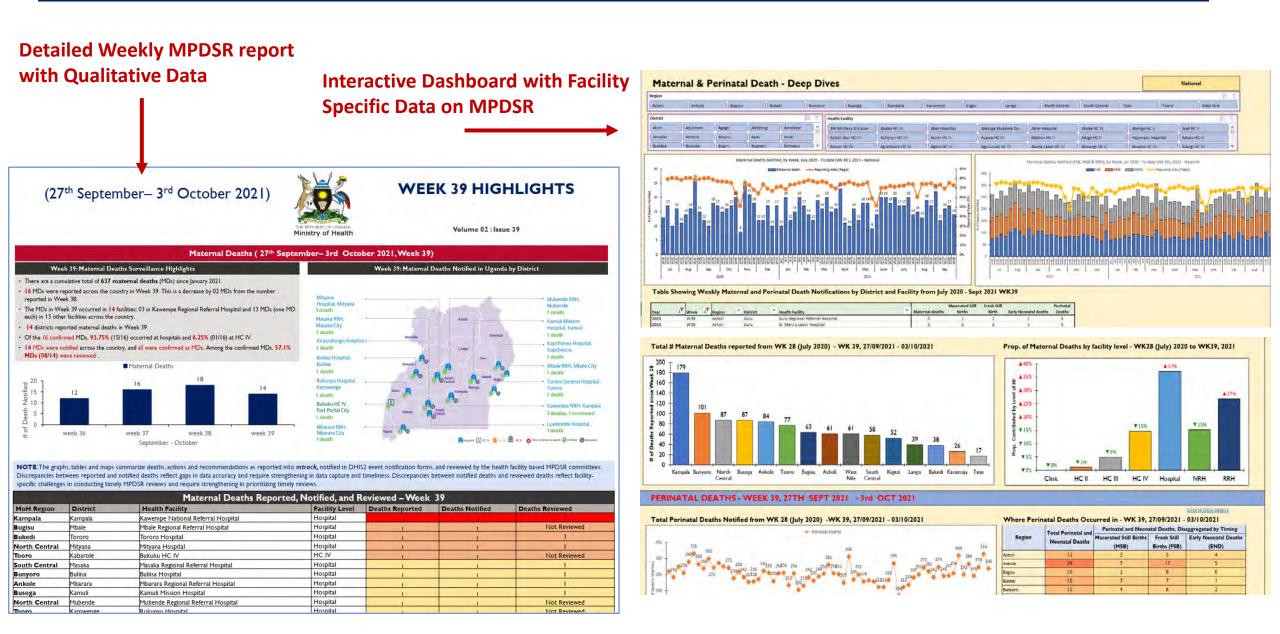
- "Response" strengthened through weekly datadriven calls to facilities by MOH
- Develop & share weekly deliverables (dashboards, reports, minutes, actions, presentations)

