

**Strengthened District Health System for
Epidemic Response and Control.
A case of Kiruhura District**

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Background

- Kiruhura is located in South Western Uganda
- It has a population of 200,317 people
- It has 11 Sub counties , 3 town Councils, 56 parishes and 303 Villages
- It has one PNFP hospital, one HCIV, 13 HCIIIs, 5 HCIIIs
- All sub counties and town councils have a HCIII with the exception of only one sub county.

Introduction

- **COVID-19 outbreak started in 2019 globally, Uganda registered her first case in March 2020**
- **So far, the country has registered 169,396 cases, 100431 recoveries and 3628 deaths**
- **COVID-19 vaccination started in March 2021**
- **A total of 25,078,754 vaccine doses have been administered**
- **To date, no case of monkey pox has been registered in Uganda**

Leadership and Governance during COVID response and vaccination campaigns

- District led programming
- **Weekly DHT meetings during COVID-19 response**
- Daily DHT meetings during vaccination campaigns
- Community mobilization led by the political leadership
- Weekly District task force meetings
- Highly self-motivated DHT

Health financing during COVID-19 response and vaccination

Funding sources during COVID-19 response

- Full releases of PHC funds
- GAVI support for immunization
- COVID-19 response funds from MOH
- WHO funds for AMCV1 &2
- Supplementary PHC funds
- Donor funds

Current financial sources

- No GAVI funds
- No donor funds
- Partial release of PHC
- No COVID-19 response funds

Logistics and supplies during COVID-19 response

- **Availability of RDTs in all health facilities**
- **Made emergency orders that would be honored by NMS in time**
- **Procured medical equipment that enabled creation of pre referral treatment centre**
- **Steady supply of PPEs**

Strengthening Human resources for Health

- **Recruitment of staff has been done, staffing improved from 63% in 2020 to 85.3% as of August 2022**
- **Three DHT trained in field epidemiology course**
- **Trained all health workers in IPC, COVID-19 testing and vaccination**
- **Trained a team of 12 staff in COVID-19 management**
- **Trained staff in Home based care**
- **Assignment of incident commander for COVID-19 vaccination**
- **Data entrants trained for COVID-19 vaccination data entry**

Strengthened Infrastructure and equipment during COVID-19 response

- **Upgrade of 4 health centre IIs with support from UGIFT during COVID-19 outbreak**
- **Upgrade of one health centre under transitional development funds**
- **One health centre III created with support from Hunger project-**
- **Ambulance from MoH to provide emergency services**
- **COVID-19 response double cabin from MoH**

