The Contribution of the eReferral system in enhancing access and utilization of RH services and follow up at private clinics.

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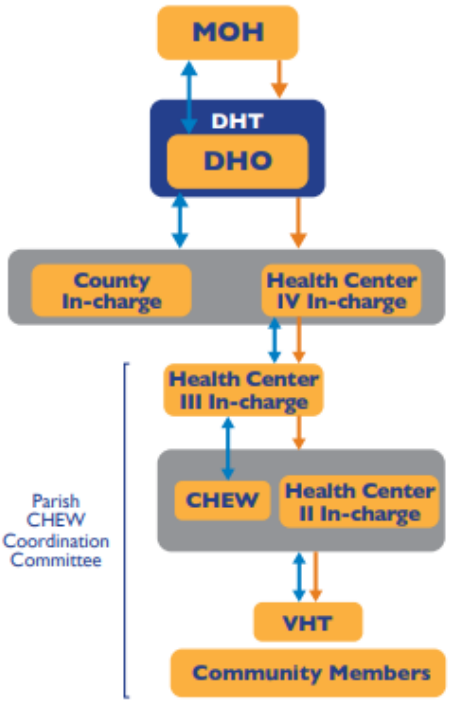
Background

In 2001, Village Health Teams (VHTs) were introduced as part of a strategy to harmonize and integrate vertical health programs at the village level. The VHTs mobilized and empowered communities to take part in the health system through referral. The World Health Organization (WHO) defines referral as the process in which a health worker at one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case. Below is a figure showing the Uganda health system structure in which referral is critical in health service delivery as it is the primary contact to the community members.

The Uganda Health System Structure

Level	Managing Administrative Body	Service Delivery Point
National	MOH National Coordination Committees	National Referral Hospital
District (LC V)	DHT DHO	General Hospital
County (LC IV)	County In-charge Health Center IV In-charge	Health Center IV
Sub-County (LC III)	Health Center III In-charge	Health Center III
Parish (LC II)	Health Center II In-charge Parish CHEW Coordination Committee	Health Center II
Village (LC I)	CHEW VHT	CHEW VHT



*NGOs and development partners provide support at all levels and work in close collaboration with the government in community health planning and implementation.
+A CHEW coordination committee at each level supports the implementation of the CHEW program, and documents and disseminates best practices.

Rationale

Limited information about VHT work due to poor reporting has been sighted as a key factor that leads to missed opportunities of analyzing their contribution to health care in Uganda. A study conducted by Biribonwa (2017) indicated that even though majority of the VHTs were knowledgeable about their work, there was very low or no reporting and referral by the VHTs to the health centres. The health centres on the other hand were not conducting their supervisory role for VHTs. PSI with its strategy of Interpersonal Communication Agents (IPCAs), an equivalent of Village Health Teams (VHTs) in the communities adopted the eReferrals system to collect data from IPCAs. This paper examines the contribution of the eReferral system at selected private clinics to improve IPCAs reporting, client referral, client follow up and IPCA supervision.

Program intervention

Countries use a wide variety of terminology to describe health workers at the community level; at PSI, we refer to these as Inter Personal Communication Agents (IPCAs). In September 2017, PSI Uganda rolled out an electronic Referral system to be used by its IPCAs at private clinics across the country. The IPCAs collect data as they go on with their work in communities; health educating and sensitizing people about RH services available at facilities. They enter data into a system, using their mobile phones which are registered for the service to allow reporting into the system. In this paper, we review the contribution of the eReferral system to improving access of RH service provision.

Methodology:

eReferrals data for a period June 2018 -May 2019 was analysed using excel; a comparative analysis of ereferrals data with the service data from dhis2 was done for the same time period. This was done to establish the contribution of eReferrals to the total number of clients served.

