



SUCCESS STORY

Strengthening District Health Information Systems to Guide Timely Actions Against Malaria in Buyende District, East Central Uganda

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

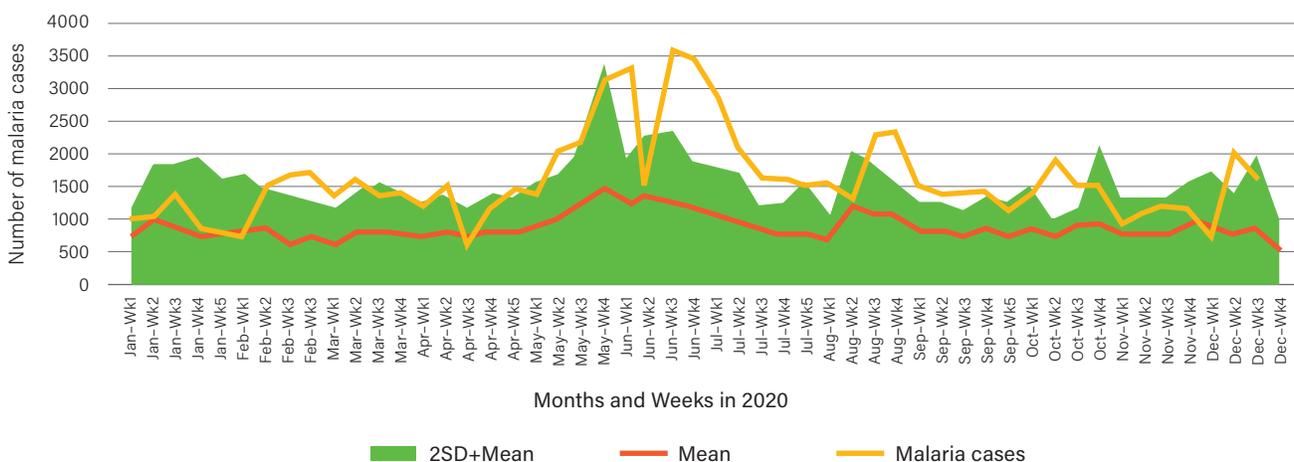
Dr. Fredrick Isabirye, an experienced medical doctor, and the district health officer (DHO) for Buyende district in East Central Uganda was concerned about the upsurge in malaria cases being reported at health facilities in his area of jurisdiction. Even with several interventions being made to control malaria in Buyende district the cases seemed to be on the rise. A review of the trends in malaria cases reported through the weekly surveillance reports, confirmed that the district was experiencing a malaria outbreak.

To control the outbreak, the district focused on intensifying malaria social behavior change communication activities;

and improving access to malaria prevention interventions with a focus on distribution of treated mosquito nets to the most vulnerable individuals and in areas with the highest burden. Their efforts were largely rewarded and malaria cases remarkably lowered as demonstrated in **Figure 1**.

This experience highlighted to Dr. Isabirye the need for data to inform decisions that are both timely and critical to tackle malaria in Uganda. According to him, the lack of data, or inaccurate data inhibits effective planning and implementation thus having negative outcomes on malaria control.

Figure 1. Weekly malaria trends in Buyende district from January to December 2020



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Every health facility in Buyende district has a mobile phone which is used to enter the data for further processing.

Aware of the impediments to proper planning for successful health interventions, Uganda's Ministry of Health (MoH) recommends that all healthcare facilities submit weekly surveillance reports into the government mobile tracking (MTRAC) reporting system—to track disease outbreaks and guide timely actions. The system requires users to have mobile phones through which the data is entered and shared for further processing. Although the recommendation promises positive results, implementation has been uneven.

To support the Ministry of Health in having availability of timely weekly surveillance reports, USAID Regional Health Integration for Enhanced Service Delivery in East Central Uganda (RHITES-EC) project worked with health facilities in the East Central region, covering 12 districts, including Buyende, to identify and address bottlenecks to weekly reporting.

Some of the bottlenecks identified included: knowledge gaps about the specific health management information system (HMIS) forms and tools for weekly reporting; absenteeism

“Surveillance reporting has enabled us to make some strategic changes in our malaria programs in Buyende. Every Monday we discuss the reports and draw the agenda as informed by what we see. We know that we need to intensify our act during the rainy seasons because that is when the facilities register the highest numbers of patients. We are able to set our priorities guided by the reports” says Dr. Isabiryie.

of health workers; staff forgetting to submit reports; and inadequate involvement of districts teams in monitoring and evaluating healthcare facility performance. With the bottlenecks clearly identified, the USAID RHITES-EC project collaborated with the district health teams to address them. The key interventions included: orienting healthcare facilities



Figure 2. Malaria surveillance weekly reporting trends having significantly improved from 33% at the end of January 2020 to 92% by December 2020 in Buyende district.



about the weekly reporting tool; assigning two or more health workers to submit weekly reports for each health facility and; engaging district health team members (DHT) to send weekly reminders to non-reporting healthcare facilities; sharing performance outcomes and recognition of the best performing sites.

As a result of these strategic interventions malaria surveillance weekly reporting trends having significantly improved from 33% at the end of January 2020 to 92% by December 2020 in Buyende district.

Strategic interventions to improve weekly surveillance reporting rates:

- ▶ Orienting healthcare facilities about the weekly reporting tools
- ▶ Identifying at-least two health facility focal persons per to submit weekly reports.
- ▶ Engaging district health team members (DHT) to send weekly reminders to non-reporting healthcare facilities,
- ▶ Regular dissemination of site and district level reporting rates and recognition of the best performing sites