Report on the mTrac National Launch

9th December, 2011

Busoga Square, Jinja district

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Acronyms/Abbreviation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACTs</td>
<td>Artemisinin-based Combination Therapies</td>
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<tr>
<td>CAOs</td>
<td>Chief Administrative Officers</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development (UK)</td>
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<tr>
<td>DHO</td>
<td>District Health Officer</td>
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<tr>
<td>DHT</td>
<td>District Health Team</td>
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<tr>
<td>MHSDMU</td>
<td>Medicines and Health Service Delivery Monitoring Unit</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>SMS</td>
<td>Short Message Service</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1.0 Introduction

The Ministry of Health launched mTrac on 09 December, 2011 in Jinja under the theme: Information for Better Health.

The main purpose of the mTrac project is to strengthen the national health information management reporting, with an initial focus on disease surveillance, medicines monitoring and generation of community action for improved health system accountability with the aim of improving health services and reducing stock outs.

The system is designed to be an extension of the Ministry of Health endorsed DHIS2 software platform, allowing electronic data capture at the community and lower health facility levels without the need for investment in heavy IT infrastructure.

mTrac takes advantage of the unprecedented growth of telecommunications infrastructure that includes network coverage and high rates of mobile phone penetration in Uganda to strengthen health sector reporting. mTrac takes a unique approach by designing a system that works on any mobile phone. Health workers use their own phones to send in reports to a toll-free SMS / USSD shortcode. As such, project implementation costs are kept to a minimum, and long-term sustainability is enhanced.

The first phase of the project includes the weekly HMIS Form 033B, capturing indicators on notifiable diseases, malaria treatment and ACT/ RDT stock, but is expected to be expanded to collect new HMIS reports in later phases, which can easily be added.

mTrac’s governance structure includes a Steering Committee chaired by NMS, with members including UNICEF, WHO and DFID; and a Technical Working Group, chaired by the Resource Center, with members including HMSDMU, MOH MCP, MOH Pharmacy Unit, UNICEF, WHO, and FIND Diagnostics.

The National launch started at 9:00am with a brass band led procession/ Match from Jinja Regional Referral Hospital, main entrance through the town centre main street to Busoga Square. The guests were led through the National anthem, Busoga anthem, and Prayer at 12:45 pm. The event was opening with remarks from the Secretary for Health for Jinja district, representing the area LC I Chairman.

This report covers the brief highlights of what transpired on the 9th December, 2011 at Busoga square during the National Launch of the mTrac System.
2.0 About mTrac

The Ministry of Health led mTrac initiative is supported by the UK Aid Department for International Development through UNICEF and WHO. The other stakeholders involved in the implementation include the National Medical Stores and the Medicines and Health Service Delivery Monitoring Unit.

In order for mTrac to achieve its desired goal and objectives, the system will entail working with a cross section of the Ministry of Health (Resource Center, Surveillance, Malaria Control Program and the Pharmacy Unit), District Health Teams, Health Sub Districts, Health Facilities, Village Health Team Workers. This includes undertaking a comprehensive, integrated approach to implementation that both provides access to timely and accurate information, but also creates accountability for response and action by empowering each level with the information they need to effectively carry out their duties. mTrac will also foster immediate response and follow up of diseases of epidemic potential and improve on the forecasting to enable the mitigation of health gaps at both national and district level.

On this same day, the Ministry also launched a Free SMS Health Service Complaints Hotline. Ugandan citizens now have the opportunity to participate in directly improving the quality of health services. The Health is a mobile phone service through which anyone can send a free and anonymous complaint message via SMS to 8200. Messages requiring following up will be flagged by operators at the MOH Call Centre, and the reports will be sent to district dash boards prompting immediate action. Critical Reports are fed directly into the MOH and District Health Teams mTrac Dashboards for follow-up and action. Follow-up will be tracked by the MOH and Monitoring Unit to ensure accountability.

mTrac is being rolled-out in four phases, each covering approximately 28 Districts. The first phase is expected to be completed in January 2012, with each additional phase lasting 2-3 months and national coverage achieved by summer 2012.
2.1 Challenges in Previous Pilot

While the FIND Diagnostic pilot which mTrac is built off of proved to be very successful, it faced a number of critical challenges in Gulu and Kabale. These included:

- Technical Challenges
  - Problems with MTN network in which there was limited or no coverage in some areas
  - Internet connectivity problems.
  - No focal point at the national level to report technical challenges

- Linkages between HMIS and SMS
  - No proper link between HMIS and the SMS based monitoring system. This created parallelism with the national reporting system

- Systems approached championed at all levels
  - Laxity of supervision both by Central and District authorities.
  - Competing priorities in the Health Sector for partner driven initiatives, as well as confusion due to lack of harmonization / duplication

mTrac has been modified to address each and every one of these challenges, from rebuilding that platform to ensure scalability of message handling, negotiating with all of the telecom providers, integration of SMS data into DHIS2 and the formation of a national level Steering Committee and Technical Working Group to provide leadership.
3.0 Achievements

- The Ministry of Health created a broad, eHealth Technical Working Group – chaired by the Director General – to support government led coordination of key health activities and reduce duplication. This has already helped identify areas of partnership across projects.

