

Annual Report

Uganda STRIDES

January - September 2009

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About the Project:

The USAID funded STRIDES for Family Health project aims to work with the Government of Uganda (GOU) in its objective to reduce fertility and lower maternal and child morbidity and mortality. Specifically, the goal of the five-year, \$44 million project is to train and support health service providers across 15 selected districts in Uganda (see map) to be fully functional and deliver quality, integrated RH/FP and CS services to the people in need of these services. USAID is working through Management Sciences for Health (MSH) and its partners to implement the program.

Working with many local organizations across Uganda, the project uses the following three key strategies to achieve its objectives:

- Application of the “Fully Functional Service Delivery System” (FFSDS), MSH’s proven approach to comprehensive health system strengthening;
- Development of the Management and Leadership (M&L) capacity of local institutions, enhance the clinical skills of individuals, and establish or increase community accountability for health; and
- Performance-based financing (PBF), successfully used by MSH in Afghanistan, Haiti, Ethiopia, Rwanda, and elsewhere to engage nongovernmental organizations (NGOs) to expand access to a package of essential health services.

In addition to the core partners — Communication for Development Foundation Uganda (CDFU), the Uganda Private Midwives Association (UPMA), Jhpiego, and Meridian International — MSH works with districts, their communities, and local organizations to increase contraceptive use and healthy timing and spacing of pregnancy (HTSP), decrease maternal and child mortality, and create a sustainable and scalable nationwide intervention by the end of the project in 2014. Strong emphasis will be placed on the long-term impact and sustainability of the activities well beyond the project end date.

STRIDES Collaborating Districts

- Bugiri
- Kalangala
- Kaliro
- Kamuli
- Kamwenge
- Kasese
- Kayunga
- Kumi
- Kyenjojo
- Luwero
- Mayuge
- Mityana
- Mpiigi
- Nakasongola
- Sembabule

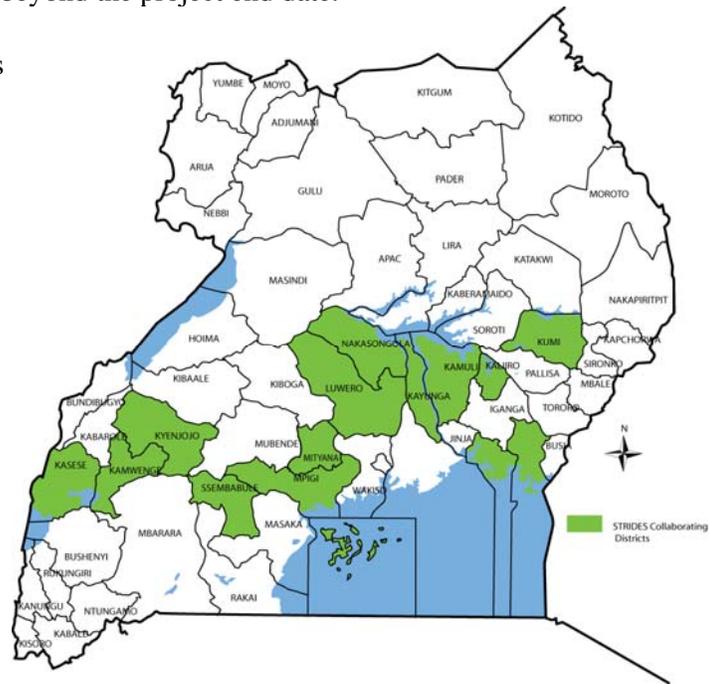


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Acronyms:

AOTR	Agreement Officer Technical Representative
ANC	Antenatal Care
ARA	American Recreation Association
BCC	Behavior Change Communication
CA	Collaborating Agency
CAO	Chief Administrative Officer
CDC	Centers for Disease Control
CDFU	Communication for Development Foundation Uganda
CFI	Computer Frontiers International
COP	Chief of Party
CS	Child Survival
DHMT	District Health Management Team
DHO	District Health Officer
ECSA-HC	East, Central, and Southern Africa Health Community
EOI	Expression of Interest
FFSDP	Fully Functional Service Delivery Point
FFSDS	Fully Functional Service Delivery System
FP	Family Planning
GOU	Government of Uganda
HC	Health Center
HMIS	Health Management Information System
HO	Home Office
IEC	Information Education Communication
IP	Implementing Partner
IPC	Interpersonal Communication
IQC	Indefinite Quantity Contract
IR	Intermediate Result
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTN	Mobile Telephone Network
NGO	Non-Governmental Organization
PBF	Performance-Based Financing
PMP	Performance Monitoring Plan
PNC	Post Natal Care
PY	Project Year
QI	Quality Improvement
RH	Reproductive Health
SDP	Service Delivery Point
SPS	Strengthening Pharmaceutical Systems
SURE	Securing Ugandans' Rights to Essential Medicines
TA	Technical Assistance
UDHS	Uganda Demographic Health Survey
UMEMS	Uganda Monitoring & Evaluation Management Support
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
USG	United States Government
UTL	Uganda Telecom Limited
VCT	Voluntary Counseling and Testing
VHT	Village Health Team
WHO	World Health Organization
WB	World Bank

Executive Summary:

The USAID funded STRIDES for Family Health project was awarded to Management Sciences for Health (MSH) on January 28, 2009 to further the Ugandan Ministry of Health (MOH) objectives to reduce fertility, and lower maternal and child morbidity and mortality by strengthening the health systems and service delivery in up to 15 districts. This report reviews progress made by STRIDES for Family Health during its first implementation year which, following the USG fiscal calendar, ran from January 28 through September 30, 2009.

STRIDES dedicated its first year primarily to project start-up activities. Upon award, MSH promptly mobilized the needed resources for a rapid project start-up. Within two months, all key personnel had reported to post and a draft Year 1 work plan and a draft performance monitoring plan (PMP) had been submitted to USAID in accordance with the agreement. During its first year, STRIDES established strong partnerships with USAID, MOH, UNFPA, and other relevant partners, and became an active participant at both MCH cluster, FP revitalization committee, and at other committee meetings at the MOH, as well as at the regular implementing partners (IP) and other meetings at USAID.

Year 1 Results Highlights:

- ✓ The STRIDES for Family Health project was officially launched on 27 August 2009 in the presence of Mr. John Winfield, USAID Deputy Mission Director and Dr. Nathan Kenya-Mugisha, the Director of Clinical services at MOH who represented the Honorable Dr. Stephen Mallinga, Minister of Health, as chief guest.
- ✓ Fifteen districts were selected for STRIDES implementation through a competitive bidding process using “Expressions of Interest.”
- ✓ Baseline values were established and validated for STRIDES indicators at project and district levels.
- ✓ A needs assessment was conducted in all 15 districts, identifying both public and private sector opportunities and needs.
- ✓ The FFS DP concept – MSH’s quality improvement tool – was pre-tested in Mayuge district and reviewed and adjusted by all selected districts for application.
- ✓ The Village Health Team Manual was finalized by the MOH with input from several partners, including STRIDES.
- ✓ The Year 2 work plan was developed by STRIDES and its partners and with participation by the MOH, USAID, and UNFPA in accordance with SO8 priorities and guidelines, and was approved by USAID/Uganda without a need for any further revision.
- ✓ Operational, administrative, and managerial start-up activities were implemented according to plan and resulted in STRIDES having:
 - Recruited all staff for the central and three regional offices;
 - Acquired convenient central office space in Bugolobi co-located with other recently awarded MSH projects;
 - Obtained regional office space in Jinja, Kampala, and Fort Portal to cover STRIDES activities in the eastern, central and western districts respectively;
 - Obtained the necessary office and other project equipment, including vehicles; and
 - Established internal operating procedures and systems.

