

## **STRIDES Annual Report PY4**

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STRIDES

October 2011 – September 2012

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## Acronyms

ACODEV	Action for Community Development
ADS	Accredited Drug Sellers
AIC	AIDS Information Center
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
AYODA	Action for Youth Development Association
BACHI	Baitambogwe Community Health care Initiative
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
BFHI	Baby Friendly Hospital Initiative
BFP	Breast Feeding Promotion
CBO	Community Based Organization
CDCS	Country Development Cooperation Strategy
CDFU	Communication for Development Foundation Uganda
CDO	Community Development Officer
CDP	Child Days Plus
CEI	Community Empowerment initiative
CECAP	Cervical Cancer Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CME	Continuing Medical Education
CORE Plus	Cost and Revenue Analysis Tool
CS	Child Survival
CSR	Corporate Social Responsibility
CYP	Couple-Years of Protection
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Officer
DO3	Development Objective Three
DPT	Diphtheria, Pertussis and Tetanus vaccine
ECUREI	Ernest Cook Ultra sound Research and Education Institute
ENA	Essential Nutrition Actions
ETAT	Emergency Triaging Assessment and Treatment
FFSDS	Fully Functional Service Delivery System
FHI 360	Family Health International 360
FP	Family Planning
GIS	Geographic Information Systems
GMP	Growth Monitoring Promotion
GPS	Global Positioning System
HC	Health Center
HCT	HIV Counseling and Testing
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HSD	Health Sub District
HUMC	Health Unit Management Committee
IEC	Information Education Communication
IGA	Income Generating Activity
IMAM	Integrated Management of Acute Malnutrition
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IPT	Intermittent Presumptive Treatment
ITC	Inpatient Therapeutic Care
IUD	Intra-Uterine Device
IYCF	Infant Young Child Feeding
KPI	Kampala Pharmaceutical Industries
LA	Long Acting
LAFP	Long Acting Family Planning
LAPM	Long Acting and Permanent Methods
LC	Local Council
LDP	Leadership Development Program
LLINs	Long Lasting Insecticide Treated Nets

LQAS	Lot Quality Assurance Sampling
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
M&L	Management and Leadership
MCH	Maternal and Child Health
ML	Mini Laparotomy
MMS	Medicine Management Supervisors
ModCAL	Modified Computer – Assisted Learning
MoH	Ministry of Health
MoU	Memorandum of Understanding
MMS	Medicine Management Supervisors
MTMS	Midas Touch Medical Centre
NDA	National Drug Authority
NMS	National Medical Stores
OJT	On-the-Job Training
OPD	Out Patient Department
OTC	Outpatient Therapeutic Care
P&G	Proctor & Gamble
PBC/F	Performance-Based Contracting/Financing
PBI	Performance Based Initiative
PD/H	Positive Deviance/Hearth
PHC	Primary Health Care
PPIUD	Postpartum Intra Uterine Device
PMP	Performance Monitoring Plan
PY	Project Year
QA	Quality Assurance
QI	Quality Improvement
RFP	Request for Proposals
RH	Reproductive Health
RUTF	Ready-to-Use Therapeutic Foods
SACCO	Savings and Credit Cooperative Organization
SDP	Service Delivery Point
SDS	Strengthening Decentralization and Sustainability project
SDSI	Sustainable Drug Sellers Initiative
SMGL	Saving Mothers Giving Life
SMP	Stop Malaria Project
SPARS	Supervision, Performance Appraisal and Recognition Strategy
STAR-EC	Strengthening TB and HIV/AIDS Response in East and Central Uganda
SURE	Securing Ugandans’ Rights to Essential Medicines
TA	Technical Assistance
TBA	Traditional Birth Attendant
ToT	Training of Trainers
TT	Tetanus Toxoid
UBOS	Uganda Bureau of Statistics
UHMG	Uganda Health Marketing Group
US	United States
USAID	United States Agency for International Development
USG	United States Government
VHT	Village Health Team
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
YPFSRH	Young People Friendly Sexual and Reproductive Health

## Executive Summary

STRIDES for Family Health started operations in Uganda in 2009 with a mandate to reduce fertility, morbidity and mortality among Ugandan women and their families, by strengthening, expanding health systems and services in fifteen<sup>1</sup> districts. During PY4, various results were achieved as follows:

### *Result 1: Improved quality and increased provision of routine RH/FP and CS services at facility level*

- A total of 193,910 new FP users and 135,798 revisit clients were counted in PY4. An upward trend continues to be observed. From a baseline of 136,272 new users and 85,154 revisits in 2009, the project has registered 450,940 new FP users and 340,977 revisits (PY2-PY4).
- In PY4, 291,440 children received the second dose of Vitamin A, exceeding the annual target of 256,437 and representing 99% achievement of the cumulative target. From PY2-PY4 the project reached 701,715 children in total reflecting a 72% achievement of the end of project (EOP) target.
- According to the PY4 annual survey, 69% (413) of the customers interviewed reported to have been satisfied with health services received at the health facility compared to 57% (223) in PY3. The achievement exceeded the annual target of 67% and achieved 98.6% of the EOP target.
- There was an increase in the number of service delivery points (SDPs) providing FP counseling or services from a baseline of 104 to 786 SDPs (including private facilities) in PY4, exceeding the annual and end of project targets of 154 and 254 respectively.
- In PY4, 58% of service delivery points complied with national norms and standards as compared to 17% and 10% in PY2 and PY3 respectively. This significant achievement in PY4 exceeded both the annual and end of project targets.

### *Result 2: Increased access to and demand for RH/FP and CS services at the community level*

- A total of 245,215 children less than five years were reached during STRIDES supported nutrition program representing 93% of the PY4 target (263,247). The nutrition activities from the public and private sector included growth monitoring, nutrition counseling and management of acute malnutrition. Children from families that were supported to prepare home/community gardens are also included.
- In PY4, 947 services providers were trained in family planning; reproductive health (412) and child survival (579). STRIDES achieved 99.9% of PY4 training targets. Performance by skill area was as follows: FP (84.9%), RH (96.9%) and CS (99.8%). Cumulatively (PY2-PY4), 89 % of the overall EOP training target has been achieved.
- Through facility/provider strengthening activities such as provision of therapeutic food to 36 facilities, training of service providers in integrated management of acute malnutrition and essential nutrition actions, 28% (52) of the targeted health units demonstrated capacity to manage acute under nutrition exceeding the annual target (26%) by 8%.
- STRIDES supported the renovation of 4 facilities: Rukunyu HC IV and Rwamwanja HC III in Kamwenge, and Rwesande HC IV in Kasese. In Rukunyu HC IV, the theatre, out-patient

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<sup>1</sup> Bugiri Kaliro, Kamuli, Kayunga, Kumi, Mayuge, Kyenjojo, Kasese, Kamwenge Luwero, Mityana, Mpigi, Nakasongola, Sembabule and Kalangala

department (OPD) and maternity blocks were renovated. In Rwamwanja HC III, the maternity block was renovated. In Rwesande HC IV both the OPD and maternity blocks were renovated. Water harvesting systems and solar energy systems were installed in all the 3 health centers.

*Result 3: Advanced use of RH/FP and CS services through strengthened supportive systems*

- STRIDES supported all districts with solar lamps, uniforms, laptops, printers and modems with 12 month airtime subscription. The modems and laptops are supporting the district HMIS focal persons and STRIDES focal persons to facilitate timely reporting and improve communication with MoH and implementing partners.
- STRIDES continued to build strategic partnerships with private, corporate local and multinational companies to support health initiatives. In this regard, STRIDES received funding from Procter and Gamble's (P&G) children's safe drinking water program for in-kind support of P&G's water purification products to be included in delivery kits in STRIDES districts with poor maternal and child health indicators and limited access to safe drinking water. The P&G grant also contributed significantly to STRIDES cost share obligation.

*Overall performance against end of project targets*

STRIDES data sources include: the health management information system (HMIS); annual surveys for indicators tracked annually; and project records. In addition to supporting HMIS data use, STRIDES supports districts to utilize data from LQAS surveys. STRIDES tracks 31 indicators, out of these, targets are set for 28 indicators and targets for 3 indicators are not set (i.e. 2 FP indicators and total fertility rate which is not tracked regularly). The FP indicators have shown an upward trend over the past four years based on the baseline and annual performance (PY2-PY4).

Of the 28 indicators with set targets, 19 are demonstrating positive trends to achieve the end of project targets while 9 indicators are lagging behind. These include: 1) % of pregnant women who receive 4 ANC consultations; 2) % of health facilities (HC III & above) providing basic emergency obstetric care (BEmONC) 3) % of public health facilities clearly displaying pertinent information to clients; 4) cure rate; 5) % of health facilities with established capacity to manage acute under nutrition; 6) # of people trained in child health and nutrition through USG supported programs; 7) # LLINs purchased with USG funds distributed for free; 8) couple-years of protection (CYP); and 9) % VHTs with stock-outs of FP tracer commodities. The PY5 work plan includes activities aimed to improve performance of these indicators. Detailed performance of the PMP indicators has been analyzed under the respective result areas including strategies to address performance of the lagging indicators.

During PY4, STRIDES continued to face some key challenges as follows:

- Preference of services provided by traditional birth attendants (TBAs) by pregnant women continues to negatively impact on ANC attendance and deliveries at health facilities.
- The number of children who received DPT3 was less than anticipated because of a shift in priorities from the regular integrated services provided during Child Days Plus (CDP) and outreaches to measles and polio vaccination during the reporting period.
- Shortage of medicines, commodities and supplies for RH/FP/CS/Nutrition services remains a major challenge to providing quality care.

## **1. Introduction**

STRIDES for Family Health started its operations in 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 fifteen districts. STRIDES focuses on reproductive health/family planning (RH/FP), child survival (CS) and nutrition. Management Sciences for Health (MSH) is implementing the project together with its core partners: Communication for Development Foundation Uganda (CDFU); Jhpiego; and Meridian Group International. As stipulated in the Cooperative Agreement between MSH and USAID, STRIDES contributes to the USAID Development Objective number three (DO3) “Improved Health and Educational Status of Ugandans” through focusing on three results areas:

- Increased quality and provision of routine RH/FP and CS services at facility level;
- Access to and demand for RH/FP and CS services at the community level improved and expanded; and
- Use of RH/FP and CS services advanced through supportive systems.

The project uses three key strategies to achieve its objectives:

- Application of the “fully functional service delivery system” (FFSDS)
- Development of the management and leadership (M&L) capacity of local leaders
- Performance-based financing/contracting (PBF/C)

According to Uganda Bureau of Statistics (UBOS) projections, the total population in the 15 STRIDES collaborating districts for 2012, following the various split-offs and not including the population of the newly created districts, currently stands at 5,091,500 million; the population of children under the age of five years is 1,028,500, and the number of women of reproductive age also is 1,028,484. It is projected that approximately 254,575 women will become pregnant in 2012.

This report documents the progress made during STRIDES project year 4 (PY4), covering the period from October 1<sup>st</sup> 2011 through September 30<sup>th</sup> 2012. Performance against EOP targets has also been discussed. Reviews of cross-cutting organizational functions such as monitoring and evaluation, communications, finance and administration are included as well. The report ends with a brief section discussing the challenges faced by STRIDES during the year, and a description of how each challenge is being addressed.

## **2. Progress toward DO3 Results**

### **2.1 Result Areas**

#### **Result 1: Improved quality and provision of routine RH/FP and CS services at facility level**

##### **A. Key indicators**

This section presents an overview of the annual performance for all indicators, comparisons with the previous quarters and progress made towards achieving the annual and end of project targets. Further analysis of the annual indicator performance at district level is also presented in this section.

Indicator tables that show performance from baseline up to the end of PY4 are included by result area.

**Table 1: Summary of indicator performance for Result 1 (PY1 to PY4)**

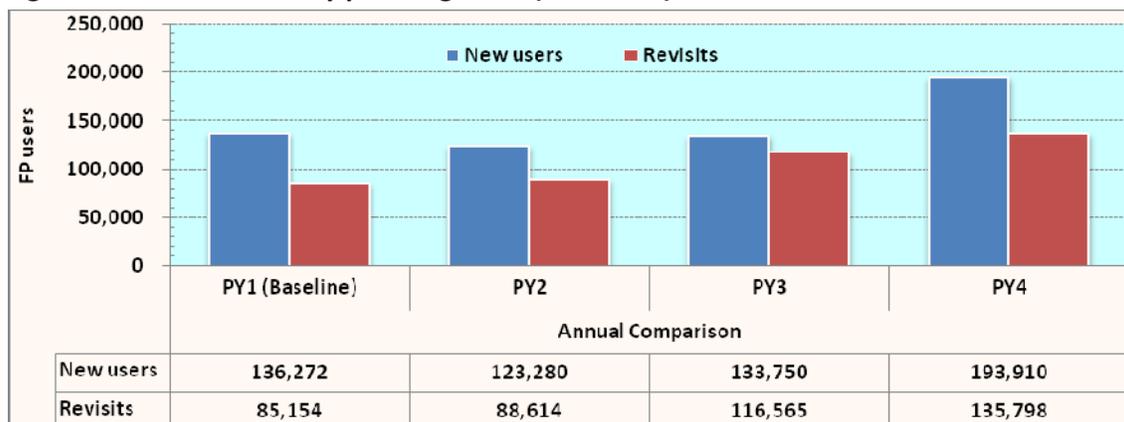
#	Indicator		PY1 - Baseline	Annual Performance				Targets		Achievements against Targets (%)	
				PY2	PY3	PY4	PY2-PY4	PY4	EOP	PY4 (%)	EOP (%)
1	# of FP clients using FP methods	New users	136,272	123,280	133,750	193,910	450,940	-	280,712	-	-
		Revisits	85,154	88,614	116,565	135,798	340,977	-	243,530	-	-
2	# implants and IUDs inserted		6,402	3,885	12,409	26,723	43,017	-	35,383	-	-
3	Couple-years of protection (CYP)		96,105	107,257	150,094	234,992	492,343	268,363	965,111	87.6	51.0
4	# children who at 12 months have received three doses of DPT vaccination from a USG-supported immunization program.		211,567	208,695	197,381	12,905	618,981	243,302	952,052	87.5	65.0
5	# children under 5 years of age who received Vitamin A from USG-supported programs.	1st dose	278,735	322,470	265,686	413,457	1,001,613	362,356	1,393,675	114.1	71.9
		2nd dose	197,259	204,740	205,535	291,440	701,715	256,437	986,295	113.6	71.1
6	% pregnant women who receive 4 ANC consultations		30	30	27	29	-	50	60	58	48.3
7	% pregnant women who received 2+ doses of IPT		35	33	40	45	-	52	60	86.5	75
8	% live births delivered from a health facility		27	31	34	36	-	55	60	65.5	60
9	% underweight children at measles vaccination		9	6	7	5.5	-	6	3	92	17
10	% live births with low birth weight		3	4	4	4.1	-	4	3	97.5	63.3
11	% customers satisfied with health services received		54	54	57	69	-	67	70	103	98.6
12	% targeted health units offering Young People-Friendly Services		9	-	13	40	-	35	45	114.3	88.9
13	% health facilities (HC III & above) providing Basic Emergency Obstetric Care (BEmONC)		10	-	18	20	-	35	40	57.1	50
14	% health facilities (HC IV & above) providing Comprehensive Emergency Obstetric Care (CEmONC)		9	-	22	24	-	20	25	120	96
15	# of USG-assisted Service Delivery Points providing FP counseling or services		104	104	48	786	-	204	254	385.3	309.4

#	Indicator		PY1 - Baseline	Annual Performance				Targets		Achievements against Targets (%)	
				PY2	PY3	PY4	PY2-PY4	PY4	EOP	PY4 (%)	EOP (%)
16	% health facilities (HC III & above) offering long acting and permanent methods (LAPM)	LAM	37	37	66	78	-	55	60	141.8	130
		PM	30	30	53	45	-	45	50	100	90
17	% USAID supported Service Delivery Points offering any modern contraceptive method		46	46	91	94	-	90	92	104.4	102.2
18	% Service Delivery Point complying with national norms and standards		17	17	10	58	-	28	32	207.1	181
19	# service providers trained by STRIDES in FP/RH/CS	FP	0	188	507	947	1,642	935	1,855	101.3	88.5
		RH	0	-	304	450	754	425	819	105.9	92.1
		CS	0	136	349	579	1,064	580	1,165	99.8	91.3
20	# of people trained in child health and nutrition through USG supported programs	IMAM	-	-	-	320	320	690	1,390	46.4	23
		IYCF/ENA	-	-	-	120	120	180	360	66.7	33.3
		PD/Hearth	-	-	-	1,060	1,060	1,290	2,790	82.2	38
21	% children cured at STRIDES supported facilities or STRIDES supported community PD/Hearth sessions (Cure Rate).		-	-	-	43	-	75	85	57.8	51
22	Number of LLINs purchased with USG funds distributed for free		-	-	-	11,623	11,623	86,178	264,566	13.5	4.4
23	% of health facilities with established capacity to manage acute under nutrition		0	-	-	28	-	26	50	107.7	56

### Indicator 1: Number of clients using any family planning method

In compliance with the Tiaht regulations, STRIDES does not set targets for this indicator. STRIDES tracks the number of clients (new and revisits) using any modern family planning method. Figure 1, illustrates a positive trend of FP users clients from baseline to PY4. During PY4, 193,910 new clients used a modern FP method and 135,798 revisits were counted. The upward trend in FP users may be attributed to: effective sensitization; mobilization of communities for FP services; and contribution of STRIDES subcontractors among others. Private sector subcontractors under the performance based contracting (PBC) program contributed 44,815 new FP users and 38,524 revisits. From PY2-PY4, a total of 450,940 new FP users and 340,977 revisits were served from a baseline of 136,272 (new users) and 85,154 (revisits).

