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: Muitidisciplinary 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 Labratory 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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Background: The 2010 global burden of disease study indicated that mental and behavioral disorders account for approximately 9.5% of all disability-adjusted life years and 23.6% of all years lived with disability in China. With rapid socioeconomic transformation, the Chinese mental health system is in great need of service expansion with delivery models capable of operationalizing treatment packages into local practices. For Chinese cities facing many unique challenges today, it is critical to understand in detail both the local practices of mental health delivery, and the local ideas about mental illness and major services barriers such as stigma.
Structure/Method/Design: Methods of analysis included literature review, policy and service structure analysis, participant observation, and individual as well as focus group interviews with stakeholders from various arenas of the mental health delivery system in Shanghai, China. The methods were formulated within a transdisciplinary framework involving the fields of psychiatry, public health, clinical social work, and medical anthropology in order to gain a comprehensive insight into the Chinese mental health system.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): A solution narrative of transdisciplinary strategies was generated based on available local resources and strategies acquired from previous field practices. We delineated in detail the service structure, care pathway, and essential skill packages of the mental health delivery system in Shanghai, and the scale of challenges it is facing. The findings generally supported the current Chinese strategy for community mental health service expansion and highlighted multiple barriers to expansion, such as restricted diagnostic privileges, lack of mental health social workers, and stigma experienced in the Chinese culture.
Summary/Conclusion: We concluded that in spite of differences in local context, the experience of Partners in Health in implementing mental health services in low- and middle-income countries would contribute significantly to China's service scale-up efforts. Some initial recommendations include equip community health service centers for the initial diagnosis of common mental disorders; improve task-sharing training for mental health social workers; identify and implement intervention strategies to destigmatize mental illness; and improve community prevention and education programs focused on generating behavioral change. The newly implemented Chinese mental health legislation provides an excellent opportunity for mental health service expansion; however, some aspects of the law should be considered for revision in order to maximize service capacity. Further needs assessment and policy analysis are needed to assess the impact of large-scale internal migration and rapid population aging.

Trauma registries in low- and middle-income countries: Working with what we already have

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Background: Trauma registries (TRs) are a fundamental tool of mature trauma systems. They are used in developed countries to measure the effectiveness of trauma quality improvement (TQI). Low- and middle-income countries (LMIC) have not developed TRs on a large scale. Financial barriers and a lack of digital and human infrastructure are obstacles to creating TRs in LMICs. Some LMIC hospitals have created financial databases to record pay-for-service information. Innovative methods to adapt financial databases into TRs could advance TQIs in LMICs. We report how we adapted a financial database to measure the effectiveness of a TQI.
Structure/Method/Design: A TQI standardizing generally accepted interventions in initial resuscitation of patients at a trauma center in Neiva, Colombia was implemented in September 2011. To measure the effectiveness, we wished to investigate the incidence of standardized interventions in the emergency department (ED) before and after TQI implementation. We used restructuring techniques to create a database that permitted analysis from an administrative hospital database that was used for billing purposes. The database spanned September 2010 to September 2012. To confirm accuracy, a chart review was conducted for a subset of patients by two independent researchers.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The restructured database allowed for analysis of mortality, many ED interventions and length of hospital stay 1 year before intervention and 1 year after. Chart review confirmed database fidelity. The analysis demonstrated the general success of the TQI by increased interventions, decreased length of stay, and a dramatic decrease in mortality for severely injured patients. It also demonstrated some interventions that did not increase, showing where future TQI efforts should be directed at the institution. A second TQI is currently underway, based on the results of this work.
Summary/Conclusion: Adapting financial databases into trauma registries is a potentially cheap and effective way to measure trauma quality improvement effectiveness in LMIC hospitals. This method, in turn, could be used as a catalyst to new quality improvement initiatives in LMIC hospitals.

Factors influencing the external validity of the evidence of HIV counseling and testing data in global health settings

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Background: Reliable assessments of external validity (EV) are needed in global health decision-making, to ensure that interventions are implemented in settings where favorable benefits observed in evaluation studies can be replicated. To date, there are no standards for how EV is defined or assessed. Ours is the first systematic approach to develop a quantitative tool for assessing EV in global health settings, applied initially to HIV testing and counseling (HTC).
Structure/Method/Design: We conducted a literature search and structured discussions within our team to develop a list of EV indicators (i.e., study characteristics that might determine EV). We grouped indicators into thematic categories. We refined and amended the list through a two-round Delphi process with 28 HTC experts identified as authors of HTC studies. We sent a structured survey to these experts to elicit the weights for each indicator and to propose additional indicators. We sent the first round results back to the experts for re-weighting. We extracted data for EV indicators from 46 HTC studies identified via standard systematic review methods.