Introduction:

The STRIDES for Family Health project, funded by the United States Agency for International Development (USAID), began to operate in Uganda in early 2009 with a mandate to reduce fertility, morbidity and mortality among Ugandan women and their families, by strengthening and expanding health systems and services in up to 15 districts, and by thereby achieving the following three SO8 results:

1. Increase the quality, and provision of routine RH/FP and CS services at facility level;
2. Improve and expand access to and demand for RH/FP and CS services at the community level;
3. Advance the use of RH/FP and CS services through supportive systems.

Over the past ten to fifteen years, many national and international projects and programs have aimed at achieving these or very similar objectives in Uganda, and yet, Uganda's fertility, morbidity and mortality rates have remained high and virtually unchanged. Driven by the reasonable assumption that "more of the same" would result in continued stagnation rather than a meaningful impact, STRIDES committed from its very beginning to questioning conventional approaches and beliefs, encouraging innovation, while placing paramount importance on the long-term impact and sustainability.

STRIDES first project year (PY1: January 28 – September 30, 2009) set the stage for "doing things differently," beginning with the way in which STRIDES selected its collaborating districts, and continuing with the approach followed in designing and collecting information during its baseline/needs assessment.

This PY1 report is structured around the three SO8 Results against which STRIDES reports progress to USAID. The report also includes reviews of the project's activities in monitoring and evaluation and operational management. The report ends with a brief section discussing the challenges and opportunities faced by STRIDES.

Progress toward SO8 Results:

Cross-Cutting Activities

Work Planning

STRIDES conducted strategic work plan session for PY1 in March and May and for PY2 in August 2009. Both work plans were approved by USAID, the latter without a need for further clarification.

The work plans were developed through consultative stakeholder meetings which included the entire STRIDES team, representatives from the respective home offices of all STRIDES partners, representatives from the MOH, the AOTR and other advisors from USAID, and representatives from UNFPA, UNICEF and WHO. The latter two organizations were represented only during the PY1 work plan meeting.

In the first meeting, STRIDES both finalized its PY1 work plan and agreed on the project name “STRIDES for Family Health.” This name was chosen to reflect steady, progressive movement toward improved family health, underscoring the urgency to address the alarmingly high fertility, morbidity, and mortality among Ugandan families. The draft PMP was also shared with all participants.

During the second meeting, STRIDES developed its PY2 work plan based on the annual activities identified in the work plans of the 15 selected districts which, for the project, were prepared during regional meetings conducted by the STRIDES team.

As districts have their own work plans covering the government’s fiscal year July - June, STRIDES’ regional meetings provided for an opportunity to highlight district-specific activities in line with the project mandate. The overall STRIDES work plan will then feed back into the district-specific activity plans that will become a part of the Memorandum of Understanding (MOU) between STRIDES and each district. In June 2010, STRIDES will work with the districts to ensure that their district health work plan for the Ugandan Government’s FY reflects the activities that they will engage in as part of the collaboration with STRIDES.

The PY 2 work plan serves as a guide for elaborating more detailed and operational plans by district and for project implementation across the selected districts.

District Selection and STRIDES target population

With its strong emphasis on long-term impact and sustainability, STRIDES committed to innovation from its inception in early 2009, beginning with the way it selected its target districts. Rather than choosing them at the central level without the districts’ input, STRIDES introduced a competitive process to select its target districts. Through expressions of interest (EOI), districts interested in working with STRIDES made their case for why they should be selected. Modeled after competitive performance-based grants and contracts programs in other countries, district selection through EOIs offers a transparent, competitive process with objective selection criteria known to all districts. The rationale was that by actively participating and promoting their own selection, target districts would show their motivation to become project beneficiaries, and thus be stakeholders accountable to both their constituencies and their TA partners for program success. In addition, the clear set of criteria for district selection also served as a public and upfront statement of the project’s basic operating principles, including the importance of community networks, public-private partnerships, innovation, the importance of a district’s openness and awareness about its

weaknesses/low performance, its willingness to address them, and sustainability. As such, the EOI process set the tone for “doing things differently.”

As per MOH and USAID direction, STRIDES did not invite districts from northern and south-western Uganda as these districts, according to USAID and MOH, are already receiving support from other organizations or projects supporting reproductive health and/or family planning activities. Of the 49 remaining eligible districts, 40 responded positively by submitting an EOI. Of these 40 submissions, 28 complied with the eligibility criteria.

Over a 3-day period, the 28 EOIs were scored by an evaluation panel of 9 members representing the STRIDES project, the MOH, USAID and UNFPA. Following pre-set rules and criteria that focused heavily on district motivation and commitment, the panel scored all EOIs and grouped them into high, medium and low performing districts as defined by their health indicators in the MOH League Tables. The evaluation committee then selected the highest scoring districts from each of the three groups (Table 1).

The high response rate, the quality of the EOIs, and the full participation of the MOH and USAID suggests that the STRIDES approach to district selection was welcomed both by national stakeholders and the districts themselves.

STRIDES will use the EOIs as a basis for developing formal partnerships with the districts early in PY2. STRIDES will also use the EOIs for validation and verification of baseline data and information from the needs assessment. A full report on STRIDES’ district selection process is provided in Attachment 1.

Table 1: Selected STRIDES for Family Health Districts, August 2009

League Table Ranking with (#) of Districts	West	Central	East
Group 1: high performing districts (n=9)	Kasese	Mityana Nakasongola	Kumi
Group 2: medium performing districts (n=9)	Kyenjojo	Kalangala Kayunga	Bugiri
Group 3: low performing districts (n=10)	Kamwenge	Luwero Mpigi Sembabule	Kaliro Kamuli Mayuge
Total = 15 districts	3	7	5

The population of the 15 selected districts is estimated at 5.5 million of whom 48.7% is male and 51.3% is female (sex ratio = 0.9). This represents 18.2% of the Uganda’s total population of almost 31 million (*UBOS 2009 mid-year population projection*). As shown in Table 2, the age and sex distribution in the 15 districts reflects that of the national population.