**Figure 1: Number of family planning users (PY1 – PY4)**



**Indicator 2: Number of implants and IUDs inserted**

During PY4, a total of 26,723 implants and IUDs were inserted compared to 12,409 in PY3 (Figure 2a). STRIDES registered an upward trend in uptake of implants and IUDs, from 6,402 at baseline (PY1) to 43,017 (PY2-PY4). The increase in users of long acting methods could be attributed to training of service providers in FP by STRIDES including post partum IUD insertion. Additionally, STRIDES RFP001 subcontractors such as Marie Stopes Uganda (MSU) and Family Life Education Program (FLEP) whose services are mainly provision of long acting and permanent FP methods contributed significantly to this indicator.

**Figure 2a: Trends of implants and IUD insertions by project year (PY1 – PY4)**

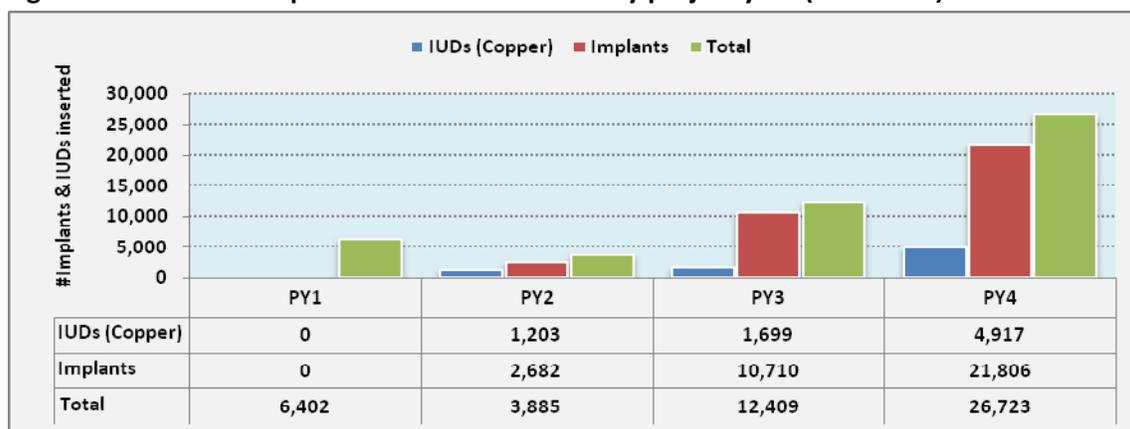
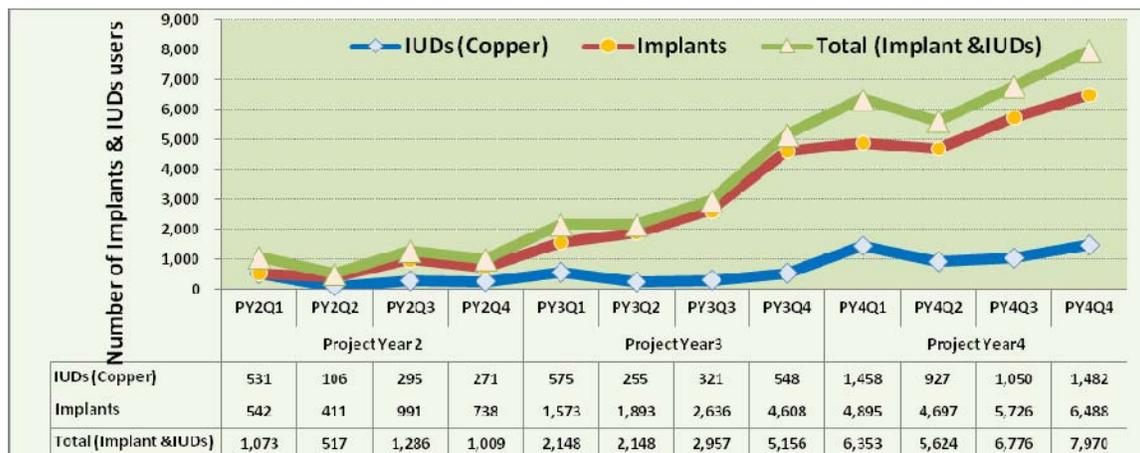


Figure 2b, shows the trend of implants and IUDs insertions by quarter since PY2. Specific reference to PY4 illustrates that an upward trend was registered from PY4Q2. Important to note is that in PY4Q2 there was intensified training and follow up of service providers trained in long acting and permanent methods. The follow on contracts for RFP001 subcontractors (MSU and FLEP) that contribute significantly to this indicator were also awarded in PY4Q3. These reasons explain the significant upward trend observed in the last three quarters of PY4.

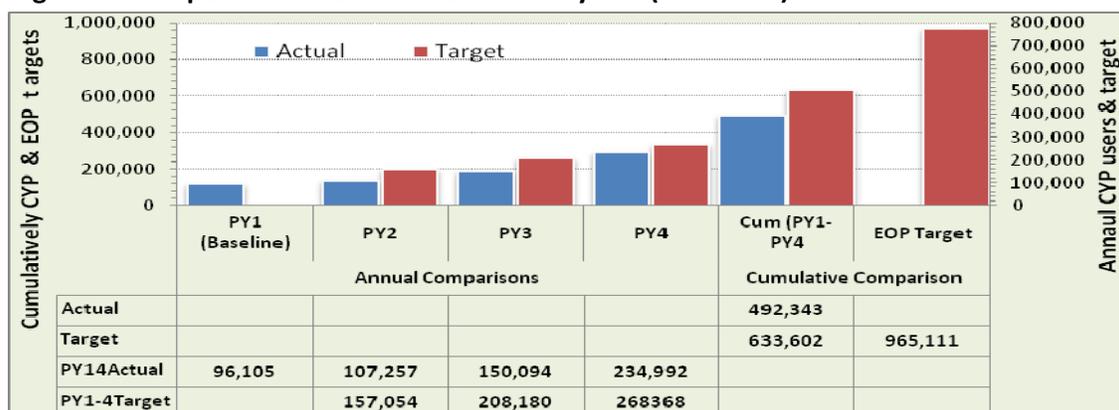
**Figure 2b: Trends of implants and IUDs insertions by quarter (PY2 – PY4)**



**Indicator 3: Couple Years of Protection (CYP)**

STRIDES tracks CYP as a measure of contraceptive coverage, which is generated as a multiple of the volume of contraceptives dispensed for each method and that method’s conversion factor. During PY4, a total CYP of 234,992 was achieved as reported in HMIS which represents 87.5% achievement of PY4 annual target of 268,368. STRIDES subcontractors contributed a total of 60,735 CYP. Analysis of CYP performance over the last four years of project implementation shows that 51% of the end of project target has been achieved (Figure 3). The delays in awarding follow on contracts for the major contributors of CYP under the PBC program (MSU, FLEP, and FHI360) affected the CYP numbers. STRIDES anticipates improved performance in PY5 especially since these subcontractors are in full implementation mode following the renewal of their contracts. Additionally, STRIDES PY5 work plan includes activities such as providing technical support to districts to conduct integrated outreaches in order to improve performance of this indicator.

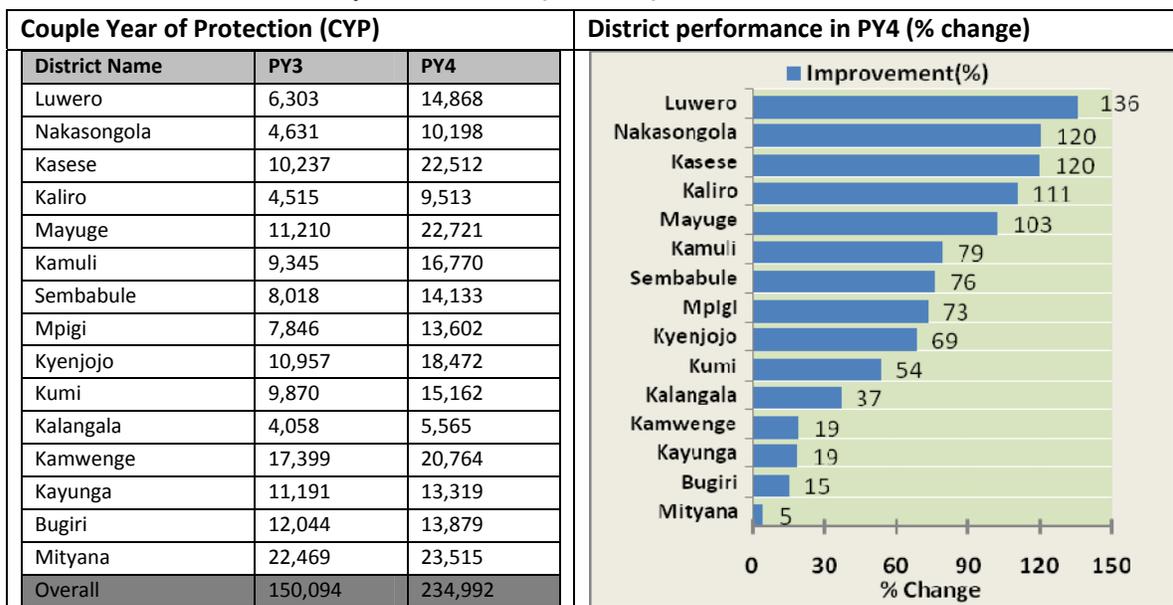
**Figure 3: CYP performance over the last four years (PY1 – PY4)**



District specific annual analysis (Box 1) shows improved performance in CYP for all districts with Luwero (115.9%), Nakasongola (120.2%), Kasese (11.9%), Kaliro (110.7%) and Mayuge (102.7%) recording the highest improvement, while Mityana district registered the least (4.7%) improvement. In particular, the districts of Kaliro, Mayuge, Luweero, and Nakasongola attributed better

performance to STRIDES subcontractors (FHI360, FLEP, and MSU) that have mainly provided long acting and permanent methods at community level during this reporting period.

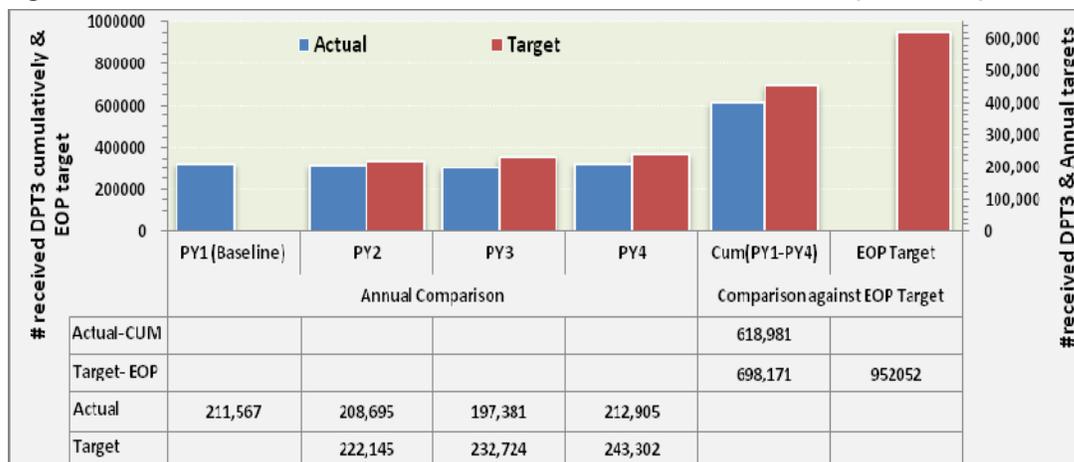
**Box 1: District annual comparison of CYP (PY3-PY4)**



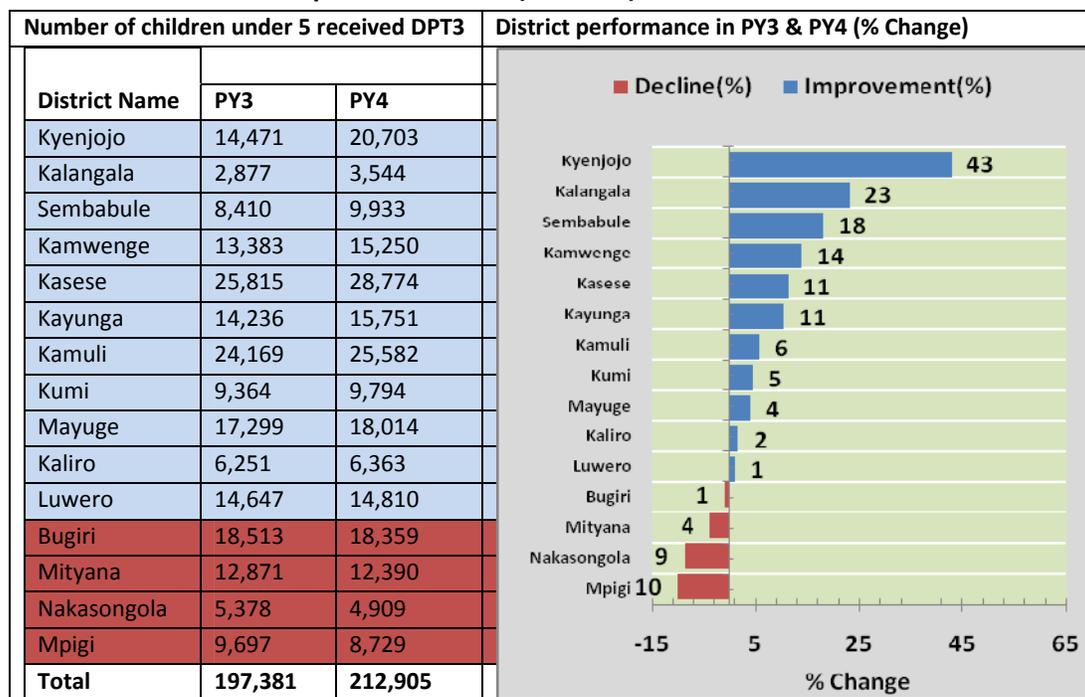
**Indicator 4: Number of children who at 12 months have received three doses of DPT**

In PY4, a total of 212,905 children received three doses of DPT representing 87.5% of PY4 annual target and 8% improvement compared to PY3 (Figure 4). Cumulatively over the last 4 years, a total of 618,981 children under 5 years have received DPT3 indicating 65% achievement of end of project target (952,052). Although this indicator improved compared to PY3 performance, the PY4 annual targets were not achieved possibly due to shortage of vaccines and late release of Primary Health Care (PHC) funds to support all the planned integrated outreaches. To improve performance of this indicator, STRIDES through the leadership development program (LDP) and quality improvement (QI) activities will support the districts to minimize stock out of essential commodities.

