

STRIDES Annual Report PY5

October 2012 – September 2013

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STRIDES for Family Health
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org



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October 2012–September 2013
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Management Sciences for Health
Plot No.15 Princess Anne Drive, Bugolobi
P.O Box 71419
Kampala, Uganda
Telephone: 256 414 235038/043
256 312 303100

Table of Contents

| | |
|--|--------|
| <i>Table of Contents</i> | - 2 - |
| <i>Acronyms</i> | - 3 - |
| <i>Results Framework</i> | - 7 - |
| 1. Introduction | - 8 - |
| 2. Progress toward DO3 Results | - 9 - |
| Result 1: Improved quality and provision of routine RH/FP and CS services at facility level | - 9 - |
| Sub-result 1.1 Provider performance strengthened and supported to enhance the provision of RH/FP and CS services at facilities..... | - 24 - |
| Sub-result 1.2 Demand for RH/FP/CS services at facilities increased through BCC and counseling strategies | - 25 - |
| Sub-result 1.3 Improved availability of essential commodities at facility level | - 26 - |
| Sub-result 1.4: Facilities strengthened to provide quality services..... | - 26 - |
| Result 2: Access to and demand for RH/FP and CS services at the community level improved and expanded | - 28 - |
| Sub-result 2.1: Increased ability of communities to provide RH/FP and CS services..... | - 29 - |
| Sub-result 2.2 Demand for RH/FP and CS services at facilities increased through community-based BCC and IEC strategies | - 31 - |
| Sub-result 2.3: Improved availability of essential commodities at the community level | - 32 - |
| Result 3: Use of RH/FP and CS services advanced through supportive systems | - 33 - |
| Sub-result 3.1: Expansion of RH/FP and CS service in facilities and communities supported by contributing to the development and implementation of positive policies | - 35 - |
| Sub-result 3.2: Districts revitalized to better manage RH/FP and CS services for scale-up..... | - 36 - |
| Sub-result 3.3: Coordination with other implementing partners, the private sector, NGOs, and other partners leveraged to improve district coverage and impact..... | - 36 - |
| Sub-result 3.4: Information systems strengthened with data routinely analyzed and used for decision making at facility, community, and district levels | - 39 - |
| Sub-result 3.5: Transparency and accountability increased within district health systems | - 40 - |
| 3. Project monitoring and evaluation | - 40 - |
| 4. Finance and Administration | - 41 - |
| 5. Communications | - 42 - |
| 6. Sustainability | - 42 - |
| 7. Project close out | - 43 - |
| 8. Ongoing and emerging challenges | - 43 - |
| 9. Annex 1: Map showing correlation between ANC and IPTp indicators | - 44 - |

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 |
| 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 |
| CDFU | Communication for Development Foundation Uganda |
| CDO | Community Development Officer |
| CECAP | Cervical Cancer Prevention |
| CEmONC | Comprehensive Emergency Obstetric and Newborn Care |
| CME | Continuing Medical Education |
| 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 |
| FFSDS | Fully Functional Service Delivery System |
| FHI 360 | Family Health International 360 |
| FP | Family Planning |
| 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 |
| 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 |
| 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 |
| MCH | Maternal and Child Health |
| ML | Mini Laparotomy |
| MMS | Medicine Management Supervisors |
| MoH | Ministry of Health |
| MoU | Memorandum of Understanding |
| NDA | National Drug Authority |

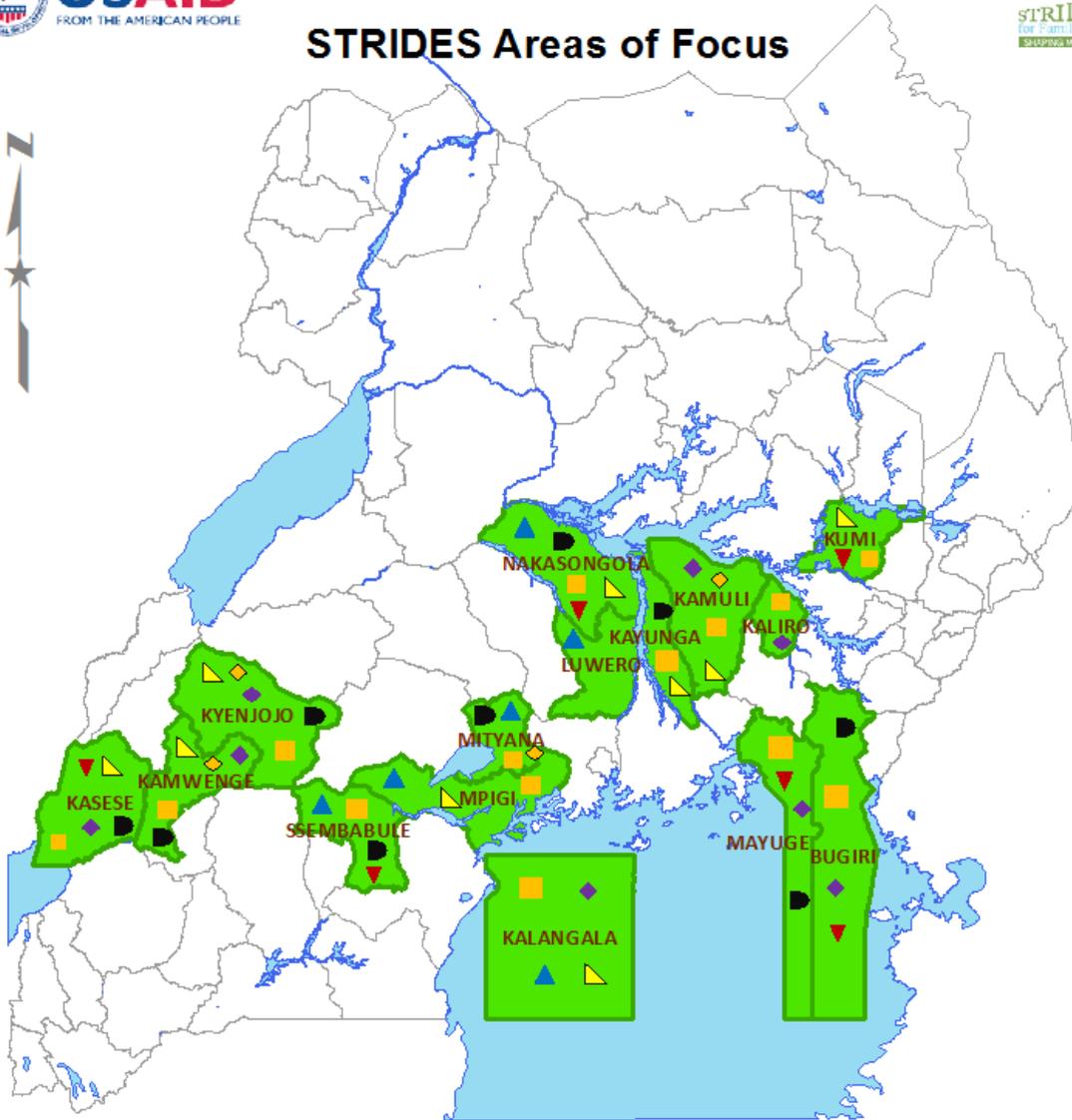
| | |
|---------|---|
| NMS | National Medical Stores |
| OJT | On-the-Job Training |
| OPD | Out Patient Department |
| OTC | Outpatient Therapeutic Care |
| P&G | Procter & Gamble |
| PBC/F | Performance-Based Contracting/Financing |
| PBI | Performance Based Initiative |
| PD/H | Positive Deviance/Hearth |
| 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 |
| 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 |
| 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 |



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STRIDES Areas of Focus



| | | | |
|---|---------------------------------|---|-------------------------|
|  | STRIDES Collaborating Districts |  | Drug Sellers Initiative |
|  | Water for Health |  | Leadership development |
|  | Nutrition |  | Quality Improvement |
|  | RH/FP/CS & Shoes for Health |  | Malaria |

0 36,250 72,500 145,000 217,500 290,000
Meters

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 fifteen¹ districts. STRIDES focuses on reproductive health (RH), family planning (FP), child survival (CS), nutrition and malaria. During PY5, various results were achieved as follows:

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

- During PY5, a total of 204,554 new FP users were reached and 188,018 revisits counted. In comparison with PY4 new users of FP increased by 5% and revisits by 38%. The project has served 655,494 new FP users and 528,995 revisits since its inception.
- A total of 372,334 children received the second dose Vitamin A supplementation up from 291,440 children in PY4. This performance exceeded the annual target by 35% and the end of project (EOP) target by 10%. A total of 1,074,049 children have received Vitamin A second doze since PY2.
- 2.8% (5,689) out of 202,970 children weighed at measles vaccination were underweight, showing a better performance against both PY5 annual and EOP targets of 3%. This is an improved performance compared 5.5% in PY4.
- 96.8% of service delivery points (SDPs) were providing at least one modern contraceptive method. This achievement exceeds the annual and EOP target by 5.2%.

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

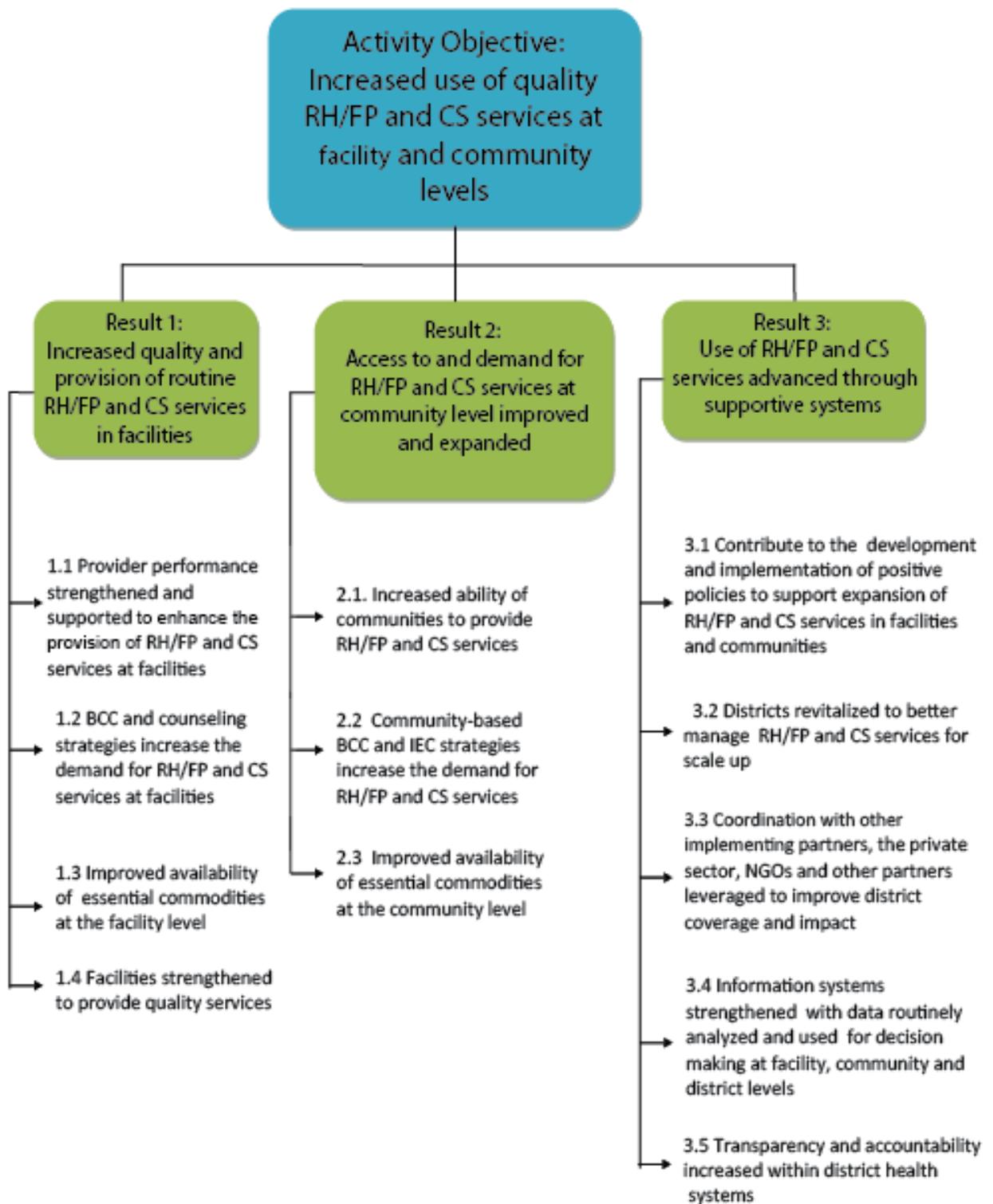
- During PY5, 45% of targeted villages across the 15 districts had functional VHTs. The performance exceeds the annual and EOP target of 35% by 12.5%. This improved performance is attributed to the rigorous efforts rolled out in PY5 to support and ensure functionality of VHTs as part of STRIDES sustainability plan.
- By the end of PY5, 2,058 children had completed the rehabilitation process in 173 hearth sessions under the community based nutrition approach (positive deviance hearth). 1,325 (66.1%) of these rehabilitated children cured (gained a minimum of 400g over the 26 days period).
- STRIDES provided technical assistance to the Ministry of Health (MoH) in developing the integrated management of acute malnutrition (IMAM), infant young child feeding (IYCF) and essential nutrition actions (ENA) training package. The package included, a trainer's manual, participant job aids and hand-outs.

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

- A total of 733,912 clients received reproductive health, family planning, child survival and nutrition services from STRIDES subcontractors.
- Through Corporate Social Responsibility (CSR) partnerships with the private sector, STRIDES reached 16,292 pregnant women with hygiene kits through ANC and 190,925 clients with various health services such as immunization and deworming under the Shoes for Health initiative.

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

Results Framework



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. Since PY5 was initially the final project year, Jhpiego and Meridian Group were closed out after submitting their contractual deliverables. 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 2013 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 2013.

This report documents the progress made during STRIDES project year 5 (PY5), covering the period from October 1st 2012 through September 30th 2013. 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 and compares PY4 achievement and progress made towards achieving 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 PY5 are included by result area.