Table 2: STRIDES target population by age and sex, in 15 selected districts, 2009 (Source: UBOS 2009 mid-year population projections)

	Kalanjala	Mpigi	Sembabule	Kyungoga	Luwero	Mityama	Nakasongola	Bugiri	Kaliro	Kamuli	Mayuge	Kumi	Kamwenge	Kasese	Kyenjojo	Total	National
Total	54,100	447,000	205,900	336,600	405,900	295,900	146,300	568,700	194,600	690,300	412,600	360,000	309,700	671,000	486,400	5,585,000	30,661,307
Male	32,200	222,600	101,400	161,900	199,000	146,700	73,500	273,800	94,600	332,600	198,100	173,800	147,300	322,600	240,400	2,720,500	14,933,900
Female	21,900	224,400	104,500	174,700	206,900	149,200	72,800	294,900	100,000	357,700	214,500	186,200	162,400	348,400	246,000	2,864,500	15,727,407
< 1 yr Total	2,100	15,900	9,000	13,700	15,500	10,300	19,300	28,600	9,100	31,700	19,100	17,400	14,500	27,600	21,900	255,700	1,763,100
< 5 yr Total	8,200	80,300	40,300	65,800	75,700	51,100	85,000	126,400	41,900	147,900	89,800	73,500	60,900	120,200	96,300	1,163,300	5,945,000
< 15 yr Total	15,700	236,500	104,000	178,100	212,800	150,900	229,900	298,100	100,900	369,400	219,700	179,700	155,100	337,100	250,600	3,038,500	14,112,300
15-49 Female	13,100	86,400	44,100	69,200	82,400	59,700	97,900	123,600	39,600	141,100	87,800	76,400	71,800	155,700	100,800	1,249,600	6,704,800
15-49 Total																	
50 + Total	2,800	40,800	16,900	31,100	35,000	28,000	41,300	42,000	18,400	59,700	31,300	36,800	23,300	43,600	39,900	490,900	3,479,222

Consultation Meetings with Selected Districts

STRIDES organized and facilitated 3 regional meetings to sensitize the selected districts on STRIDES goal, objectives and operational strategies. The specific objectives of the two-day meetings were:

- To orient the districts with the STRIDES for Family Health project;
- To share with the districts the proposed project strategies /priorities including the Fully Functional Service Delivery System (FFSDS) which focuses on improving the health systems within an entire district, and the Fully Functional Service Delivery Point (FFSDP) which addresses quality improvements in service delivery at the level of the health facility;
- To identify district key RH/FP and CS gaps and perform gap analysis; and
- Develop resource sensitive priority action plans to address the gaps for PY 2.

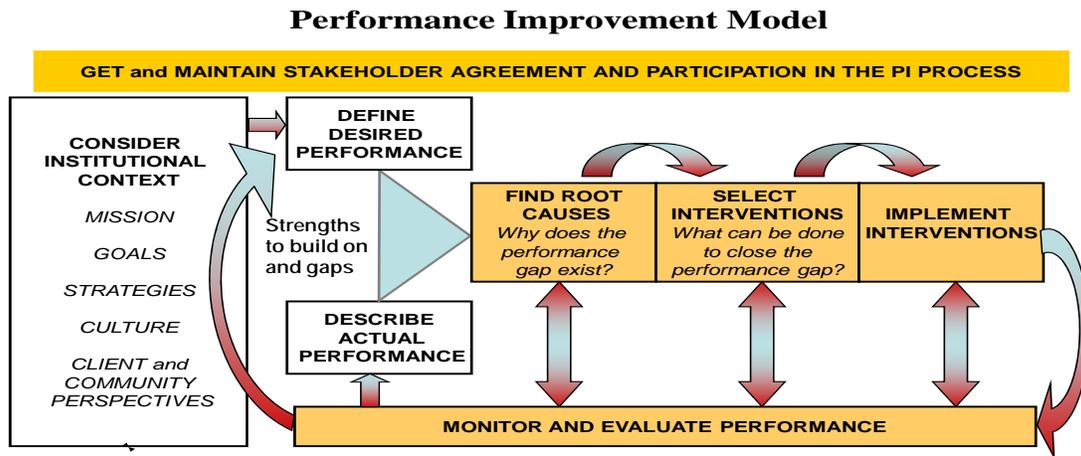
A total of 116 participants attended the workshops (Table 3) and comprised District Health Officers (DHOs), Chief Administrative Officers (CAOs), District Nursing Officers (DNOs), District Health Educators (DHEs), District Planners, District Population Officers (DPOs), private sector providers, accountants, and representatives from Non-government Organizations (NGOs) operating in the selected districts.

Table 3: District attendance at STRIDES orientation meetings with its 15 target Districts

Region	Venue for the meeting	Dates	Participating districts	Comments
Central	Grand Imperial Hotel, Kampala	August 11-12	Kalangala, Luwero, Mityana, Mpigi, Nakasongola, Sembabule.	47 participants attended
East	Sunset Hotel, Jinja	August 13-14	Bugiri, Kaliro, Kamuli, Kayunga, Kumi, Mayuge	50 participants attended
West	Mountain of the Moon Hotel, Fort Portal	August 17-18	Kamwenge, Kasese, Kyenjojo	19 participants attended

Participants were oriented to the Performance Improvement Model and the concept of Fully Functional Service Delivery Systems and Points (FFSDS and FFSDP). They also conducted a systematic identification of individual district performance gaps, using the Performance Improvement Model identifying where districts want to be, why they are not there yet, and how they will get there (Figure 1). Participants developed interventions needed to address gaps that had been identified by making tailored work plans for their respective districts. These work plans provided useful information for the STRIDES PY2 work plan.

Figure 1:



Official Project Launch

The STRIDES project was officially launched on 27 August 2009 at the Golf Course Hotel in Kampala by Dr. Nathan Kenya Mugisha, the Director for Clinical Services at the MOH on behalf of the chief guest, the Honorable Minister of Health, Dr. Stephen Mallinga. The event included formal speeches by senior MSH staff, the Minister of Health delegate and USAID. The launch was well attended by all STRIDES and other MSH staff and by over 235 guests from both public and private sector organizations working in health and other sectors. The launch was covered by local television stations, radio stations and the printed media. The project launch was an opportunity for the guests and, through the media, the general public to learn about the STRIDES for Family Health project, its mandate and the collaborating districts.

Baseline/Needs Assessment

Following the selection of the 15 STRIDES collaborating districts, STRIDES conducted its baseline/needs assessment in September 2009.

The baseline/needs assessment collected information from all 15 districts on the STRIDES PMP indicators, the district health system and capacity, and availability and quality of health services. It did not include community based data collection because of the abundance of recent survey and study reports that STRIDES can draw upon. Also, any new information that STRIDES will need from the community level will, for efficiency reasons, be rolled into the formative research conducted as part of the IEC/BCC interventions under the project.

Data sources for STRIDES baseline/needs assessment include the district HMIS (2009), interviews with district authorities, and a facility survey in the 15 districts. For comparison with national indicators, STRIDES used the national HMIS (2009). A review of the existing literature was conducted for indicators that are not reported through the national HMIS. The baseline/needs assessment activities completed in PY1 are described in some detail in the section on “Monitoring and Evaluation” in this report.

Each of the next three “Results” sections includes the baseline values for the mandatory SO8 indicators on which STRIDES will report, and compares them to national values. Quarterly and annual targets for these indicators will be proposed following the full analysis of the baseline/needs assessment in October 2009.

Result 1: Increase the quality, and provision of routine RH/FP and CS services in facilities

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009	
Number of FP Users Total	221 426	NA	
New Users	133 344	NA	
Continuing Users	85 154	NA	
CYP	72 282	361 080	
% Pregnant women who received 2+ doses of IPT	35	46	
% Children <12 months who are fully immunized	88	42	
% Children < 5 years with Vitamin A Supplementation	20	60	
% Children < 5 years with fever in the last 2 weeks who received treatment with ACTs within 24 hours of onset of fever(*) (§)	NA	31	
% Customers (§) Satisfied with health services (**)	In any type of facility	70	45
	In private facilities	80	NA
	In public facilities	66	NA

NA = Not Available; (§) data not available through HMIS; differences between STRIDES and national baseline are possibly real though more likely due to different definitions of indicator and different data collection method. Nevertheless, STRIDES will further investigate the validity of the data.