**Figure 4: Number of children who at 12 months have received DPT3 (PY1 - PY4)**



**Box 2: District annual comparison of DPT3 (PY3-PY4)**

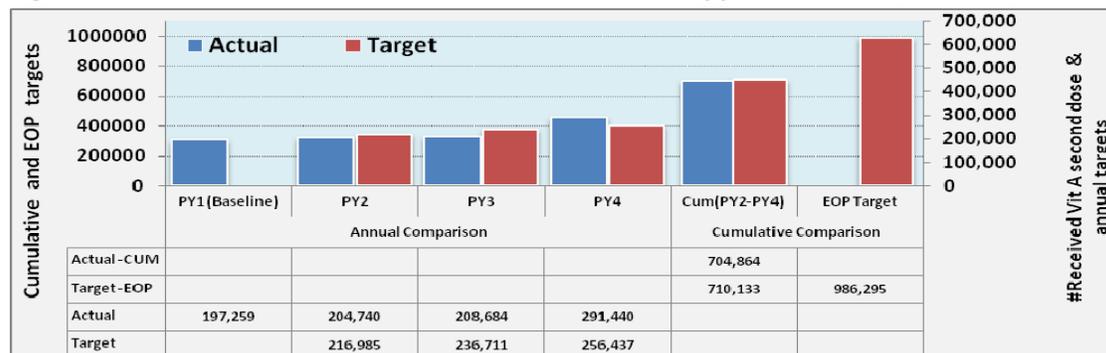


District analysis Box 2, shows that 11 out of 15 districts registered an improvement in the number of children who received DPT3 compared to PY3. The districts of Kyenjojo (43.1%), Kalangala (23%) and Sembabule (18%) recorded the highest increase. Four of the 15 districts registered a decline including: Bugiri (1%), Mpigi (10%), Mityana (4%) and Nakasongola (9%). STRIDES shall refocus the activities of STRIDES subcontractors in these districts to improve their immunization coverage and continue to engage SURE to address some of the gaps related to vaccine stock out in the districts.

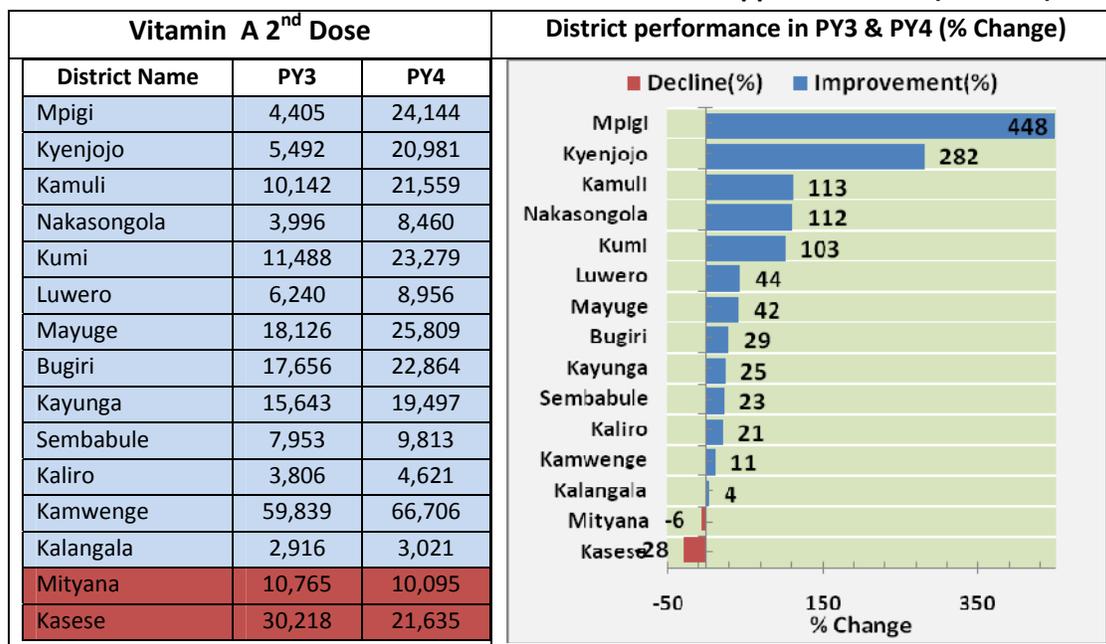
**Indicator 5: Number of children under 5 years who received the second dose of Vitamin A**

In PY4, a total of 291,440 children received the second dose of Vitamin A, reflecting a 113.6% achievement of PY4 target and 40% improvement compared to PY3 performance. Cumulatively a total of 701,715 children have received the second dose of Vitamin A since project inception, indicating a 99% accomplishment of the cumulative target (PY2-PY4) and 72% achievement of the EoP target (Figure 5).

**Figure 5: Number of children who received Vitamin A supplementation (PY1-PY4)**



**Box 3: Number of children who have received Vitamin A supplementation (PY1-PY4)**

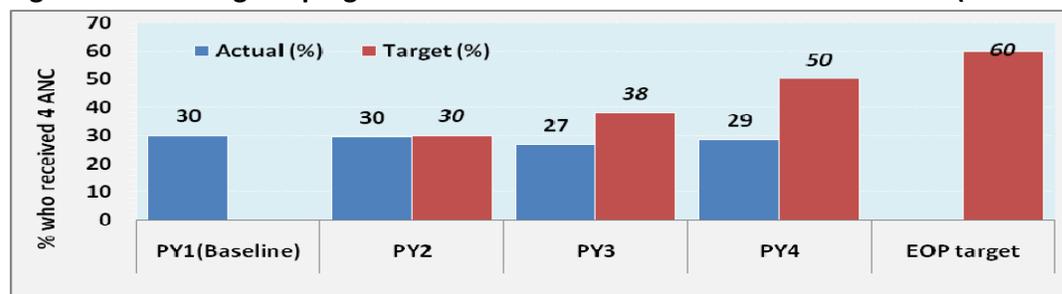


District analysis (Box 3), shows that 13 out of 15 districts recorded improvement in this indicator as compared to PY3. Mpigi district showed an improved performance of 448%, Kyenjojo (282%), Kamuli (113%), Nakasongola (112%) and Kumi (103%). Mpigi district specifically, attributed the good performance to effective utilization of the outreach funds from STRIDES through SDS, while Kyenjojo attributed their good performance to the presence of the STRIDES subcontractors operating within the district. However, Kasese and Mityana districts registered a decline in performance by 28% and 6% respectively compared to PY3 performance as result of inadequate supply of Vitamin A supplements in these districts.

**Indicator 6: Percentage of pregnant women who attend 4 ANC visits**

During PY4, the proportion of women who received 4 ANC consultations increased from 27% in PY3 to 29% in PY4 (Figure 6). This reflects 57% achievement of the PY4 annual target (50%) and 48% of EOP target (60%). Preference of TBAs by pregnant women and stock out of basic ANC supplies continue to affect the performance of this indicator. In response, STRIDES PY5 work plan focuses on improving this lagging indicator through various interventions such as providing safe water drinking supplies to pregnant women and distribution of long lasting insecticide treated nets through ANC clinics.

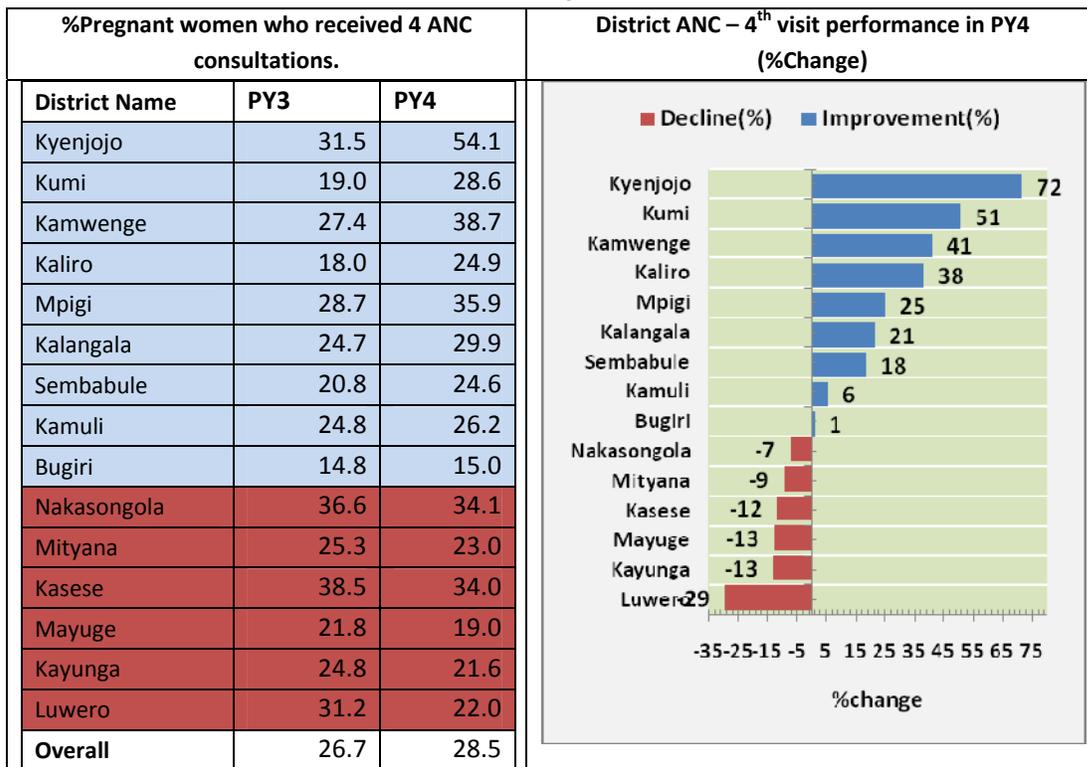
**Figure 6: Percentage of pregnant women who attended at least 4 ANC visits (PY1-PY4)**



District analysis (Box 4) shows that 9 out of 15 districts registered improvement in the percentage of women attending 4 ANC visits with Kyenjojo (72%), Kumi (51%), Kamwenge (41%) and Mpigi (25%) on top of the list. The introduction of free vouchers for pregnant women to access CEmONC services in Kyenjojo and Kumi by STRIDES subcontractors Midas Touch and other partners has encouraged pregnant women to attend ANC visits. Important to note is that both Kyenjojo and Kamwenge are saving mothers giving life (SMGL) districts and have received more support including provision of free and improved mama kits and other services. In Mpigi, the ultra sound scan services provided by STRIDES subcontractor ECUREI has improved ANC attendance.

Districts such as Luweero (29%), Kayunga (13%), Mayuge (13%), Kasese (12%), Mityana (9%) and Nakasongola (7%) declined. STRIDES continues to sensitize and educate the community about the importance of ANC. Additionally, STRIDES shall tailor the distribution of long lasting insecticide treated nets (LLINs) to these districts. The LLINs and delivery kits shall be placed at the ANC clinics for distribution at the 4<sup>th</sup> ANC visit.

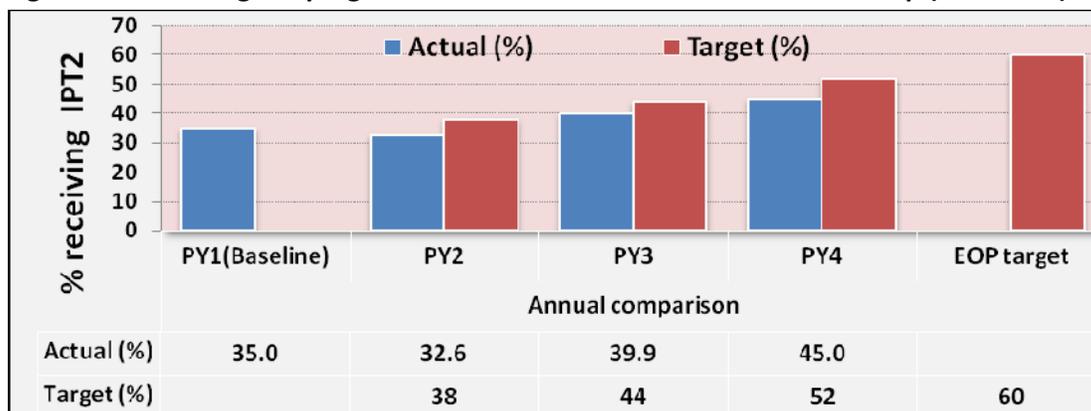
**Box 4: Fourth ANC attendance - district comparison (PY3-PY4)**



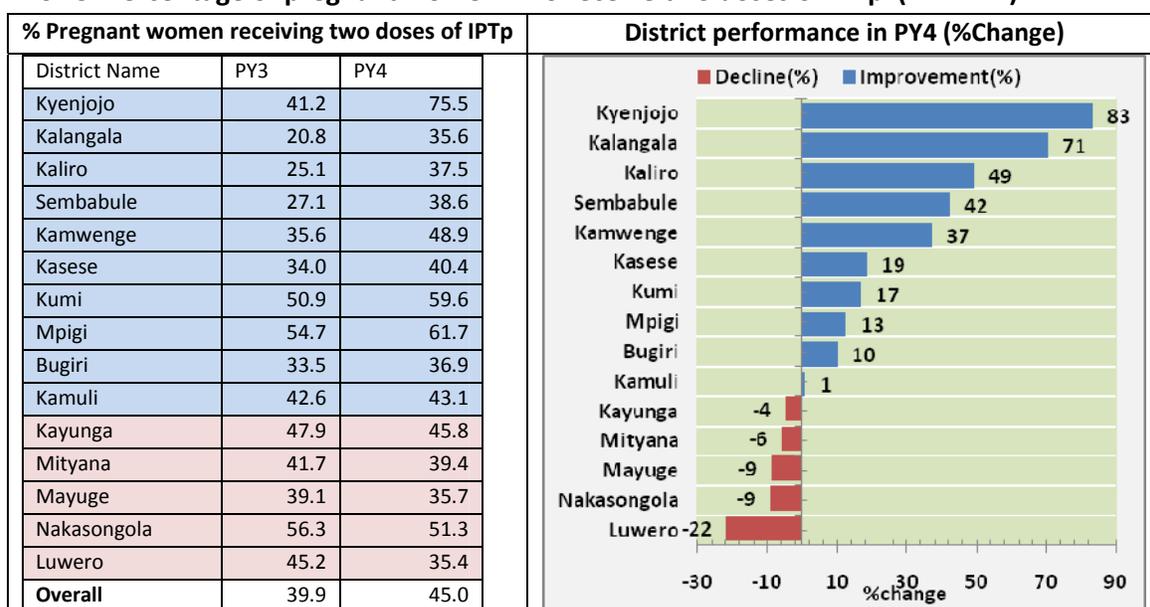
**Indicator 7: Percentage of pregnant women who receive two doses of IPTp**

During PY4, 45% of pregnant women (using all women projected to become pregnant as the denominator) received 2 doses of IPTp achieving, 87% of the PY4 annual target and 75% of the EOP target. Figure 7 shows performance from baseline in comparison to the annual and EOP targets. Tailored interventions earlier described in this report in regard to improving ANC attendance also apply to improving IPTp uptake. In addition, STRIDES will introduce water purification supplies at the health facilities to boost uptake of IPTp.

**Figure 7: Percentage of pregnant women who received two doses of IPTp (PY1 – PY4)**



**Box 5: Percentage of pregnant women who receive two doses of IPTp (PY1-PY4)**



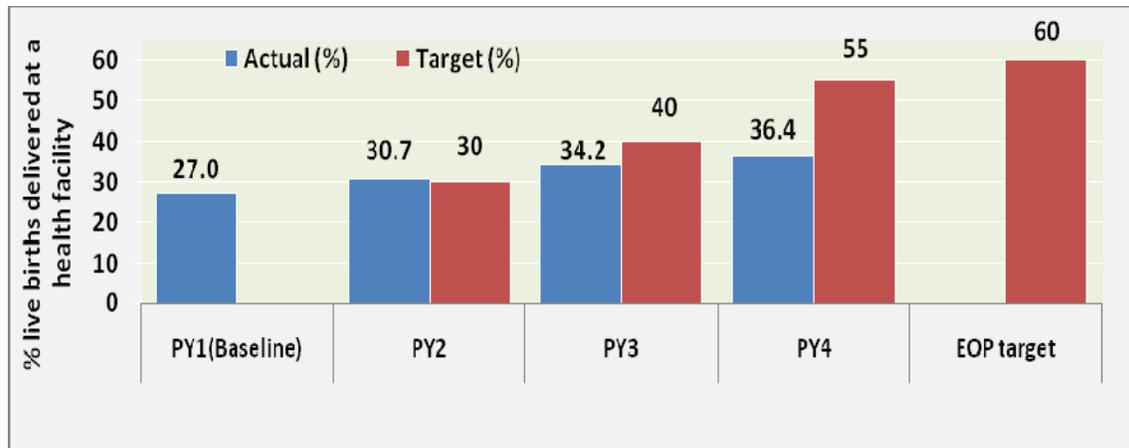
District level analysis reveals that 10 out of 15 districts registered increased IPTp uptake in PY4 (Box 5). Particularly, Kyenjojo (83%), Kalangala (71%), Kaliro (49%), Sembabule (42%) and Kamwenge (37%) registered improved performance. Kyenjojo district highlights the presence of the SMGL interventions as one of the key reasons for improved performance, while other districts cited steady supply of Fansidar during the reporting period. Decline in the number of pregnant women receiving IPTp in Kayunga (4%), Mityana (6%), Mayuge (6%), Nakasongola (9%) and Luwero (22%) is attributed to shortage of Fansidar in these specific districts.