Table 1: Summary of indicator performance for Result 1 (PY1 to PY5)

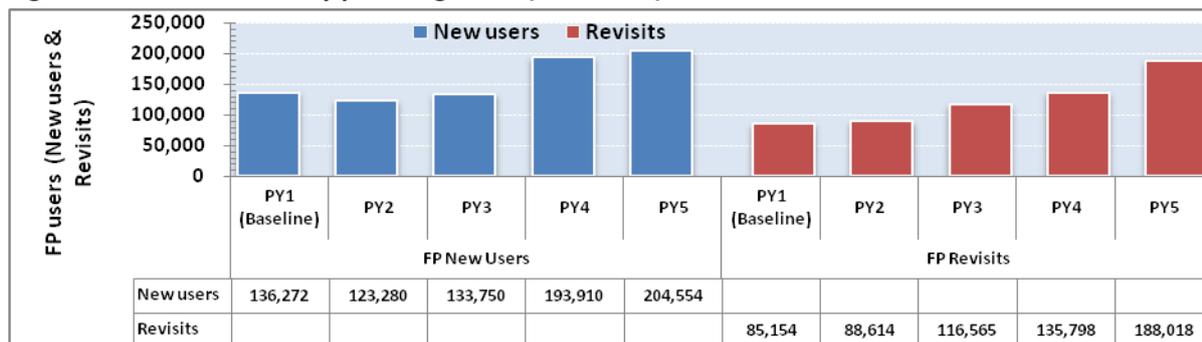
| # | Indicator | PY1 - Baseline | Annual Performance | | | | | Targets | | Achievements against Targets (%) | | |
|----|---|----------------|--------------------|---------|---------|---------|---------|-----------|---------|----------------------------------|---------|-----|
| | | | PY2 | PY3 | PY4 | PY5 | PY2-PY5 | PY5 | EOP | PY5 (%) | EOP (%) | |
| 1 | # of FP clients using FP methods | New users | 136,272 | 123,280 | 133,750 | 193,910 | 204,554 | 655,494 | - | - | - | - |
| | | Revisits | 85,154 | 88,614 | 116,565 | 135,798 | 188,018 | 528,995 | - | - | - | - |
| 2 | # implants and IUDs inserted | 6,402 | 3,885 | 12,409 | 26,723 | 33,406 | 76,423 | - | - | - | - | |
| 3 | Couple-years of protection (CYP) | 96,105 | 107,257 | 150,094 | 234,992 | 228,473 | 720,816 | 331,514 | 965,111 | 69 | 75 | |
| 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 | 212,905 | 229,113 | 848,094 | 253,881 | 952,052 | 90 | 89 | |
| 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 | 535,346 | 1,536,959 | 390,229 | 1,393,675 | 137 | 110 |
| | | 2nd dose | 197,259 | 204,740 | 205,535 | 291,440 | 372,334 | 1,074,049 | 276,163 | 986,295 | 135 | 109 |
| 6 | % pregnant women who receive 4 ANC consultations | 30 | 30 | 27 | 29 | 38 | - | 60 | 60 | 63 | 63 | |
| 7 | % pregnant women who received 2+ doses of IPT | 35 | 33 | 40 | 45 | 52 | - | 60 | 60 | 86 | 86 | |
| 8 | % live births delivered from a health facility | 27 | 31 | 34 | 36 | 42 | - | 60 | 60 | 70 | 70 | |
| 9 | % underweight children at measles vaccination | 9 | 6 | 7 | 5.5 | 2.8 | - | 3 | 3 | 93 | 93 | |
| 10 | % live births with low birth weight | 3 | 4 | 4 | 4.1 | 4.4 | - | 3 | 3 | 147 | 147 | |
| 11 | % customers satisfied with health services received | 54 | 54 | 57 | 69 | 54 | - | 70 | 70 | 77 | 77 | |
| 12 | % targeted health units offering Young People-Friendly Services | 9 | - | 13 | 40 | 35 | - | 45 | 45 | 78 | 78 | |
| 13 | % health facilities (HC III & above) providing Basic Emergency Obstetric Care (BEmONC) | 10 | - | 18 | 20 | - | - | 40 | 40 | - | - | |
| 14 | % health facilities (HC IV & above) providing Comprehensive | 9 | - | 22 | 24 | - | - | 25 | 25 | - | - | |

| # | Indicator | PY1 - Baseline | Annual Performance | | | | | Targets | | Achievements against Targets (%) | | |
|----|---|----------------|--------------------|-----|--------|--------|---------|---------|---------|----------------------------------|---------|-----|
| | | | PY2 | PY3 | PY4 | PY5 | PY2-PY5 | PY5 | EOP | PY5 (%) | EOP (%) | |
| | Emergency Obstetric Care (CEmONC) | | | | | | | | | | | |
| 15 | # of USG-assisted Service Delivery Points providing FP counseling or services | 104 | 104 | 48 | 786 | 503 | 503 | 254 | 254 | 198 | 198 | |
| 16 | % health facilities (HC III & above) offering long acting and permanent methods (LAPM) | LAM | 37 | 37 | 66 | 78 | 73.9 | - | 60 | 60 | 123 | 123 |
| | | PM | 30 | 30 | 53 | 45 | 25.4 | - | 50 | 50 | 51 | 51 |
| 17 | % USAID supported Service Delivery Points offering any modern contraceptive method | 46 | 46 | 91 | 94 | 96.8 | - | 92 | 92 | 105 | 105 | |
| 18 | % Service Delivery Points complying with national norms and standards | 17 | 17 | 10 | 58 | 68.9 | - | 32 | 32 | 215 | 215 | |
| 19 | # service providers trained by STRIDES in FP/RH/CS | FP | 0 | 188 | 507 | 947 | 420 | 2,062 | 225 | 1,855 | 187 | 111 |
| | | RH | 0 | - | 304 | 450 | 10 | 764 | 90 | 819 | 11 | 93 |
| | | CS | 0 | 136 | 349 | 579 | 159 | 1,223 | 100 | 1,165 | 159 | 105 |
| 20 | # of people trained in child health and nutrition through USG supported programs | IMAM | - | - | - | 320 | 935 | 1255 | 700 | 1,390 | 134 | 90 |
| | | IYCF/ENA | - | - | - | 120 | 959 | 1079 | 180 | 360 | 533 | 300 |
| | | PD/Hearth | - | - | - | 1,060 | 1,336 | 2,396 | 1,500 | 2,790 | 89 | 86 |
| 21 | % children cured at STRIDES supported facilities or STRIDES supported community PD/Hearth sessions (Cure Rate). | - | - | - | 43 | 66.8 | - | 85 | 85 | 79 | 78.588 | |
| 22 | Number of LLINs purchased with USG funds distributed for free | - | - | - | 11,623 | 99,134 | 110,757 | 178,388 | 264,566 | 56 | 41.9 | |
| 23 | % of health facilities with established capacity to manage acute under nutrition | 0 | - | - | 28 | 30.3 | - | 50 | 50 | 61 | 61 | |

Indicator 1: Number of clients using any family planning method

Figure 1 shows an upward trend of both FP new users and revisits since PY2. During PY5 a total of 204,554 new FP users were reached and 188,018 revisits counted. Compared to PY4 FP new users increased by 5% and revisits by 38%, this continued upward trend could be associated with a stable supply of FP commodities during the last three quarters of PY5 as a result of improved monitoring of stock-outs and internal re-distribution of FP commodities from facilities with surplus to those that were stocked out.

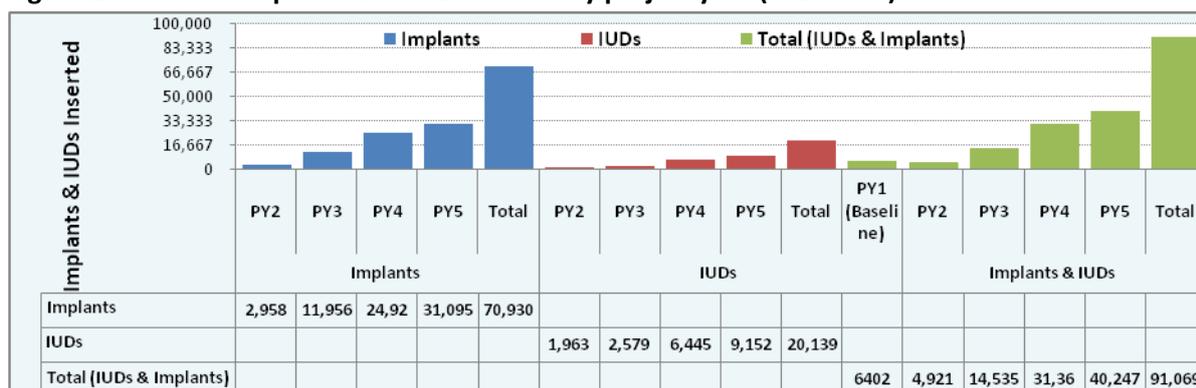
Figure 1: Number of family planning users (PY1 – PY5)



Indicator 2: Number of implants and IUDs inserted

During PY5, 40,247 implants and IUDs were inserted. The total number of implants and IUDs inserted since PY2 is 91,069 reflecting a significant increase of 1,323% from baseline (6,402). An upward trend of implants and IUDs was observed in PY5, with more FP users preferring implants than IUDs. Implants and IUDs increased by 25% and 42% respectively during this reporting period. The increase could be attributed to training of service providers in FP including coaching and mentorship conducted by STRIDES.

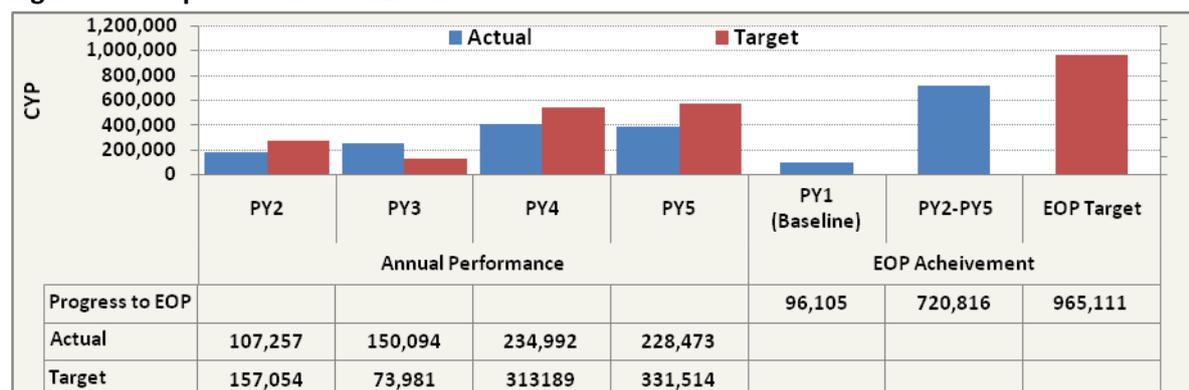
Figure 2: Trends of implants and IUD inserted by project year (PY1 – PY5)



Indicator 3: Couple Years of Protection (CYP)

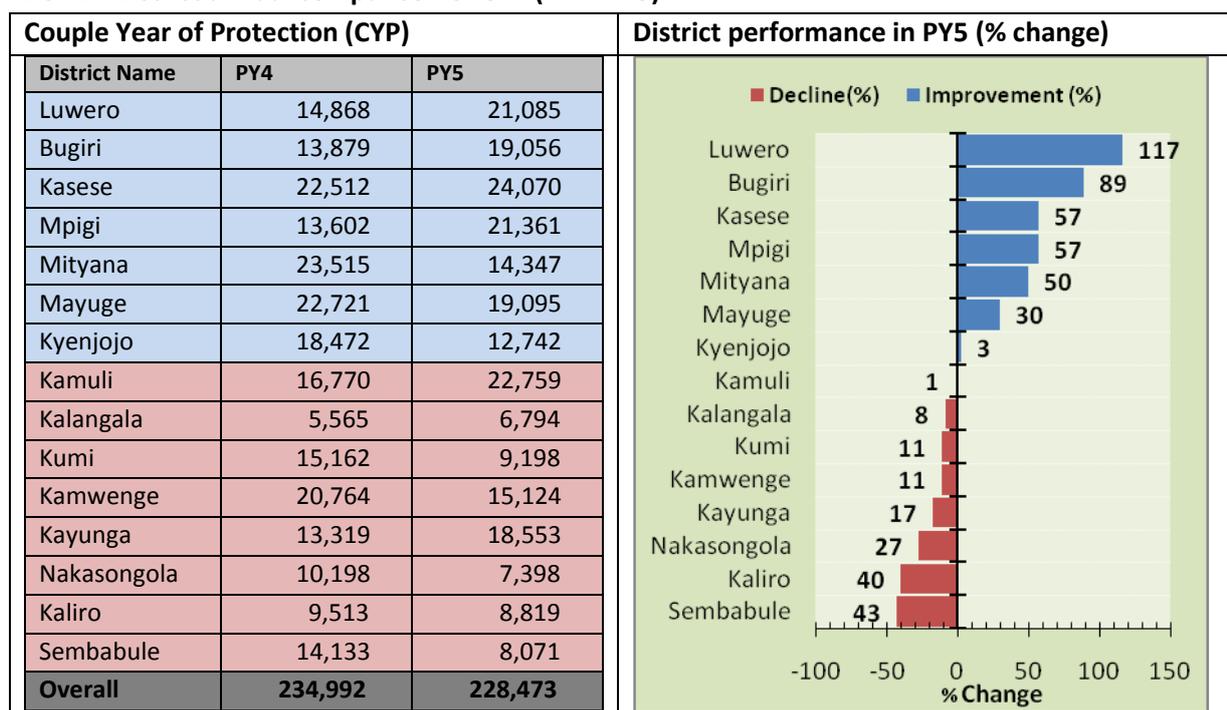
A total of 228,473 CYP was realized this reporting period reflecting 69% achievement of PY5 target. The total CYP since PY2 is 720,816 up by 650% from the baseline (96,105). Cumulative results show that 75% of the EOP target has been achieved. The achievement this year declined compared with performance in PY4 (234,992). This could be attributed to the fewer number of outreaches focused on offering FP services as a result of scaling down of STRIDES subcontractors such as MSU, FLEP and FHI360 that had significantly contributed to FP service delivery in the previous years. During the extension period, STRIDES shall support public health facilities to conduct integrated outreaches focusing on FP in close collaboration with SDS.

Figure 3: CYP performance PY1 – PY5



District specific analysis (Box 1) indicates that 8 out of 15 districts realized increase in CYP during PY5 compared to their performance in PY4. Luwero (117%) and Bugiri (89%) districts had the highest improved performance, followed by Kasese and Mpigi districts which improved by 57%. Eight districts (Sembabule, Kaliro, Nakasongola and Kayunga, Kamwenge, Kumi, Kalangala and Kamuli) declined in performance. With Sembabule (43%) and Kailro (40%) registering the highest decline.