(*) This indicator is not reliable as it has too many variables. STRIDES will therefore monitor this indicator if and when collected through special surveys such as UDHS, USPA, or other studies conducted by other partners than STRIDES. (**) Clients at health facilities reporting at least 8 out of the following 10 items: 1) waiting time of < 1 hour; 2) choice of service; 3) facility open at convenient time; 4) treated with courtesy and respect; 5) confidentiality respected; 6) comfortable infrastructure (chair to sit on and table/bed for examination); 7) privacy respected; 8) availability of drugs; 9) given sufficient information; 10) place is clean.

1.1 Provider performance strengthened and supported to enhance the provision of RH/FP and CS services at facilities

During the first year of the project, STRIDES reviewed available training materials. A targeted review and update incorporating the latest recommendations including the WHO medical eligibility criteria is planned for the first quarter of PY2. The training materials that were identified and reviewed include all those for the following areas:

- Family Planning
- Basic Family Planning Clinical Skills Curriculum
- Mini-laparotomy and Vasectomy under Local Anesthesia
- Intrauterine Device and Implants
- Reproductive Health
- Basic Emergency Obstetric Care/Post Abortion Care
- Comprehensive Emergency Obstetric Care
- Focused Antenatal Care/Goal Oriented Antenatal Care
- Adolescent Health and Development
- Maternal and Peri-natal audits
- Child Survival
- Integrated Management of Childhood Illnesses
- Growth Monitoring and Nutrition Counseling
- Newborn Care
- Enhancing Interpersonal Communication Skills

Based on the results from the baseline survey and the information from the district work plans developed during the regional meetings, STRIDES will ensure that the needed training is provided in each district targeting both public and private sector providers.

The MOH is implementing a strategy to ensure that every village in Uganda has Village Health Team (VHT) members who work together to mobilize individuals and households for better health. The project participated in the development of the final draft of the VHT training manual and has provided resources for the printing of 750 copies to be used for the training and updating of VHTs in the STRIDES collaborating districts. The manual has 5 modules: VHT (composition and function of VHTs); Diseases (malaria, TB, STI, tropical diseases etc); RH; Family Well-being; and “The Way We Live.”

The training and supervision materials for RH/FP and CS will form the basis for planning and developing the STRIDES training strategy and activities in PY2. During PY2 and beyond, STRIDES will establish a process for district-based, competency-based training and performance support. The training strategy will use adult education approaches and, for clinical skills development, include the use of anatomic models that simulate the human body. It will be finalized early in PY2, upon which the actual skills training will begin. The process of ordering of training models and materials that are not available in-country has begun during the reporting period. Items will be shipped to Uganda early in the second year.

1.2 Provide BCC and counseling strategies to increase the demand for RH/FP and CS services at facilities

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
# Clients receiving facility-based MCH services	1 914 456	NA

NA = Not Available. This indicator is unreliable as it may well double or triple count clients who use multiple MCH services (MCH services are defined as ANC, delivery and obstetric care, PNC, CS, and FP), not only within the same facility but possibly even at multiple facilities within the same district.

The project BCC and counseling strategies will focus on translating knowledge into practice through strengthened interpersonal communication and counseling (IPC), complemented by creating a favorable social environment that encourages use of FP, antenatal and postpartum care and other RH/FP and CS preventive and curative services. Beginning with PY2, STRIDES will use the existing IPC curriculum to enhance the IPC skills of providers.

During the first quarter of PY2, the project will conduct formative research to benchmark the current needs and then maximize IEC and BCC strategy impact on men and other target groups in regard to RH/FP and CS.

1.3 Improve the availability of essential commodities at facilities

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
% SDPs with stock outs of any of the 6 tracer drugs in the previous 3 months	57	NA

NA= Not Available; The 6 tracer drugs currently tracked by HSSP include coartem green, sulfadoxine pyrimethamine, cotrimoxazole, ORS, medroxyprogesterone (“depo”), and measles vaccine.

During its first year, STRIDES conducted three key steps toward ensuring that essential commodities will be available at the health facilities of its 15 collaborating districts.

Firstly, STRIDES participated in the national exercise of forecasting the needs for modern contraceptive commodities for fiscal year 2009-2010. STRIDES calculated and shared the specific needs for the 15 districts with the DELIVER project. Using UDHS data, the calculations were based on anticipated needs as defined by continuing use, unmet demand, and contraceptive-specific projected demand based on STRIDES’ focus on long-acting and permanent methods, rather than simply on previous consumption.

Secondly, as soon as the USAID’s Securing Uganda’s Right to Essential Medicines (SURE) project had been awarded to MSH, STRIDES began to work closely with the SURE project team to coordinate and consult on management and systems issues around essential drugs and commodities. This coordination continues on a regular basis both formally and informally by the COPs and technical staff of both projects. The co-location of the projects greatly facilitates a close collaboration between them.

Thirdly, given the importance of product availability at the district level for any improvement in contraceptive prevalence rate (CPR) and thus impact on fertility, STRIDES initiated discussions with USAID about the possibility of creating a buffer stock as a stop-gap measure in case of temporary shortages. However, the STRIDES team has been given assurances by USAID that contraceptive shortages will not be an adverse factor affecting the project implementation.

1.4 Strengthen the capacity of facilities to provide quality services

SO8 Indicators	STRIDES Baseline 2009	Nat. BL 2009
% Health Facilities providing youth friendly VCT & FP services	0	NA
% Health Facilities (HCIII and above) offering long acting and permanent FP methods (LAPM)		
Long Acting	16	NA
Permanent	8	NA

Nat. BL= National Baseline NA = Not Available

STRIDES reviewed in PY1 existing quality improvement (QI) tools currently used for RH and MCH services in Uganda, and it began to field test MSH's QI tool in order to determine the feasibility and appropriateness of using the Fully Functional Service Delivery Point (FFSDP, see Figure 2).

Specifically, STRIDES reviewed the FFSDP with district authorities during the initial orientation meetings described above, first through an exercise whereby participants identified the key elements of a fully functional health facility, and then through a comparison of the model that participants had identified with the generic FFSDP model above. The FFSDP tool was validated and deemed appropriate for Uganda.

STRIDES also conducted a preliminary trial of the FFSDP tool at the facility level in Mayuge district. At the 3 facilities where the FFSDP tool was used to assess compliance with the 10 standards, service managers found that all ten components were applicable and useful for their health facilities. However, some adjustments will be needed to allow for irregularities

that do not necessarily decrease the functionality of a health facility. For instance, although by MOH standards HC IIs should only offer services in the out-patient department (OPD), ANC, FP, emergency case management and referral of patients with more complex issues, the HC IIs in Mayuge were reportedly performing deliveries because clients could not easily access higher level facilities due to distance and costs involved. The DNO said that Mayuge district now posts midwives to HC II to handle deliveries.

