## COVID-19: Uganda trends and levels

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>High risk travelers since 07 Mar</td>
<td>18,128</td>
</tr>
<tr>
<td>High risk travelers located</td>
<td>10,989</td>
</tr>
<tr>
<td># under institutional quarantine</td>
<td>446</td>
</tr>
<tr>
<td>Contacts under follow up</td>
<td>808</td>
</tr>
<tr>
<td>Cumulative # tested</td>
<td>41,478</td>
</tr>
<tr>
<td>Confirmed cases</td>
<td>97</td>
</tr>
<tr>
<td>Recoveries</td>
<td>55</td>
</tr>
<tr>
<td>Active cases</td>
<td>23</td>
</tr>
<tr>
<td>Repatriated</td>
<td>1</td>
</tr>
<tr>
<td>Self exit</td>
<td>18</td>
</tr>
</tbody>
</table>

- 76% - male
- 36% - truck drivers
- 39% - foreigners

### Trends in confirmed cases of COVID-19

- **Travelers**
- **Truck drivers**
- **Isolated community cases**
COVID-19: Uganda rapid assessment survey at the community level

Districts enrolled in the survey

Districts to be covered by the survey

Samples tested

- Total: 1115
- Positive: 2
- Negative: 1113

Bar chart showing the number of samples tested per date.
Uganda: Trends in health service utilization (Jan – Apr 2020)

**No. of Perinatal deaths (Jan- Apr 2020)**

- **COVID-19**

  - **UNICEF Tier 1**
  - **All districts**

**No. of Maternal Deaths (Jan- April 2020)**

- **Jan-20**
- **Feb-20**
- **March 2020**
- **Apr-20**

- **All districts**: 17, 91, 146, 127
- **UNICEF Tier 1 districts**: 5, 26, 62, 52

**Antenatal Care Services, National Trends - Jan-19 to Mar-20**

- **105-2.1 A2:ANC 1st Visit for Women**
- **105-2.1 A2:ANC 4th Visit for Women**

**No. of HF deliveries in Uganda Jan- Apr 2020**

- **UNICEF Tier 1 districts**
- **All districts**
Adverse effects of the pandemics/epidemics - evidences

• Analyses from the 2014-2015 Ebola Virus Disease (EVD) outbreak suggest that the number of deaths caused by disruption of essential pregnancy, delivery and newborn care health services, measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from EVD (Parpia et al, 2016, Jones et al, 2016).

• 15% reductions in the coverage of services for 6 months would result in 253,500 additional child deaths among children under five years of age and 12,190 additional maternal deaths.

• 45 per cent reduction in the coverage of services for 6 months would result in 1,157,000 additional deaths among children (9·8 to 44·7 per cent increase in under-five child deaths per month, and an 8·3 to 38·6 per cent increase in maternal deaths).

A Johns Hopkins University study (April 2020) on early estimates of the indirect effects of the coronavirus disease pandemic on maternal and child mortality in low- and middle-income countries found that...
RMNCAH Service utilization in the context of COVID-19: Key observations

Overall, decreased demand and utilization of essential health services such as immunization, health facility delivery, PMTCT services and ANC4 visits between March and April 2020

Between March and April 2020, we observed:

- 13% increase in maternal deaths
- 16% increase in perinatal deaths
- 20% increase in ANC4 attendance between February and March 2020 followed by sharp decline in April

Attributable to:

- Under-reporting due to disruption of the roll-out of new HMIS tools resulting in decrease in capturing the data through revised DHIS2
- COVID travel restrictions leading to limited HF attendance
- Fear among communities to go to health facilities especially districts with reported cases

Despite the trends; collection, analysis and review of essential data in the context of COVID-19 to develop district specific strategies is ongoing at national and district level.
**Uganda: Service delivery constraints and mitigation strategies**