**Indicator 8: Percentage of live births delivered at a health facility**

During PY4, 36.4% of live births were delivered at a health facility illustrating 66% achievement of the annual target and 7% improvement from year three. This performance also reflects 61% achievement of the end of project target. Although the annual analysis from baseline (Figure 8) shows an upward trend in proportion of facility-based deliveries, STRIDES fell short of the annual target by 33.8%. The districts report that the performance of this indicator has continued to be

affected by: long distances to the health facilities; poor attitudes of the health workers; lack of essential supplies such as surgical gloves and detergents at the health facilities and increased pressure from the health workers demanding gloves, makinitorsh and other supplies from the pregnant women. In addition, preference of traditional birth attendants by expectant mothers due to a number of reasons i.e. they are within the community, they are friendly and do not demand for “too much” before they attend to the mothers are some of the reasons highlighted to explain this trend of performance.

**Figure 8: Percentage of live births delivered at a health facility (PY1 – PY4)**

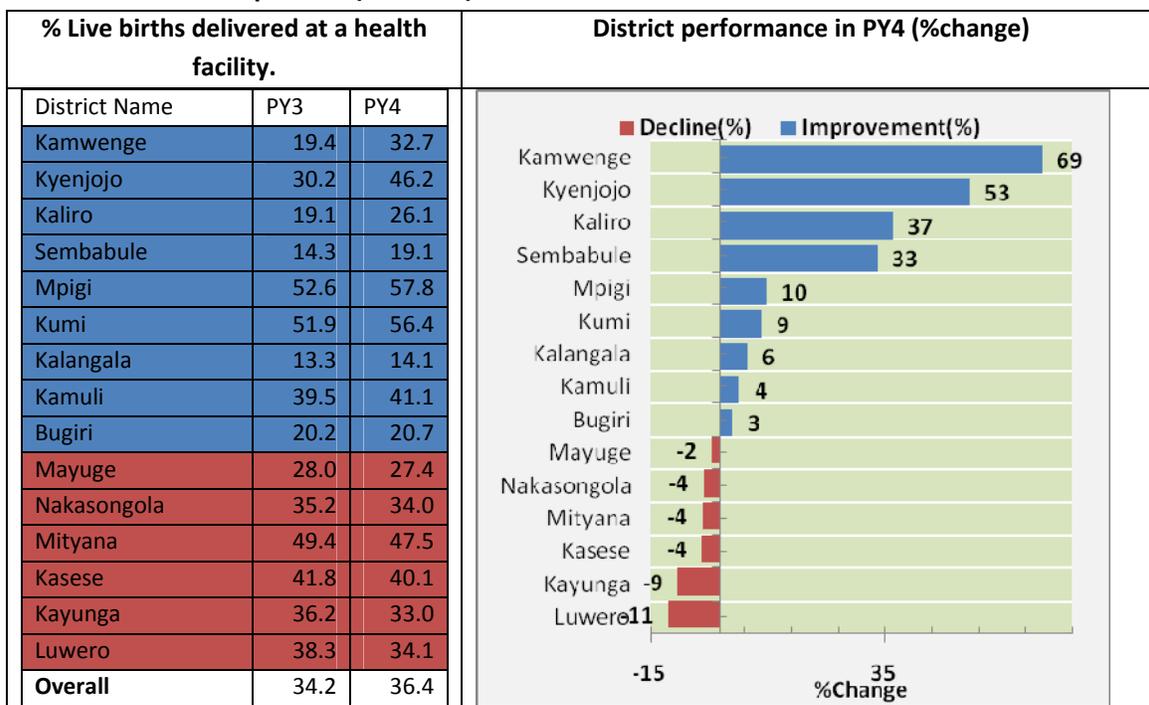


Box 6 shows district performance analysis for deliveries, and 9 out of 15 districts improved in performance from PY3 which include Kamwenge (69%), Kyenjojo (53%), Kaliro (37%) and Sembabule (33%), and the least improved districts are Luweero and Kayunga which declined by 11% and 9% respectively. According to the best performing districts i.e. Kamwenge and Kyenjojo, performance is attributed to SMGL partners’ interventions such as:

- Provision of mama kits that include most of the required delivery supplies such as the gloves, makinitorsh, cotton, gauze among others that are required but cannot be accessed at facility level.
- Availability of community ambulances that enable pregnant women from remote communities to easily access the health facility.
- Provision of incentives (allowances/salary top-ups) to service providers to deliver quality services. It has also been reported that the motivated service providers are more friendly to clients.
- Implementaion of the voucher system such as STRIDES/Midas Touch voucher system that entitles pregnant women to free CEmONC services.

To further improve performance of this indicator especially in the poorly performing districts, STRIDES shall prioritise such distrcts for interventions such as distribution of free LLINs, implementation of the P&G safe drinking water initiative, provision of delivery kits and where possible replicate interventions that have worked in better performing districts.

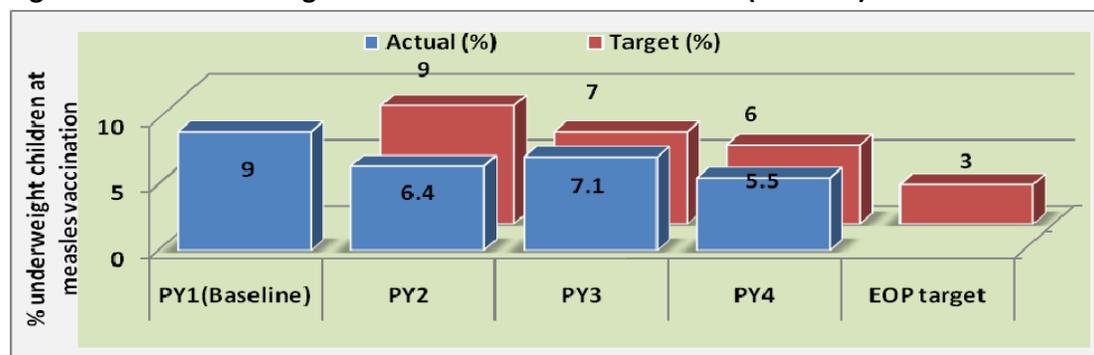
**Box 6: District comparison (PY3-PY4)**



**Indicator 9: Percentage of underweight children at measles vaccination**

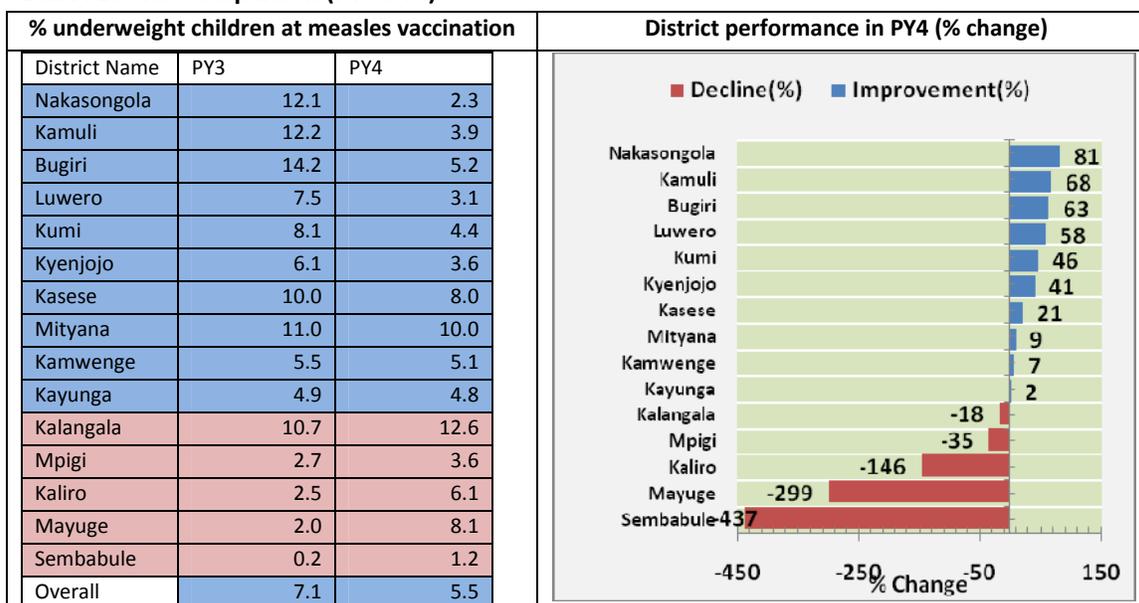
During PY4, 5.5% of the children were underweight at measles vaccination representing a better performance against PY4 target of 6% and achievement (7.1%) in PY3 (Figure 9). Comparing this achievement to the national proportion of underweight statistics (16%) and STRIDES baseline value (9%), it is likely that STRIDES will achieve the end of project target of 3%.

**Figure 9: % of underweight children at measles vaccination (PY1-PY4)**



District specific analysis (Box7), shows that 10 out of 15 districts recorded a lower proportion of underweight children in PY4 compared to PY3, showing an improvement in Nakasongola (81%), Kamuli (68%), Bugiri (63%), Luweero (58%) and Kumi (46%). However, performance for Sembabule, Mayuge, Kaliro and Mpigi significantly declined. The decline in performance may be due to expansion of nutrition activities whereby, as nutrition programs are being introduced, there is improved weight taking behavior by facility staff, therefore, initially leading to increased underweight detection rates.

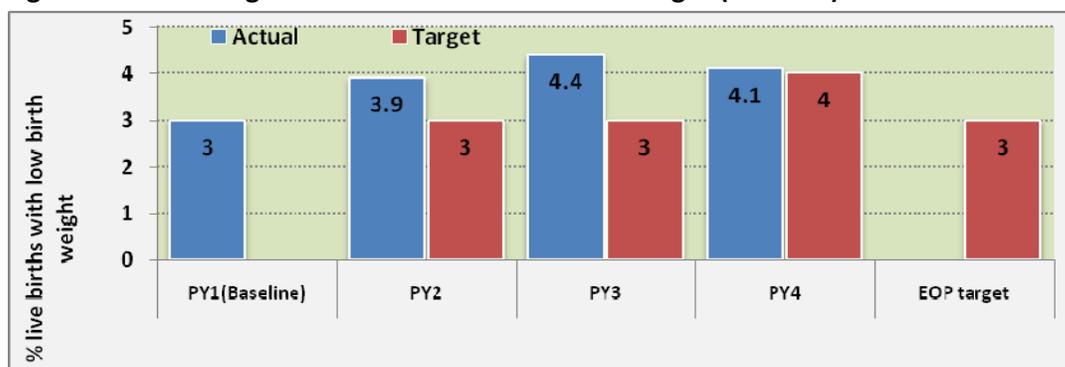
### Box 7: District comparison (PY3-PY4)



### Indicator 10: Percentage of live births with low birth weight

During PY4, 4.1% of the total live births weighed less than 2.5 kilograms. STRIDES fell short of the annual target of 4%. Although efforts have been undertaken to avert this trend, the poor performance could be due to improved detection rates of underweight children at facility level as a result of STRIDES nutrition interventions such as training service providers in child health and nutrition, on job mentoring and provision of equipment such as weighing scales. Nutrition interventions targeting pregnant women shall be prioritized during promotion for improved ANC attendance.

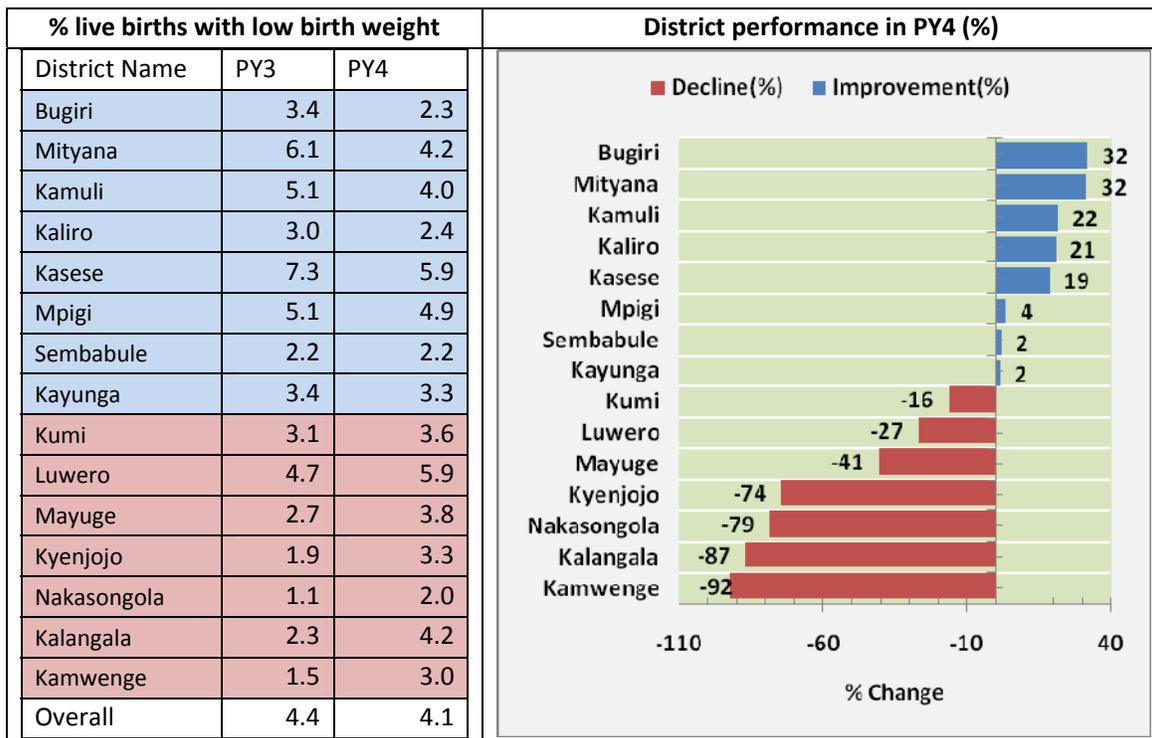
Figure 10: Percentage of live births with low birth weight (PY1-PY4)



During PY4, 8 out of 15 districts (Box 8) had a decline in the proportion of live births with low birth weight as compared to PY3 representing good performance. However, 7 out of 15 districts registered an increase in live births with low birth weight (Kamwenge (92.3%), Kyenjojo (74.3%) Nakasongola (79%) and Kalangala (78.5%). Important to note is that STRIDES activities such as supporting outreach in hard to reach areas, immunization campaigns, and capacity building of service providers, may lead to increased numbers of deliveries at health facilities and thus have

affected the performance of this indicator by increasing the pool of children born and weighed at facilities. However, STRIDES will continue to intensify nutrition activities with a focus on pregnant women through ensuring that trained VHTs promote adoption of good health practices amongst community members including nutrition counseling and mobilization of pregnant women to attend ANC among others.

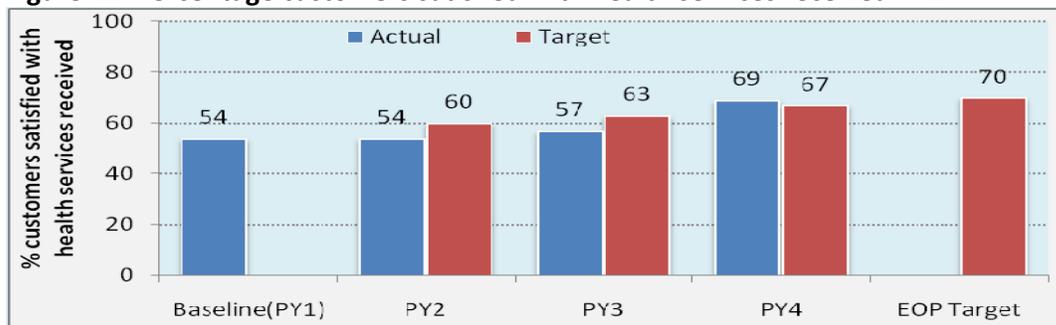
**Box 8: District comparison of the proportion of live births with low birth weight (PY3-PY4)**



**Indicator 11: Percentage of customers satisfied with health services received**

Through annual surveys, STRIDES tracks percentage of customers satisfied with reproductive health/family planning, child survival and nutrition health services. According to the PY4 annual survey, 69% of the customers reported to have been satisfied with health services they received at the health facility compared to 57% in PY3. The achievement exceeds the annual target of 67% by 3% and is on track to achieve the end of project target of 70% (Figure 11). STRIDES shall continue to implement quality improvement interventions to further customer satisfaction for health services received at facility level.