Other main findings from the preliminary trial of the FFSDP in Mayuge included the following:

- Services: FP/ RH and CS services are integrated. However, there is no clear recording of clients who receive counseling for FP at the various sections within the health center. The only record made is for those who accept or are using FP services.
- Training of resident health center staff in long term methods was limited.
- The referral system: Referral and counter-referral rarely takes place, and when referrals are made, providers do not use the required referral cards. Only HC IVs have ambulances to facilitate the referred patients but the vehicles often lack fuel. Patients either use public transport if not in critical condition, or contribute to fuel for the ambulances. The district budget for fuel for the ambulances is insufficient to meet the demand for facilitating patients from all health centers that are generally distant from one another.
- Community participation: There were no functional VHTs yet, and VHT election is still minimal at about 25% coverage of the district. There are currently no reporting formats for the VHTs.
- Quality of care including client satisfaction: At the time of the field visit, the DNO expressed concern that although the aspect is important, quality of care issues were not addressed because of challenges in the mechanism used to do so.
- Supplies: Facilities frequently experience stock-out of supplies.

STRIDES will initiate its quality improvement (QI) activities at the facility level during PY2. This will involve both systematic field testing, adaptation of the tool to the Ugandan guidelines and quality standards, and the identification of model health centers where the FFSDP will be first implemented. This will allow these model centers to grow into training sites for applying the FFSDP at other health centers.

Result 2: Improve and expand access to and demand for RH/FP and CS services at the community level

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
# Clients receiving community-based MCH services	NA	NA

NA = Not Available. This indicator is unreliable as it may well double or triple count clients who use multiple MCH services (community-based MCH services are not yet defined), not only within the same community but possibly even in multiple communities within the same district. In addition, the information is not readily available through HMIS and will require special surveys.

2.1 *Increase the ability of communities to provide RH/FP and CS services*

The MOH together with partners including the STRIDES project finalized the development of the VHT training manual. The STRIDES project ordered and sponsored the costs of 750 copies of the manual for the 15 collaborating districts. It is envisaged that in the second half of PY2 the manual will be reviewed in consultation with the SURE project to include a section on pharmaceutical competence. VHT members will then be trained in the new skills.

2.2 *Increase the demand for RH/FP and CS services through community-based BCC and IEC strategies*

SO8 Indicators	STRIDES Baseline 2009	National Baseline20 09
# Media articles or events giving accurate information about health sector policies, programs and processes	0	NA

NA = Not Available; STRIDES will only track the # of media articles or events that STRIDES has supported in its collaborating districts.

STRIDES BCC and counseling strategies for the community will be based on the new national strategy currently under development with participation by STRIDES. The formative research mentioned under Result 1 will also extend into the community in general and to special target groups such as youth and men, in addition to women of reproductive age.

2.3 *Improved availability of commodities at community levels*

During PY1, the STRIDES project did not work yet at the community level because the districts were not selected until August 2009. However, as part of the needs assessment, STRIDES did identify initial opportunities for partnering with the private sector and conducted a rapid assessment of the ongoing private sector activities, including gaps, weaknesses and opportunities for collaboration. Based on the assessment, a variety of opportunities for working with the private sector were identified including some for making essential drugs and commodities more readily available at the community level. These opportunities include the following:

- Building and strengthening existing linkages between service delivery systems in public and private sectors;
- Expanding access and coverage through new innovative partnerships/collaboration; and

- Increasing corporate contributions to RH/FP and CS.

During PY2 and beyond, STRIDES will capitalize on these opportunities especially through the grants program. STRIDES will also pay special attention to the availability of commodities at the community level in its collaboration with the selected districts, through performance-based MOUs, and by fostering partnerships between the public and private sectors and community based networks and organizations.

Result 3: Advance Use of RH/FP and CS Services through Supportive Systems

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
# Districts with RH/FP and CS as top priorities in their health plans	0	NA
# DHMTs effectively using information for decision making	0	NA
# Health facilities effectively using information for decision making	0	NA

NA = Not Available

3.1 *Develop and implement positive policies to support expansion of RH/FP and CS service in facilities and communities*

During the reporting period, the project has actively participated in the following meetings:

- quarterly FP revitalization committee meetings organized by the MOH
- meetings of the RH commodity security committee
- BCC implementing partners meeting
- MCH cluster meetings

Recently, the MOH extended an invitation to the project to be part of a national RH social mobilization/advocacy steering committee, which is responsible for advising, coordinating, and monitoring all social mobilization, advocacy and communication interventions.

More recent activities in which STRIDES actively participated during PY1 include the following:

- Facilitation at the safe motherhood sensitization workshop for Mayuge district in preparation of the Safe Motherhood Day to be celebrated in this district which is among the STRIDES collaborating districts;
- Consensus building workshop on implementation of the Uganda roadmap for acceleration of the reduction of maternal and newborn morbidity and mortality; and
- Participation in the preparatory meetings for the International Conference on Family Planning to be held in Kampala from November 15-18, 2009.

3.2 *Revitalize districts to better manage RH/FP and CS services for scale-up*

All meetings between STRIDES and district authorities include a conscious effort to highlight and discuss the importance of RH/FP and CS service expansion and improvement. As part of STRIDES efforts to strengthen district health systems and districts' ability to manage RH/FP and CS service and programs, the project will also develop district leadership around these areas. Indeed, without strong and outspoken leadership supporting the use of RH/FP and CS services, local programs to reduce fertility and mortality likely have limited chances of success.

During PY1, both the formal EOI guidelines that were sent to 49 districts and the orientation meetings that preceded the submission deadline called for districts to explicitly describe their commitment to RH and MCH, and provide supporting evidence on how they prioritize these

areas. Likewise, during the first consultation meetings with the winning districts (see above) and the participatory baseline/needs assessment (see below), STRIDES continued its dialogue with district authorities and obtained the districts' agreement to reflect their commitment to support RH and MCH effect in formal MOUs.

3.3 Coordinate with other implementing partners, the private sector, NGOs, and other partners to improve district coverage and impact

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
% Private facilities meeting minimum quality standards	NA	NA
# Clients receiving services from private providers	NA	NA
# CSOs engaged in service delivery at the community level	NA	NA

NA = Not Available; STRIDES will obtain baseline values only for the private facilities that receive grants from STRIDES. The grants program is scheduled to begin in PY2

In PY1, STRIDES participated in all IP coordination meetings and was represented at all MCH cluster meetings and other national forums relevant to RH and MCH as described above.

Furthermore, the STRIDES COP and DCOP attended the “Forum on Private Sector Response for Reproductive Health and Family Planning,” organized by ECSA-HC in Nairobi from July 22-24, and funded by USAID/REDSO. Thirty three (33) participants from Uganda, Kenya, Tanzania, Rwanda and Burundi attended, representing ministries of health, national NGOs and FBOs, private-for-profit providers of RH and FP, international agencies involved in RH/FP, and organizations representing provider groups. The aim of the Forum was to facilitate dialogue towards greater involvement of the private sector and strengthen the contribution of the private sector in RH and FP services, education and research. The STRIDES participants not only heard about valuable experiences gained elsewhere, but also were able to present the STRIDES project and strategy which was received with great interest. The Forum adopted a recommendation, which can be found as Attachment 2 to this report.

STRIDES' main operational strategy to engage the private sector in service improvement and expansion at the district level is its performance based grants. The preparation for this and other interventions to not only promote but establish active and genuine public-private partnerships included a private sector rapid assessment which was conducted from August 17 to 19. The purpose was to identify the range of different opportunities that exist at district level for expanding existing public-private partnerships in health, as well as new opportunities for increasing coverage of RH/FP and CS services. The findings of the rapid assessment are reported in “STRIDES for Family Health: Opportunities for Partnering with the Private Sector” (see Attachment 3), and were complemented with more information obtained by the district-by-district needs assessment (report forthcoming in Q1 of PY2).