<table>
<thead>
<tr>
<th>Supply side</th>
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</thead>
<tbody>
<tr>
<td>Unavailability of sufficient Personal Protective Equipment (PPEs) to health workers</td>
</tr>
<tr>
<td>Issues with mitigation measures at HFs</td>
</tr>
<tr>
<td>Containment measures including travel restriction that affected health workers</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Demand side</th>
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</thead>
<tbody>
<tr>
<td>Low community awareness that resulted in fear in accessing health facilities for essential health services</td>
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<tr>
<td>Containment measures;</td>
</tr>
<tr>
<td>- limiting access to services</td>
</tr>
<tr>
<td>- Reduced patient referral services</td>
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<table>
<thead>
<tr>
<th>Mitigation strategies</th>
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<tbody>
<tr>
<td>Guideline on the use of RMNCAH services in the context of COVID-19 (dissemination and capacity building of HWs)</td>
</tr>
<tr>
<td>Procurement and distribution of PPEs to HWs</td>
</tr>
<tr>
<td>Deployment of the expert teams in RRHs to support the capacity building of HWs</td>
</tr>
<tr>
<td>Advocated for waivers for pregnant women to improve access to HF’s</td>
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</tbody>
</table>
1. Strengthening of the coordination structures the national level
   • Functionality of the TWGs- Safe motherhood, Continuity of services

2. Finalization and dissemination of the guidelines on the continuation of the RMNCAH services in the context of COVID-19 including guidance on the community level services.

3. Key mitigation measures including – PPE distribution, strengthening the infection prevention and control measures at HFs; virtual trainings and continuation of capacity building of HWs in small groups with protective measures in place

4. Deployment of the expert groups to the regional referral hospitals to support the COVID-19 response and mitigation in the districts

5. Transport arrangement for both Health workers and patients – continuation of the community referrals and inter-facility referrals

6. Continued monitoring of the data trends, supervision of the HFs and community platforms and on-the-job coaching.
Framework for Delivery of Essential Health Services in COVID context

**Governance & coordination**
- Established governance and coordination structures at national and district level
- Developed and disseminated Terms of Reference for governance and coordination structures
- Deployment of Regional support technical teams focus on continuity of services

**Identify high priority essential services**
- Health Promotion & Disease prevention
- Prevention and control of communicable disease
- Prevention and control of communicable disease
- Maternal and Child Health

**Essential Medicines, supplies**
- Maintain pipeline of essential health supplies
  - Quantification
  - Ordering on time
  - Report stock-status/stock-outs
  - Redistribution

**Health Workforce**
- Capacity building of health workers
- Provision of PPE

**Monitoring Essential Health Service Delivery**
- Tracking of service delivery and utilisation indicators
- Data improvement plans

Developed and disseminated communication materials for health workers and communities on essential health services
List of Essential health services prioritized in the context of COVID-19

• ANC, delivery. Postpartum/newborn, immunization services
• Malaria, pneumonia, and diarrhea prevention, diagnosis and treatment at community and HF level
• HIV prevention, diagnostic and treatment services at HFs level, continuation of the treatment for the patients on ARV
• Tuberculosis prevention, diagnostic and treatment services.
• Nutrition services including the functionality of the therapeutic units at the hospitals
• Emergency health conditions and common acute presentations that require time-sensitive intervention
• Non-communicable diseases, including mental health conditions and SGBV
• Auxiliary services - diagnostic imaging, laboratory services, and blood bank
UNICEF support to COVID-19 Response in Uganda

In line with:
- Global HAC on COVID-19 priorities
- National COVID-19 Response Plan
- UNICEF comparative advantage
UNICEF Support to MNH service delivery in the context of COVID-19 – per HSS pillars

Governance
- Support to MCH TWG, Newborn steering committee and Safe Motherhood committee (virtual meetings)
- District level MPDSR, review of data on MNH service delivery, virtual midwifery forum meetings

Use of data
- Regular monitoring of the routine MNH service delivery data- TA from UNICEF
- Assessment on the impact of COVID-19- UNICEF supporting the assessment with Makarere University

HR
- UNICEF’s support to the salaries of 119 SURGE staff (clinical cadre) in five districts and one RRH

Supply chain management
- Use of centrally managed LMIS platform to manage the supply chain management including PPEs (requests, distribution and reporting) with focus on RRHs, EmONC facilities

Service delivery
- Capacity building on the infection prevention and control, QOC, in partnership with Jhpiego, AVSI, Intrahealth, Baylor.
- Physical environment – separate entries for the patients with high temperature; WASH in HF, solarization