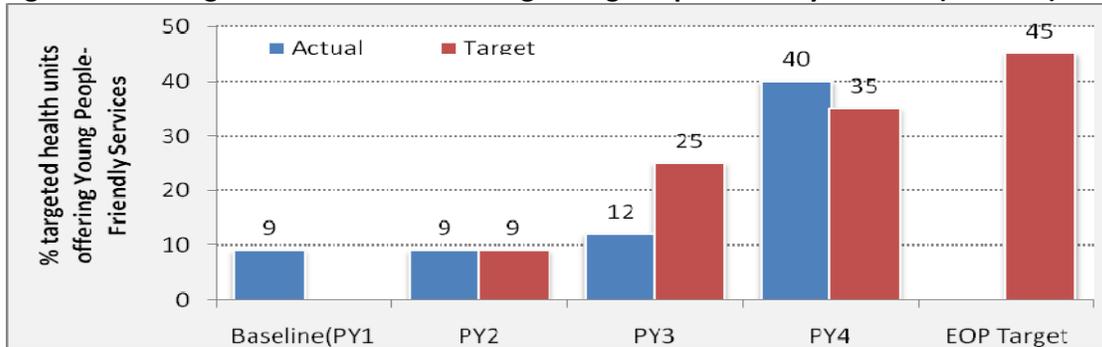
**Figure 11: Percentage customers satisfied with health services received PY1 – PY4**



**Indicator 12: Percentage of targeted health units offering Young People-Friendly Services**

The definition of young people is derived from the Uganda National Adolescent Health Policy 2004. The policy defines "young people" as females and males between the ages of 10 to 24 years. A total score was calculated for each individual interviewed, and a health facility was considered to be offering YPFS if it obtained an average score of 80% or more. In PY4, 40% of targeted health facilities were offering young people friendly services exceeding the annual target of 35% and is on track to achieve the end of project target of 45% (Figure 12).

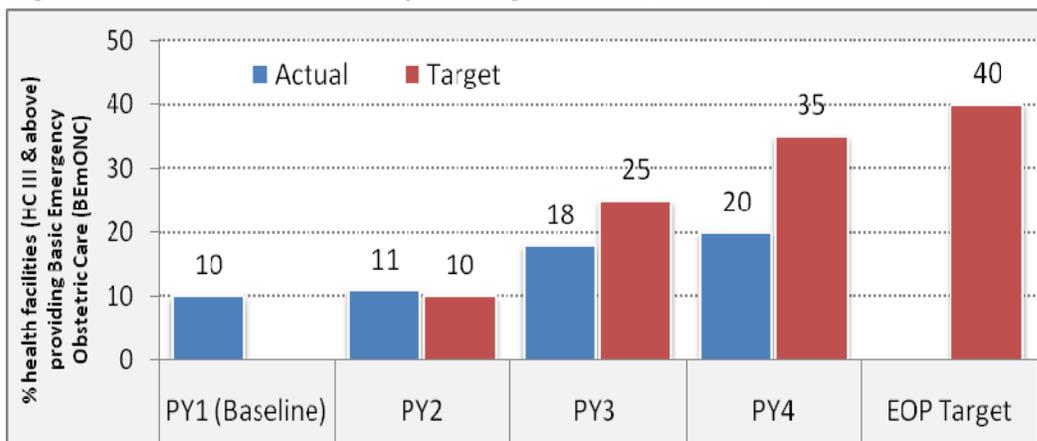
**Figure 12: % targeted health units offering Young People-Friendly Services (PY1-PY4)**



**Indicator 13: Percentage health facilities (HC III & above) providing Basic Emergency Obstetric Care (BEmONC)**

This indicator measures the percentage of health facilities (HC III & above) that are providing basic emergency obstetric and neonatal care (BEmONC). In PY4, 20% of the health facilities (HC III & above) provided BEmONC services. This achievement represents 57% of the annual target and 50% of the end of project target. STRIDES did not achieve the PY4 annual target of 35%, mainly due to stock out of drugs (antibiotic, oxytocic, anti-convulsant) required to offer BEmONC services thus affecting the performance of this indicator. STRIDES will continue to work with districts to ensure that they order enough quantities of these drugs from NMS.

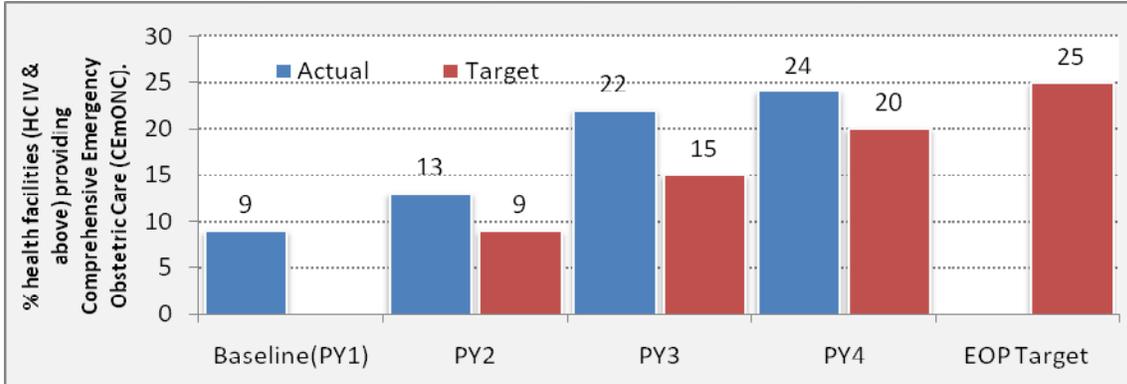
**Figure 13: % of health facilities providing BEmONC (PY1-PY4)**



**Indicator 14: Percentage health facilities (HC IV & above) providing Comprehensive Emergency Obstetric Care (CEmONC)**

STRIDES tracks health facilities (HC IV & above) that offer CEmONC services. A facility is considered to offer CEmONC services if it provides all the basic signal functions plus; caesarean deliveries and blood transfusion. In PY4, 24% of health facilities were found to offer CEmONC services exceeding the annual target by 20%. Important to note is that during PY4, STRIDES intensified training of hospital and HC IV staff in CEmONC and this is likely to have improved performance of this indicator.

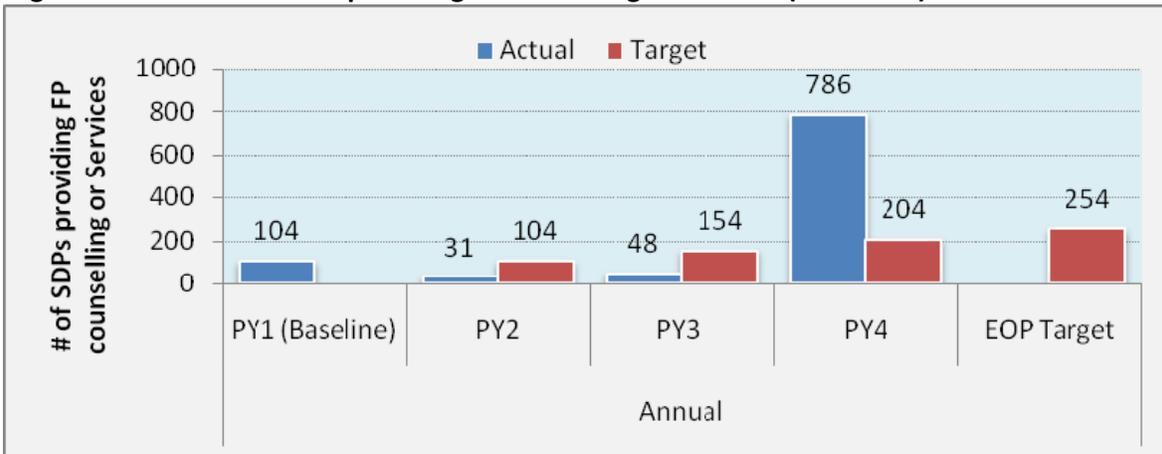
**Figure 14: Percentage health facilities providing CEmONC (PY1 – PY4)**



**Indicator 15: Number of USG-assisted SDPs providing FP counseling or services**

STRIDES tracks the number of service delivery points (excluding door-to-door) providing FP counseling or services. An SDP is considered to provide the service when the following conditions are all met: 1) at least one staff member who has been trained in the service; 2) the required equipment is available; 3) the SDP has offered the service in the last 3 months; and 4) contraceptives have been in stock for at least 2 of the past 3 months. During PY4, a total of 786 SDPs were providing FP counseling or related services. This achievement exceeds the annual target by 478% and shows an improved performance compared to PY3 (Figure 15).

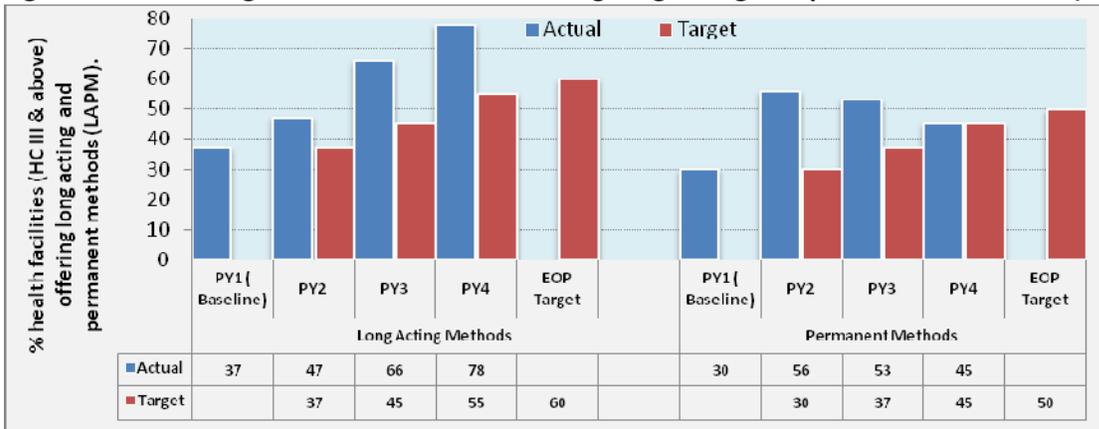
**Figure 15: Number of SDPs providing FP counseling or services (PY1 – PY4)**



**Indicator 16: Percentage of health facilities (HC III & above) offering long acting and permanent methods**

Figure 16 shows that in PY4, 78% of health facilities (HC III and above) were offering long acting methods (LAM) and 45% offering permanent methods (PM). The proportion of facilities offering LAM exceeded the annual target of 55% by 42%.

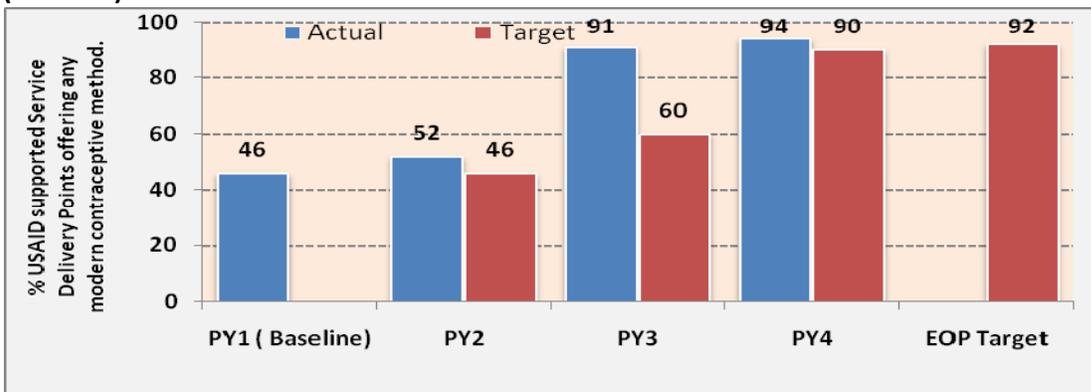
**Figure 16: Percentage of health facilities offering long acting and permanent methods (PY1-PY4)**



**Indicator 17: Percentage of USAID supported service delivery points (SDPs) offering any modern contraceptive method**

This indicator tracks the proportion of STRIDES supported SDPs offering any modern contraceptive methods. Figure 17 shows that in PY4, 94% of SDPs were providing at least one modern contraceptive method. This achievement exceeds the annual target by 4%. As well, the EOP target has been exceeded.

**Figure 17: Percentage of USAID supported SDPs offering any modern contraceptive method (PY1-PY4)**

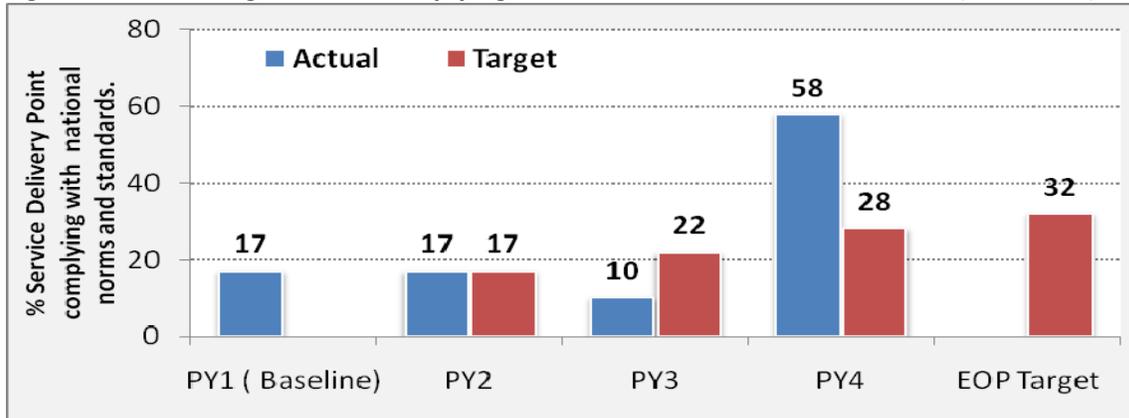


**Indicator 18: Percentage of Service Delivery Points complying with national norms and standards**

This indicator tracks the percentage of service delivery points (SDPs) complying with national norms and standards with a specific focus on adequate counseling. For SDP to be counted as having provided adequate counseling, at least 80% of the individuals observed must have been provided with adequate counseling. Adequate counseling means: all methods are discussed with the clients; jobs aids are used in the counseling session; and FP commodities are in stock. In PY4, 58% of service delivery points complied

with national norms and standards as compared to 17% and 10% in PY2 and PY3 respectively, as shown in Figure 18. This achievement exceeded both the annual and end of project targets by 107% and 81% respectively.

**Figure 18: Percentage of SDPs complying with national norms and standards (PY1 – PY4)**



## B. Detailed PY4 Annual Activities by Sub-result

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

#### 1.1.1 Review and update of guidelines, standards, training materials and job aids

During PY4, STRIDES continued to strengthen and support provision of RH/FP and CS services at health facilities through capacity building of facility staff and by ensuring availability and use of relevant job aids, guidelines and standards. The following activities were accomplished:

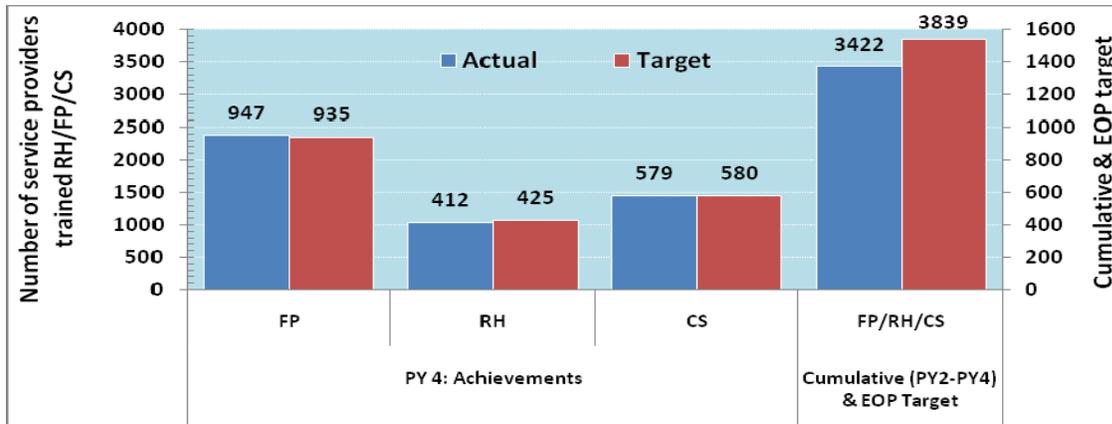
- Development of on-the-job training (OJT) strategy with guidelines that ensured the quality of training and reduced the time that service providers spend away from their duty station.
- Support was provided to the Ministry of Health (MoH) to reproduce and disseminate IMAM guidelines, IMAM registers, counseling cards and IYCF brochures, including IEC materials for USAID statutory regulations, IPT in pregnancy, FP prompting tools and posters.
- Postpartum intra uterine device (PPIUD) job aid was adapted and integrated into both the long acting FP (LAFP) and BEmONC trainings.
- VHT-FP curriculum for training VHTs was adapted from FHI360 and condensed from 5 days to 3 days training.
- Accredited Drug Sellers (ADS) curriculum was adapted to include FP, maternal health and child survival components for training drug shop sellers.
- In collaboration with World Vision Uganda, STRIDES supported the MoH to draft guidelines for Positive Deviance/Hearth approach in the management of malnutrition in Uganda.

