



**SOCIAL
INNOVATION
IN HEALTH
INITIATIVE**

Q3 2017

NEWSLETTER

This is an exciting time for the SIHI Network Partners, with each energetically progressing with their respective activities. This quarter's newsletter will give an overview of this as well as showcasing the Uganda Social Innovation Hub in greater depth.

HEALTH SYSTEMS ENTREPRENEURSHIP supported by J&J

// UCT GSB Bertha Centre

The team at the UCT GSB Bertha Centre has been busy over the past quarter doing site visits and research into four of their HSE cohort: Last Mile Health in Liberia, Living Goods in Kenya, the Ihangane Project in Rwanda, and Project MUSO in Mali.

They also conducted 3 cohort calls to discuss the following themes: 1) Kick off call: introductions, 2) You and government: What is your relationship with government, where are you intersecting with the government and who is the driver for some of this change work? 3) How have you seen bridges being made between those creating mHealth solutions and those in government that need to use them? What worked and has not worked?

Some preliminary observations include the prevalence of political will and champions within different levels of ministry that serve as drivers towards health systems functioning in a more integrated way with all relevant stakeholders fully engaged around country priority areas instead of running parallel programs. Funding is a challenge, especially for community health workers (CHW). This results in a slower roll out of CHW programs across regions and countries.

In response to this, an investment case is necessary to clearly map out needs and equity so to ultimately inform a strategic plan built from the ground up to support CHWs in a more sustainable way.

CALLS FOR INNOVATION CONCLUDED

The calls for innovative solutions run by the SI Hubs in Central America and the Caribbean, Malawi, the Philippines and Uganda have all been successfully concluded. The review process saw expert panels from each country/region (panel members can be viewed on the SIHI website) co-design the selection criteria, which led to a more context-appropriate selection process. The teams are finalising the selection and informing participants ahead of upcoming case study visits and workshop series.

In our next quarterly newsletter, details of the submissions and selected innovations will be presented.

In total, there were 69 submissions received across the four calls.

UGANDA INNOVATION CALL

The purpose of the call for solutions was to identify high impact community-based solutions that are improving maternal and child health in Uganda. The call was disseminated through ministry-of-health level engagement; inter-university engagement; mass media adverts; through various institutional mailing lists; and using social media.

The team launched the call-for-solutions through a seminar where they invited university wide staff and students. This launch was attended by representatives from the MoH, and professors at Makerere who made presentations.

Solution submission and review:

Over 100 institutions/individuals signed up at the call submission site, and 25 eligible submissions were received by the deadline. The submitted solutions fell within the following categories:

- Improving access to delivery care of health care (for example maternal waiting homes/hostels for use in the last trimester in very remote locations);
- Various phone Apps (for example for pregnancy information, and Sexual & Gender Based Violence reporting);
- Improving neonatal care (for example intensive care, data utilization);
- Innovative ultra sound scan devices and service delivery;
- And creating better opportunities for disadvantaged women and children.

A panel of 8 external reviewers reviewed all the eligible solutions. Each solution was reviewed by 2 expert and an average score was obtained.

STAKEHOLDER ENGAGEMENT

In preparation for the call for solutions the team engaged stakeholders intensively in order to ensure a common understanding of social innovation and in order to spread the call widely.

Ministry/Policy level engagement: the team contacted the relevant departments (including: Director General of Health; maternal and child health; e-health; Monitoring and evaluation).

- All the commissioners and division heads received letters from Makerere University introducing SIHI and the Makerere Hub, and they were invited to participate as expert advisors when called upon.
- They presented their work at the relevant technical working groups of the Ministry of Health to receive feedback; and to follow the routine procedures at the Ministry.
- The team also presented SIHI and the current call to various technical working groups: the Maternal and child health TWG; Monitoring and evaluation and operational research TWG; e health TWG. These groups constitute all partners engaged in the specific area of work in Uganda and typically 50-100 participants attend the meetings. There was interest expressed by various groups and feedback discussed relating to the focus of the call; the call communication strategy; selection criteria; and long term plan of SIHI.

University wide engagement: The team held various seminars including: at the school of Public health; with the principal of the college of health sciences; and with various related departments including Obstetrics and gynecology; Family health and social sciences. They also partnered with the other university programs engaged in innovation so as to ensure synergy in the work. An MoU was signed with the Resilient Africa Network (RAN), a partnership of 18 universities, hosted at Makerere to work together through the various phases of our different projects.



UPCOMING EVENTS

16-20 OCTOBER SOCIAL ENTREPRENEURSHIP & SYSTEMS CHANGE COURSE
UCT GSB BERTHA CENTRE, SOUTH AFRICA

21-22 OCTOBER HEALTH SYSTEMS ENTREPRENEURSHIP SYMPOSIUM
UCT GSB BERTHA CENTRE, SOUTH AFRICA

25-27 OCTOBER TDR GLOBAL & SIHI CONSORTIUM MEETING
TDR WITH UP MANILA, PHILIPPINES

TOP SELECTED UGANDAN SOLUTIONS

Kyaninga Child Development Centre (KCDC)
Equal opportunities for children with disabilities:
This pioneer organization, in western Uganda, provides an innovative and holistic approach to the care and management of Children with Disabilities (CWDs), offering unique community-based therapy and rehabilitation programmes to individual homes, orphanages, schools and local health centers across the district.

KCDC's team of physical, occupational and speech therapists, nurse, orthopedic officer and special education teacher regularly work in 5 local primary schools and 11 local health centres, providing more than 350 free therapy sessions per month.

Healthy Child Uganda (HCU) - **MamaToto Approach:** The 'MamaToto Approach', is a district-led community health worker (CHW) programming and facility-based maternal and child health strengthening approach, that was developed from experiences and lessons learned by HCU in Southern Uganda.

MamaToto is a seven step process; SCAN, ORIENT, PLAN, EQUIP, TRAIN, ACT and REFLECT (SOPETAR), which empowers leaders to develop, implement, and monitor MNCH priority areas. It includes provision of MNCH short courses in clinical skills, In-charges and Health Unit Management Committee workshops, training in health management information systems and training of VHTs and their leaders.

Imaging the world, Africa - **Diagnostic ultra sound imaging for rural communities:** This innovation avails diagnostic imaging at peripheral health centers in Uganda, increases access, and allows identification of high risk pregnancy features (such as abnormal placental location, fetal mal position and multiple gestation) which are associated with high maternal and perinatal, morbidity and mortality. Access to breast lump imaging at lower level facilities has also improved.

Bwindi Forest Mothers' Waiting Hostel: Located in the Bwindi impenetrable forest in southern Uganda, the Mother's Waiting Hostel at Bwindi Community Hospital is a simple, and cost-effective solution addressing the problem of unsafe delivery that women in the remote geographical area commonly experience. High-risk mothers living in hard-to-reach areas, are identified through the hospital's community nurse team, which regularly visits all villages in its catchment area, and through antenatal clinics. These women are then encouraged to come and stay in the hostel for up to a month before delivery, depending on the severity of their risk. The hospital serves a population of approximately 70,000 with an additional 50,000 in the larger district area. The hostel at any one time will house 25-35 mothers who pay a minimal fee.

Maternity waiting home in **Karamoja:** The karamoja region in northern Uganda is a semi-arid area where the population are pastoralists, and it is the most deprived and underserved area in the country. Access to health facilities is very poor and maternal and child mortality is highest in this region. The mothers' waiting home provides shelter to expectant mothers close to a hospital; 24 hour access to a midwife; nutritional education; economic empowerment and skills development; and access to financial saving and credit facilities.

Case study
research will be
undertaken in the
last quarter of
2017.