Community based platforms
- Guideline on the community based services finalized (MNH emphasized through KFCPs implementation, targeted C4D, community based reporting of the data)

UNICEF support embedded in the framework of Health System Strengthening
UNICEF support to MNH service delivery: Building on previous efforts

Prior to COVID-19 - strong emphasis on sustainable service delivery platforms

- Use of data for planning, active district review platforms, MPDSR, midwifery reviews
- Focus on the Infrastructure improvements for maternity and Newborn Units with strong IPC lens; solarization of the HFs; solar suitcases
- WASH improvements in HFs (running water, sinks in delivery room, water drainage system, toilets)
- Support to blood transfusion services
- Support to referral systems: Ambulance and transport vouchers
- Ongoing capacity development for HWs

In the context of COVID-19 – reorganization of the service delivery – supply side

- Transitioning to support COVID through triage and surveillance in district HFs
- Rapid re-programming. Tweaking interventions appropriately
- Reinforcing IPC to include COVID considerations
- Re-organization of entry points to include screening and triage
- Identification and set up of Isolation and management areas
- Virtual fora: health facility performance review, midwife reviews, MPDSR reviews
- Mentorship/ small group sessions integrating COVID considerations
- Discussions on safer ways of collecting blood
- Fuel support for ambulances and special authorization for Motorcycle ambulances

Modality of UNICEF engagement: Through direct cash transfer, partnership with NGOs, and secondment of technical consultants, UNICEF supported RRHs and districts.
**Case study: MNH service continuation - access**

**Building of previous investments**

**Community level**

- Referral through transport voucher and fuel support for ambulances – continued in the context of COVID-19
- Community sensitization and mobilization on COVID
- C4D/interpersonal communication through VHTs (currently not the strong element of the community based programmes due to COVID-19)
<table>
<thead>
<tr>
<th>Level</th>
<th>Support Activities</th>
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<tbody>
<tr>
<td>National level</td>
<td>• Staff time through active engagement in the TWGs; technical support to the development of the key guidelines, advocacy and resource mobilization</td>
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<tr>
<td></td>
<td>• Cash transfer</td>
</tr>
<tr>
<td>RRHs</td>
<td>• Financial support</td>
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<tr>
<td></td>
<td>• Technical consultants</td>
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<tr>
<td></td>
<td>• Partnership with Jhpiego to upgrade four RRHs to centers of excellence</td>
</tr>
<tr>
<td>HFs</td>
<td>• Cash transfer</td>
</tr>
<tr>
<td></td>
<td>• Filling critical supply/equipment gaps</td>
</tr>
<tr>
<td></td>
<td>• Technical support through partnership with Jhpiego, AVSI, Baylor and Intrahealth</td>
</tr>
<tr>
<td>Community platforms</td>
<td>• Supplies to VHTs (ICCM)</td>
</tr>
<tr>
<td></td>
<td>• C4D</td>
</tr>
<tr>
<td></td>
<td>• Data collection and use</td>
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Monitoring of the MNH services in the context of COVID-19

National level
- MCH TWG and sub-committees
- Expert group of national trainers and supervisors - modality adapted to COVID-19 situation
- High level technical consultants from UNICEF and partners - face-to-face and online
- Use of the HMIS dashboard for monitoring the progress of the RMNCAH services
- Academia – Makarere university assessing the impact of COVID-19 on the service delivery

RRHs
- Deployment of the expert groups to RRHs – supporting the RRHs and lower level of the HFs
- RRHs serving as centers of excellence for the lower HFs advancing cascade of trainings and mentorship
- Use of the QOC standards for the strengthening of the quality of the services; adapted in terms of the modality

HF and community level
- Yearly RMNCAH bottleneck analysis; quarterly review meetings using data from DHIS2, MPDSR and communities
- Through AVSI- PCA partner for UNICEF support to the QOC including support supervision and monitoring
- QOC implementation and follow up
- Monitoring of the community based services through data analysis and feedback
Infrastructure improvement

Improvement of the physical environment - NICUs, Maternities
mentorship