Box 1: District annual comparison of CYP (PY4 -PY5)

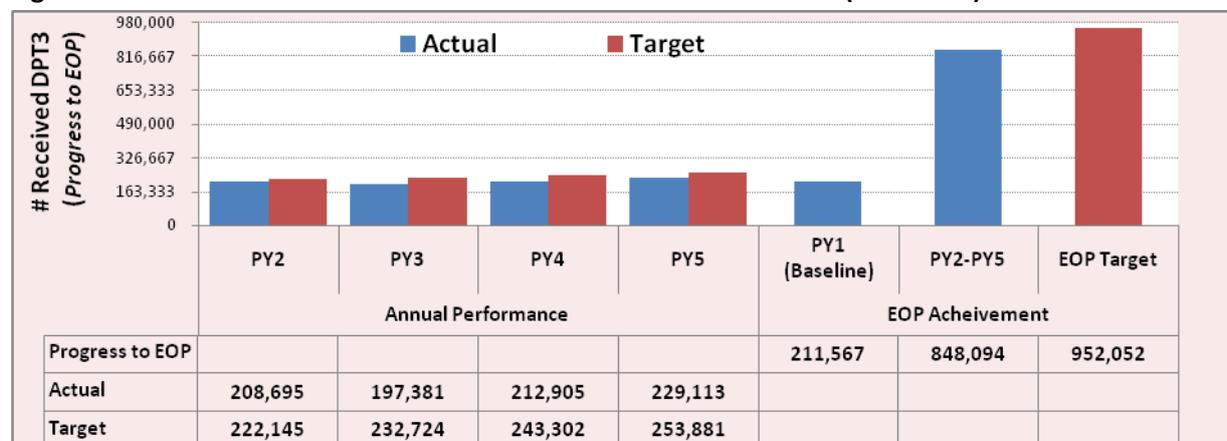


Indicator 4: Number of children who at 12 months have received three doses of DPT

In PY5, a total of 229,113 children below the age of one year received 3 doses of DPT vaccine. The performance this period was better compared to PY4 and represents 90% achievement of PY5 target. A total of 848,094 children since PY2 have been vaccinated with DPT3 representing 89% achievement of the EOP target (Figure 4). The improved performance is due to effective mobilization of outreaches during Child Day plus (CDP) campaigns that focused on immunization

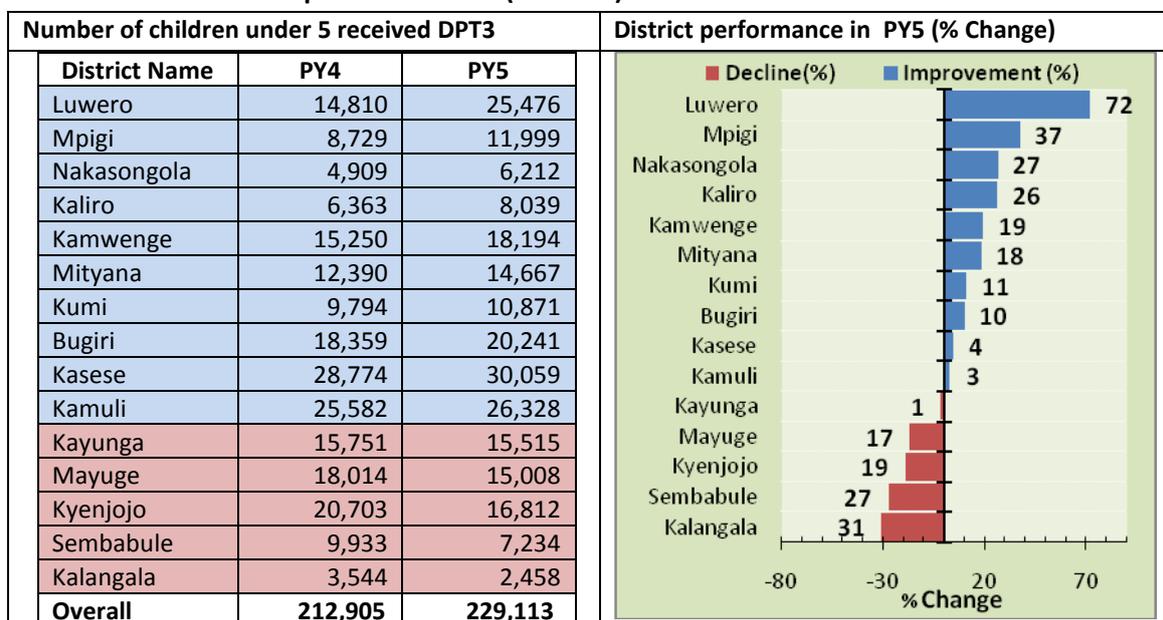
in PY5Q1 and PY5Q3. The PY5 target could have been achieved but some of the health facilities experienced stock-outs of vaccines during the second and fourth quarters of PY5.

Figure 4: Number of children who at 12 months have received DPT3 (PY1 – PY5)



District analysis reveals that 10 districts registered improved performance on this indicator as compared to their achievements in PY4 with Luwero (72%) district recording the highest improved performance. The decline in performance was however recorded by 5 districts; the least performing districts are Kalangala and Sembabule with a decline of 31% and 27% respectively. The decline could be associated with stock-outs of vaccines experienced in these districts.

Box 2: District annual comparison of DPT3 (PY4-PY5)

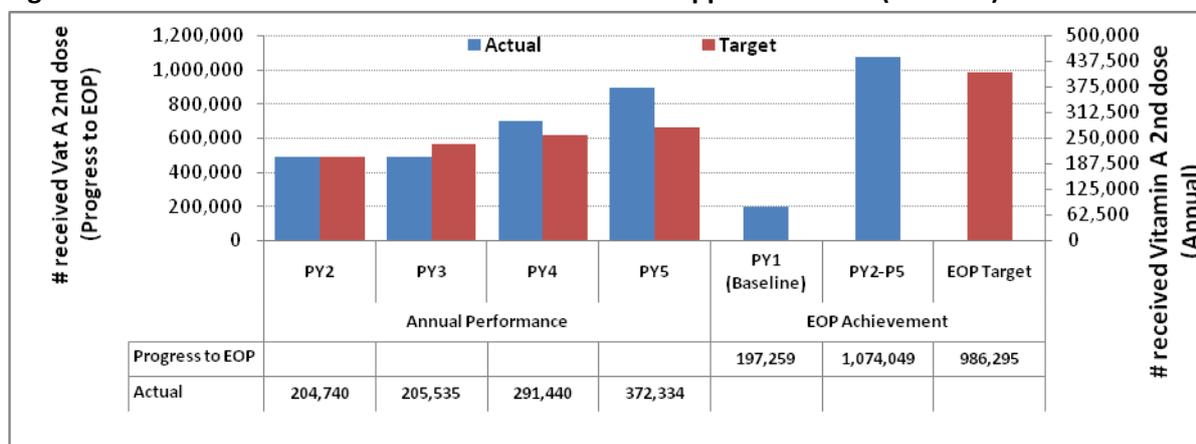


Indicator 5: Number of children under 5 years who received the second dose of Vitamin A

Figure 5 below shows an upward trend in the number of children receiving Vitamin A second dose since PY2. During PY5, a total of 372,334 children received Vitamin A supplementation up

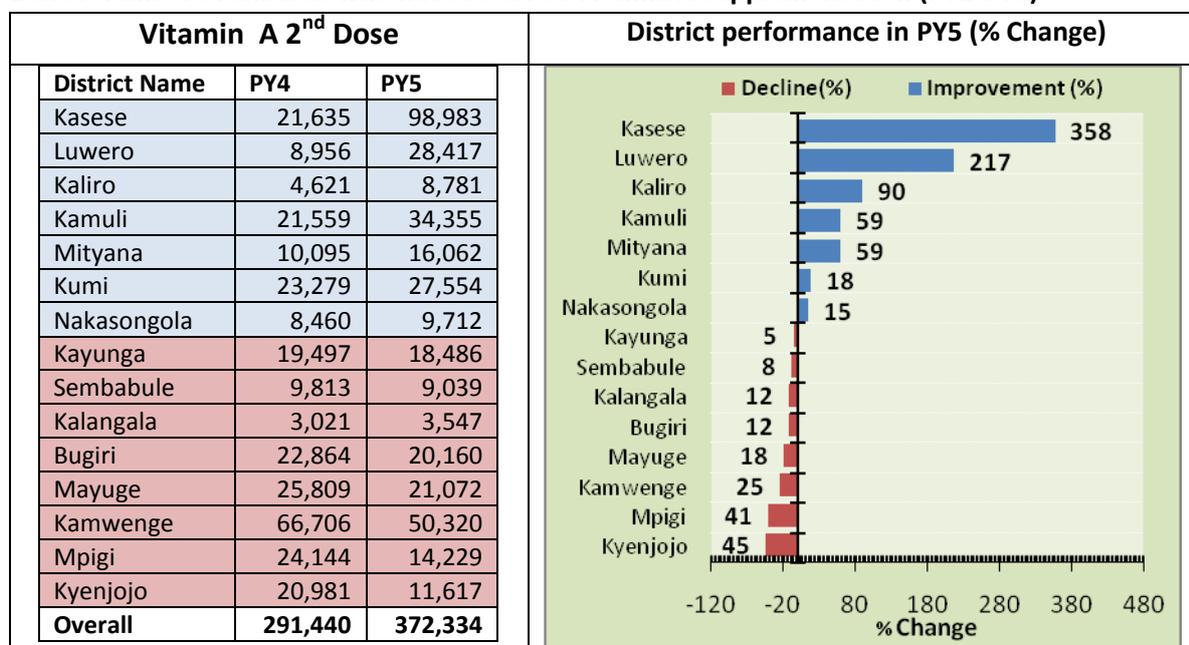
from 291,440 children reached in PY4. This performance exceeded the annual target by 35% and the EOP target by 10%. The improved performance is attributed to the well mobilized immunization drive during CDP and availability of Vitamin A micronutrients at most health facilities during this period.

Figure 5: Number of children who received Vitamin A supplementation (PY1-PY5)



District analysis shows that 7 districts recorded improved performance in PY5 compared to PY4. Performance in Kasese and Luwero districts was highest at 358% and 217% respectively. Improved performance in Kasese district could be linked to the increased number of children living in camps as a result of floods that created an opportunity for mass vaccination during quarter 3. Performance decline was however registered in 8 districts.

Box 3: Number of children who have received Vitamin A supplementation (PY1-PY5)

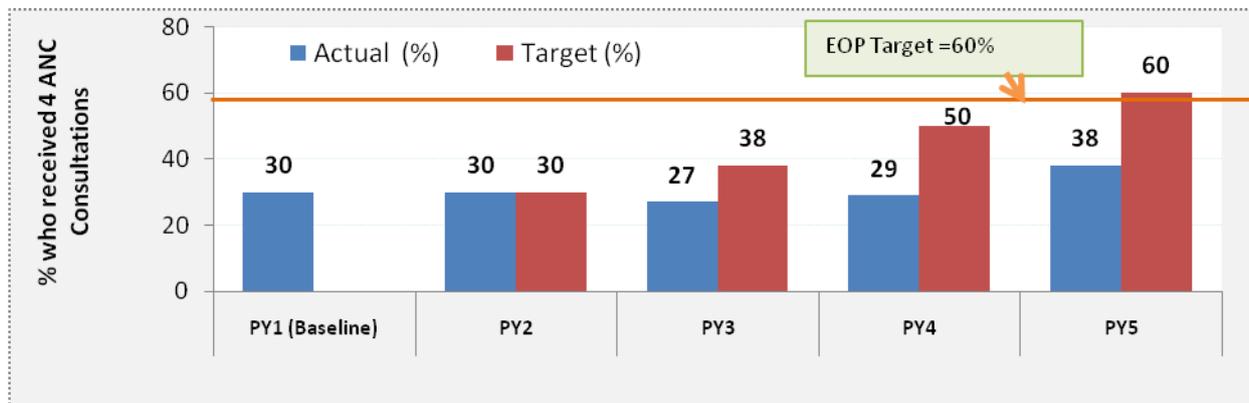


Indicator 6: Percentage of pregnant women who attend 4 ANC visits

During PY5, a total of 98,414 (38%) out of 260,591 expected pregnant women attended 4 ANC consultations. This performance increased by 9 percentage points from 29% in PY4 and represents

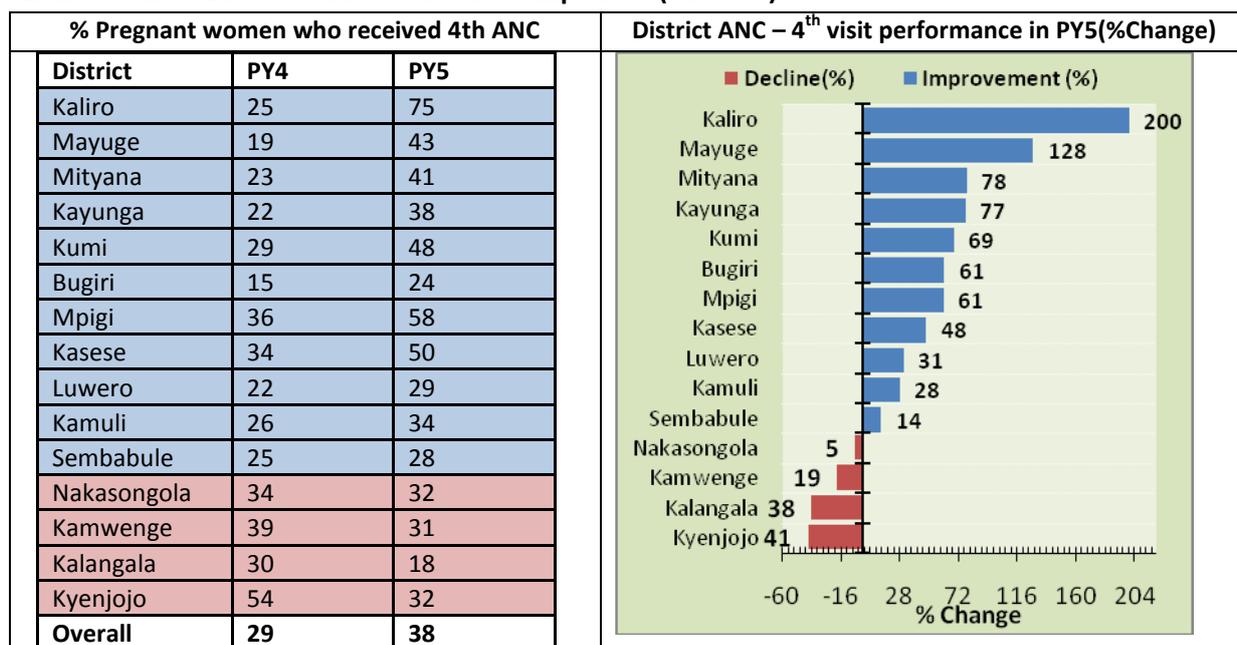
63% achievement of PY5 and EOP targets (Figure 6). The improved performance this year could be attributed to STRIDES implementation of demand side driven interventions such as water for health (W4H), shoes for health (S4H) and distribution of LLINs that target pregnant women and children. Through these interventions pregnant women attending ANC receive LLINs, new shoes and a hygiene kit, including water purifiers. STRIDES will expand the water for health interventions from 47 to 96 health facilities to attract more pregnant women to access MCH services. The use of portable ultra sound scans at selected health facilities in Mpigi district through STRIDES-ECUREI partnership improved maternal health indicators in the district. In PY6, STRIDES will distribute portable solar powered, ultra sound scans to 128 health facilities donated by a private partner to improve MCH indicators.

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



Box 4 summarizes district specific analysis that shows improved performance in 11 districts and decline in 4 districts. Noticeably, districts with over 100% improved performance are Kaliro and Mayuge with performance improvement of 200% and 128% respectively. Districts with improved performance attribute this good achievement to effective mobilization of pregnant women for ANC, availability of LLINs at health facilities and provision of demand side driven incentives such as hygiene kits and shoes. Important to note is that all districts had at least two demand side interventions implemented during this reporting period.

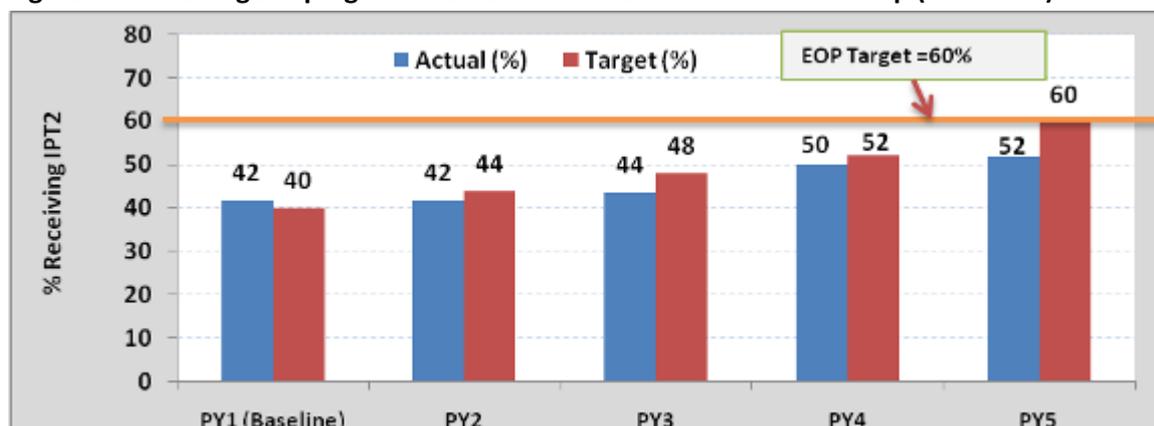
Box 4: Fourth ANC attendance - district comparison (PY4-PY5)



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

The proportion of pregnant women who received two doses of IPTp increased from 50% in PY4 to 52% (134, 681) in PY5, this performance represents 87% achievement of the PY5 annual and EOP targets (Figure 7). The improvement this year may be attributed to stable supply of LLINs to health facilities, distribution of hygiene kits to pregnant women and availability of Fansidar at most health facilities during this period.

