Welcome to the first edition of the ‘Regional Referral Hospital (RRH) Strengthening’ newsletter! This edition covers the year ending December 2021 and summarizes latest developments in ongoing RRH activities. It also brings relevant news from different United States Government (USG) funding mechanisms. Subsequent editions of this newsletter will be semi-annual and will provide updates and lessons learned from different programs.

Improved regional oversight and governance at RRHs

Echo-Zoom for continued skills transfer during the COVID-19 pandemic

Embracing Risk Mitigation Plans (RMPs) as a tool to improve Public Expenditure Management in RRHs
Over the last several years, the USG has supported the Ministry of Health (MOH) to strengthen the capacity of regional referral hospitals to sustainably deliver public health functions and become centers of excellence in their respective regions. The attainment of this goal is however constrained by low staffing levels, an inadequate wage bill and protracted recruitment processes.

To understand the extent of the problem, the USG together with the MOH carried out a baseline assessment in selected RRHs in order to understand the functionality of these entities and identify any gaps and plan mitigation measures accordingly. Following this assessment, the USG provided targeted support to the MOH and the Ministry of Public Service (MOPS) to review the RRH staffing structure and expand the total workforce. This was aimed at accommodating additional critical health care workers to include lab scientists, counselors, epidemiologists, biostatisticians and information and communications technology officers. This new structure will further strengthen the Community Health Departments (CHDs) that are responsible for carrying out supportive supervision to districts and lower-level Health Facilities (HFs).

In the short-term, the USG supported the hiring of staff to strengthen the oversight and delivery of public health functions at the RRHs. A total of 61 health professionals were recruited for 16 RRHs including epidemiologists, infection prevention and control officers, quality improvement officers, information and communications technology officers, biostatistician and finance and grants officers. Relatedly support has been provided in building capacity of available hospital staff to improve skills and knowledge for better service delivery especially around HIV/TB services.

Additionally, over 50 medical officers were hired by the USG and deployed to support COVID-19 treatment units at RRHs and ensure continuity of essential services during the pandemic.
IMPROVED REGIONAL OVERSIGHT AND GOVERNANCE AT RRHS

The United States Government has continued to provide wrap-around technical assistance to RRHs through its implementing partners, including the Uganda Health Systems Strengthening (UHSS) activity and Monitoring Evaluation and Technical Support (METS). UHSS has been working closely with Moroto, Lira, Kabale, Mbale, and Gulu RRHs to constitute and orient their governance boards. Through a Cooperative Agreement with the Ministry of Health, RRHs of Arua, Fort Portal, Masaka, Soroti, Hoima, Mubende and Naguru, received similar support. Bombo Military and Kayunga RRH have equally been supported through the Department of Defense and the Makerere University Walter Reed Projects. The orientation program rolled out has focused on corporate governance, leadership, change management, risk management, and gender mainstreaming. This support aims to strengthen the RRHs’ capacity to meet programmatic and accountability commitments and position the RRHs to assume a greater role in resource mobilization and managing increasing levels of direct assistance from the USG and other development partners.

MoH and Moroto RRH officials after the inauguration of the Moroto RRH Board by the then Hon. Minister of State for Health in charge of General Duties – Hon Rhobbinah Nabbanja

ECHO-ZOOM FOR CONTINUED SKILLS TRANSFER DURING THE COVID-19 PANDEMIC

The USG prioritizes Human Resources for Health (HRH) and illuminates efforts to improve the referral system, to modernize health information systems, and to apply measures to strengthen local service delivery. The US President’s Emergency Plan for AIDS Relief (PEPFAR) has supported this by investing in virtual tele-mentoring systems for learning such as the ECHO/Zoom model of tele-mentoring for quality assurance within all health facilities, through a Hub-Spoke approach. This enables rapid transmission in real time of best practices, to reach more Health Care Workers (HCWs) than with traditional in-person methodology. Working together with MOH and PEPFAR through JHPIEGO Project in partnership with the University of New Mexico, Uganda saw the establishment of the HIV drug resistance ECHO platform established in 2019. The platform consists of a central hub located in Kampala with
up to 12 RRHs as spokes. These spokes have frontline health care workers while at the center are specialists in the management of HIV drug resistance as well as MOH leads. The project will continue to support MOH to conduct weekly HIV drug resistance ECHO sessions with HCWs. The project will also work with MOH to engage Health Professional Councils of Uganda towards institutionalization of ECHO through council registration processes and license renewals. We will also integrate mental health programming using the Common Elements Treatment Approach (CETA) model to support HCWs cope with the effects of COVID-19.

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<th>TABLE SHOWING THE ECHO PROJECT EXPANSION OVER DIFFERENT COP YEARS.</th>
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<td>Indicator</td>
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<td>1.1 Number of sites assessed and set up by IPs</td>
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<td>1.2 Number of hub sites developed</td>
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<td>1.3 Number of spoke sites established by Jhpiego (HW21)</td>
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<td>1.4 Number of HIV related cases presented in ECHO sessions</td>
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<td>1.5 Percentage of RRHs equipped and implementing the ECHO model for tele-training/ mentorship</td>
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DOD/WRAIR/MUWRP SUPPORTS KAYUNGA RRH THROUGH ITS TEETHING PHASE, FOLLOWING ITS OPENING IN JULY 2021

Kayunga RRH was officially established in July 2021. The US Department of Defense Walter Reed Army Institute of Research (DOD/WRAIR) through its Implementing Partner (IP) Makerere University Walter Reed Project (MUWRP) has supported the hospital through its initial set-up phase. Support has included arranging introductory meetings with the new hospital leadership, providing updates on current HIV prevention, care and treatment strategic priorities, and supporting the RRH with operationalizing the work plans. MUWRP has supported contract issuance for critical health worker positions with a plan to have these absorbed into the hospital structure. MUWRP has engaged MOH Division of Health Information to conduct a preliminary IT
infrastructure capacity assessment in preparation for a facility-wide EMR roll out. A road map for operationalization of the electronic regional data management system is being discussed with MOH and the RRH.