In addition, the STRIDES needs assessment also sought to identify potential grantees/partners for the STRIDES collaborating districts.

During PY1, STRIDES initiated the preparations for issuing its first RFA shortly after the districts had been selected. Final Scopes of Work (SOW) for the RFA will be developed in function of the results of the baseline/needs assessment.

During the first quarter of PY2, STRIDES will finalize the set up of the STRIDES performance-based grants program and issue a multiple-lot RFA. This activity will complement the development of MOUs with the districts. Both the grants and the MOUs will include a strong public-private partnership component which will be addressed early on by conducting the detailed private sector coordination, planning, and mapping session at the district level (planned for the period November 2009 – February 2010). Such coordination and consultation will assist in identifying specific opportunities at the district level for building upon existing systems and identifying new areas. STRIDES will also develop an integrated approach to use appropriate, existing social marketing programs to address gaps and weaknesses, and to identify and make better use of opportunities to use social marketing as an avenue for increasing product and service availability.

3.4 Strengthen information systems with data routinely analyzed and used for decision making at facility, community, and district levels

While STRIDES will initiate focused efforts to strengthen the district HMIS during PY2, the baseline/needs assessment (see below) already made extensive use of HMIS, thereby in effect beginning the capacity development of HMIS focal persons at the district level and of providers responsible for HMIS in the surveyed facilities.

From initial debriefings with data collection team leaders, it appeared that all 15 districts are weak in using the HMIS, beginning with data collection and recording, all the way to the use of the information and data for planning, feedback to facilities and decision making. Full analysis of the information collected for the baseline/needs assessment will take place in the first quarter of PY2.

3.5 Transparency and accountability increased within district health systems

SO8 Indicators	STRIDES Baseline 2009	National Baseline 2009
# Health facilities clearly displaying pertinent information to clients (*)	0	NA
# Communities with active committees that monitor health services in the community(**)	NA	NA

NA = Not Available;

(*) pertinent information includes all of the following: Opening hours, fees where applicable, daily/weekly staffing, services that are being offered, evidence of service statistics

(**) “Active” has not yet been defined.

The STRIDES project has been promoting transparency and accountability in several major ways, beginning with the use of a competitive, transparent process of district selection. As described in detail in the report (Attachment 1), selection criteria heavily focused on motivation, commitment and openness to innovation and public-private partnership. As a result, districts were encouraged to report openly about their health statistics. Among other things, the process also required that districts submit front pages of their financial audits, copies of their work plans and DHMT meetings, and the signatures of both the CAO and the DHO. The invitation for EOIs further encouraged districts to engage the entire DHMT in the development of the EOI. As such, the process fostered openness and transparency but also

accountability in that the selected districts will now have to deliver on the commitments they made in the EOIs. As districts submitting an EOI were in part evaluated on the cost- and/or resource sharing they proposed, STRIDES will hold the winning districts to these commitments by way of the MOUs that it will develop with them.

Transparency and accountability will also be addressed during project implementation. In particular, the baseline/needs assessment found that districts and facilities tend to leave blank the HMIS report fields that call for information on finances and drug availability. The main reason was the sensitive nature of these areas.

Finally, during PY1, STRIDES oriented all new staff to the rules and regulations stipulated in the Tiahrt amendment. In turn, during district orientation and consultation meetings, and during the baseline/needs assessment, STRIDES ensured that all its field workers were both aware of Tiahrt and able to communicate the implications to district counterparts and facility managers and providers.

During PY2, STRIDES will continue to work with districts and their partners on improving transparency and accountability, in large part through the performance based mechanisms that STRIDES will integrate in its MOUs with districts and its grants with private sector organizations.

Project Monitoring and Evaluation:

Establishment of the project M&E systems

STRIDES has developed three databases using Access and Excel software. These include the indicator tracking database, a training database and a database to capture the baseline/needs assessment data. The data bases are designed such that they can draw on monthly, quarterly and annual HMIS reports that the districts and the national MOH are making available to STRIDES. They are also set up to enable timely routine and impromptu reporting to USAID on the PMP indicators.

Performance Monitoring Plan

In accordance with the cooperative agreement, STRIDES submitted a draft PMP to USAID by the end of March 2009. However, it was not until early September that USAID could facilitate a consultative meeting with UMEMS. Together with UMEMS and USAID representatives, STRIDES reviewed its indicator table that it had submitted to USAID earlier in the year. Each of the indicators was discussed and included in, modified or excluded from the subsequent revision of the plan. STRIDES also developed a narrative and included a results framework in its PMP. A revised PMP following USAID and UMEMS guidance was submitted to USAID at the end of September 2009. The project currently awaits feedback and approval from USAID.

Baseline/Needs Assessment

STRIDES conducted its baseline survey and needs assessment in all of its 15 collaborating districts during the last quarter of PY1. The baseline/needs assessment had the following three main objectives:

- To establish the baseline values for STRIDES' indicators in each district, and in function of the baseline, define the annual and end-of-project targets;
- To identify needs, gaps and opportunities for consideration in the design and implementation of district level interventions; and
- To provide a solid basis for developing district specific work plans and negotiating performance targets for inclusion in MOUs.

A district map, an indicator table, a district questionnaire and facility questionnaires were the tools used during the data collection exercise. The map was used to obtain up to date information on the location of various health facilities, schools, ambulances and other relevant information. The indicator table was used to collect baseline data but also to determine the functionality of the district HMIS. The district and facility questionnaires were used to collect information to identify needs, opportunities, strengths and weaknesses. The assessment focused on the essential components of a fully functional service delivery system/point (FFSDS/FFSDP) (see Box 1).

Box 1: Components of STRIDES Baseline Questionnaires

District Questionnaire: 7 Components of the Fully Functional Service Delivery System

- Section 1: Infrastructure and Equipment*
- Section 2: Human Resource Staffing and Training*
- Section 3: Records and Information*
- Section 4: Community Structures*
- Section 5: Drugs and Commodities*
- Section 6: Referral systems*
- Section 7: Health Finance and Staff Motivation*

Facility Questionnaire: 10 Components of the Fully Functional Service Delivery Point

- Section 1: Medicines & Supplies*
- Section 2: Referrals*
- Section 3: Finance*
- Section 4: Infrastructure*
- Section 5: Equipment*
- Section 6: Client Satisfaction*
- Section 7: Community Outreach*
- Section 8: Community Participation*
- Section 9: HMIS*
- Section 10: Human Resources*

Prior to implementation, a team of 44 research assistants and 12 STRIDES staff were identified and trained in the use of these tools for data collection. Data collection primarily focused on the district level. Data collection at health facilities served primarily to validate the information acquired at the district level and to provide a more in depth understanding of how needs, issues, gaps and opportunities identified at the district level manifest themselves at the facility and community levels. On-site observation and interviews also offered a picture of the range of needs, opportunities, gaps, or any other issues that STRIDES might face during project implementation.

The sampling method and tools used at each level are summarized in Table 4.