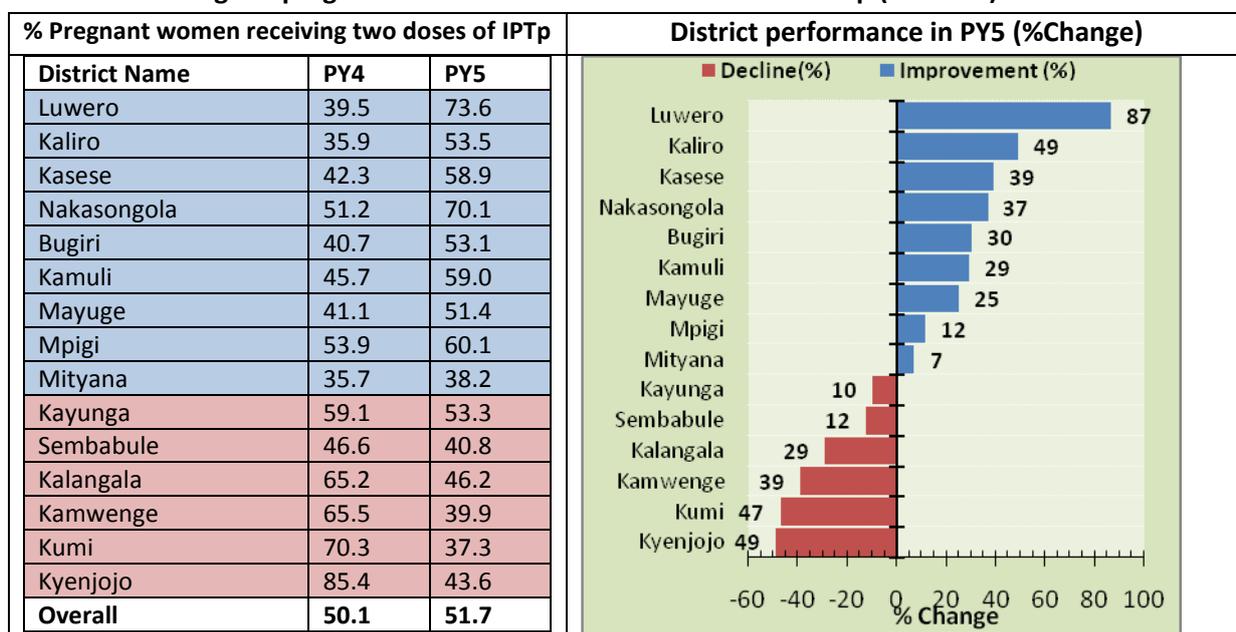
Figure 7: Percentage of pregnant women who received two doses of IPTp (PY1 – PY5)



District specific analysis (Box 5) reveals that the proportion of pregnant women who received two doses of IPTp increased in 9 districts during PY5. The highest increase was registered in Luwero district with 87%, Kaliro increased by 49% and Kasese by 39%. Health workers in this districts link the improvement to availability of Fansidar at health facilities and the recruitment of midwives who were able to provide MCH services in most facilities. Six (6) districts however registered a decline in performance. These include: Kyenjojo (49%), Kumi (47%), Kamwenge (39%), Kalangala (29%), Sembabule (12) and Kayunga (10). The poor performance of Kamwenge and Kyenjojo could be

attributed to reduced Saving Mothers Giving Life (SMGL) activities since partners supporting this initiative reduced activity implementation during the fourth quarter.

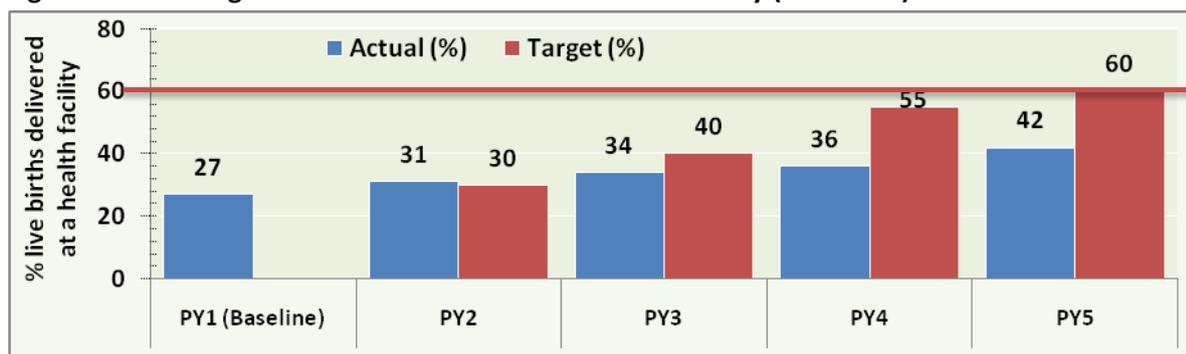
Box 5: Percentage of pregnant women who receive two doses of IPTp (PY1-PY5)



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

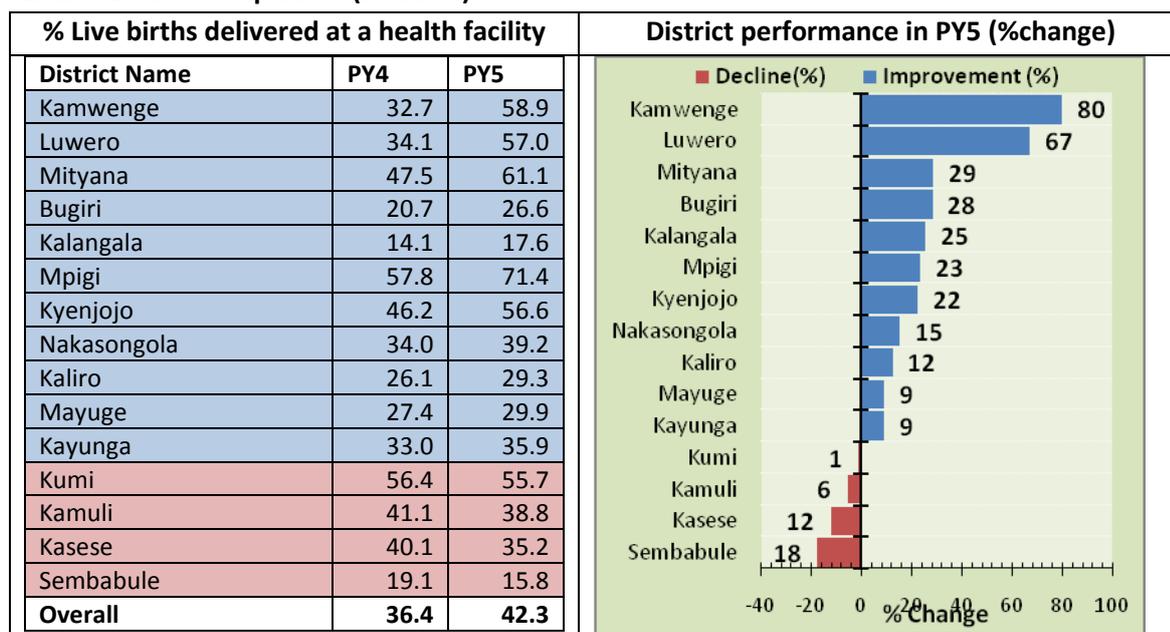
During PY5, 42% (107,039) of the 252, 773 expected live births were delivered at a health facility achieving 70% of PY5 annual and EOP targets. This reflects an improvement from the previous year’s performance of 36% (Figure 8). The improvement could be associated with the strengthened delivery of MCH services resulting from government recruitment of new services providers in selected facilities that was conducted in quarter two.

Figure 8: Percentage of live births delivered at a health facility (PY1 – PY5)



District performance analysis (Box 6), shows the percentage of live births delivered under skilled birth attendants increased in 11 out of the 15 districts during PY5. Kamwenge and Luwero districts registered the highest increase of 80% and 67% respectively. Four (4) districts recorded a decline in performance with Sembabule district declining by 18%, Kasese (12%) and Kamuli (6%). The decline may be attributed to scaling down of implementation by STRIDES subcontractors during PY5.

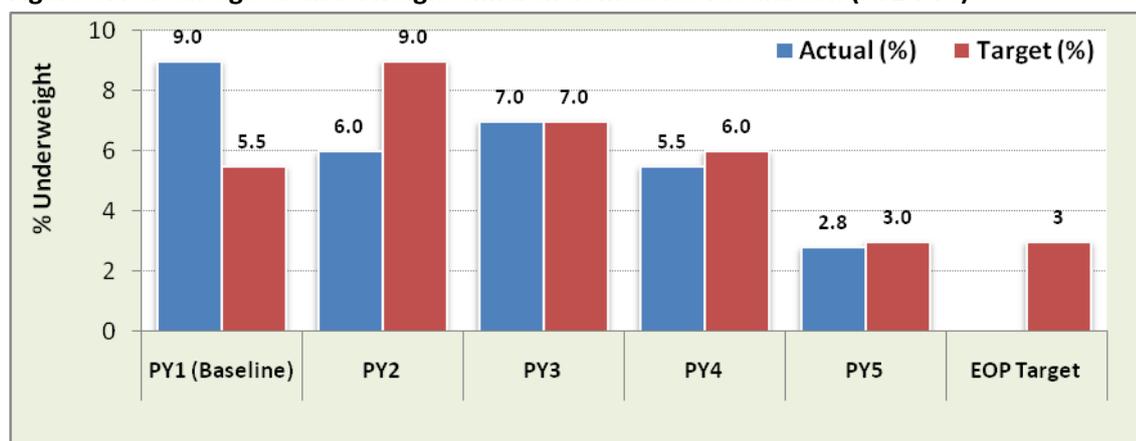
Box 6: District comparison (PY4-PY5)



Indicator 9: Percentage of underweight children at measles vaccination

Figure 9 below, illustrates a down ward trend of underweight children since PY3 reflecting good performance. During PY5, 2.8% (5,689) out of 202,970 children weighed at measles vaccination were underweight, showing a better performance against the PY5 annual and EOP target of 3%. This good performance could be attributed to STRIDES well targeted nutrition interventions especially at community level through the PD/hearth approach that reached a total of 72,814 children with nutrition services.

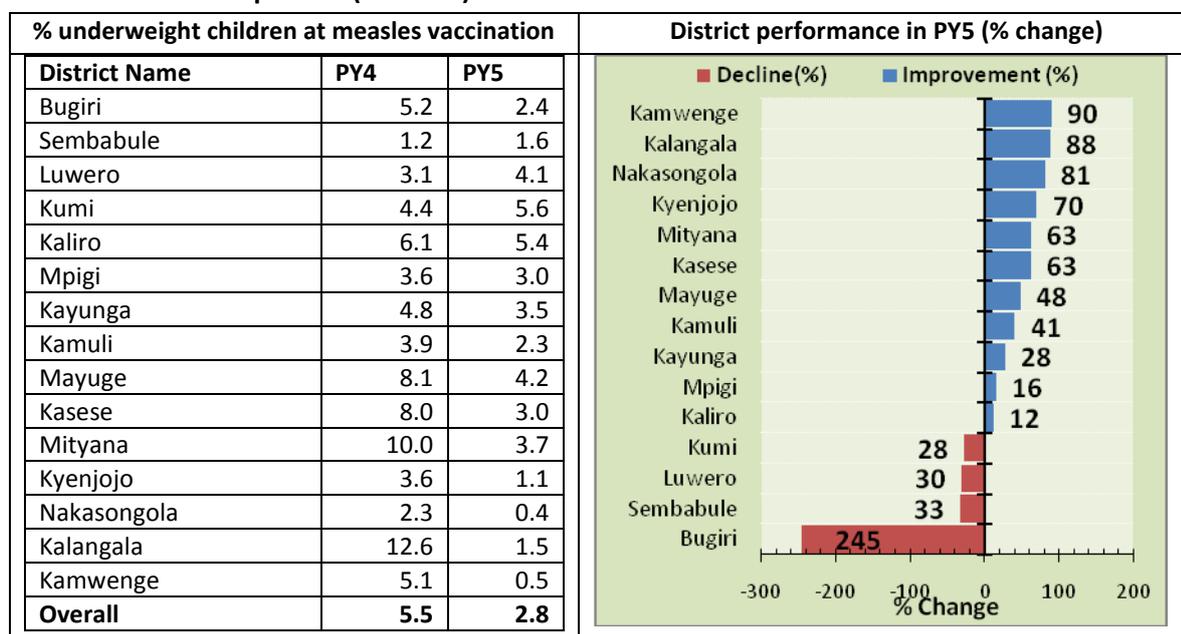
Figure 9: Percentage of underweight children at measles vaccination (PY1-PY5)



District specific analysis (Box 7) reveals that the percentage of underweight children at measles vaccination reduced in 11 districts during PY5. In particular, Kamwenge, Kalangala, Nakasongola, Kyenjojo, Mityana, and Kasese districts reduced underweight by over 60%. This improvement may be attributed to improved child feeding practices at household level as a result of effective community health education and through community based nutrition interventions that address malnutrition such as PD/Hearth. Important to note is that 9 of the improved districts are STRIDES nutrition targeted districts implementing PD/Hearth program. Four districts registered high

proportions of underweight children. These include: Bugiri (245%), Sembabule (33%), Luwero (30%) and Kumi (28).