MUWRP is working closely with RRH leadership and Central Public Health Laboratories (CPHL) to conduct a capacity and readiness assessment for the establishment of a regional ‘Lab Equipment Maintenance Workshop’.

MUWRP has engaged with MOH to support the establishment of a regional Continuous Quality Improvement (CQI) team. A regional advance drug resistance committee headed by Kayunga RRH staff has also been established. Additionally, a plan to reactivate the regional training center offering both in-person and virtual training is being developed. MUWRP will continue to support the Kayunga RRH beyond the initial set-up phase through supporting the operational planning and capacity-building efforts.

Kayunga RRH SMT meeting with MOH DHI team led by the Commissioner and MUWRP PEPFAR program team.

The newly renovated and established Kayunga RRH
ONBOARDING RRHS ONTO THE GOVERNMENT-TO-GOVERNMENT (G2G) MECHANISM

The National Health Policy 2021 underscores RRHs’ role as strategic structures to strengthen oversight and policy implementation, and champion the increased quality of treatment services at the sub-national level. In the future, RRHs will not only be centers for tertiary and specialized care, but also hubs for skills transfer to lower-level health facilities using the ‘hub-and-spoke’ model.

USAID recently signed new five-year funding agreements with the Lira, Moroto, Jinja, and Mbarara RRHs, while the designs for Mbale, Gulu and Kabale are ongoing. Mbarara and Jinja RRHs received funding in 2020 following risk assessments in 2019 and the signing of 18-month Implementation Letters (ILs). These two RRHs are serving as pilot hospitals.

The risk assessments revealed a number of issues and challenges including: Hospital governing bodies not being fully constituted or functional; Inadequate IT equipment and transport infrastructure; Staffing numbers and capacity not meeting existing need; Frequent stock-outs of essential medicines and supplies; Insufficient GOU funding for services and operations; and an Unclear mandate for RRHs to execute public health functions in a decentralized setting. Risk mitigation plans were developed with the pilot hospitals and are to be tracked during the project life cycle.

EMBRACING RISK MITIGATION PLANS (RMPS) AS A TOOL TO IMPROVE PUBLIC EXPENDITURE MANAGEMENT IN RRHS

Section 45 (2) of the PFM Act, 2015 requires all Accounting Officers to put in place risk management systems to ensure public resources allocated through the public budgeting process are managed and utilized optimally. Several audit reports have however reported absence of RMPs as a recurring issue affecting almost all Government of Uganda’s (GoU) Votes, including RRHs. The recent risk assessment undertaken for Mbarara and Jinja RRHs as part of preparations for the ‘G2G’ activity also identified the absence of risk management strategies in the two hospitals as a gap.

In response to this identified gap, UHSS in collaboration with the Ministry of Finance Planning and Economic Development (MoFPED) and the Office of the Internal Auditor General (IAG) supported the
two hospitals in identifying, profiling and documenting risks and also generating a risk mitigation action plan. The process was participatory and included all hospital departments for ownership. The two RMPs were reviewed by the Office of the IAG to ensure alignment to the country’s risk management framework. The IAG will use the two pilot RMPs as benchmarks to support other Ministries, Department and Agencies (MDAs). UHSS working closely with MOFPED and IAG has initiated similar technical support to other RRHs supported by USAID.

Participants receiving training on risk management at Jinja RRH

USING INFORMATION TO IMPROVE QUALITY OF SERVICES WITHIN THE SUBNATIONAL ENVIRONMENT

With support from the USG through a Cooperative Agreement between CDC and MOH, RRHs conducted regular data quality assessments within facilities in their regions to improve quality of data and reporting on key health indicators. RRH teams also worked with partners to strengthen data management and utilization across the regions using dash boards to identify districts that were lagging behind and needed urgent support. These dash boards were shared with district health teams during support supervision visits, where more detailed discussions on how to improve performance were held.

The Commissioner TB/Leprosy Control, together with the Masaka RRH TB Focal person giving support to the Butambala District health team, which was lagging behind in TB contact tracing in South Central region as shown in the dash board on the right.
ENSURING THAT SCIENCE DOES INFORM PRACTICE THROUGH THE US CENTER FOR DISEASE CONTROL AND PREVENTION (CDC)

The USG has through a Cooperative Agreement between CDC and MoH, supported RRHs of Arua, FortPortal, Masaka, Soroti, Entebbe, Hoima, Mubende and Naguru to strengthen their technical capacity to deliver on their delegated mandate of oversight, leadership and coordination of health services within their respective regions. Partnership framework agreements were signed between MOH and all the 8 RRHs to streamline roles and responsibilities of key stakeholders. These were witnessed by regional comprehensive partners and District Local Governments as key stakeholders.

To strengthen RRHs in their oversight role, MOH worked with Makerere School of Public Health, Monitoring and Evaluation Technical Support (METS) project and BDO (a fiduciary agent), to conduct capacity assessments in selected RRHs, including Soroti, Arua, Masaka Fortportal, Hoima, Mubende, Gulu and Mbale. The assessment focused on areas of governance, leadership, health information systems, access to medicines, health workforce, service delivery, financial management, program management, grants management, planning, monitoring and evaluation. Using findings from the assessments, MOH developed a capacity building plan to be followed in addressing identified gaps.

The figure below shows the level of knowledge in Grants, Finance and Program management in selected RRHs