### 1.1.2 Training

#### Indicator 19: Number of service providers trained in RH/FP/CS

In PY4, a total of 947 services providers were trained in family planning; reproductive health (412) and child survival (579). STRIDES achieved 99.9% of PY4 training targets. Performance by skill area was as follows: FP (84.9%), RH (96.9%) and CS (99.8%) (Figure 19). Cumulatively (PY2-PY4), 89 % of the overall EOP training target has been achieved.

Figure 19: Number of service providers trained (PY2-PY4)

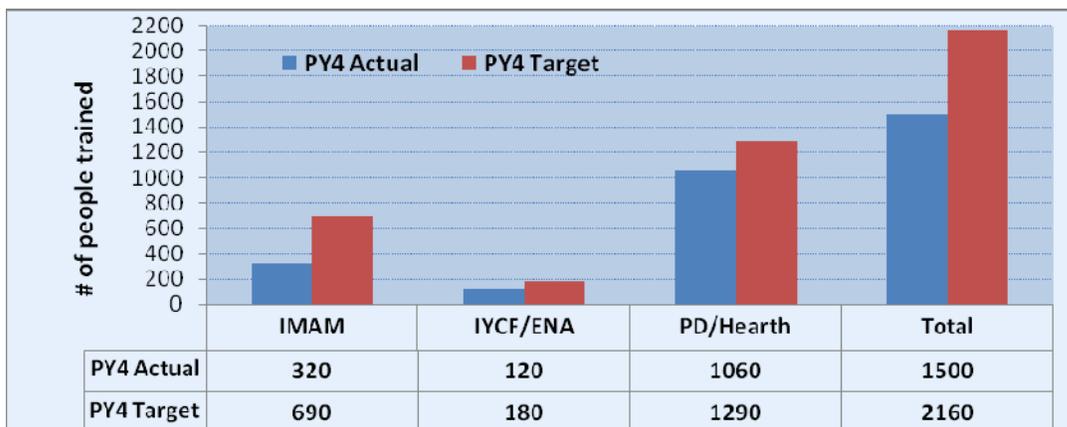


#### Indicator 20: Number of people trained in child health and nutrition through USG supported programs

##### Integrated management of acute malnutrition (IMAM)

In PY4, a total of 1,500 people received training in child health and nutrition: IMAM (320); essential nutrition actions/infant and young child feeding (ENA/IYCF) (120); and PD/Hearth (1,060). The training targets by nutrition area were achieved as follows: IYCF/ENA (67%); IMAM (46%) and PD/Hearth (82%), (Figure 20). The unmet target for IMAM and PD/Hearth trainings is attributed to changes in the selection approach for participants to be trained. In the original plan, 20 participants at both district and sub county levels were to be selected for training. STRIDES plans to complete all nutrition training in the first quarter of PY5.

Figure 20: Number of people trained in child health and nutrition (PY4)



**Indicator 21: Percentage children cured at STRIDES supported facilities or STRIDES supported community PD/Hearth sessions (Cure Rate)**

This indicator measures the percentage of malnourished children below 5 years of age who was treated and rehabilitated either at the inpatient therapeutic care (ITC) or outpatient therapeutic care (OTC) or through community PD hearth sessions. During PY4, 43% (722) out of a total of 1,665 malnourished children enrolled cured. STRIDES distributed ready to use therapeutic foods to 36 health facilities identified to implement nutrition interventions. This facilitated treatment of acute malnutrition at facility level.

**Sub-result 1.2 Demand for RH/FP/CS services at facilities increased through BCC and counseling strategies**

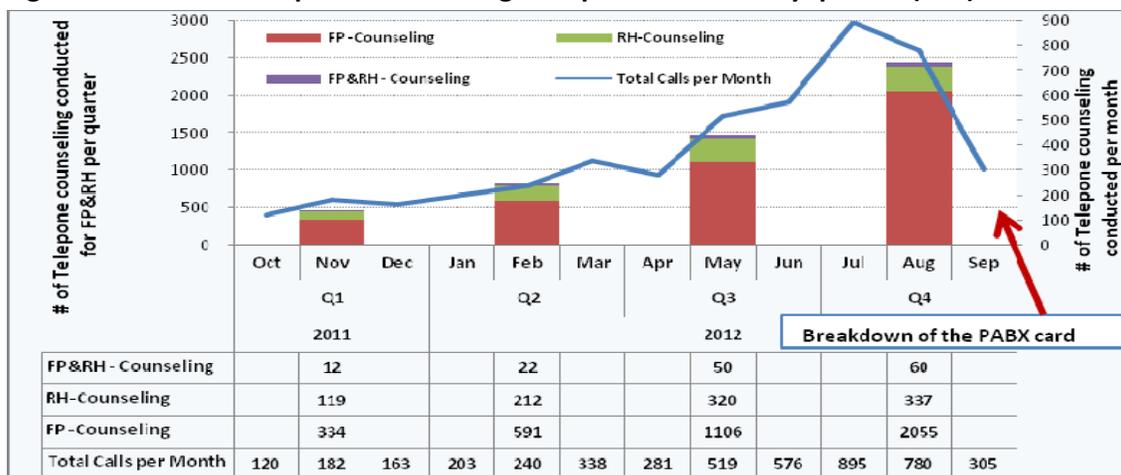
**Health facility dialogues and health facility activations**

Health facility dialogues were conducted in 75 health facilities across the STRIDES 15 collaborating districts to address the following issues: pregnant women not completing 4 ANC visits, poor DPT3 coverage, low uptake of IPTp2 and FP services. “Open day” activities were also conducted at Kalagala HCIV in Luwero district and Kyantungo HC IV in Mityana district. A total of 114 facility activations that boosted service delivery in health facilities across the 15 districts were facilitated to increase demand and utilization of reproductive health, family planning, child survival and nutrition services.

**Telephone counseling**

In PY4, STRIDES established a 24 hour national health hotline (0800 200 600) to provide free telephone counseling services on FP and RH, targeting persons especially males preferring discreet means of getting information or interpersonal approach towards solving their health issues. By the end of September 2012, a total of 4, 601 calls were received. Male (71%) callers continued to dominate the hotline compared female (29%) callers. There has been an increasing trend in the number of callers, the drop in the number of call in August and September 2012 was due to a technical Fault (the breakdown of the PABX card) which put the hotline of air (Figure 22). 79% (3,760) of the calls were related to FP and 21% (990) RH. 144 calls were on both FP and RH making a total of 4,750 different request calls.

**Figure 21: Trend of telephone counseling calls per month and by quarter (PY4)**



### **PY5 Next Steps**

- Adapt, print, disseminate job aids for RH/MH/CS/Nutrition/Malaria/CECAP and orient service providers
- Conduct quarterly health facility-based dialogues
- Conduct health facility Open Days for HCIIIs & above ('Get to know your health facility' campaign)
- Support continuous professional development for telephone counselors

## **Sub-result 1.3 Improved availability of essential commodities at facility level**

### **Medicine management supervisors (MMS) in Kalangala district**

In collaboration with MSH-SURE project and MoH, STRIDES supported Kalangala district to establish a medicine management strategy to improve the management of essential medicines and health supplies in public health facilities in the district. District leaders were oriented on supervision performance appraisal and recognition strategy (SPARS) and two health workers (Pharmacists) trained as medicine management supervisions (MMS).

### **Medical supplies**

In an effort to encourage pregnant women to complete 4 recommended ANC visits and increase uptake of IPT in order to reduce incidences of malaria sickness during pregnancy, STRIDES and UHMG distributed a total of 1,400 jerry cans with dispensing taps, 9,075 metallic cups and 1,440 packets of water purification tablets to targeted ANC facilities in Bugiri, Mayuge, Kaliro, Kalangala, Kyenjojo, Kamwenge, and Kasese districts.

### **Indicator 22: Number of long lasting insecticide treated nets (LLINs) distributed**

By the end of September 2012, a total of 26,976 LLINs had been delivered to health facilities in the 5 targeted districts of Kalangala, Kamuli, Kyenjojo, Kasese and Kamwenge (Figure 23). Out of these 11,623 were distributed to clients through ANC clinics, which is below PY4 target of 86,178. The main reason for under performance of this indicator is the delay in distributing the nets from the district stores to health facilities. In PY5, STRIDES plans to change the distribution strategy to ensure a stable supply of LLINs through ANC clinics in order to improve performance of this indicator.

### **PY5 Next Steps**

- Continue to implement the MMS program in Kalangala (mentoring, providing equipment, capacity support ) in alignment with MoH/SURE guidelines
- Purchase and distribute selected therapeutic food in targeted health facilities (Hospital, HC IV, and HCIII).
- Integrate clean drinking water supplies to support IPT uptake, 4 ANC visits and facility delivery (Procter & Gamble safe drinking water initiative) in 5 districts.
- Monitor stock levels of essential medicines and contraceptive stock levels through regularly sharing and disseminating bimonthly reports from NMS/ MoH/SURE to the districts
- Distribute LLINs through ANC clinics in 5 districts (not overlapping with Malaria Consortium and SMP)

## Sub-result 1.4: Facilities strengthened to provide quality services

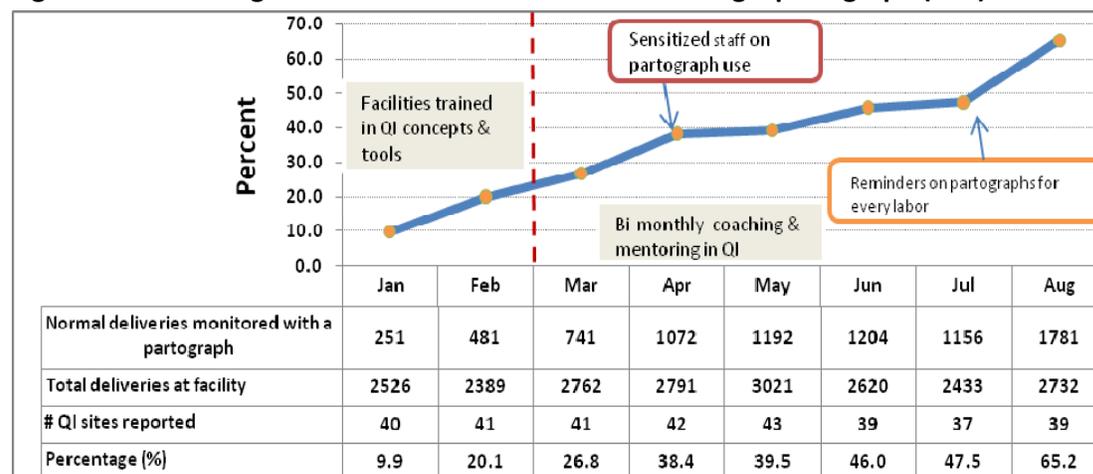
### Indicator 23: Percentage of health facilities with established capacity to manage acute under nutrition

A health facility that has established capacity to manage acute under nutrition is defined as a facility that has a program with established procedures, methods and appropriate materials (such as resources and trained staff) to address under nutrition. During PY4, 28% (52) of the targeted health units had the capacity to manage acute under nutrition exceeding the annual target by 8%.

### Quality Improvement

STRIDES supported 46 health facilities in 10 districts to improve the quality and scaling up high-impact maternal, neonatal and FP services through a demonstration improvement collaborative. In the SMGL districts of Kyenjojo and Kamwenge STRIDES, Health Care Improvement (HCI) project and other implementing partners started this collaborative to improve maternal and child health outcomes. STRIDES in addition, partnered with Evidence to Action (E2A) project, to initiate a similar demonstration improvement collaborative (IC) in two districts (Mityana and Nakasongola). The IC aimed to increase uptake and implementation of evidence based best practices during delivery and immediate post partum, post abortion and newborn care, as well as FP integration into these services. The experiences and lessons learnt from the IC are being applied to QI interventions in six other districts of Mpigi, Kalangala, Kasese, Kayunga, Kumi and Kamuli.

**Figure 22: Percentage of normal deliveries monitored using a partograph (PY4)**



### Facility remodeling

In coordination with MoH and districts, STRIDES supported the renovation of Rukunyu HC IV and Rwamwanja HC III in Kamwenge, and Rwesande HC IV in Kasese. In Rukunyu HC IV, the theatre, outpatient department (OPD) and maternity blocks were renovated, while in Rwamanja HC III, the maternity block was renovated. In Rwesande HC IV both the OPD and maternity blocks were renovated. Water harvesting systems and solar energy systems were installed in all the 3 health centers. Below is the pictorial illustration showing the structures before and after renovation:

### Rukunyu HC IV in Kamwenge: Theatre Renovation

Before



After



### Rwamwanja HC III in Kamwenge: Maternity Block Renovation

Before



After



### Rwesande HC IV in Kasese: OPD Block Renovation

Before



After



### PY5 Next Steps

- Implement improvement collaborative (ICs) in 10 districts (Nakasongola, Mityana, Kyenjojo, Kamwenge, Kasese, Kamuli, Kumi, Kayunga, Kalangala and Mpigi). The ICs in the 2 SMGL districts will focus on maternal and new born health).
- Complete renovation of selected facilities in 6 districts (Kasese, Kamwenge, Luwero, Nakasongola, Bugiri, and Mayuge).
- Provide basic RH/FP/CS/youth friendly/nutrition equipment to selected facilities.

## Result 2: Access to and demand for RH/FP and CS services at the community level improved and expanded

### A. Key Indicators

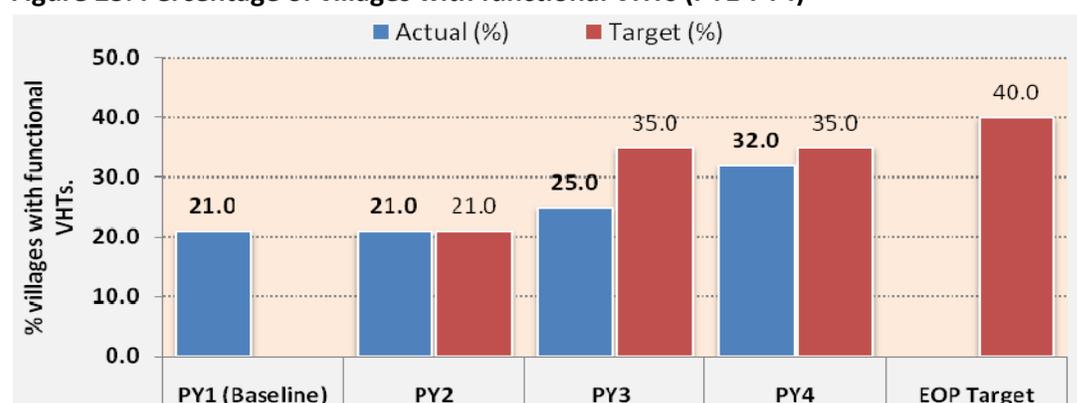
**Table 3: Summary of indicator performance for Result 2 (PY1 to PY4)**

#	Indicator	PY1-Baseline	Annual Performance			Targets		Achievements against Targets (%)	
			PY2	PY3	PY4	PY4	EOP	PY4 (%)	EOP Target (%)
24	% villages with functional VHTs	21	21	25	32	35	40	91	80
25	% VHTs with stock-outs of FP tracer commodities	43	43	39	56	25	20	224	280
26	# children under five years reached by USG supported nutrition programs	52,890	-	-	245,215	263,247	658,118	93.2	37.3

#### Indicator 24: Percentage of villages with functional village health teams (VHTs)

STRIDES tracks, the percentage of VHTs that are functional. A VHT is considered functional when all the following conditions are met: regular meetings (between a village health team and health facility) are held at least once in a month, VHT members have been trained, submit reports to the nearest health facility and provide services to the community at least monthly. During PY4, 32% of the villages had functional VHTs. The performance is below the annual target (35%) but reflects an improvement of 28% from PY3 (Figure 25). STRIDES will continue supporting VHT activities aimed to ensure functionality of the trained VHTs.