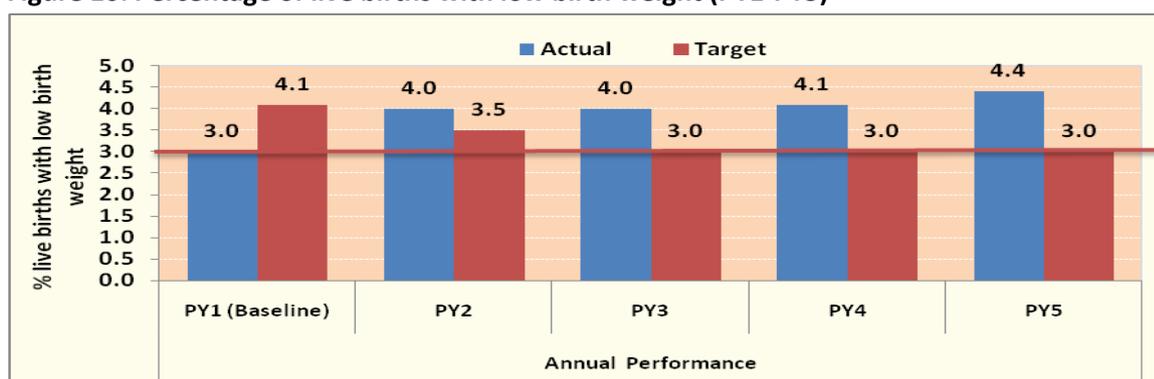
Box 7: District comparison (PY4-PY5)



Indicator 10: Percentage of live births with low birth weight

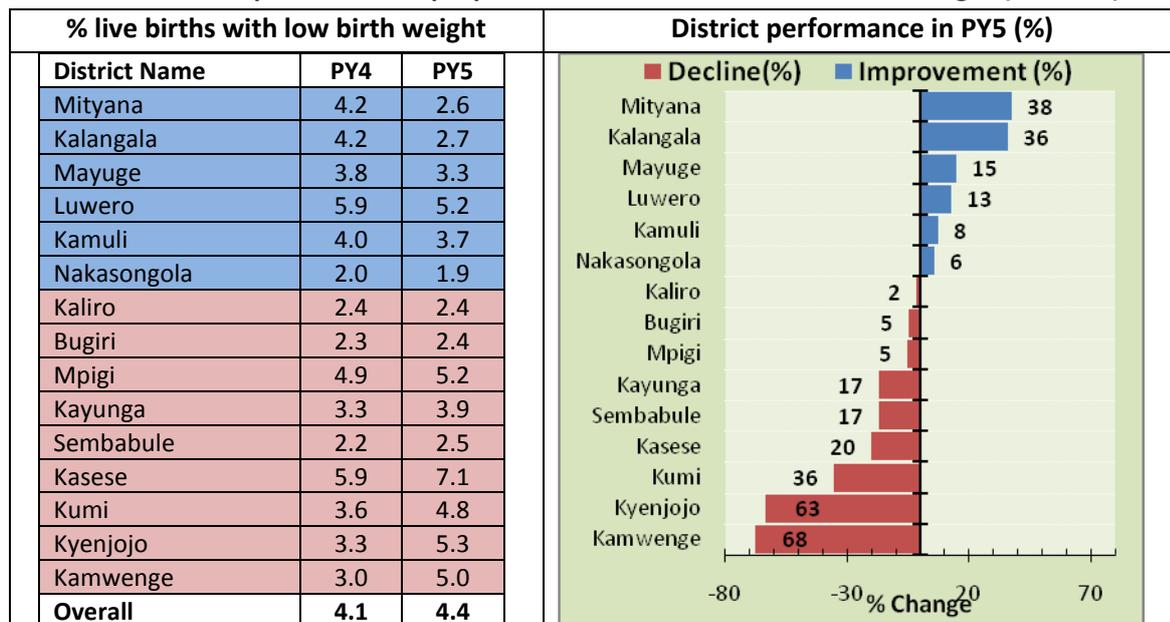
In PY5, a total of 106,007 new born children were recorded across the 15 districts, 4.4% (4,708) of these were born with low birth weight. This achieved proportion is above the PY5 target and expected EOP target. This performance is associated with the pre-term deliveries by pregnant women who did not attend ANC and those who suffered from hypertension and / or malaria during pregnancy.

Figure 10: Percentage of live births with low birth weight (PY1-PY5)



District analysis (Box 8) shows that 6 districts registered lower proportion of live births with low birth weight in PY5 compared to PY4 with Mityana district recording the highest improved performance of 38%. Decline in performance was however recorded in 9 districts.

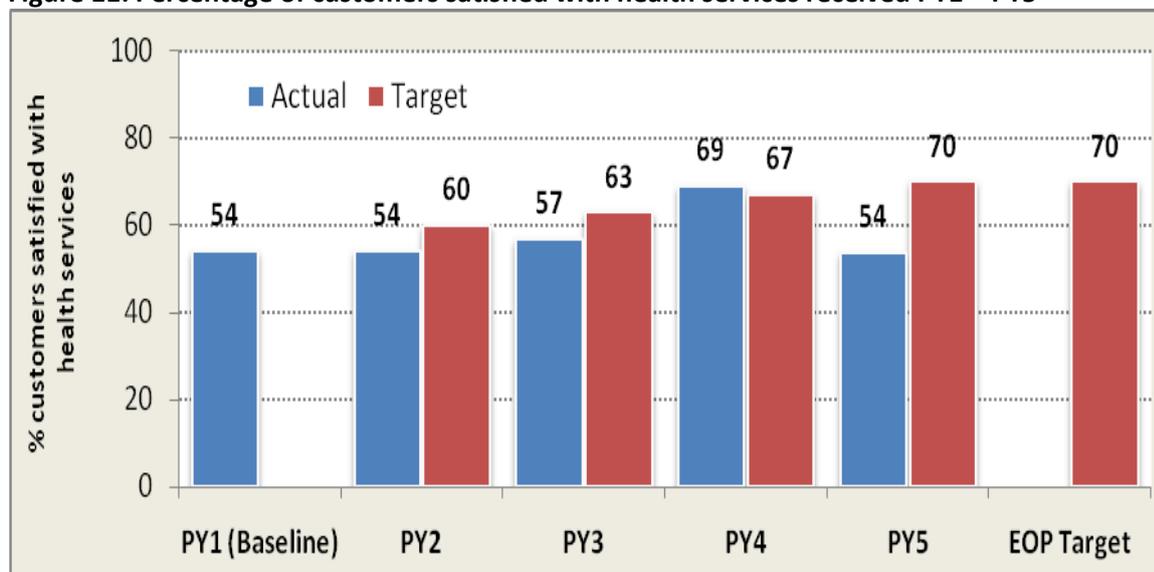
Box 8: District comparison of the proportion of live births with low birth weight (PY4-PY5)



Indicator 11: Percentage of customers satisfied with health services received

According to the PY5 annual survey, 54% of the customers reported to have been satisfied with health services they received at a health facility compared to 69% in PY4 (Figure 11). The decline in performance could be attributed to the transfer of staff that STRIDES trained in inter personal communication (IPC) skills who may have been replaced by those not trained or were never replaced. STRIDES will prioritize on job training and quality improvement (QI) interventions focusing on aspects affecting customer satisfaction to improve the performance of this indicator during PY6.

Figure 11: Percentage of customers satisfied with health services received PY1 – PY5

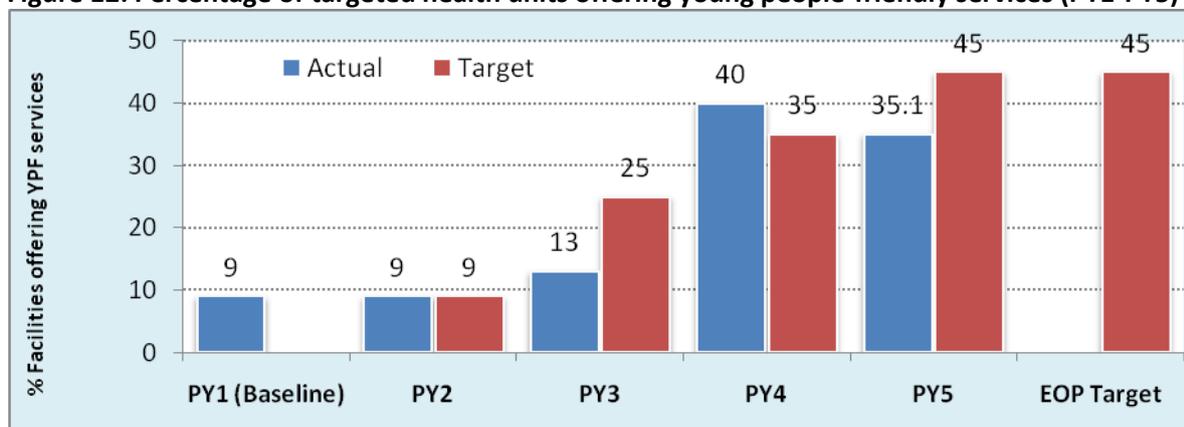


Indicator 12: Percentage of targeted health units offering young people-friendly services

In PY5, 35.1% of targeted health facilities were offering young people friendly services. This performance is below the annual and EoP target of 45% (Figure 12). This indicator was affected by the transfer of staff in selected facilities who had previously been trained by STRIDES to support the

establishment of youth corners and provide young people friendly services. Additionally, the requirements to establish functional youth friendly corners were underestimated by STRIDES and thus the low performance. STRIDES will strategize based on the lessons learnt in the previous years to improve on the performance of this indicator.

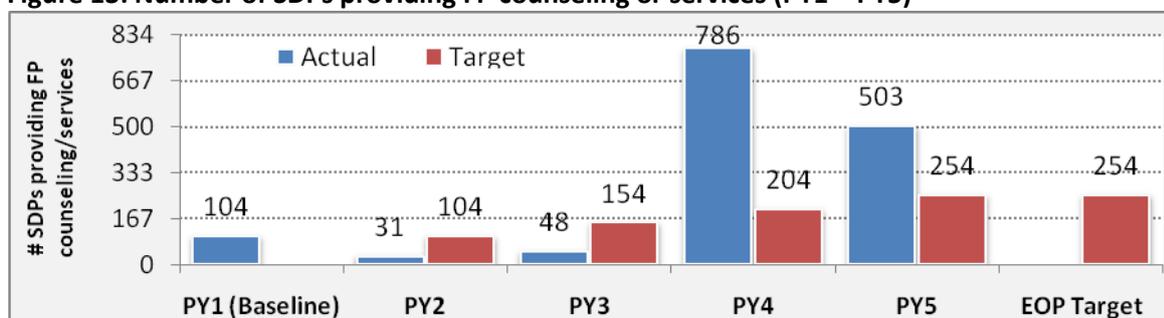
Figure 12: Percentage of targeted health units offering young people-friendly services (PY1-PY5)



Indicator 13: Number of USG-assisted SDPs providing FP counseling or services

A service delivery point 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 PY5, a total of 503 SDPs were providing FP counseling or related services. This achievement exceeds the PY5 annual and EOP targets by 98%.

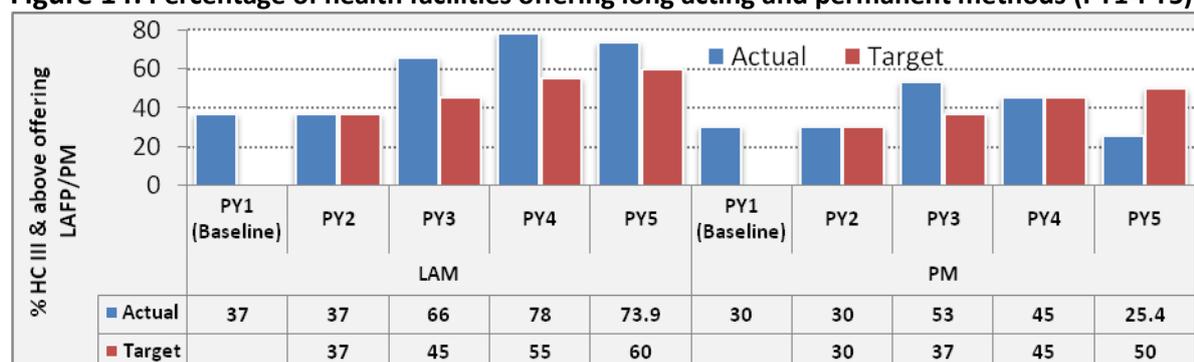
Figure 13: Number of SDPs providing FP counseling or services (PY1 – PY5)



Indicator 14: Percentage of health facilities (HC III & above) offering long acting and permanent methods

During PY5, 73.9% of health facilities (HC III and above) offered long acting methods (LAM), exceeding the annual and EOP targets of 60% by 23%. The facilities offering permanent methods were 25.4% and this fell short of the annual and EOP target of 50%. Staff attrition, transfer of trained staff at public health facilities and scaling down of STRIDES subcontractors implementing FP activities such as MSU, FLEP, and FHI360 are the likely reasons for this performance. STRIDES shall during the extension period support public health facilities to conduct integrated outreaches focusing on FP in close collaboration with SDS and other partners.

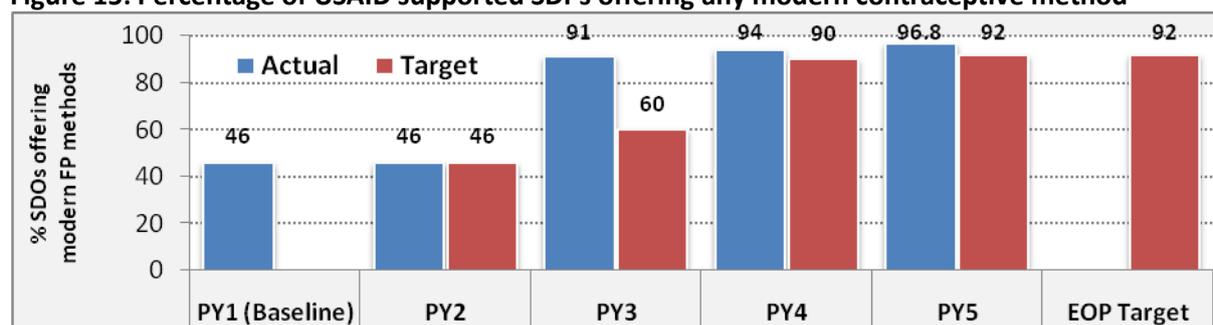
Figure 14: Percentage of health facilities offering long acting and permanent methods (PY1-PY5)



Indicator 15: Percentage of USAID supported SDPs offering any modern contraceptive method

This indicator tracks the proportion of STRIDES supported SDPs offering any modern contraceptive method. Figure 15 shows that in PY5, 96.8% of SDPs were providing at least one modern contraceptive method. This achievement exceeds the annual and EOP target by 5.2%. The performance of this indicator over the years has been boosted by the STRIDES supported subcontractors such as PACE, UHMG, FHI360 among others that partner with a number of outlets and provide the required support that enables provision of modern family planning services.

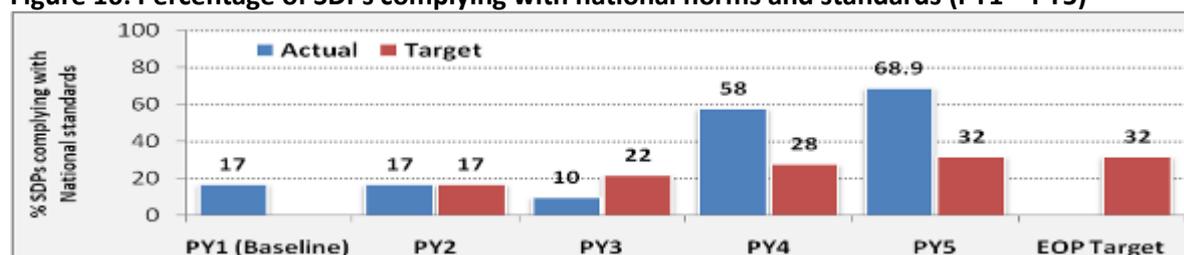
Figure 15: Percentage of USAID supported SDPs offering any modern contraceptive method



Indicator 16: Percentage of SDPs complying with national norms and standards

A service delivery point is counted as having complied with national norms and standards when at least 80% of the individuals observed 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. According to the PY5 annual survey, 68.9% of service delivery points complied with national norms and standards. This achievement surpassed (both the annual and EOP targets of 32% and represents an improved performance compared to PY4 (Figure 16).