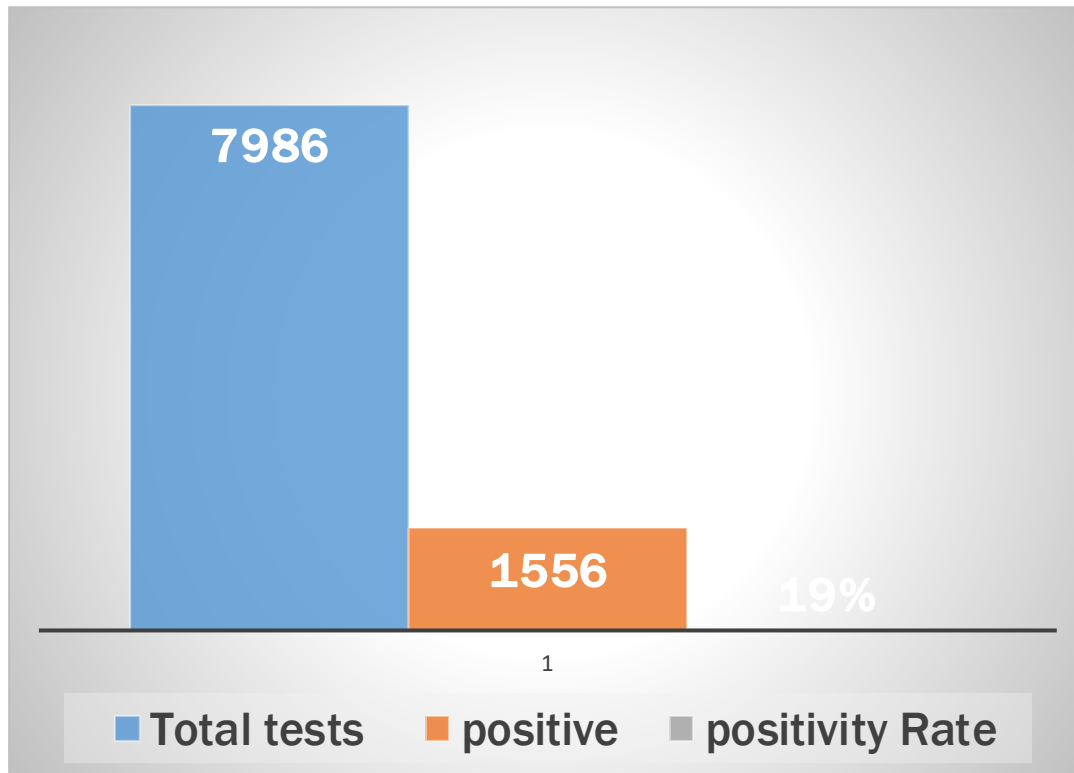
Monitoring and Evaluation

- District led approach, developed own M&E system
- Daily COVID-19 situation reports discussed and harmonized for consistency and accuracy before submission
- COVID-19 whats-up platform that was used to report and monitor both response and vaccination
- Platform has been active for the last 2 years and include political, district leaders, DHT and health workers
- Platform has been used as a precursor to improve other indicators like TB
- Weekly surveillance reports that are discussed and adopted by DHT

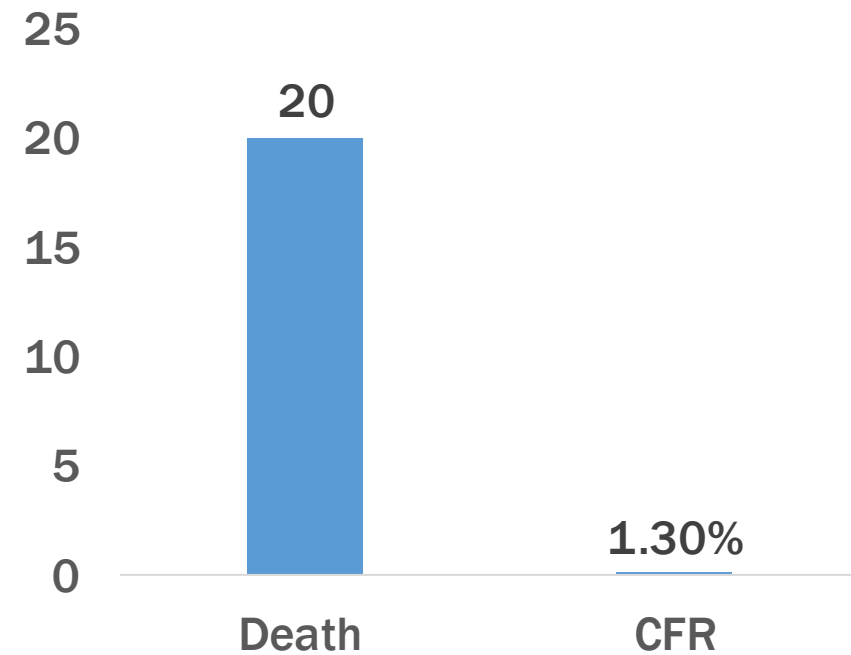
Service delivery

- **COVID-19 testing in all public health facilities, two PNFP facilities**
- **Availability of transport services to respond to alerts, rumors and contacts working 24 hours**
- **Opened a pre-referral treatment unit used to handle moderate and severe cases before referral**
- **Daily COVID vaccination in public health facilities**
- **Integration of COVID vaccination into routine immunization outreaches**
- **House to house vaccination in some sub counties**