**Figure 23: Percentage of villages with functional VHTs (PY1-PY4)**



#### Indicator 25: Percentage of VHTs with stock-outs of FP tracer commodities

In PY4, 56% of VHTs experienced stock-outs of FP tracer commodities. This is higher than annual target of 25% (Figure 26). STRIDES will continue to support private sector partners such as FHI360,

PACE, and UHMG to supply FP commodities at community level and to play an advocacy role for districts to include VHT activities in district work plan and budgets.

## **B. Detailed PY4 Activities by Sub-result**

### **Sub-result 2.1: Increased ability of communities to provide RH/FP and CS services**

#### **VHT Health Teams**

STRIDES supported the districts to sensitize sub-county leaders and communities to better understand the VHT concept; choose a VHT that the community accepts and be able to offer continuous support to the VHTs. Following these sensitizations a total of 142 VHT trainers and 3,479 VHT members were selected and trained, forming 787 VHT teams in 101 sub-counties. Each trained VHT member received a VHTs kits comprising of a T-shirt, manual, gum boots, bag, raincoat and factsheets among others. STRIDES also conducted refresher training for VHTs trained in the previous years and also supported 13 districts to conduct a total of 198 VHT-facility based follow up meetings.



*A cross section of VHTs attending  
Follow-up/review meeting at Bukabooli SC, Mavuae district*

#### **Training of drug sellers in basic FP/RH and CS**

In collaboration with National Drug Authority (NDA) and SDSI project, STRIDES supported 4 districts (Kyenjojo, Kamwenge, Mityana and Kamuli) to train 304 drug shop attendants/owners to manage medicines, common diseases and observe good dispensing practices.

#### **Positive Deviance/Hearth (PD/H) nutrition program**

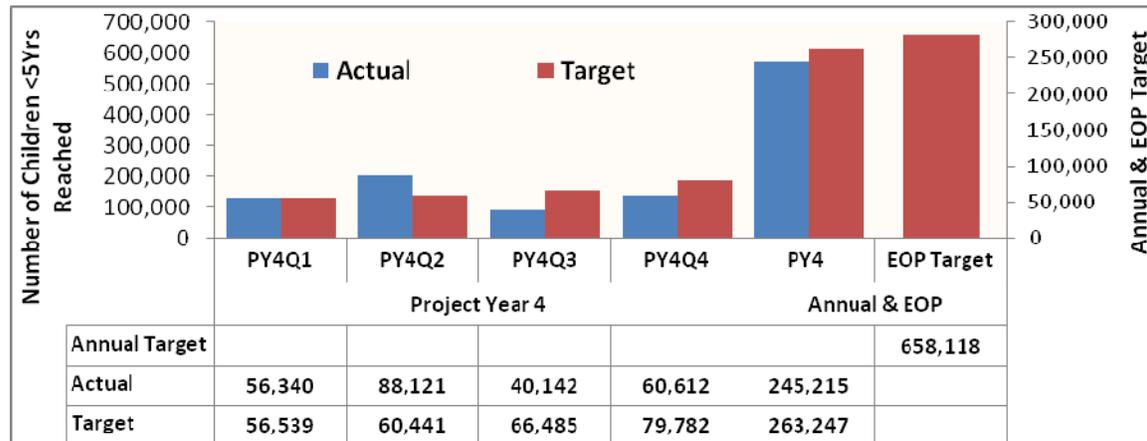
During PY4, STRIDES rolled out the PD/Hearth program to 5 more districts (Luwero, Nakasongola, Kaliro, Mayuge and Kyenjojo), in addition to the six that were piloted in the previous year. The positive deviant families with best practices that enabled them find better solutions to problems than their neighbors who have access to resources, were identified through the positive deviance inquiry (PDI). These were trained as light caregivers, to conduct hearth sessions with support from the community health workers (VHTs). Positive practices and behaviors were emphasized in relation to infant feeding, child care, hygiene and sanitation by the trainers.

#### **Indicator 26: Number of children under five years reached by USG supported nutrition programs**

During PY4, 245,215 children under five years were reached by the STRIDES supported nutrition program. The nutrition activities included growth monitoring, nutrition counseling, management of acute malnutrition, and the preparation of home/community gardens. The change in the implementation approach from rapid screening exercises to growth monitoring promotion (GMP)

where children are monitored for a period of time before they are enrolled into the PD/Hearth session slowed down the enrollments into PD/Hearth sessions which affected the number of children reached. STRIDES will scale up GMP and PD/H interventions to improve the performance of this indicator in the subsequent quarters.

**Figure 24: Number of children under five years reached by USG supported nutrition programs (PY4)**



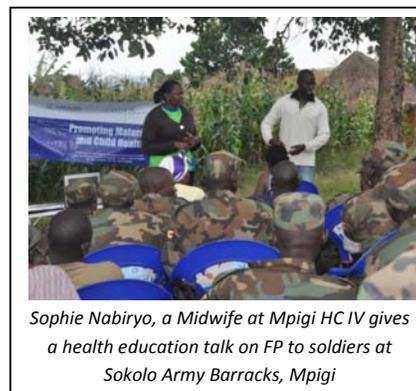
**PY5 Next Steps**

- Support the finalization and launch of the PD/Hearth guidelines and training package
- Complete PD Hearth steps in 11 districts
- Ensure functionality of VHTs trained by STRIDES through supporting one facility based VHT meeting
- Complete the accredited drug sellers (ADS) activities in Kamwenge, Kyenjojo, Mityana and Kamuli and provide ongoing support via mentoring & coaching

**Sub-result 2.2 Demand for RH/FP and CS services at facilities increased through community-based BCC and IEC strategies**

**Community dialogues & “Men-only” dialogues**

STRIDES conducted a total of 295 community dialogues to strengthen relationship between communities and health facilities in selected sub-counties across 15 districts. STRIDES also conducted over 40 “men-only dialogues” engaged men in discussions on health issues affecting them and their communities but also to encourage male involvement in RH and FP.



## Sports activities promoting RH/FP/CS and nutrition

STRIDES organized and supported 7 football tournaments in six<sup>2</sup> districts. Before each match and at half time, health professionals provided health education talks on various RH/FP/CS and nutrition.

### Sport activity - Testimony

*"It's as if he was talking about me because I had a sick child at home with all the symptoms of malnutrition he talked about." Waiswa narrates. "To tell the truth, my child who was 1 year and 8 months old couldn't even walk. I always thought she had been bewitched. After the match, I had a private talk with the health worker. I told him about my child at home and he advised me to bring her to Nawaikoke HC III the next day. When I shared this with my wife at home, she agreed and we took our child to the health centre where they screened and treated her, and counseled us. They also gave us free food for her nutrition and they told us to continue bringing her back every Friday. I am very thankful to STRIDES for preparing such good activities like foot ball from where we can get such good messages. If it wasn't for my love for football, I wonder if my daughter would have been saved!"*

## Community - based forum theatre



*Forum theatre drama group performing during an activation at Myeri HCII, in Kyenjojo*

In all 15 districts, STRIDES supported a total of 271 forum theatre performances that were integrated in all the community and facility-based activities such as activations, dialogues, health facility "Open Days," sports events, commemorative days and integrated outreaches. Forum theatre conducted addressed issues of low uptake of FP, IPTp2, DPT3, completion of recommended 4 ANC visits, nutrition and male involvement in RH and FP issues among others.

## Model families and male champions

STRIDES provided technical assistance to community meetings held to select model families and male champions in 8 districts of Kayunga, Kaliro, Mayuge, Kumi, Bugiri, Kyenjojo, Nakasongola and Mpigi. A total of 108 male champions and 102 model families selected were mentored and encouraged to continue practicing the desired positive behaviors that will help influence change in their peers and community members.

## Radio programs

In PY4, STRIDES sponsored a total of 229 radio talk shows and 6000 radio spots aired in both English and various local languages held on 14 local FM stations across the 15 collaborating districts.

## PY5 Next Steps

- Implement the model family interventions with linkage to nutrition activities (PD/Hearth)
- Organize community dialogues to build linkages between communities and facilities
- Organize nutrition fairs based at sub-county level to increase community awareness and access to nutrition services

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<sup>2</sup> Mpigi, Luwero, Nakasongola, Mityana, Mayuge and Kaliro

## Sub-result 2.3: Improved availability of essential commodities at the community level

### Integrated outreach

STRIDES continued to provide technical support to the 15 districts in organizing and implementing integrated outreaches to hard-to-reach and underserved communities. Over 60 integrated outreaches were supported. The main services offered during these outreaches include; immunization, Vitamin A supplementation and de-worming for children, growth monitoring and promotion, exclusive breastfeeding and complementary feeding, FP counseling, health education talks and curatives services for sick children.

### PY5 Next Steps

- Continue to roll out the "Oli Stede?" (Are you steady?) Media campaign
- Provide technical support to micro planning and implementation of outreaches, special days, child plus days (grant A activities)

## Result 3: Use of RH/FP and CS services advanced through supportive systems

### A: Key Indicators

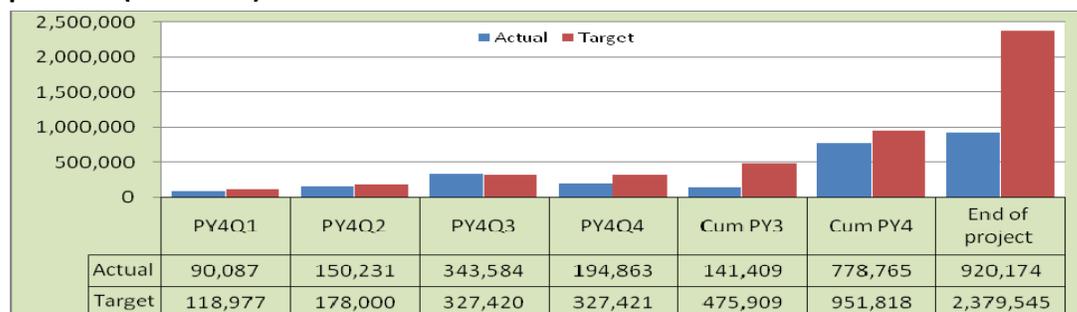
**Table 3: Summary of indicator performance for Result 3 (PY1 to PY4)**

#	Indicator	PY1-Baseline	Annual Actual Performance				Targets		Achievements against Targets (%)	
			PY2	PY3	PY4	PY2-PY4	PY4	EOP	PY4 (%)	EOP (%)
27	# of clients receiving services from a USAID-affiliated private sector service provider	0	-	141,409	778,765	920,174	951,818	2,379,545	81.8	38.7
28	% facilities submitting timely HMIS reports to HSD/district	72	72	74	76	-	85	90	89.4	84.4
29	% districts submitting timely HMIS reports to MoH	78	78	81	79	-	90	93	87.8	84.9
30	% public health facilities clearly displaying pertinent information to clients	16	-	20	21	-	47	59	44.7	35.6

**Indicator 27: Number of clients receiving services from a USAID - affiliated private sector service provider**

STRIDES, tracks the number of clients receiving services from a USAID-affiliated private sector service provider. In PY4 a total of 382,579 clients received services from the STRIDES subcontractor. This achievement is below PY4 annual target of 951,818 clients but represents an improved performance of 171% from PY3. 37% of the accumulative target and 22.2% of the EOP target has been achieved. STRIDES will continue to provide support to subcontractors to expand services to hard-to-reach and underserved communities.

**Figure 25: Clients receiving services from a USAID - affiliated private sector service provider (PY3 – PY4)**



**Indicator 28: Percentage of health facilities submitting timely HMIS reports to the HSD/district**

STRIDES, tracks the percentage of health facilities that submit HMIS reports to the health sub-district (HSD)/district on a bi-annual basis. Timely reporting is attained if the facility submits the HMIS report to either the HSD and/or district by the 7th day of the month following the reporting month. Over the past twelve months, 74% of all the health facilities submitted the HMIS reports in a timely manner, although performance is below the PY4 target (80%), improved timely submission is noted in PY4 compared to the previous year.

**Indicator 29: Percentage of districts submitting timely HMIS reports to MoH**

STRIDES, also tracks whether districts submit timely monthly HMIS reports to the MoH. Timely reporting by the districts to the MoH is defined as a district submitting the monthly HMIS report by the 28th day of the month following the reporting month. With the roll out of the District Health Information system (DHIS), districts are required to submit timely reports by 15<sup>th</sup> of the following month, however, STRIDES will continue using the definition in the PMP for purposes of consistency and to ease comparison. During PY4, 79% of the districts submitted reports timely to the MoH through DHIS2 system. The decline in timely reporting is attributed to lost time at the early point of transitioning from the paper based reporting system to DHIS2 system.

**Indicator 30: Percentage of public health facilities clearly displaying pertinent information to clients**

In PY4, 21% of the targeted (47%) health facilities were found to clearly display pertinent information (opening hours, fees where applicable, daily/weekly staffing, services that are being offered and evidence of service statistics) to clients (Figure 28). To improve this indicator, STRIDES obtained guidance and approval from MoH on the standard specification for health facility sign

posts. By end of September 2012, 133 signposts for health facilities in 9 districts were fabricated. These will be delivered and installed at the respective facilities in first quarter of PY5. STRIDES has also adapted and printed client right posters, these will be disseminated in the subsequent quarters.

## **B. Detailed PY4 Activities by Sub-result**

### **Sub-result 3.1: Expansion of RH/FP and CS service in facilities and communities supported by contributing to development and implementation of positive policies**

#### **Technical working committees/groups**

STRIDES continued to actively participate in various technical groups (MCH, RH and FP, QA and Nutrition) at the MoH.

#### **Participation in national and international conferences**

In PY4, STRIDES presented one paper at the East, Central and Southern Africa (ECSA) Best Practices forum/conference held in Arusha, Tanzania, three papers presented at the annual scientific conference of the Association of Obstetricians and Gynaecologists of Uganda (AOGU). STRIDES also actively participated and provided technical input to the post-London Family Planning meeting and during Human Paillomavirus/deoxyribonucleic acid (HPV/DNA) for cervical cancer prevention dissemination workshop.

#### **PY5 Next Steps**

- Promote adherence to MoH policies and regulations on RH/FP/CS/Nutrition/Malaria in public and private facilities through distribution and dissemination (during CMEs, meetings)

### **Sub-result 3.2: Districts revitalized to better manage RH/FP and CS services for scale-up**

#### **Leadership Development Program (LDP)**

In April 2012, STRIDES contracted Action for Community Development Uganda (ACODEV) to provide technical assistance to 9 districts (Kasese, Kamwenge, Kyenjojo, Sembabule, Mityana, Nakasongola, Kayunga, Bugiri and Mayuge) and selected primary health care facilities to develop a better work environment; improve management systems and RH/FP/CS services in their districts. By end of September 2012, a total of 258 (97 males; 161 females) district staff had been trained in leadership development using adapted MSH LDP<sup>3</sup> curriculum /training manual/tools.

During PY4, STRIDES supported all districts with, solar lamps, uniforms, laptops, printers and modems with 12 month airtime subscription. The modems and laptops will support the district HMIS focal persons and STRIDES focal person to ensure timely reporting is done and improvement communication with MoH and implementing partners within their district.

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<sup>3</sup> The LDP program specific objectives are: to instill the basic practices of leading and managing among health care managers so that they are capable of leading their workgroups to face challenges and achieve results, To create a work climate that supports staff motivation at all levels of the health care system; and create and sustain teams that are committed to continuously improving client services.

**PY5 Next Steps**

- Implement the ongoing LDP to strengthen leadership and management skills including documentation of the LDP process through STRIDES subcontractor ACODEV.
- Monitor/review district performance and provide rewards

**Sub-result 3.3: Coordination with other implementing partners, the private sector, NGOs, and other partners leveraged to improve district coverage and impact**

**(a) Performance based contracting**

During PY4, STRIDES continued to provide technical support including M&E related support to all subcontractors to ensure provision of quality RH/FP/CS/nutrition services. In the second and third quarter, targeted on-site technical support supervision for RFP003 subcontractors was conducted; their capacity to perform data management and report timely was enhanced. Technical support in infection prevention and other areas was also provided. The subcontractor’s referral systems and linkage with the districts was also strengthened.