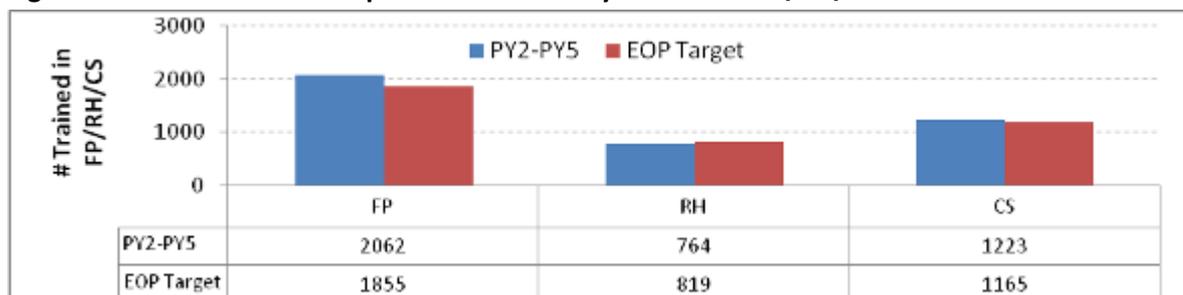
Figure 16: Percentage of SDPs complying with national norms and standards (PY1 – PY5)



Indicator 17: Number of service providers trained by STRIDES in FP/RH/CS

STRIDES continued to roll out interventions aimed at strengthening and supporting the performance of health workers to provide quality RH/FP and CS services. During PY5, STRIDES trained a total of 589 service providers in family planning (420); reproductive health (10) and child survival (159). Figure 17 shows the total number of service providers trained by skill area since PY2. The family planning and child survival EOP targets were achieved in excess by 11% and 5% respectively while 93% of EOP target for reproductive health was achieved.

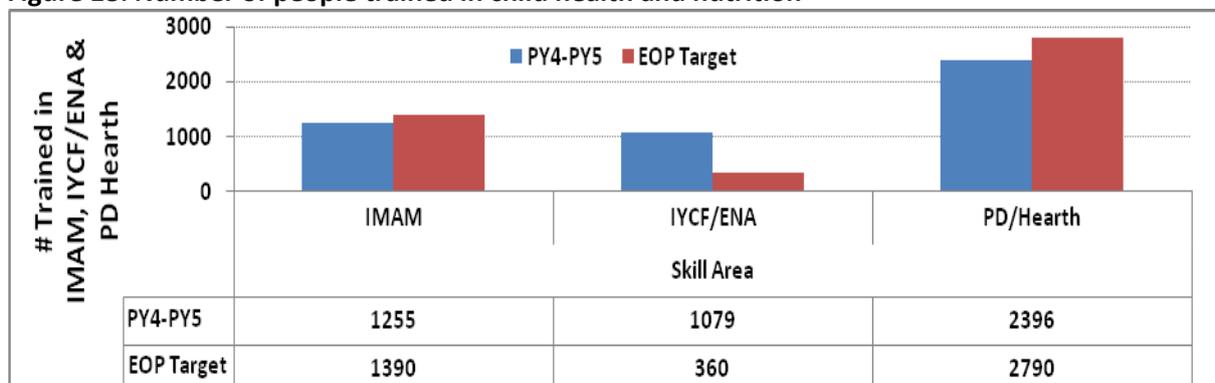
Figure 17: Number of service providers trained by STRIDES in FP/RH/CS



Indicator 18: Number of people trained in child health and nutrition through USG supported programs

During PY5, STRIDES trained community health workers such as VHTs and other volunteers in IMAM (935), IYCF/ENA (959) and PD/Hearth management (1,060). As shown in Figure 18 below, the EOP target for IYCF/ENA was surpassed by 200%. In addition, 90% and 86% of IMAM and PD/Hearth EOP targets were achieved respectively. STRIDES will continue to implement nutrition interventions in PY6.

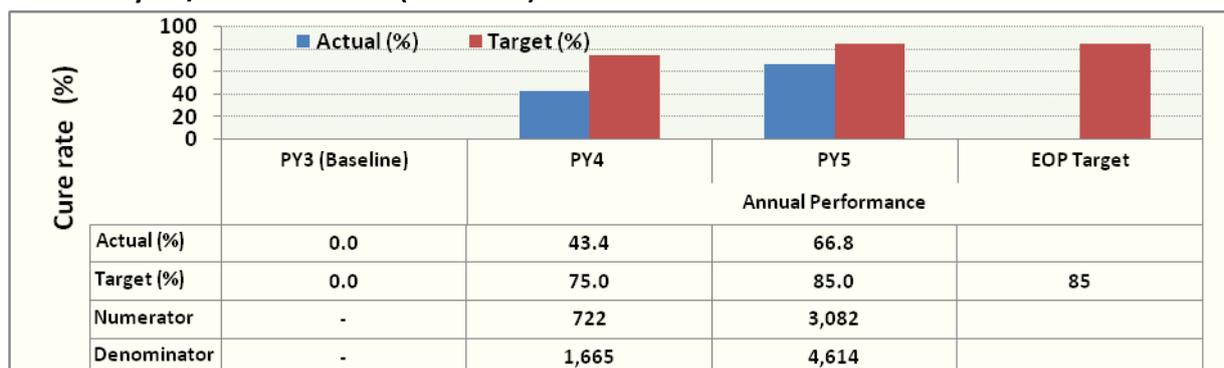
Figure 18: Number of people trained in child health and nutrition



Indicator 19: Percentage of children cured at STRIDES supported facilities or STRIDES supported community PD/Hearth sessions (Cure Rate)

During this reporting period, 4,614 malnourished children were rehabilitated through STRIDES supported out/in patient therapeutic care (OTC/ITC) and PD/ hearth program. Out of these a cure rate of 66.8% (1,665) was registered, up from 43.4% achieved in PY4. This performance represents achievement of 79% of PY5 and EOP targets of 85%. In PY6, STRIDES will focus on expanding nutrition interventions to improve performance of this and other nutrition indicators.

Figure 19: Percentage of children cured at STRIDES supported facilities or STRIDES supported community PD/Hearth sessions (Cure Rate)



Indicator 20: Number of LLINs purchased with USG funds distributed for free

Through the Presidential Malaria Initiative (PMI), 99,134 pregnant and lactating mothers attending ANC received LLINs compared to 11,623 clients in PY4. Therefore, 110,757 pregnant women have received LLINs since STRIDES started implementing this intervention. 56% of PY5 target and 42% of the EOP target was achieved. Targets for PY5 and EOP were not achieved due to insufficient stocks of LLINs at Stop Malaria Project (SMP) which has been supplying the LLINs to STRIDES. This affected replenishment of facilities that experienced stock outs of LLINs. USAID/PMI was informed of the performance of this indicator in the third quarter when the stock outs were communicated to STRIDES by SMP. STRIDES will continue to work closely with PMI to support distribution of LLINs through ANC when the LLINs are available.

B. Detailed PY5 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

Coaching, mentorship and follow up

STRIDES collaborated with district based trainers to conduct quarterly integrated follow-up² for 1,175 trainees from 517 health facilities in 15 STRIDES collaborating districts. The trainees were coached and mentored to provide quality health services in line with the national policy guidelines and standards. These services included; family planning, maternal and child health, malaria and nutrition. As a result of the quarterly coaching and mentoring of trained health workers, the number of health units complying with national norms and standards has increased from 341 health units in PY4 to 405 in PY5.

Development of IMAM, ENA, IYCF training package

In the third quarter, STRIDES provided technical assistance to the Ministry of Health during the development of the integrated, IMAM, IYCF and ENA training package. The package included, a trainer's manual, participant job aids and hand-outs. A total of 667 health workers from 466 health facilities across the 15 STRIDES supported districts have been trained using this training package.

² Integrated follow-up is an approach of facility based coaching and mentoring where service providers who are trained in different intervention skill areas such as FP,CS,RH, malaria,Nutrition, and Quality improvement, are supported to provide quality services in line with the recommended policy guidelines and standards at a single follow-up visit by the STRIDES team.

Cervical Cancer Program (CECAP)

In PY5, STRIDES continued to promote cervical cancer screening, treatment and referral at 5 health facilities³ in the districts of Kamwenge and Kyenjojo. As part of STRIDES support, the targeted facilities were equipped with basic equipment required for screening of cervical cancer using visual inspection with acetic acid (VIA). Four mentoring sessions and 4 support supervision visits were conducted and 17 health service providers were trained on cervical cancer screening and management. A total of 1,147 women have been screened using VIA, 103 (9%) of these were diagnosed with cervical intraepithelial neoplasia (CIN) and 56 women with CIN were treated with cryotherapy. Twenty three (23) women screened had large lesions and 9 with suspected cancer cases were referred for better management at Virika or Mbarara Hospital.

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

Dissemination of job aids

STRIDES distributed IEC materials and job aids on RH/ FP, CS and nutrition to 144 health facilities across 15 STRIDES supported districts. The distributed IEC materials included; shaping my future posters; child survival and RH fact sheets; and 7 ENA messages. Job aids comprised flip charts on FP counseling, infection prevention charts, active management of third stage of labor (AMSTL), new born resuscitation, and combined package of IMAM, ENA, and IYCF. In addition, STRIDES disseminated 109 copies of clinical policy guidelines, FP prompting tools and USAID FP statutory guidelines to the health facilities and subcontractors in the 15 districts.

Health Facility based activations

During PY5, a total of 4,720 (1,262 males and 3,458 females) community members received various RH, FP, CS and nutrition services during facility activations that were conducted at 108 health facilities in 7 districts⁴. The activations aimed to promote health services provided at the facility and increase demand and utilization of these services with a specific focus on the 7 ENA messages and food demonstrations using local available foods.



Community members access health services during a facility activation supported by STRIDES

³ These health facilities include Rukunyu HC IV and Ntara HC IV in Kamwenge, Kyenjojo Hospital, Kyarusizi HC IV and Butiiti HC III in Kyenjojo district.

⁴ The health facility activations were conducted in the following districts, Bugiri, Kamwenge, Kasese, Kyenjojo, Luwero, Mpigi and Nakasongola

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

Support to medicine management supervisors in Kalangala

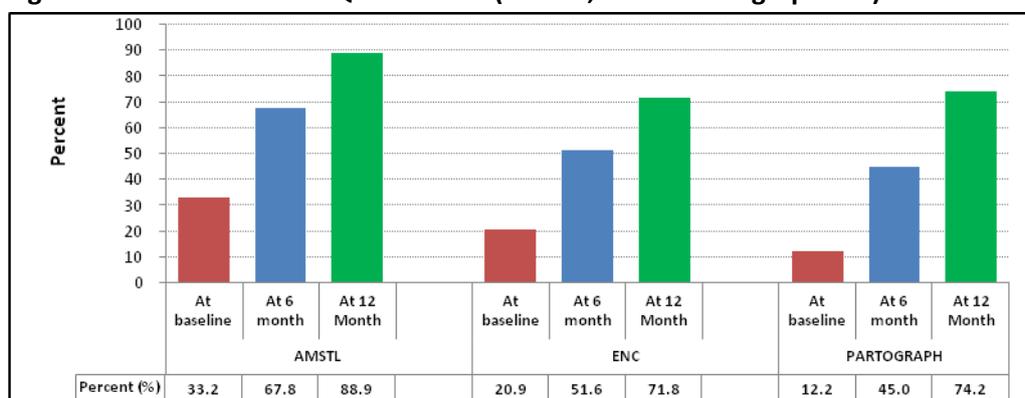
STRIDES in collaboration with SURE project and MoH, trained the District Medicine Management Supervisor (MMS) in Kalangala district in the use of Adobe package to manage and analyze data. STRIDES also supported five routine supervision performance appraisal and recognition strategy (SPARS⁵) in 11 health facilities. During these supervision visits, 4 health facilities (Bufumira HC II, Lulamba HC II, Kalangala HC IV and Bukasa HC IV) were re-stocked with Essential Medicines and Health Supplies manuals and dispensing logs.

Sub-result 1.4: Facilities strengthened to provide quality services

Quality Improvement

STRIDES supported 46 health facilities in 10 districts⁶ to improve quality and scale up delivery of high-impact practices such as partograph use, active management of third stage labor (AMSTL) and essential newborn care (ENC) through implementing the improvement collaborative approach. A significant improvement in performance regarding the 3 best practices is observed compared to the baseline. AMSTL increased from 33.2% at baseline to 88.9% at 12 months, ENC from 20.9% to 71.8 while partograph use increased to 74.2% from 12.2% at baseline (Figure 20). During PY5Q4, STRIDES printed and disseminated over 111 copies of the national QI framework and strategic plan to health providers in 32 health facilities in 7 districts (Kasese, Kamuli, Kayunga, Kumi, Mityana, Mpigi and Nakasongola) in collaboration with MoH.

Figure 20: Performance of QI indicators (AMSTL, ENC & Partograph use)



Facility remodeling

STRIDES supported the renovation of 10 selected health facilities in 6 districts (Bugiri, Kamwenge, Kasese, Luwero, Mayuge, and Nakasongola). The remodeled facility blocks were handed over to the respective districts following the inspection and approval by the district engineers in PY5. Table 3 shows the list of renovated health units by district.

⁵ During the SPARS supervision visits, the selected aspects of medicines management that includes but not limited to; prescribing and dispensing quality, stock management, stores management, reporting and ordering are observed.

⁶ Districts implementing QI include: Kalangala, Mpigi, Nakasongola, Mityana, Kayunga, Kumi, Kamuli, Kyenjojo, Kamwenge & Kasese.

Table 2: Health facilities renovated by district

| District | Facility Name | Renovated unit/block |
|-------------|--------------------|--------------------------------------|
| Nakasongola | Kikoiro HCII | OPD block |
| | Kazwama HCIII | Maternity block and OPD block |
| Luwero | Luwero-Kasana HCIV | Theatre block and General ward block |
| | Nyimbwa HCIV | Maternity block |
| Mayuge | Mayuge HCIII | Maternity block |
| | Kigandalo HCIV | General block |
| Bugiri | Kayunga HCIII | MCH block |
| Kamwenge | Rukunyu HCIV | Theatre, OPD, labor/maternity block |
| | Rwamanaja HCIII | maternity block |
| | | |
| Kasese | Rwesande HCIV | OPD, maternity block |



*General block in Kigandalo HC IV in Mayuge District-
Before renovation by STRIDES*



*General block in Kigandalo HC IV in Mayuge District-
After renovation by STRIDES*

Provision of youth friendly and nutrition equipment

In PY5, STRIDES procured and provided sets of games to 58 health facilities targeted for the establishment of youth friendly corners across the 15 STRIDES collaborating districts. Thirty Seven (37) of the 58 facilities received audio-visual equipment (TV's and DVDs) for enter-education of the youth. Nutrition anthropometric equipment such as height boards, weighing scales, mid upper arm circumference (MUAC) tapes were also distributed to selected IMAM facilities offering (ITC/OTC) interventions in 15 districts.