Table 4: Sampling for STRIDES Baseline/Needs Assessment, September 2009

Level	Sample	Tools			
District	CAO, DHO, DHE, HMIS focal person, DPO, DEO, available members of DHMT*	<ul style="list-style-type: none"> - Indicator Table - Map of District - Interview guide 			
Health Facility	Service providers and managers at a range of health facilities, depending on their existence. They should include training sites, the best HC, the worst HC, and a typical, or in between, HC. Facilities will be selected by the team leader in consultation with the DHO. The recommended break-down is as follows.				
		Hospital	HCIV	HCIII	HCII
	Public	1	1	3	3
	Private		1	1	1

The baseline/needs assessment was designed to collect information on the current status of the STRIDES project indicators, determine if and how the information needed for the indicators can be obtained, and on the needs, opportunities, weaknesses, challenges and strengths that STRIDES may find within each district.

To maximize the use of information and limit the cost of data collection, the STRIDES baseline/needs assessment only collected information that was essential and would be used for purposes of STRIDES work planning, implementation or management. The preparation of the baseline/needs assessment instruments and approaches hence included a detailed justification for each item of information to be collected. The justification for each item was clearly articulated, and included the reason why the information had to be obtained and the way that the information would be used, and by whom and when.

The baseline/needs assessment did not include data collection at the community level because it will be folded into the formative research that STRIDES will carry out for its IEC/BCC interventions in the community in Q1 of PY2. This approach will allow for a large and representative sample of communities without incurring the additional costs of a stand-alone community survey at this time.

While the STRIDES baseline/needs assessment was designed to maximize data validity, both the “pre-test” and the sampling approach were unconventional (yet based on the many years of experience of the STRIDES team members and in consultation with international consultants from partner organizations).

Firstly, pre-testing of the data collection instruments and approach was carried out in two of the 15 STRIDES districts rather than in districts that were not included in the STRIDES sample. The rationale was as follows, in order of importance:

- The data collection instruments were based on instruments that have been used in many other studies and evaluations both within Uganda and elsewhere. Therefore, no major difficulties, surprises or need for changes were expected;
- Experience has shown that, when using instruments based on well-tested and proven tools in other assessments, the quality of information collected during pre-testing is not significantly (if at all) different from that of the actual data collection; and
- Pre-testing in another district than any of the 15 STRIDES districts meant either working in a district that had been unsuccessful in its EOI with STRIDES, or going to a district in Uganda’s northern or south-western regions which had not been eligible for inclusion. The first scenario was undesirable because a district that had unsuccessfully applied to be included in the STRIDES project might, at best, require the data collection teams to spend time on reviewing the reasons why they were not selected, and at worst, not be cooperative. The second scenario was not indicated either because the northern and south-western districts were rather different from the STRIDES districts in that they had been affected by social, political and environmental factors not present in the STRIDES districts, or because they were already being supported by projects that focused on reproductive health, family planning and child survival.

By going directly into 2 of the 15 STRIDES collaborating districts, the STRIDES project saved on time and cost. Gaining efficiencies on time was essential because the MOH was planning to both conduct national immunization activities and engage districts in its annual health planning during the month of October. A baseline/needs assessment in that month would therefore not have had adequate involvement of the district health officials, and risked to result in incomplete or invalid information. Postponing the baseline/needs assessment to November was equally undesirable as it would have caused major delays (further complicated by the holiday season of December) in the development of district specific MOUs, as well as start of project implementation and support to district activities.

Secondly, instead of using random sampling, cluster sampling or other statistical methods to obtain representative samples, STRIDES opted for an approach that called for the identification of “the best performing,” “the worst performing,” and the “typical” health

facilities (in terms of quality). The identification of these facilities relied on the District Health Officer's subjective judgment of what is good, average and bad quality. The reasons for this sampling method include the following:

- Assuming the DHO's judgment was based on a good knowledge of the available health facilities and a generally accepted definition of quality (as per national norms and guidelines), this method ensured that STRIDES would obtain information on the full range of existing services, their quality and their challenges in the district;
- By applying this method to each type of health facility (Hospital, HC4, HC3, HC2), STRIDES would also obtain a complete picture of the entire health pyramid and the linkages between the various levels;
- The method is easy and requires less time and resources than any scientific method; and
- Based on many years of experience and an in depth knowledge of Uganda's health facilities, the STRIDES team believed that DHOs, together with DHE, DNO and DHU if they were available, would know and be able and willing to identify what s/he finds to be the best, the worst, and the typical in her/his district.

Data collection was completed in September 2009. The baseline values for the proposed indicators were established and targets were set accordingly. STRIDES will prioritize data entry and analysis in the first month of PY2. The baseline/needs assessment report will then be submitted to USAID in the first quarter of PY2.

The baseline/needs assessment will serve not only to monitor the project's progress, but also as a basis to adjust and manage the implementation of the STRIDES strategies where needed. It also will be used to inform MOUs and the scope of work of the grants program's RFA which will be issued during the first quarter of PY2.

Project Management:

Operational Start-up

The main activities of the first year of the project's Finance and Administration included participation in the recruitment of new staff members, providing orientation to the staff, purchasing furniture/equipment and providing the staff an enabling working environment. In addition, the STRIDES project took the lead in establishing a unified Operational Platform for all MSH Projects in Uganda. MSH has co-located these projects in order to achieve operational efficiencies and economies of scale resulting from sharing operational costs.

New Office for MSH Kampala Operations

At the beginning of the project in February 2009, STRIDES joined other MSH projects which were already operational in Uganda and were located at Plot 6, Kafu Road. In March, MSH was awarded the STAR-E project. Because of this expansion the building was no longer sufficient to accommodate the growing numbers of staff. STRIDES spearheaded a search for a new office which was found at Plot 15, Prince Anne Drive, Bugolobi.

Service providers were identified for partitioning office space and setting up Local Area Network. STRIDES retained AFSAT as the internet service provider to replace both MTN and UTL in order to provide faster and more reliable internet services. The office was moved to Bugolobi on 19 August.

Establishment of Regional Offices

During the year, STRIDES identified buildings in Bugolobi, Fort Portal and Jinja which will be used as regional offices for central, western and eastern regions respectively. In the first quarter of the second year the offices will be fully operational.

Establishment of Policies

STRIDES spearheaded the process of establishing a local per diem policy for MSH in Uganda that is now being used by all MSH projects. The policy will be reviewed regularly to ensure that the approved rates are still reasonable and in line with USAID and MOH policy.

In PY1, the STRIDES project also drafted several policy and procedure manuals to manage grants, procurement, personnel and office processes. During the first and second quarters, these policies and procedures will be harmonized with other MSH projects in order to ensure a coordinated approach.

Capacity Building Activities

In order to continually improve the performance, STRIDES supported three of its staff members to attend refresher trainings on USAID Rules and Regulations. The Director of Finance and Administration (DFA), the Senior Accountant and the Grants Accountant attended a 3-day USAID training which was facilitated by INSIDE NGO in Kampala in August. The objectives of the training were to train the participants on the USAID rules and regulations, gather knowledge through practical exercise, and learn through practice how to find answers to frequently asked questions and where to find useful resources. In addition, the DFA also attended an orientation program at MSH's home office in Cambridge, MA from September 21 -25.

Technical Support to STRIDES' Partners

During the year the MSH home office put in place contractual instruments in order for the STRIDES partners - Jhpiego, Meridian International, UPMA and CDFU - to start implementation of activities. The instruments were in the form of Pre-Subaward Letters of Authorization. During the first quarter of the PY2, each of the partners should sign a Sub-Agreement.