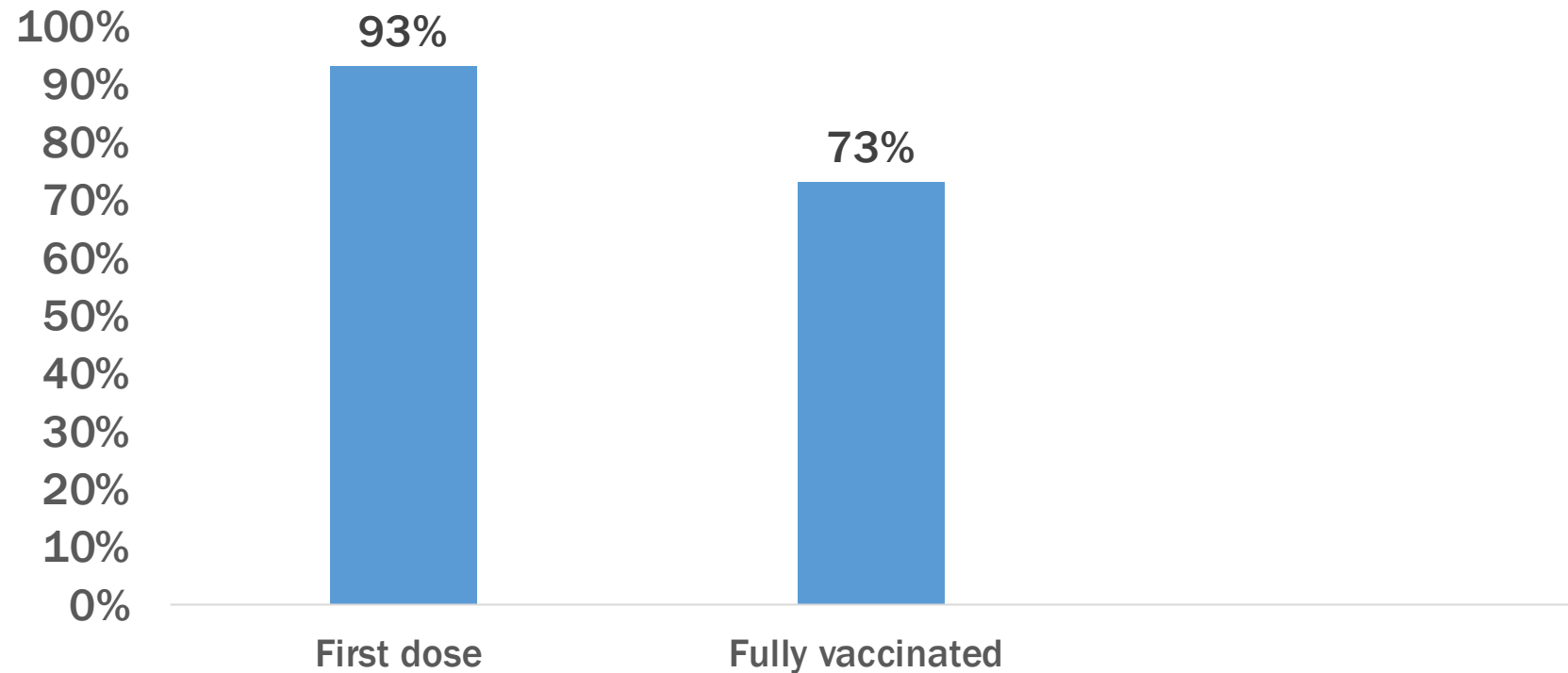
Number of COVID-19 cases from 2020 to August 2022



Case fatality rate from 2020 to August 2022



COVID-19 vaccination coverage, 18+ from March 2021-August 2022



Challenges

- Multiple reporting centers at MoH leading to inconsistencies between what is reported at the centre and district
- MoH only captured PCR results on the twitter account yet majority of people were tested using RDTs
- Late release of the 20% funds for AMCV1
- **Failure of the ministry to release the 20% funds for AMCV2**
- Delayed and partial payments of implementers in AMCV3 by FHi360 partners

Recommendations

- **The ministry should streamline reporting and request for one comprehensive report per district**
- **Funds should be released once as whole batch for effective campaigns**
- **Funds should be released to Local Governments and given guidelines on how to spend**

Lessons learnt that can be adopted for Monkey Pox Virus response

- District led programming improves response to epidemics**
- Strengthened human resource in capacity and numbers**
- Strengthened M&E systems at District level**
- Reduce parallel reporting at MoH**
- Funds should be sent to District accounts**

Acknowledgement

- Kiruhura District local Government leadership
- MOH
- WHO
- USAID RHITES-SW
- UPMB
- Ankole Local partners Project
- Last Mile Health
- Fhi360
- Kiruhura District health care workers

Thank you