- The Ministry of Health and its key stakeholders have joined hands in their various capacities to assist in realizing an operational system that will provide health workers, monitors and planners in the field of health to take note, act and register impact of supply responding adequately to the demand of drugs, illustrated in the formation of the mTrac Steering Committee and mTrac Technical Working Group.

- In the two year pilot proceeding the launch of mTrac, approximately 30,000 reports were successfully transmitted from Gulu and Kabale through an SMS based monitoring system was piloted by FIND Diagnostics. This pilot covered over 140 Health Facilities. HMIS 033B, covering disease outbreaks including malaria and ACT tracking, were part of the standard weekly reporting package. Gulu District reported an increase in timely reports to nearly 95%, and after handover to local government the system saw very little attrition rates in reporting.

- A server with the mTrac software has been handed over and installed at the Ministry of Health Resource Center. Linking the database with DHIS2 is currently under progress.

- Reverse billed, toll-free SMS and USSD shortcodes have been approved by the Ugandan Communications Commission and set-up on all major telecom providers for both official health sector and community reporting.

- District Health Teams from over 30 Districts have already been trained in the software, and are in the process of rolling out in Phase 1 Districts.

- Media campaign launched, with radio talk shows and newspaper advertisements promoting mTrac.

- Anonymous Hotline launched, with over 3500 reports so far received.

- Ureport – a Ugandan social networking platform supported by UNICEF – has nearly 80,000 registered citizens who are receiving and reporting on health access in their communities.
4.0 Highlights of National Launch

Guests in attendance included;

The Permanent Secretary Ministry of Health, Country Directors DFID, UNICEF and WHO; Director MHSDMU, Jinja district Local government leaders, DHOs, RDCs, CAOs, MoH staff, WHO staff, UNICEF staff, Staff of Jinja Referral hospital, Students from the Nursing School and Jinja residents, among others.
Radio Talk shows were also organized, and newspapers put out full page spreads:

Ministry of Health message

Malaria control is being scaled up

By Dr. Asuman Lukwago, Permanent Secretary, Ministry of Health answers a question posed to him by a U-reporter, Alfred Ayebazibwe, 27, of Rubaga.

Question: Our district is surrounded by Imaramagango, Karituu and Kataya Kitsomi Forests. Then Queen Elizabeth and Kyambura Game National Park in the north. Malaria is a big problem in our area; health centres have no single drug in Kaberama, Ruyenzi, Kihamba and Ruggazi health centres. What plan do you have for people of Bunyanga now?

Dr. Asuman Lukwago message: Malaria interventions are being scaled up nationally. Long-Lasting Insecticide-treated Nets (LLINs) were distributed to all pregnant women and children under five years of age all over the country except for seven districts in eastern Uganda last year. By mid of 2012 there is a large scale campaign distribution of LLINs will be done to achieve universal coverage where every two persons in Uganda should have at least one LLIN.

Malaria medicines are distributed to all public health facilities by National Medical Stores (NMS) and Private Net for Profit (PNFP) facilities by Joint Medical Store (JMS). Lower public health centres (HC II and HC III) are provided standard kits that include Artesinin based Combination Therapies (ACTs) for malaria every two months through a pull system by NMS. HC IV and hospitals order their medicines through the pull system. If these health centres are Government and registered with NMS, they must be receiving medicines for malaria as above depending on their levels. If this is not happening, explanation should be sought from the DHO and/or NMS.

There are also affordable ACTs (ACT green leaf) in the private sector under the Affordable Medicines Facility Malaria (AMFM) supported by the Global Fund. These ACTs should cost between $3.00 to 1.20 per treatment.