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

A. Key Indicators

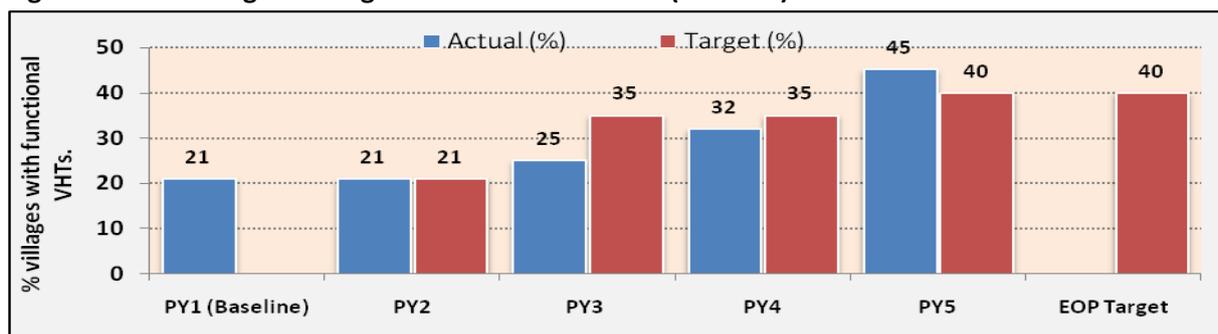
Table 3: Summary of indicator performance for Result 2 (PY1 to PY5)

| # | Indicator | PY1-Baseline | Annual Performance | | | | | Targets | | Achievements against Targets (%) | |
|----|---|--------------|--------------------|-----|---------|---------|---------|---------|---------|----------------------------------|----------------|
| | | | PY2 | PY3 | PY4 | PY5 | PY2-PY5 | PY5 | EOP | PY5 (%) | EOP Target (%) |
| 24 | % villages with functional VHTs | 21 | 21 | 25 | 32 | 45.1 | - | 40 | 40 | 113 | 113 |
| 25 | % VHTs with stock-outs of FP tracer commodities | 43 | 43 | 39 | 56 | 21.6 | - | 20 | 20 | 108 | 108 |
| 26 | # children under five years reached by USG supported nutrition programs | 52,890 | - | - | 245,215 | 276,005 | 521,220 | 394,871 | 658,118 | 70 | 79 |

Indicator 21: 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 PY5, 45% of the villages had functional VHTs. The performance exceeds the annual and EOP target of 35% by 12.5%. This improved performance is attributed to the rigorous efforts rolled out in PY5 to support and ensure functionality of VHTs as part of the sustainability measures.

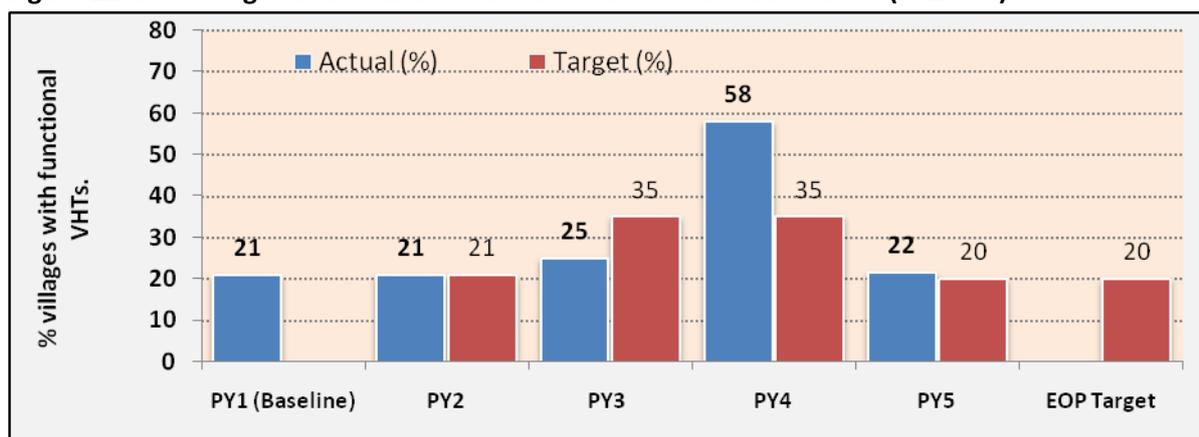
Figure 21: Percentage of villages with functional VHTs (PY1-PY5)



Indicator 22: Percentage of VHTs with stock-outs of FP tracer commodities

In PY5, 22% of VHTs experienced stock-outs of FP tracer commodities. This performance is higher than PY5 annual and EoP target of 20% (Figure 22). STRIDES will continue to explore possible strategies including partnerships with the private sector such as PACE and UHMG in order to improve on the availability of FP commodities at community level.

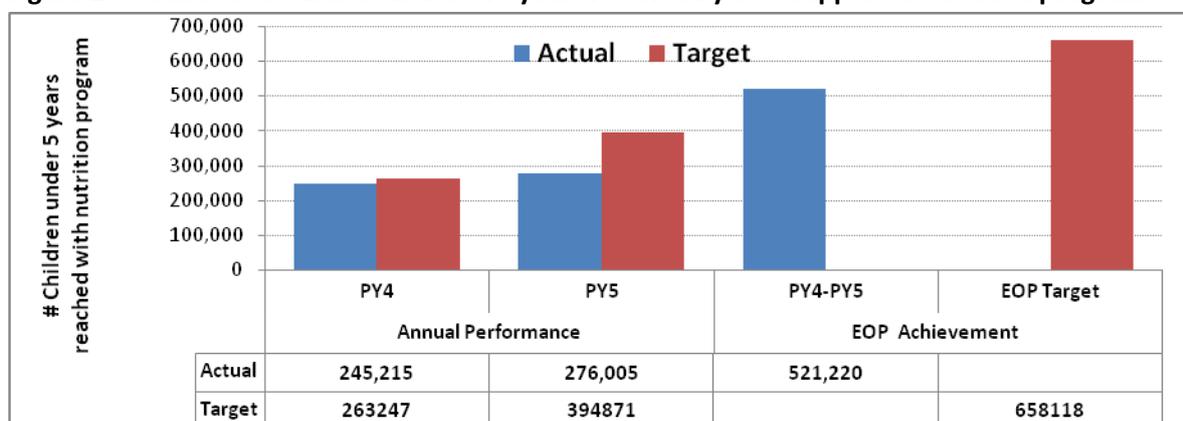
Figure 22: Percentage of VHTs with stock-outs of FP tracer commodities (PY1-PY5)



Indicator 23: Number of children under five years reached by USG supported nutrition programs

During PY5, a total of 276,005 children below five years of age were reached by the STRIDES supported nutrition program achieving 70% of the PY5 annual target and 79% of EOP target. STRIDES nutrition activities under this indicator include: growth monitoring sessions, children in families supported by STRIDES to establish vegetable gardens, nutrition screening, referrals to the health facilities for management of acute malnutrition, provision of RUTF and nutrition counseling. STRIDES will continue to scale up growth monitoring promotion and PD/H interventions to improve the performance of this indicator.

Figure 23: Number of children under five years reached by USG supported nutrition programs



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

Nutrition Positive Deviance Hearth

PD/Hearth is a community based nutrition approach that prevents and treats malnutrition at community level using locally prepared nutritious food (“ekitobero”) in a home setting for a period of 12 days and outside the hearth for another 14 days. During this reporting period, a total of 231 hearth sessions with 2,795 malnourished children enrolled were conducted in 31 sub-counties in 10 districts. By the end of September 2013, 2,058 children had completed the rehabilitation process in

1,325 hearth sessions. 267 (64.4%) of these rehabilitated children cured (gained a minimum of 400g over the 26 days period). However, low rates of weight gain were registered among children who presented with medical conditions during the hearth sessions. These were referred for further management at the health facilities.



Before STRIDES supported PD/H intervention



After STRIDES PD/H intervention

Village Health Teams

In PY5, STRIDES focused on strengthening VHTs to support other interventions such as BCC, nutrition and malaria in addition to FP/RH and CS. A total of 757 trained VHTs participated in rapid screening of children to identify cases of malnutrition, enrolling moderately malnourished children into PD/Hearth sessions for rehabilitation and making referrals for children that require in-patient care. STRIDES also provided new and branded bicycles to 1,594 VHTs across the 15 districts for facilitating their transport during service delivery at community level. In addition, VHTs tool kits⁷ were replenished for 6,552 VHT members during quarterly facility based VHT meetings⁸ in 170 health facilities in 11 districts.



VHTs receive bicycles from STRIDES to mobilise communities to access health services

⁷ A VHT tool kit is comprised of T-shirts, village registers, bicycle parts, bags, rain coats and gumboots

⁸ During VHT meetings issues relating to performance of VHTs, communications challenges, community referrals and linkages to health facilities, VHT sustainability strategies and reporting are discussed.

Accreditation of drug sellers (ADS)

STRIDES in collaboration with National Drug Authority (NDA) and SDSI project, trained a total of 50 (15 males and 35 females) drug shop owners in Kamuli district. The training focused on good business practices including book and record keeping, stock management, cost pricing of products, marketing and customer care. In addition, STRIDES supported 221 drug shop attendants/owners (56 in Kyenjojo, 51 in Kamwenge and 114 from Kamuli) to operate according to the recommended standards⁹. These were also coached and mentored to ensure proper drug management and documentation. 254 out of 350 supported drug shops complying with recommended standards have been accredited by NDA.

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

Orientation of CDOs, CBO members, VHTs and health assistants to community BCC

During PY5, STRIDES trained 156 individuals from 31 community based organizations (CBOs) and 15 drama groups to mobilize and implement community based BCC activities. With the technical and financial support from STRIDES, these CBOs and drama groups organized and implemented various community based interventions such as community dialogues, nutrition fairs, facility activations and facility dialogues. A total of 14,160 (3,720 males and 10,440 female) community members were reached with RH, FP, CS and nutrition services.

Model families and male champions

STRIDES supported selection of 109 model families and 85 male champions in 6 districts (Kasese, Kamwenge, Kamuli, Mpigi and Sembabule). These were verified, trained and mentored on the principles of positive and sustainable behavior change. In addition, STRIDES followed up and mentored 40 model families and 40 male champions from Kasese that were trained in PY4. The model families and male champions have been linked to nutrition PD/Hearth and BCC activities within their respective parishes where they act as catalysts for positive behavior change among their peers and community members.

Radio and TV Programs

STRIDES sponsored a total of 86 Television (TV) drama skits that were aired on NTV and Bukedde TV under “Oli Stede?” campaign to promote and create demand for FP/RH/CS and nutrition services. In addition, 4,116 radio drama skits were aired in both English and local languages on 15 radio stations in STRIDES collaborating districts. Furthermore, STRIDES technical staff and beneficiaries featured in over 326 thirty minutes pre-recorded and live radio shows that were aired on 15 FM stations.

⁹ Recommended standards include use of national guidelines for diagnosing and treating childhood illnesses such as malaria and pneumonia; documentation and drug management standards.

Nutrition fairs



A VHT member conducts a nutrition assessment exercise using the MUAC tape during the nutrition fair in Kaliro district

An estimated 37,285 children received nutrition and other health related services, while 20,417 adults (4,938 males and 15,479 females) were reached with key messages on nutrition, RH/CS/FP and malaria during 25 nutrition fairs conducted in 11 districts.

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

Integrated outreaches

STRIDES participated in district integrated support supervision and provided technical guidance during extended DHMT and micro planning meetings held in the 15 STRIDES collaborating districts. A total of 68 integrated outreaches were also supported in Kyenjojo, Kamuli, Kaliro, Mayuge, Kayunga, Kalangala, Luwero, Mityana, Mpigi, Kamwenge, Kasese, Kumi, Nakasongola, and Sembabule districts. During commemoration of World AIDS day and Safe Motherhood day in Mityana district, STRIDES supported outreaches to hard to reach communities where 1,781 (722 male and 1,059 female) people were reached with various health services.

Availability of commodities at community level through the private sector

STRIDES through subcontractors ensured availability of FP/RH and CS products in service outlets and drug shops in the hard to reach communities. During PY5, UHMG and PACE partnered with 1,510 outlets/drug shops and distributed a total of 1,516,915 FP/RH and CS products (FP-836,733: RH-481,348: CS- 198,834) at community level.

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

A: Key Indicators

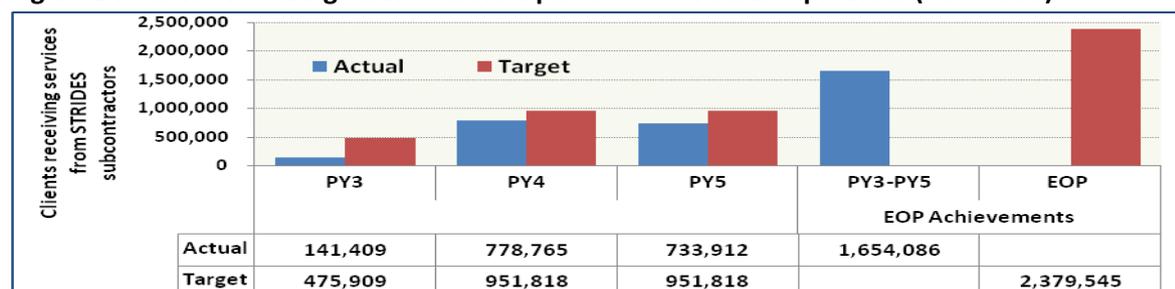
Table 4: Summary of indicator performance for Result 3 (PY1 to PY5)

| # | Indicator | PY1-Baseline | Annual Actual Performance | | | | | Targets | | Achievements against Targets (%) | |
|----|---|--------------|---------------------------|---------|---------|---------|-----------|---------|-----------|----------------------------------|---------|
| | | | PY2 | PY3 | PY4 | PY5 | PY2-PY5 | PY5 | EOP | PY5 (%) | EOP (%) |
| 27 | # of clients receiving services from a USAID-affiliated private sector service provider | 0 | - | 141,409 | 778,765 | 733,912 | 1,654,086 | 951,818 | 2,379,545 | 77 | 70 |
| 28 | % facilities submitting timely HMIS reports to HSD/district | 72 | 72 | 74 | 76 | 88 | - | 90 | 90 | 98 | 98 |
| 29 | % districts submitting timely HMIS reports to MoH | 78 | 78 | 81 | 79 | 90 | - | 93 | 93 | 97 | 97 |
| 30 | % public health facilities clearly displaying pertinent information to clients | 16 | - | 20 | 21 | 57 | - | 59 | 59 | 97 | 97 |

Indicator 24: 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 PY5 a total of 733,912 clients received services from the STRIDES subcontractors. These services include RH, FP, CS, Nutrition and HIV/AIDS services. This achievement illustrates a 91.8% improved performance compared to PY4 (382,579). However, this achievement fell short of the PY5 annual target by 22% and below the EOP target by 30% (Figure 24). STRIDES will continue to explore innovative approaches such as those implemented during PY5 to continue improving the performance of this indicator.

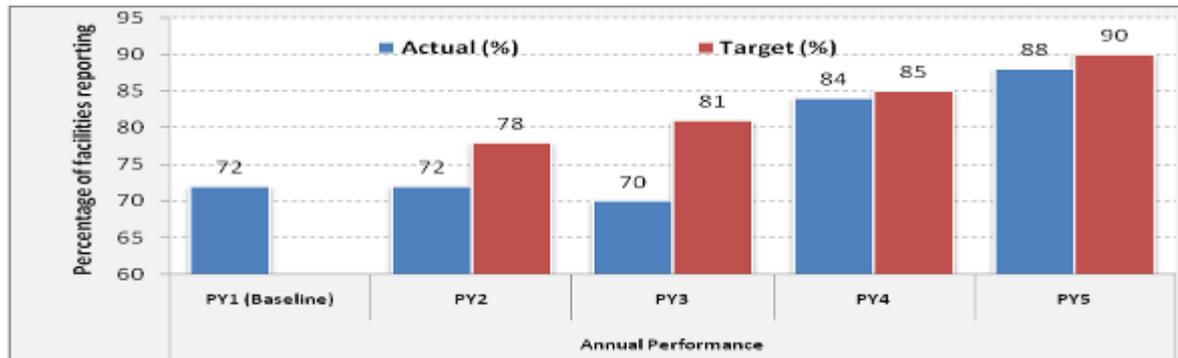
Figure 24: Clients receiving services from a private sector service provider (PY3 – PY5)



Indicator 25: Percentage of health facilities submitting timely HMIS reports to the HSD/district

In PY5, 88% of all the health facilities submitted the HMIS reports to the districts in a timely manner. This is an improved proportion from PY4 (84%) and represents 98% achievement of the annual target and EOP target of 90% (Figure 25). The improvement is attributed the quarterly on job coaching and mentoring on HMIS report generation for health workers from poorly reporting facilities across the STRIDES supported districts.