STRIDES provided technical support to UPMA and CDFU to assist them in submitting timely and acceptable budgets and financial reports.

The priorities for operations and administration activities for Q1 of PY2 include the following:

- Finalizing the tenancy agreement for the eastern regional office. Currently, the draft agreement is being reviewed by the MSH Uganda lawyer;
- Marking the parking spaces at the main office in Kampala;
- Installing air-conditioning of the Kampala office building;
- Moving the storage container to the central regional office which is also based in Bugolobi, in order to create room at the head office;
- Finalizing the review of the local per diem rates and search for negotiated accommodation venues for the project staff and STTA;
- Finalizing the PY2 work plan budget in consultation with the home office;
- Upgrading internet band width to cater for increased demands;
- Putting in place a system to select pre-qualified suppliers for the project;
- Putting in place an Employee Handbook that captures all MSH Policies and Procedures, including the specific local procedures; and
- Working with MSH home office to procure a file server that will efficiently manage staff files and the e-mail system.

Human Resource Management

Staff Recruitment

While all key personnel were in place by April 2009, STRIDES invested significant effort in recruiting all other project staff during PY1. By the end of April, all local positions were advertised in the New Vision and the Daily Monitor, Uganda's most widely read newspapers. The volume of applications received was overwhelming and required twice the time that was initially anticipated to spend on the short listing alone. Short listing begun by the end of May and interviews took place from June to September 2009. All staff appointments were made by the end of PY1. Table 5 summarizes the status of personnel hires for the STRIDES project by the end of PY1, with a total of 33 staff hired out of the expected total of 38 employees. The vacant positions for drivers and office assistants will be filled on an as needed basis and after all the vehicles have been received and after regional offices have been set up.

Table 5: STRIDES Project staff recruited as at September 30, 2009

Quarter	#	Position	Name	Start Date
Q1	1	Chief of Party	Paul Hamilton	01/03/2009
	2	Deputy Director	Henry Kakande	16/03/2009
	4	Grants Accountant	Stella Nabatanzi	16/03/2009
	5	Performance & Results Management Officer	Elke Konings	30/03/2009
	6	Director Finance & Administration	Patrick Magezi	01/04/2009
	7	Receptionist/Administrative Assistant	Stella Mirembe	06/04/2009
	8	National M&E Coordinator	Rachel Kagoya	27/04/2009
Q2	9	Accountant – Financial Management	Anne Mayanja	11/06/2009
	10	Executive Coordinator	Olivia Kiwanuka	16/07/2009
	11	Senior Accountant	Jacqueline Otto	20/07/2009
	12	Administrative Officer	Alexandra Byaruhanga	27/07/2009
	13	Coordinator – Eastern Region	Thomas Malinga	16/08/2009
	14	Coordinator – Central Region	Pauline Okello	16/08/2009
	15	Coordinator – Regional Operations	Michael Katende	01/09/2009
	16	Technical Advisor – RH/FP&CS	Mildred Latigo	01/09/2009
	17	Technical Advisor – MNCH	Miriam Mutabazi	01/09/2009
Q3	18	M&E Specialist	Geoffrey Namara	24/09/2009
	19	M&E/IT Officer	Irene Zawedde	01/10/2009
	20	Coordinator – Western Region	Uhuru Killion	21/09/2009
	21	NGO Capacity Building Specialist	Martin Oiko	01/09/2009
	22	Grants Manager	Richard Ssewajje Muyinda	15/10/2009
	23	Administrative Assistants (3)	1. Mugena Harriet	10/08/2009
	24		2. Florence Owoyesiimire	01/10/2009
	25		3. Sarah Nyakabwa	21/09/2009
	26	Office Assistants (3)	Jessica Kigongo TBD(2)	01/08/2009
	27	Community Capacity Building Advisor	Lulua Rita	16/10/2009
	28	Community Capacity Building Advisor	Stephen Lwebuga	15/10/2009
	29	Drivers (9)	1.Paul Ssali	18/09/2009
	30		2.Sam Baguma	18/09/2009
	31		3.Bosco Begira	18/09/2009
32	4.Sakib Nkwasiabwe		02/11/2009	
33	5.Harrison Segujja		02/11/2009	
34	6.David Bawunha TBD (4)		19/10/2009	

Review of Organisational Structure

In PY1, STRIDES revised its organization chart to reflect a shift in reporting lines, a change in position titles, and changes in the need for some positions. The attached organizational chart reflects these changes (Attachment 4).

In particular, the M&E Specialist now reports to the Director of M&E/Performance Improvement rather than the COP, and the Grants Manager reports to the COP instead of to the Director F&A. These changes were made for management efficiency and/or programmatic reasons.

STRIDES changed a number of position titles in order to more accurately reflect their functions on the project. The following changes were made:

<u>Original Job Title</u>	<u>New Job Title</u>
1. Deputy Director	Deputy Chief of Party / Technical Director
2. Financial Mgt & Admin Specialist	Director Fin Mgt & Administration
3. Performance & Results Mgt Officer	Director M&E/Performance Mgt
4. FP/RH & CS Capacity Building Specialist	Technical Advisors – FP/RH & CS
5. MNCH Health Advisors	Technical Advisors – MNCH
6. Field Operations Coordinator Region	Coordinator – Central/Eastern/Western
7. District Coordinator	Coordinator – Regional Operations
8. Community Outreach Advisor	Community Capacity Building Advisor

Finally, since the needs do no longer exist or can be met through collaborating with the other MSH projects in Uganda, STRIDES eliminated the positions of part time Logistics Advisor and Policy Advisor. It added the position of IT/M&E Officer to meet the increased IT needs due to the increased number of staff and to be less dependent on external service providers.

After succeeding to attract a high calibre of staff, and upon completion of staff recruitment, the next task will be to ensure that staff are working in a conducive environment and remain sufficiently motivated to give their best in terms of delivery of expected outputs. This will require effective performance reviews and development plans for all staff, which will be linked to an effective reward system. STRIDES will develop and use a local Human Resources manual and train/orient all staff, and thereafter continuously review staff benefits to ensure that they remain in full compliance with the local statutory policies, USAID rules and regulations, and that they are competitive and fair within the local market.

Challenges and Opportunities:

In general, no major challenges were encountered during STRIDES' s first project year, as the project start-up took place according to plan.

However, political riots took place in Kampala and surrounding areas in September, causing general disruptions in the city and beyond. The STRIDES project was not affected in a major way but the events did highlight the need for an early alert and communications system with the US Embassy in the event of future unrest or other insecurity. A security guidelines policy is also close to completion for the MSH Uganda operations.

Perhaps the biggest challenge yet to face the STRIDES team will be dealing with obstacles that might arise as the project team goes about the implementation in ways that are "different." Where new approaches are followed, and conventional wisdom questioned, it is inevitable that certain challenges arise. While for STRIDES this would be an indication that it is successful in changing directions, it will require diplomacy and frequent communication with all stakeholders to ensure that the project continues to be seen as an important player with a voice also at national level.

STRIDES will continue to capitalize on the opportunity to gain efficiencies through multiple projects that have been awarded to MSH during the STRIDES PY1. In addition, the solid relations between STRIDES, the MOH and USAID continue to offer opportunities for achieving STRIDES' ambitious objectives and goal.

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