Malaria poses a big threat in Uganda

By Stephen Ssembuuka

In a country where malaria is the leading cause of sickness and death, we have cause to worry. According to the Uganda Malaria Control Strategic Plan, 2005-06-2006-10, malaria contributes 30%-50% of outpatient burden and around 35% of hospital admissions. Further studies also indicate that nearly half of in-patient deaths among children under the age of 5 live as a result of malaria. This disease remains Africa’s leading cause of mortality in children under this age group. According to Dr. Myers Lugumia, the team leader for Monitoring and Evaluation and Research at the Malaria Control Programme, malaria poses a big threat.

Quoting the 2009 malaria indicator survey, Dr. Lugumia says that the prevalence of malaria parasites in children below 5 years in Northern Uganda is 63% while the average for the entire country is 43%.

“This means that a number of people are proudly walking the streets with malaria parasites,” Malaria indicators are not only terrible at the national level. Quoting the World Health Organisation, Dr. Lugumia says that after the Democratic Republic of Congo, Uganda is the third contributor to the world’s malaria burden. While malaria is preventable, Uganda has struggled to overcome the disease. Several factors explain why it still affects us locally.

Aside from the persistent Plasmodium falciparum protozoan parasite that causes malaria widely common in Sub-Saharan Africa, the tropical weather conditions characterised by incessant rainfall has not helped matters. But also, human behavioural patterns play a part. There is widespread reluctance by individuals to adhere to basic routines such as cleaning mosquito breeding grounds in their homes.

Dr. Lugumia also observes that instead of using insecticide treated mosquito nets for protection, “some people use the nets as wedding veils and fishing nets.”

For the many malaria sufferers, inadequate and unequal access to drugs and health facilities often undermines effective treatment. A recent U-report poll conducted on October 4, 2011 indicates variance in access to malaria drugs in different parts of Uganda. The poll, conducted in several districts shows that generally, 72% of respondents took drugs and only 20% did not when they had malaria, but in areas like Ssembabule only 35% of respondents took medicine when they had the disease. The respondents cited various reasons. Twenty-three year-old Barbie from Jinja, for instance said she did not take drugs when she felt sick “because there was no medicine for malaria in the nearest health centre.”

Various interventions have been put in place to reduce malaria. Among these is the introduction of new Artemisinin-based Combination Therapy (ACT), the distribution of seven million insecticide treated mosquito nets from the Global Fund; Indoor Residual Spraying (IRS) and the Katalwi experience in which a combination of IRS and treatment reduced malaria there by 98% within just two weeks. But without concerted efforts, these successes will easily be undermined.

Dr. Lugumia calls for increased government funding and more support for malaria eradication programmes, proper public sensitisation and the adoption a multi-faceted strategy that combines distribution of nets, case finding and IRS. Truly, such a holistic approach to treatment and prevention will help.

U-report poll

Did you take malaria medicine?

<table>
<thead>
<tr>
<th>Overall</th>
<th>YES</th>
<th>NO</th>
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<tr>
<td>72%</td>
<td>20%</td>
<td>33%</td>
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Regional variation

- Ssembabule: 20%
- Regional: 33%
U-reporter Profile

Bibra Kiwanuka, was skeptical but is now an ardent U-reporter. He was not convinced, “I failed to see the multiplier effect this forum would have, I honestly did not see this as a channel that would reach out to many people,” he recalls. But when he participated in Facebook group discussions on development in his area, his mind opened up. The interaction over Facebook showed he that telephones have a greater potential for him not than he had thought.

“I immediately signed up and got a confirmation message.” It has been six months since he became a U-reporter and Kiwanuka realizes how much of a difference he has made. As a person who has been actively involved in youth advocacy programmes, Kiwanuka has found the U-report platform a very useful tool to reach out to fellow youth. As a U-reporter, he uses the SMS platform to communicate important messages about his community, giving feedback on some initiatives and then offering suggestions in others. The platform also affords him a chance to compare notes with fellow reporters in other parts of the country.

For the last six months, Kiwanuka has been a U-reporter for six months. Kiwanuka has offered opinions about youth involvement in development initiatives. He has voiced his views about the need for youth to adopt healthy attitudes towards farming and other income generating activities. Kiwanuka says that as a U-reporter he has joined a growing community of change agents in society. “We have made a contribution towards voicing important issues on community development” he says. Today as a result of U-report, a voice is coming out and it is being heard by our leaders.” Kiwanuka argues that U-report has set the stage for dialogue between ordinary people and their leaders. “For a long time, there has been a gap between leaders and the people they lead, but now with the U-report experience. Members of Parliament, ministers and local leaders are being put to talk by their constituents and the responses of these leaders show a developing spirit of healthy exchange,” he says. Kiwanuka also thinks that the U-report experience has given the youth focus and enabled them to articulate their problems. “U-report is making the youth voice count.” In his view also that information from the U-reporters will help to guide advocacy and policy formulation. He advises that U-reports should be annually compiled into a coherent document that can be used for further reference.

