

The District Operational Plan: A tangible tool for improved coordination of aid among implementing partners and recipient district local governments in Uganda

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Background: A persistent challenge in international development is the lack of coordination both between recipient governments and donors, and implementing partners with the same donor. Coordination or cooperation is a conclusion of countless aid summits, but remains trapped in the theoretical–tangible methods of coordination are rarely offered. Here, we present a USAID-developed coordination mechanism, the District Operational Plan (DOP), implemented in 34 districts across Uganda by the Strengthening Decentralization for Sustainability (SDS) Programme.

Structure/Method/Design: The objectives of the DOP are to ensure that USAID projects are aligned with district development plans, eliminate duplication and strengthen the district and USAID's joint coordination, implementation, monitoring, and evaluation of activities within the district. The DOP mechanism is threefold and includes a signed memorandum of understanding between district local government, USAID, and implementing partners (IPs); commitment to quarterly District Management Committee (DMC) meetings integrated into already-existing district planning meetings; and a sharing of quarterly workplans and reports with district heads of departments (HoDs). Prior to the quarterly meetings, the HoDs consolidate and analyze submitted work plans for duplication of activities or coinciding of scheduled activity dates.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The DOP is a collaboration between district local government, USAID-Uganda, and USAID-funded IPs. SDS acts as a secretariat to USAID-Uganda and thus plays a key role in working with local governments to ensure the DOP is enacted. Non-USAID IPs also participate in this collaborative effort via DMC meetings if invited by the district leadership.

Summary/Conclusion: The DOP initiative began in February 2012. To date, 78 DMC meetings have been held across 34 districts with an average of 69% USAID IPs present at each meeting. Technical assistance to district leaders in meeting facilitation, leadership, and integrated budgeting and planning has been delivered. So far, 13 districts have incorporated or invited non-USAID development partners into the coordination meetings. As a result of DOP implementation, some districts have reported improved understanding of IP activities, an improved leveraging of resources, and IPs have collaborated with one another on similar activities. Challenges include insufficient commitment by high-level officials in some districts, poor IP participation in DMC meetings due to “meeting fatigue,” and late submission of work plans by some IPs.

This innovative initiative is being studied by USAID missions outside Uganda for potential replication. Addressing the lack of applied government project-donor feedback and coordination mechanisms is a critical step toward recipient country-driven development and empowerment.

An epidemic of childhood blindness due to retinopathy of prematurity (ROP) in Argentina: A mixed-methods study on policy, legislation, and international collaboration

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Background: Retinopathy of prematurity (ROP) is an important cause of avoidable childhood blindness in countries with emerging economies such as Argentina. The “epidemic” of ROP blindness in Argentina was first described in the early 1990s in the Hospital Garrahan, placing Argentina as the highest rate of ROP-induced blindness in all of Latin America with an ROP prevalence of 60%. The purpose of this study is to describe the key processes and stakeholders, including the Ministry of Health (MOH) and UNICEF, involved in the recognition of an epidemic of ROP blindness in Argentina to the development of national guidelines, policies, and legislation for its control.

Structure/Method/Design: Data on the incidence of ROP was collected from 13 NICUS from 1999 to 2012 as well as the percent of children blind from ROP in 7 blind schools throughout 7 provinces in Argentina

Additionally, document reviews, focus group discussions and key informant interviews were conducted with neonatologists, ophthalmologists, neonatal nurses, Ministry of Health officials, clinical societies, legislators, and UNICEF staff in 7 provinces.

Over 47 individual and group interviews were conducted and over 40 hours of interviews were translated, transcribed, and coded via the ENVIVO software.

IRB approval was obtained both with the Ministry of Health in Argentina and the University of Pennsylvania.

Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Children's Hospital of Philadelphia

Ministry of Health Argentina: Multidisciplinary Collaborative Group of the Prevention of ROP

ORBIS International

Pan American Health Organization

UNICEF Argentina

The London School of Tropical Medicine and Hygiene

Christian Blindness Mission

Scheie Eye Institute-UPenn

Mixed Methods Laboratory at the UPenn Department of Family Medicine

Summary/Conclusion: In the late 1990s, over 80% of children under 5 years old in schools for the blind were blind from ROP. Recognition of this led to the formation of a national ROP group through the MOH in 2003, a targeted intervention of workshops and capacity building with UNICEF from 2004 to 2008 and the development of a national ROP screening law in 2007. By 2012, the rates of ROP as a cause of blindness in children in blind schools and the rates of severe ROP needing treatment in the NICUs visited had decreased significantly.

The combination of a national ROP program, collaboration with UNICEF, and national legislation, played a role in decreasing ROP in 7 provinces throughout Argentina.

The lessons learned and successes experienced in Argentina can hopefully be replicated in other countries in Latin America and beyond.

A transdisciplinary delivery model for the implementation and scaling up of mental health and psychosocial services in urban China

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