Findings

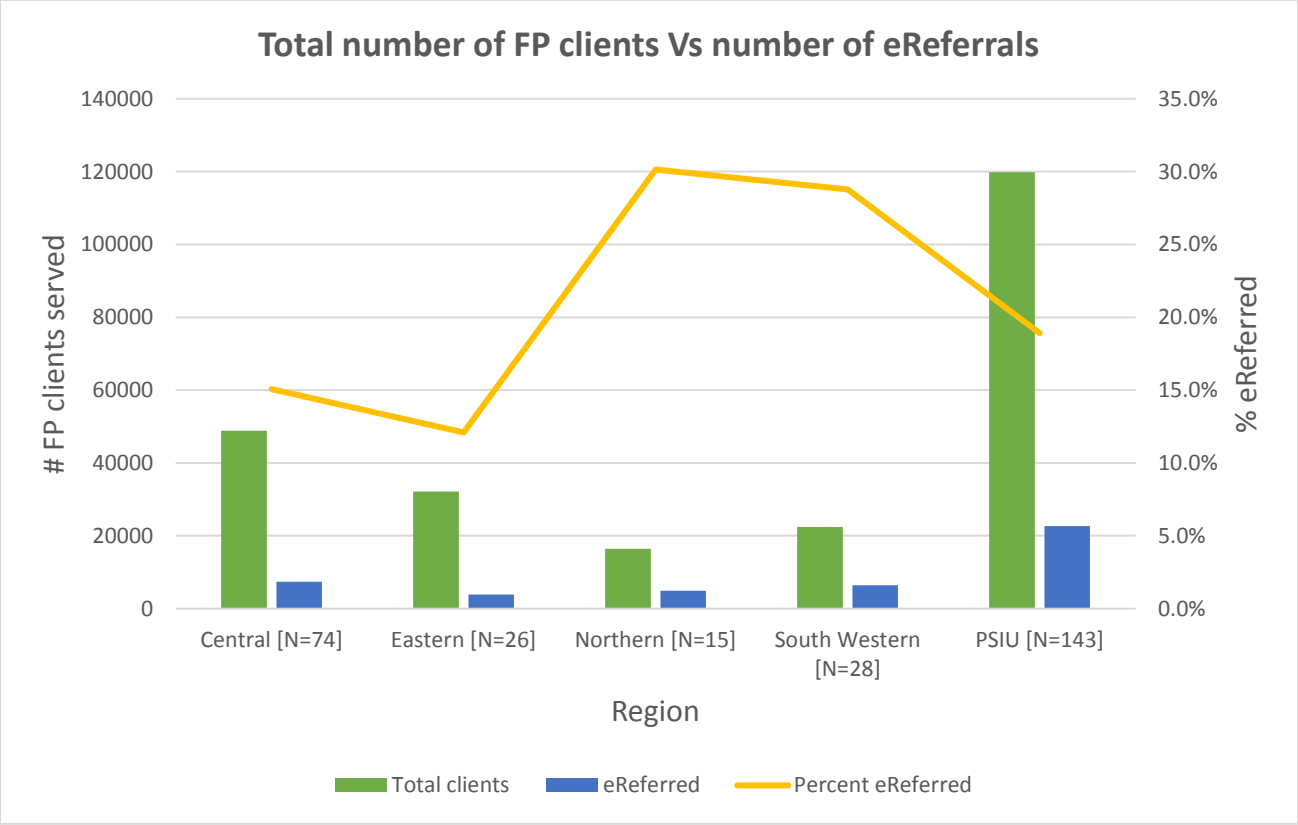
19% of the clients served, that is, 22666/119880 clients were from the eReferral system.

Table 1: The total number of Family Planning clients served at ProFams for the period June 2018 - May 2019

	Period												
Region	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	2019-03	2019-04	2019-05	**Total**
Central	6884	6561	4707	5594	4631	3120	836	3941	3698	2856	3114	2937	48879
Eastern	4192	4389	3976	2618	2649	3184	290	2539	1790	2339	1852	2315	32133
Northern	2718	3180	2566	1659	1373	1211	359	458	1011	847	527	512	16421
South Western	4693	3219	3049	2253	1421	1285	200	1652	1189	1263	1259	964	22447
Total	18487	17349	14298	12124	10074	8800	1685	8590	7688	7305	6752	6728	119880

Table 2: Total number of clients referred through the eReferral system

	Period											
Region	2018-6	2018-7	2018-8	2018-9	2018-10	2018-11	2018-12	2019-1	2019-2	2019-3	2019-4	2019-5
Central	806	1086	867	1129	767	556	237	463	388	391	343	334
Eastern	462	573	385	401	411	284	140	279	253	263	220	216
Northern	893	684	544	463	425	378	212	187	171	367	309	317
South Western	305	1019	1148	802	437	484	324	341	350	455	430	367
Total	2466	3362	2944	2795	2040	1702	913	1270	1162	1476	1302	1234



Program implications/lessons

The eReferral system if well implemented can greatly improve clients' awareness of the available services at health facilities. This can in turn improve the client load as seen at the PSIU supported private facilities in the above analysis.

Acknowledgements

Population services International Uganda

References

Biribonwa A. (2017); *The Contribution of Village Health Teams in Enhancing Health Service Delivery: A case of Kayonza Sub County in Kayunga District, Central Uganda.*

Community Health Systems (CHS) Catalog country profile, Uganda 2017; Advancing Partners & Communities (APC) project

Ministry of Health, Health Education and Promotion Division. 2010. Village Health Team Strategy and Operational Guidelines.