Kiwanuka was born on January 2, 1985 in Kisoomu. He attended Rukondwa P/S, Greenfield and Jordan Pride SS. He later joined Ryambogo University from where he graduated with a bachelor’s degree in Business Education. He is a consultant with Aspire Transformation Agency.

Ask the Ministry of Health

Minister, doctor answer U-reporter questions

Q: What strategy shall you employ to help youth and women fight poverty, diseases like malaria and diarrhea and hunger in Uganda? Maria Caroline Nakafuero, Wakiso.

A: Hon. Dr. Onnoo D. J. Christiane, Minister of Health

Malaria is a preventable disease by simple methods like sleeping under an insecticide treated mosquito net, ensuring that there is no stagnant water near residential areas and that your compound is not bushy. Pregnant women also should attend antenatal clinics where they are given medicines to prevent them and the unborn baby from getting malaria. You should promptly seek treatment from the nearest health facility or VHT (in case of young children) if you feel any symptoms of malaria.

Under the scale up of malaria interventions, the entire population is accounted for including the youth. These interventions focus on Vector control with Long Lasting Insecticidal Nets (LLINs) and IRS. These are to be complemented with environmental control and larviciding. Communities including the youth are encouraged to participate and actively support VHTs who are trained and are being provided with bycicles, medicine boxes and T-shirts, and will soon start providing treatment for malaria in children in all villages of Uganda.

Q: I would like to ask what can be done for us in prevention of malaria since we did not get mosquito nets? Matovu Ssabimye, Kalungu.

A: Dr. Seraphine Adhikari, Program Manager, National Malaria Control Programme, Ministry of Health

Mosquito nets (LLINs) will soon be distributed to cover the whole country using the formula of 1 LLIN to 2 persons. Apart from use of mosquito nets to prevent malaria, there should be health education to all community members on how to prevent malaria. Communities should seek early treatment for malaria, eliminate stagnant water bodies in their environment which feed breeding sites for the mosquitoes that transmit malaria, clear bushes around their homes, close doors and windows early in the night to prevent mosquito entry into their houses where applicable and use mosquito aerosol sprays and/or repellents.

Question of the week

Government has anti-malarial plan

Q: Ten years ago, I attended a workshop of members selected from different communities in Kampa, conducted by the Red Cross, called APMAST. It was basically to curb down malaria infections in our communities. However, as a nation, is there anyone or a government organisation directly responsible especially at the grassroots? And if not, what has the Government done through the Ministry of Health because such services have faded away. Thank you. Kenneth Eric Oboxe, Rubonde.

A: Dr. Seraphine Adhikari, Program Manager, National Malaria Control Programme, Ministry of Health

As a young Ugandan you have the right to be heard

Text “JOIN” and send to phone number 85000. Every SMS is free.

“It has become our union of expression,” M. Myco, aged 20, Wakiso

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BRAC

rx

HIV Aids

NEW VISION, Wednesday, December 7, 2011

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5.0 Conclusions and closure

The mission of the Ministry of Health is “to facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life”. The availability of timely, accurate and complete health information is critical for the planning, accounting, monitoring and evaluation of activities and interventions for the Health Sector.

In the past few years, exciting new opportunities in Information and Communication Technology have shown incredible potential to strengthen the HIS at all levels. An influx of new innovative projects in Uganda is now using SMS to collect surveillance data at the community level, smart phones to track malaria admissions, and geo-spatial software to map stock outages. We have moved beyond the need to conduct pilots to prove effectiveness; it is now time to consolidate successful initiatives and scale them nationally.

However, as more and more partners enter this emerging field, existing challenges with the Health System are compounded. It is critical that these ICT initiatives do not fragment, creating a network of small pilots that can never be merged or harmonized. There is an urgent need to develop national standards, policies and guidelines for health information, ensuring that any current and future development of health information systems are in line with the national objectives and systems for health information.

On December 9th, 2011, the Permanent Secretary for Ministry of Health officially launched the mTrac system at 3:15 pm on behalf of the Ministry. We applaud the Ministry of Health, donors and development partners efforts to prioritize national coordination and government leadership at the most senior levels, while moving ahead to scale proven initiatives that have the capability of saving thousands of lives. mTrac will continue to seek to play a positive and enabling roll in this ecosystem.
6.0 Pictorial Digest for the mTRAC Launch