Examples: MPDSR Weekly Summary Report

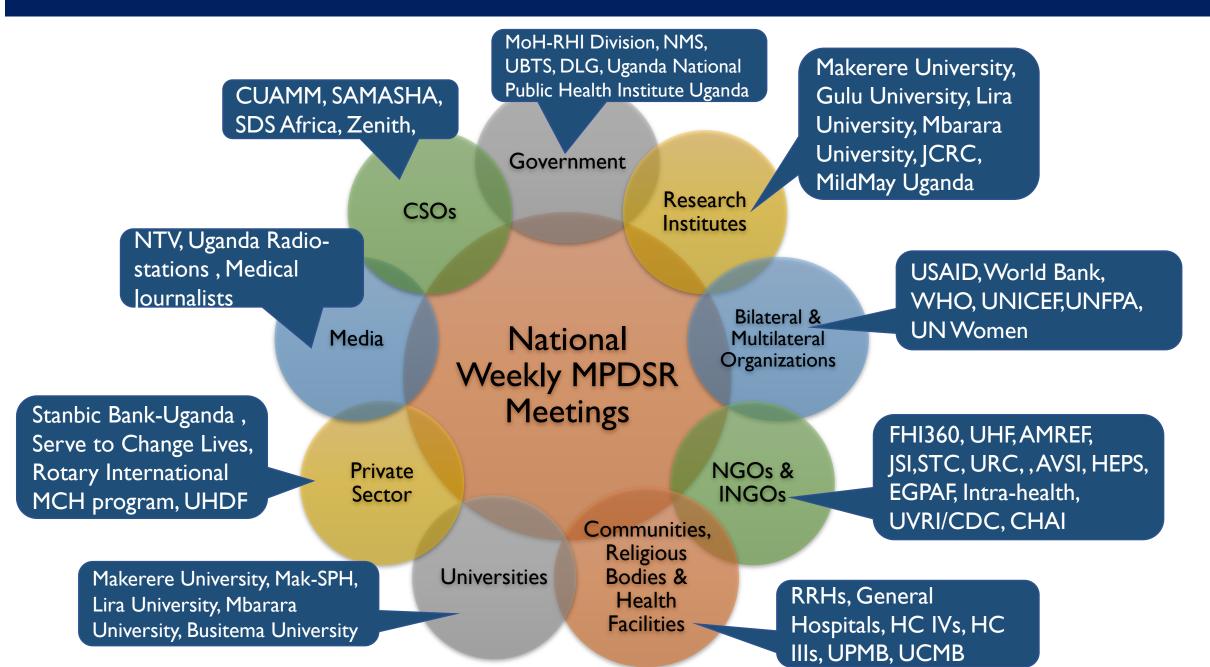




Example: MPDSR Weekly Detailed Report & Dashboard



Stakeholder Collaboration



Sample actions: National MPDSR Committee

Actions

- Backlog of Death Audits
- Blood transfusion services
- Inclusion of anaesthetists in MPDSR meetings
- Fast track finalization of National Confidential Inquiry Guidelines
- Mentorship from RRHs to Lower Facilities

Details

- MOH requested District Health authorities to follow up and support health facilities with pending death reviews and capture the reports into the DHIS-2 Events Report App. Pending reviews for maternal deaths have been reduced
- Expedited functionalization of Kabale Blood Collection and Distribution Center by providing a blood refrigerator and configuring the computerized blood tracking system; blood bank fully functionalized as of February 2022.
- MOH resolved to include anaesthetists and anaesthesiologists in ongoing clinical mentorships and the weekly MPDSR meetings in January 2022
- The Commissioner and the MOH pushing for approval in January 2022 following stakeholder meetings.
- Hoima RRH conducted a mentorship visit in February 2022 to Kiryandongo Hospital to launch the Newborn Intensive Care Unit.

RESPONSE: Selected actions and recommendations from national MPDSR committee

Backlog of death audits: MOH requested the Assistant District Health Officers (ADHOs) for MCH to follow up and support health facilities with pending death reviews to clear the backlog and capture the reports into the DHIS-2 Events Report App. Pending reviews for maternal deaths have been reduced from eight per week in January 2022 to three per week in March 2022.

- Timeliness of death audits among the 14 regional rural hospitals (RRHs): Timeliness of maternal death reviews has improved with a decrease from 43% (6/14) late in January 2022 to 14% (2/14) late in March 2022. Timely audits of perinatal death reviews are still lagging but have generally improved nationally: from 15% in January 2022 to 29% in March 2022.
- Blood transfusion services: MOH expedited functionalization of Kabale Blood Collection and Distribution Center by
 providing a blood refrigerator and configuring the computerized blood tracking system. The blood bank has been fully
 functionalized as of February 2022.
- Functionalization of Comprehensive Emergency Obstetric and Neonatal Care (CEMONC) facilities: The Permanent Secretary supports the revitalization of HC IVs in January 2022 to further improve the functionality of health centers, and 10 health facilities were supported by the NMS and partners in six regions (Bunyoro, Karamoja, Tooro, Bukedi, North Central, and Kampala) to improve functionality of CEMONC services.
- Functionalize Newborn Intensive Care Units (NICUs) and Special Care Units (SCUs) in Mityana District: The Newborn Steering Committee working with partner to set up NICUs/SCUs in four health facilities in February 2022.
- Mentorship from RRHs to Lower Facilities: Hoima RRH conducted a mentorship visit in February 2022 to Kiryandongo Hospital to launch the Newborn Intensive Care Unit.
- Inclusion of anaesthetists in mentorships and MPDSR meetings: MOH resolved to include anaesthetists and anaesthesiologists in clinical mentorships and weekly MPDSR meetings in January 2022. Since then, 10 anaesthesiologists and seven anaesthetists have registered their attendance at the weekly MPDSR meetings.
- Fast-track the finalization of the National Confidential Inquiry Guidelines: The Commissioner and the MOH requested convening of stakeholders to provide input to the guideline before pushing for its approval in January 2022.

Thanks for listening!