MINISTRY OF HEALTH – UGANDA

CASE MANGEMENT GUIDELINE DISSEMINATION REPORT

SUBMITTED BY: Dr Hellen Tukamuhebwa Aanyu — **POSITION** : Team Lead
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Received with thanks.
Jaciano.
15/05/2020

DATE REPORT SUBMITTED: 12th /05/2020

REGION/DISTRICT(S): Mbarara Region/Mbarara, Kiruhura, Buhweju, Ibanda, Bushenyi, Sheema, Mitooma, Rubirizi, Ntungamo, Isingiro

DATE(S): 4th- 7th/05/2020

VENUE: Mbarara Regional Referral Hospital

SUPPORTED BY: Seed Global health

A] MISSION OBJECTIVES:

1. To train the Mbarara region contact people on the National Guidelines for management of COVID-19.
2. To assess technical capacity (Human Resource,) of the Mbarara Regional Referral and District hospitals.
3. To Support the districts to finalize and operationalize the plans for COVID-19 management.
4. To Support the regions and districts to hold virtual meetings.

B] ISSUES IDENTIFIED DURING THE VISIT REQUIRING FOLLOW UP:

i. Late start of training on day one due to districts traveling on same day – delayed communication to districts/participants
ii. 8 out of the 10 expected districts attended the meeting - Ntungamo and Isingiro were not represented in this training.
iii. Some districts have not yet set up isolation units especially due to limited space
iv. Most districts do not have the critical care equipment
v. Some of the participants were in and out for they had to attend to emergencies
vi. Referral is a big challenge as there is only one Ambulance for the region.
vii. Oxygen availability is a challenge: The oxygen cylinders are not able to fit within the ambulances, most districts use Oxygen concentrators that generate up to 5litres/min of oxygen only so cannot offer the

rates required for high flow with masks and non-rebreather bags.

viii. Districts do not have Pulse oximeters for assessing Oxygen needs and response to Oxygen therapy

ix. A module on how to use the mask and dispose them off is missing in the slides

x. Districts are already in disaster mode, so they urge MOH has to act fast

xi. The regional labs are general, how are they supported to have labs specific for the COVID suspect samples?

xii. Some units are using private labs, and the concern is who to foot the bill of the COVID-19 patient if private lab is used.

xiii. The training contains Minimal practical sessions and no case studies in the package that are applicable to the district settings

xiv. Rehabilitation services in the continuity of services are not included in the modules

xv. Human Resource shortages are cross cutting from districts to the RRH. There is need for more numbers and different cadres. Nutritionists are especially lacking

xvi. Equipment needed for the care of patients in the Isolation units is also lacking

xvii. Appropriate swabs are also lacking in some facilities

xviii. PPEs are in short supply except for Kiruhura District

xix. There is fear among the health workers to work with COVID-19 patients

xx. Fear of the community to use health facilities that have handled COVID-19 suspects – this can be a challenge for private facilities that depend on direct revenue from patients

C] SUMMARY OF ACTIVITIES CARRIED OUT

- The modules were all well presented by the different facilitators and some from the regional referral facilities.
- There was active participation of the trainees
- Modules on IPC and Laboratory diagnosis were given out to some of the RRH staff to facilitate.

D] SUMMARY OF OBSERVATION (ACHIEVEMENTS, CONSTRAINTS & LESSONS LEARNT)

Achievements

The training package was delivered within the time allocated

Guidelines 9Hard copies) were given out to participants

There was improvement in performance in post test results compared to pre test

Constraints

Some missing information within the slides

Contradicting information in pre-test and some slides

Unfeasible/Impractical things for oxygen administration like High flow cannula may have to be removed from the slides (not available in district setting)

Lessons learnt

The package should be presented in a way that can illustrate practical ways in a resource constrained environment and also the different levels of care.

Case scenarios should be included within the slides

People are enthusiastic and are doing what is within their means to innovate and fill in gaps

E] SUMMARY OF FOLLOW UP ACTIONS RECOMMENDED [see details in attached Action Plan]:

RRHs may need to be supported to develop protocols to suit the situation at hand

Advocacy is very important to improve the situation in the health facilities and districts

Harmonise the call centres so that there are regional toll free call centres – at the moment, the hospitals have improvised means to communicate with the community.

Improve slides on Nutrition to include Adult feeding and in co-morbidities such as in Diabetic, Hypertensive patients

Include rehabilitation slides in continuity of essential services

Devise ways of training the other districts that did not come for the regional training

Have an exchange program of staff from lower facilities or districts to come to the RRH for a few days and get hands-on experience

PERSONS MET & CONTACTS (NAMES, POSITION, TELEPHONE & E-MAIL)

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1. OFFICE OF THE DIRECTOR GENERAL (Trip Report File)
2. OFFICE OF THE CHAIR, CASE MANAGEMENT PILLAR
3. HEAD OF STRATEGIC PLANNING & DEVELOPMENT – (Ips) (Action & distribution to Units/Departments & Partners)
4. APPROPRIATE TECHNICAL HEAD OF UNIT FOR IMMEDIATE RESPONSE

SIGNATURE OF THE REPORTING OFFICER: ..... **DATE: 12/05/2020**

SIGNATURE OF THE CHAIR – CASE MANAGEMENT: Jackiamo. **DATE:** 15/05/2020

NOTE:

1. **ACTIVITY REPORTS MUST BE PREPARED AND SUBMITTED WITHIN 5 WORKING DAYS ON RETURN FROM THE TRIP.**

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