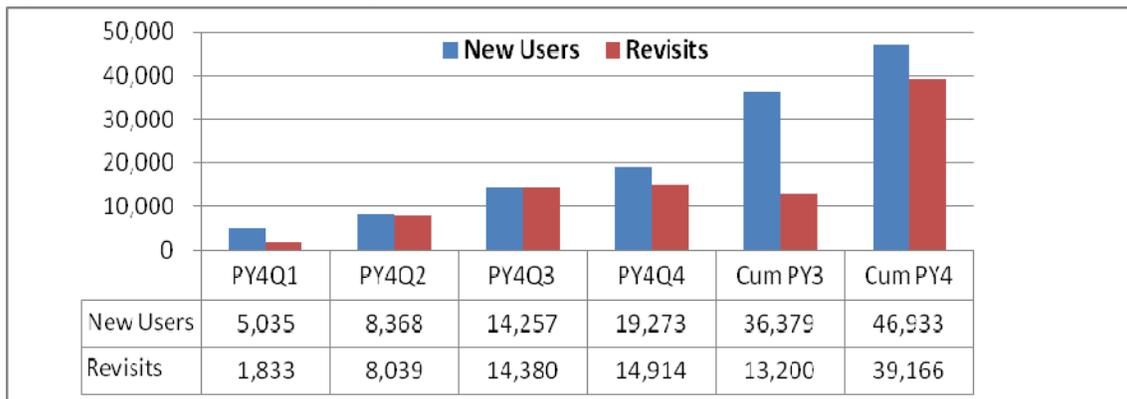
In April 2012, STRIDES completed the contract renewal process for 11 out the 12 RFP002 subcontractors after USAID approval was granted, their implementation has already started. Two other unsolicited proposals that were cleared by the contractor’s evaluation committee have been submitted to USAID for consideration and approval. STRIDES with support from MSH home office developed a user- friendly data management tool and reporting dashboard that is customized to suit individual subcontractors’ agreed upon indicators, deliverables and reporting requirements.

**(b) Subcontractors achievements on selected indicators**

**Clients using family planning methods reached by STRIDES subcontractors**

A total of 38 subcontractors contributed to this indicator and in PY4, a total of 42,645 clients were new family planning users while 37,955 were revisit clients. The trend shows an improved performance and uptake of FP services in PY4 as a result of STRIDES subcontractors.

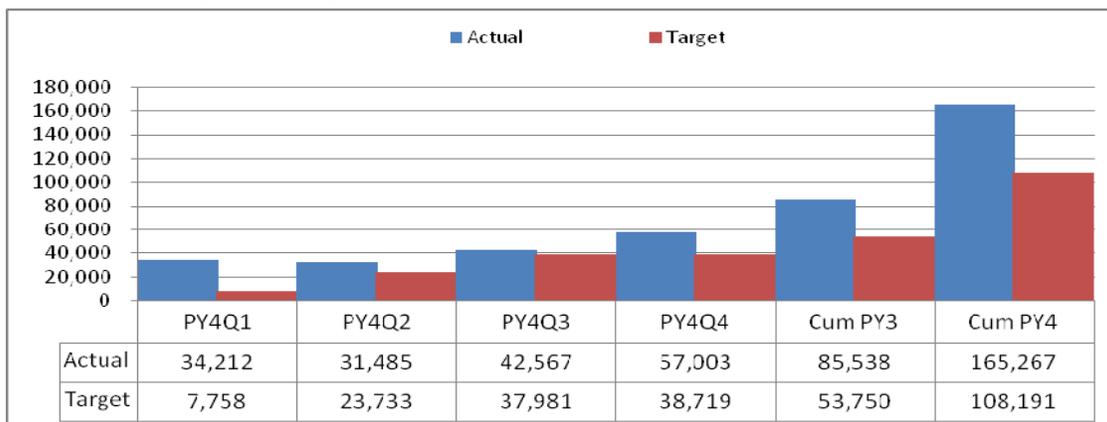
**Figure 26: FP users reached by STRIDES subcontractors (PY3 – PY4)**



### Clients receiving adequate FP counseling services from STRIDES subcontractors

During PY4, a total of 203,055 clients received counseling on FP from STRIDES subcontractors, exceeding the subcontractors' annual target by 36% (Figure 32). It is worth noting that there has been 137% increase from the PY3 performance.

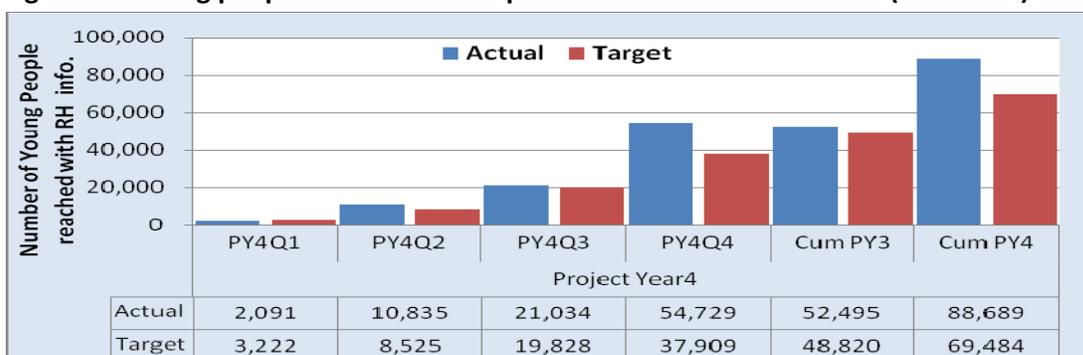
**Figure 27: Clients who received adequate counseling services on FP from the STRIDES subcontractors (PY3 – PY4)**



### Young people reached with reproductive health information by STRIDES subcontractors

During PY4 a total of 141,184 young people (10–24 years) were reached with RH information. These young people were reached with adequate information either during one-on one session or in small groups of not more than 25 people. RH information provided includes; coping with adolescence and body changes, sex and sexuality, life skills, prevention of pregnancy, prevention and treatment of STIs and benefits of seeking for health services such as ANC and FP. The PY4 performance illustrates 169% increase from PY3 and exceeding the PY4 subcontractors' target by 19%.

**Figure 28: Young people reached with reproductive health information (PY3 – PY4)**



### (c) Advancement of corporate social responsibility (CSR) partnerships

In PY4, STRIDES continued to build strategic partnerships with private, corporate local and multinational companies to support health initiatives and activities at the health facilities and in the communities. In collaboration with Uganda Baati, STRIDES supported Mpigi district to construct a waiting shade for patients at Mpigi HC IV.

STRIDES received funding from Procter and Gamble's (P&G) children's safe drinking water program for in-kind support of P&G's water purification products to be included in delivery kits in STRIDES districts with poor maternal and child health indicators and limited access to safe drinking water.

STRIDES organized the CSR in Health Symposium that was attended by over 50 business leaders from Uganda's largest multinational and national companies to discuss about public-private partnerships and how they contribute to strengthening health systems and service delivery. At the symposium STRIDES identified potential partnerships with new corporate companies and awarded certificate of recognition and appreciation to 8 corporate companies that have tremendously supported STRIDES to enhance health systems in Uganda.

#### **(d) Coordination with other implementing partners and USAID**

##### **District coordination**

STRIDES continued to provide technical guidance to Grant A review meetings, Grant B planning meetings, district management improvement plan/process (DMIP) meetings and USAID district operational plan (DOP) process and signing ceremonies. STRIDES staff across the regions were oriented to DMIP to enable them actively engage with SDS and the districts in developing DMIPs in their respective districts. STRIDES continued to collaborate with STARE, STARE-LQAS, STAREC, SURE, SDS and SMP in various activities.

##### **Saving Mothers Giving Life**

During PY4, STRIDES continued to actively engage in SMGL activities both at the region and national level. STRIDES provided technical assistance to district based implementing partners' meetings, national SMGL coordination meetings and in various technical working groups. STRIDES also provided technical guidance in developing the SMGL project data management plan and M&E matrix, as well as reviewing the health facility assessment report. STRIDES supported the roll out of quality improvement program in collaboration with HCI.

##### **PY5 Next Steps**

- Provide technical support to Grant A activities under SDS project
- Renew and award performance based contracts to private sector partners to scale up service delivery for RH/FP/CS/Nutrition/Malaria
- Engage private sector companies/organizations to support RH/FP/CS/Nutrition interventions through CSR
- Mobilize and document cost share from community volunteers such as VHTs, etc

#### **Sub-result 3.4: Information systems strengthened with data routinely analyzed and used for decision making at facility, community, and district levels**

##### **HMIS and DHIS2 Training**

During PY4, STRIDES supported MoH to train 46 district based HMIS trainer of trainers in 8 districts of Bugiri (7), Kalangala (3), Kaliro (6), Kamuli (8), Kamwenge (5), Kasese (10), Kyenjojo (3) and Mayuge (4). STRIDES in collaboration with STAR-EC supported the training of 184 health service

providers in the use of revised HMIS tools in Bugiri, Kaliro, Kamuli, and Mayuge districts. Similar HMIS training were conducted in Kamwenge, Kasese and Kyenjojo districts. In collaboration with MoH, STRIDES supported 12 out of 15 districts to roll out the district health information system (DHIS2).

### **Cost and revenue analysis (CORE) plus training**

During third quarter of PY4, STRIDES trained 86 health unit in-charges and records assistant in 6 districts (Kasese, Kumi, Kyenjojo, Kayunga, Mityana and Luwero) on health financing using MSH's Cost and Revenue Analysis Tool (Core Plus Tool). This was done after the training of 5 STRIDES staff and 12 district health staff from six districts as CORE Plus trainer of trainers in the second quarter. The ability of the trained health unit staff to determining costs and setting realistic user fees for RH/FP/CS and other health services has been enhanced.

### **District review and HMIS data feedback meetings**

STRIDES continued to support the district to conduct quarterly district review and data feedback meetings related to performance on selected HMIS indicators. Fifteen review and data feedback meetings, one for each district were supported. In addition, STRIDES disseminated the district results of the 2011 community LQAS surveys. Discussions were held on how the districts can utilize the community LQAS survey results.

### **PY5 Next Steps**

- In collaboration with MoH resource centre staff, conduct quarterly joint support supervision visit to 15 districts with a focus on strengthening HMIS reporting.
- Provide feedback to facilities/districts/stakeholders on key survey findings and performance on HMIS indicators through quarterly review meetings.

## **Sub-result 3.5: Transparency and accountability increased within district health systems**

### **Family planning statutory and policy requirements**

In compliance to the Tiahrt regulations, STRIDES incorporated the Tiahrt compliance component in all the district presentations, trainings, follow ups and meetings that were conducted in PY4. STRIDES in addition monitored whether the Tiahrt compliance policies are being followed when the HMIS data verification exercises/OJT, follow ups and during data verification for subcontractors. Tiahrt posters were also disseminated to all health facilities and during trainings.

### **PY5 Next Steps**

- Disseminate Tiahrt regulation guidelines at all levels with private and public facilities and monitor compliance.

### 3. Project monitoring and evaluation

#### **Geographic information system (GIS) training & mapping of GPS coordinates**

STRIDES procured GIS software for 6<sup>4</sup> districts and the relevant district staff, were trained in the use of GIS and will be followed up in PY5. In addition, during the second quarter of PY4, STRIDES conducted a mapping study to identify and determine the geographic distribution of all private health practitioners including drugs shops using GIS. On request by the Ministry of Health, STRIDES also mapped public and private not-for-profit health facilities under the public health system that had missing GPS coordinates. GPS coordinates for 298 health facilities were collected across 15 STRIDES collaborating districts.

#### **Surveys**

- (a) **Nutrition baseline survey:** STRIDES conducted a nutrition baseline survey in all the 15 collaborating districts to obtain baseline information on key nutrition indicators that will be used to measure program performance, establish the barriers to accessing care at facility level and to establish how nutrition interventions can be integrated into the health system. The baseline data formed the basis of setting the nutrition targets.
- (b) **Health facility assessment:** STRIDES conducted a facility assessment in Nakasongola, Mityana, Mpigi, Kalangala, Kumi, Kamuli, Kasese, Kamwenge and Kyenjojo districts. The assessment results were used to obtain baseline information on the quality of services offered in selected health facilities. The findings informed the quality improvement program.
- (c) **LQAS community surveys:** In PY4, STRIDES in collaboration with STAR E – LQAS and SDS supported 11 districts (Kyenjojo, Kasese, Kamwenge, Mpigi, Luwero, Mityana, Sembabule, Nakasongola, Kumi, Kayunga and Kalangala) to conduct the second round of LQAS community surveys. The final district specific LQAS reports are being prepared and shall be disseminated to the district in first quarter of PY5.
- (d) **Annual survey:** STRIDES conducted PY4 the annual survey to collected data for tracking performance of the PMP indicators that are not tracked on a quarterly basis. The specific results of this survey that show the performance of each annual survey indicator are included in this report.

#### **PY5 Next Steps**

- Provide M&E and other technical support including monitoring the implementation of the PBC contractors (their sustainability plans and data verification)
- Provide technical support to service providers trained to use the CORE Plus tool for effective and accurate budgeting, planning and resource demand forecasting in 6 districts.

### 4. Finance and Administration

In addition to the routine support to the project activities by providing accounting, procurement, storage, fleet management and general administrative services the Finance and Administration department (F&A) carried out the following activities:

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<sup>4</sup> Kamuli, Kaliro, Kamwenge, Kyenjojo, Sembabule and Mityana.

**Support to partners:** In consultation with the MSH home office, the F&A team provided support to CDFU to submit timely and accurate financial reports. The team also reviewed the regular invoices submitted by Jhpiego and Meridian Group International. Overall, sub grantee performance in finance and administration meets normal standards.

**Facilitation of internal audit:** In the second quarter, the MSH Chief Internal Auditor conducted an MSH-wide internal audit which included a review of STRIDES operations. STRIDES audit report was clean with few recommendations for improvement.

**Cost Share:** During the PY4, the total cost share contribution from both districts and contractors was UGX 5,579,848,076 equivalent of USD 2,239,104. Districts contribution to cost share alone was UGX 154,118,300 equivalent of USD 61,647 USD, while subcontractors and other partners contributed UGX 5,425,729,746 equivalent of USD 2,177,259. Overall, from PY1-PY4, STRIDES has received USD 2,960,015 in cost share of the USD 5,741,784 obligation. STRIDES will continue to engage the private sector in Uganda and abroad and is confident to achieve the balance of USD 2,781,769 by end of project.

## 5. Communications

### Project visibility

STRIDES continued to promote visibility of project work. In this regard, STRIDES showcased on UBC TV, WBS TV and Daily Monitor newspaper, the event to officially handover mosquito nets, Aqua safe jerry cans, Aqua safe tablets and cups to Kasese district team (as a representative district to the fifteen districts that work with STRIDES).

STRIDES for Family Health was recognized by Uganda Manufacturers Association (UMA) for the commitment and dedication to improving access to reproductive health, child survival and maternal health services in communities through the private sector. The event was presided over by Hon. Edward Sekandi, Vice President of the Republic of Uganda.

ECUREI launched phase II of the ultrasound scan project in Buwama Health Center III in Mawokota North, Mpigi district. Under a performance-based contract awarded by STRIDES for Family Health to ECUREI (Ernest Cook Ultrasound Research and Education Institute), with financial support provided by USAID, several health centers in Mpigi district received an ultrasound scanning machine each to help improve maternal and neonatal health in Mpigi district. During the launch, Mawokota South MP and Minister of Trade and Industry, Hon. Amelia Kyambadde, a team from ECUREI and STRIDES handed over the ultrasound scan machines.

STRIDES has also promoted its visibility by participation in strategic events such as national celebrations of the World breastfeeding day, post London FP conference (i.e FP golden moment), abstract presentations and participation in national and international conferences. In addition, STRIDES produced a newsletter that was shared with partners and key stakeholders focusing on the work done by STRIDES supported VHTs and private sub contractors.

## **6. Ongoing and emerging challenges**

Shortage of medicines, commodities and supplies for RH/FP/CS/Nutrition services remains a major challenge to providing quality care. STRIDES continues to advocate for adequate stock levels at national and district levels. Additionally, the private sector subcontractors especially UHMG and PACE continue to bridge the gaps in the public sector.

There was a shift in priorities from the regular integrated services provided during CDP and outreaches to measles and polio vaccination during the reporting period. As such, the number of children who received DPT3 was less than had been anticipated especially during the CDP campaigns in the months of April and May. STRIDES will continue to provide support to districts and subcontractors to conduct integrated outreach activities as well as routine immunization services at health facilities.

Preference of services provided by TBAs continues to negatively impact on the number of pregnant women who attend ANC and deliver at the health facilities. Despite the targeted BCC messages and training service providers in IPC, information collected during community dialogues indicates that pregnant women still experience delays when they visit public health facilities to access services. This is further exacerbated by the long distance to the health facilities. STRIDES will continue to train health workers in inter-personal communication skills as part of the training conducted in all skill areas and work with both private and public health facilities to improve the quality of services.