

Improving RMNCH Outcomes by Strengthening Uganda's District-Level Systems and Reporting

Since 2007, under its community health program implementation, Living Goods has been supporting governments in 20 districts to improve RMNCHN outcomes. A core focus of the program has been on improving Health Management Information Systems (HMIS) and Village Health Teams (VHTs) reporting.

Over the last year, Living Goods has emphasized efforts to ensure that key RMNCHN data is accurately captured and reported in District Health Information Software 2 (DHIS2) in a timely manner.

The Government of Uganda is working to improve the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) outcome through the Uganda Reproductive Maternal Neonatal and Child Health Improvement Project (URMNCHIP).

Financed by the World Bank, the project is focused on:

- ③ Institutionalizing results-based financing (RBF) for primary healthcare services;
- ③ Strengthening institutional capacity to deliver RMNCAH services;
- ③ Strengthening institutional capacity for civil registration and vital statistics.

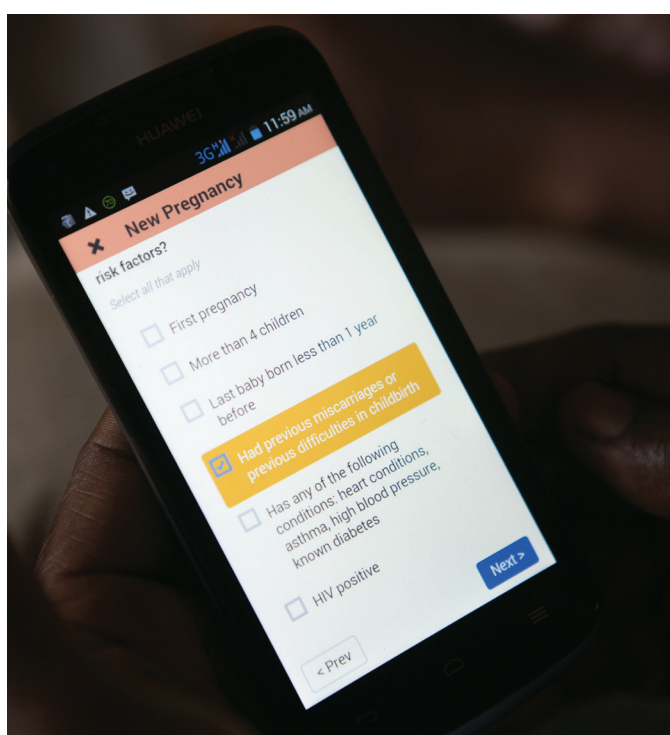
The RBF design for the project draws on the National RBF Framework and aims to incentivize District Health Teams (DHTs) and Health Centre IIIs and IVs to expand the provision of quality and cost-effective RMNCAH services.

Health Centre IIIs provide basic preventive and curative care and provide supportive supervision to community and health centres IIs under their jurisdiction. Health Centre IVs, which



are at the sub-district level, carry out day-to-day management and technical oversight of lower-level health facilities, and provide leadership in planning and managing health services. This includes supervision and quality assurance. Health Centre IVs also provide technical, logistical and capacity development support to the lower health units and communities, including procurement and supply of drugs.

The health centres support VHTs in their catchment areas to improve the quality of care using the Ministry of Health's Health Facility Quality of Care Assessment Program Implementation Manual and Tool. Only health facilities that pass the assessment criteria qualify to participate in the RBF project. The criteria are based on core RMNCAH indicators and clear evidence of effective VHT engagement.



Living Goods-supported VHTs use appropriate digital technologies provided to effectively deliver health services to pregnant mothers and flag high-risk pregnancies for referral and follow-up, among others.

As a result of Living Goods-supported efforts, most health facilities in Mbale met the selection criteria for RBF project. District health officials recognize the impact of Living Goods-supported VHT services in the communities, and quarterly VHT reports as contributing factors for this success.

Namakwekwe Health Centre III was recognized as most outstanding facility as it is fully compliant with all VHT reports submitted.

Living Goods remains committed to supporting the districts improve RMNCHN outcomes.

Uganda's Ministry of Health is implementing the Health Facility RBF. We look forward to learnings from Living Goods' community-based RBF and specifically how it links with and complements the health facility RBF.

Dr. Sarah Byakika,
Commissioner Planning, Ministry of Health

About Living Goods

Living Goods is a non-profit organization that seeks to drive lasting impact in community health through innovative approaches delivered in partnership with government. By leveraging cutting-edge technology and innovative approaches to transform the delivery of community health, Living Goods works to save and improve lives, particularly for mothers and for children under the age of five years. We partner with governments at different levels to transform access to essential healthcare by supporting the delivery of effective community health programs. Our approaches leverage the power of mHealth technology, including data-driven performance management, and motivated and compensated community health workers, to bridge critical healthcare gaps around some of the most easily treatable yet potentially deadly health issues for mothers and children including malaria, diarrhea, pneumonia, pregnancy and new-born care, family planning, undernutrition and immunization counseling. Since 2007, more than 8,700 Living Goods-supported community health workers in our counties of operation have reached nearly 7 million people with life-saving healthcare.

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