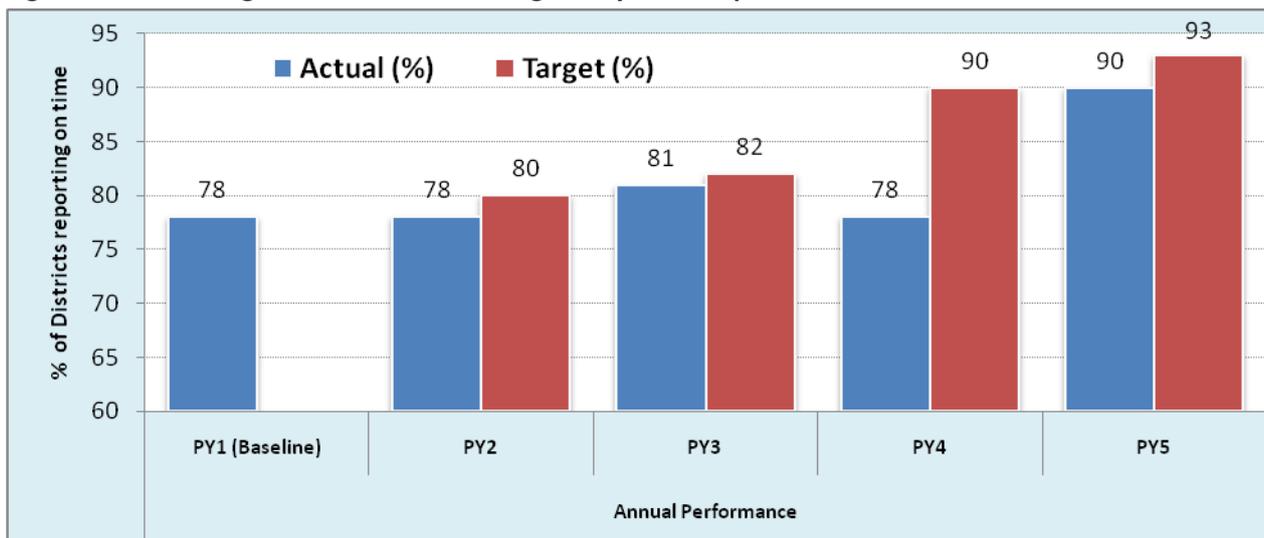
Figure 25: Percentage of health facilities submitting timely HMIS reports to the HSD/district



Indicator 26: Percentage of districts submitting timely HMIS reports to MoH

During PY5, 90% of the STRIDES supported districts submitted reports timely to the MoH through DHIS2 system. The proportion of districts submitting reports timely improved during PY5 compared to PY4 where 78% reported timely (Figure 26). This performance missed to achieve the PY5 and EOP targets by 3 percentage points. In PY6, STRIDES will continue to provide coaching and mentoring support to districts through joint support supervision visits with the Ministry of Health Resource Centre team and address some of the issues that lead to late reporting.

Figure 26: Percentage of districts submitting timely HMIS reports to MoH



B. Detailed PY5 Q3 Activities by Sub-result

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

Technical working committees/groups

STRIDES actively participated in various technical working groups at MoH. These include: MNCH cluster, RH/FP working group, Quality Assurance and Nutrition working groups. STRIDES strategically engages in these meetings to influence policy and participate in decision making as well as share best practices identified during implementation at district level.

Participation in conferences

During this reporting period, STRIDES presented 5 papers in international conferences and 2 papers during in-country conferences. The following is the list of abstracts/papers that were presented:

- Using different health systems strengthening approaches to improve the quality of reproductive health, FP and child survival services in Uganda. (*Second National QI conference Uganda, June 17 - 19, 2013*).
- Scaling up evidence based practices to close the quality gap in maternal and child health care: Lessons from an improvement collaborative in Uganda. (*Second National QI conference Uganda, June 17 - 19, 2013*).
- Combining the fully functional service delivery system and performance based contracting approaches to strengthen health systems in Uganda. (*International Society for Quality in Health Care (ISQua) conference, Geneva, October 21-24, 2012*).
- Health systems strengthening and integration of FP/MNCH in Uganda: *The experience of STRIDES project*. (*Women Deliver conference, Kuala Lumpur, May 2013*).
- Addressing the quality gap in service delivery for maternal and child survival: Lessons from a maternal and newborn improvement collaborative in Uganda (*International Forum for Quality and Safety in Health Care, London UK, April 2013*).
- Improving the quality of intra-partum care at health facilities to achieve better maternal and newborn health outcomes in Uganda (*International Health Economics Association (IHEA), Australia, July 7-10, 2013*).
- Distribution of public and private health facilities including drug shops in Uganda using geo spatial methods (*Esri International User Conference – San Diego convention centre, July 8-12, 2013*).
- Integration of cervical cancer screening using visual inspection with Acetic acid and Cryotherapy treatment into HIV/AIDS services in rural districts in Western Uganda.

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

Leadership Development Program (LDP)

In collaboration with Action for Community Development (ACODEV), STRIDES supported 9 districts to form leadership development program (LDP) working groups that comprised of a DHT member and selected facility staff. In total, STRIDES trained 75 district and health facility staff on key aspects of LDP such as work group climate, team work and general management of services. 35 LDP working groups were formed across the 9 districts (Kasese, Kamwenge, Kyenjojo, Kayunga, Mayuge, Mityana, Nakasongola, Sembabule and Bugiri). The LDP members in each district were coached and mentored during quarterly LDP sharing meeting conducted by STRIDES and ACODEV teams. An assessment of 27 LDP workgroups on key LDP aspects after 7 months of implementation showed a significant improvement compared to baseline. The improvement was attributed to the positive change in attitude and practices among the LDP team members that led to development of health care team vision and mission, proper scheduling of routine activities, clear definition of team member roles and responsibilities, proper arrangement of appointments for ANC and tracking of service indicators.

Leadership Development Program (LDP)- Testimonies

We now enjoy our work more than before LDP. "The man has changed since he attended the LDP training" – referring to the In charge. He now values everyone here at work. We now work as team; our voices are heard; VHT members are valued and supported and they are helping us so much at the health centre. And we are seeing a lot of mothers coming to deliver at our health centre. Health worker, Nazigo HC III, Kayunga.

"I have learnt a lot from LDP. One of the things I have learned is that many of the problems at health centers can be managed with little or no resources at all. Before LDP, we thought that we didn't have enough power and resources, but since then I have realized that we can exercise power as long as the leader has leadership and management skills." DHT member, Mayuge district.

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

District coordination

STRIDES provided technical guidance to Grant A and Grant B activities across all 15 districts by actively participating in regional and districts Grant A coordination meetings as part of the project's overall support to the SDS project. Specifically during the fourth quarter, STRIDES developed and shared with the districts, guidelines on how to plan for and report on extended district health management team activities such as integrated support supervision and micro planning. In the third quarter, all districts were supported to develop budgets and work plans for Year 3 Grant A activities. STRIDES also attended the USAID district operational plans (DOP) signing ceremonies in Luwero, Kalangala, Sembabule and Mpigi districts. STRIDES

continued to partner with other USG implementing partners such as STAR-E, STAR-EC, SURE, SDS, SMP, and other IPs in various activities in the respective districts.

Saving Mothers Giving Life

STRIDES continued to implement SMGL activities in Kamwenge and Kyenjojo districts including providing technical assistance to the districts by actively participating in district based implementing partners' meetings, technical working groups and national SMGL coordination meetings. In Kyenjojo, STRIDES has continued supporting Midas Touch to provide quality health care services. Through STRIDES – Midas Touch partnership 4,195 women attended 4 ANC consultations, 4,136 women received IPTp and 2,830 women delivered at the health facility in PY5. In addition, 189 women received emergency obstetric care services during this reporting period.

Emergency relief

During PY5Q3, STRIDES donated through Uganda Red Cross Society (URCS) 1,852 LLINs and 800 hygiene kits in response to the emergency relief needs for households affected by floods in Kasese district. A total of 800 households including 851 children and 148 pregnant women in Kanamba parish Karusandara sub-county benefited from this donation.



URCS & STRIDES team demonstrate the water purification process during handover of hygiene kits

Innovative partnerships with the private sector

During PY5, STRIDES continued to engage the private sector to contribute to health through their corporate social responsibility (CSR) programs as follows:

(a) Water Ambulance for Kalangala Islands

Stanbic Bank in collaboration with STRIDES procured and handed over a water ambulance to Kalangala district. The boat is used as a water ambulance to transport pregnant women with difficult and complicated deliveries from the islands to the main land and beyond to receive adequate treatment. In a similar partnership, STRIDES in collaboration with Standard Chartered Bank and Sight Savers sponsored an integrated eye treatment and MCH service medical drive in Kamuli hospital where a total of 699 people were reached with MCH services and 85 received LLINs.

(b) Shoes for Health

In December 2012, STRIDES initiated a partnership with TOMS shoes, a USA based shoe manufacturing company to strengthen and increase access and demand for RH/CS/Nutrition services by distributing 1,001,430 pairs of shoes worth USD 3,014,896 million to targeted beneficiaries¹⁰ in 15 STRIDES districts. During PY5Q3, distribution of the first consignment of 1,001,430 pairs of shoes was launched at Buwama HC III in Mpigi district. By the end of PY5, 190,925 pairs of shoes have been distributed to clients who received various health services such as immunization and deworming.

¹⁰ The target beneficiaries for TOMS shoe initiative includes;- Children under-five who receiving DPT3, 2nd dose of Vitamin A supplementation and nutrition services, pregnant women who complete the 4th ANC visit, pregnant women who deliver at the health facility and their newly born babies; mothers who access post natal care services; VHTs, teachers and health workers supporting the shoe distribution, Young people (10-17) accessing ASRH services at facilities operating youth corners and Young people (10-17) accessing ASRH in schools.



Sample of TOMS shoes



A child is immunized against polio at Kigarare HC III in Kyenjojo



Children receive shoes for health

(c) International Medical Equipment Collaborative (IMEC)

STRIDES' partnership with International Medical Equipment Collaborative (IMEC) is focused on providing assorted medical equipment (i.e. solar powered portable ultrasound scan machines and a complete labour suite) valued at USD 4.6 million to 128 health facilities in 11 districts (Mpigi, Mityana, Sembabule, Kalangala, Kamuli Kaliro, Kumi, Kayunga, Kamwenge, Kasese and Kyejojo). The selected staff in these facilities will be trained in the equipment maintenance and use by ECUREI. The equipment is expected to arrive in PY6. In a similar partnership between IMEC, FHI360 and STRIDES, MCH equipment was distributed to 27 health facilities in Nakasongola, Mayuge, Bugiri and Luwero districts in PY 5.

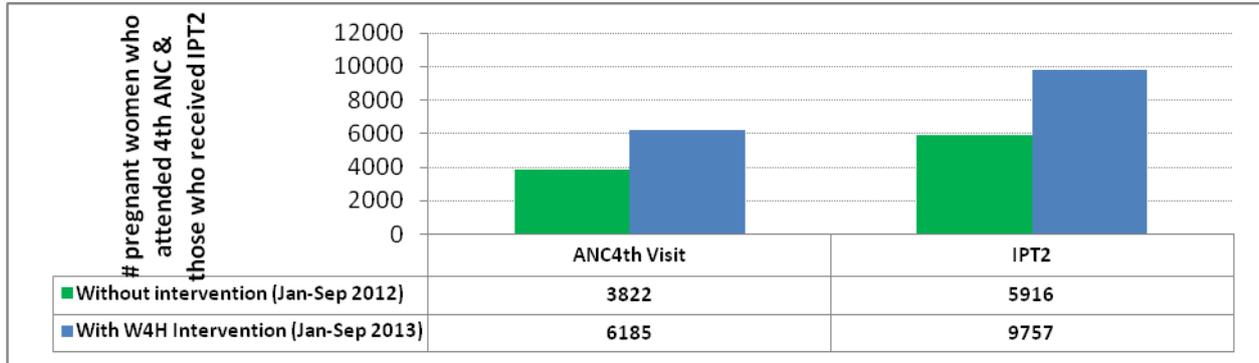
(d) Water for Health

STRIDES partnered with Procter and Gamble (P&G) to implement the Water for Health (W4H) initiative¹¹ in 47 selected health facilities in six districts (Kasese, Sembabule, Nakasongola, Kumi, Mayuge and Bugiri), targeting pregnant women. The intervention provides hygiene kits¹² and refills to the target beneficiaries, through ANC clinics and is aimed at increasing IPTp uptake, the 4th ANC attendance and deliveries under a skilled provider at a health facility. A total of 16,292 pregnant women have benefited from this initiative together with an estimated 60,280 household members. Comparative analysis on uptake of IPTp2 and 4th ANC attendance also shows a significant increase in the number of pregnant women attending 4th ANC and receiving IPT2 from the implementing health facilities in PY5 than in PY4 (Figure 27). STRIDES will expand the W4H initiative to boost performance of maternal health indicators in 49 additional facilities and implement the recommendations from the W4H evaluation that will be conducted in PY6.

¹¹ The water for health intervention model involves: - Training of service providers and VHTs; Sensitizing & mobilizing the target beneficiaries; Demonstrate & distribute the hygiene kits to beneficiary through the ANC clinics. The beneficiary utilizes the product at household level and returns to facility for refill after 1 month.

¹² The hygiene kits is comprised of 2 buckets, 30 sachets of water purifiers, 1 piece of filter cotton cloth, 1 tablet of medicated soap and a wooden stick.

Figure 27: IPT2 and 4th ANC comparative analysis between the intervention & non- intervention districts



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

Supply of HMIS materials and HMIS on job coaching and mentoring

In collaboration with MoH and the districts, STRIDES supplied HMIS materials to 475 health facilities. STRIDES also provided on job M&E technical support to health workers from 5 facilities implementing CECAP in Kyenjojo and Kamwenge districts. Four joint support supervision visits were conducted in 9 districts by STRIDES in partnership with the district and MOH/Resource Centre. During the support supervision, 113 health service providers were coached and mentored to correctly utilize the HMIS tools for reporting and data use.

District review and data feedback meetings

STRIDES supported 9 district based review and data feedback meetings in 8 districts (Kasese, Mityana, Mpigi, Nakasongola, Mayuge, Sembabule, Kyenjojo and Kamwenge). Performance results of selected HMIS indicators were shared, discussed and action points agreed upon for the lagging indicators. Other issues related to sustaining implementation of STRIDES supported interventions in the district after STRIDES close out were also discussed.

Geographic Information System (GIS) utilization

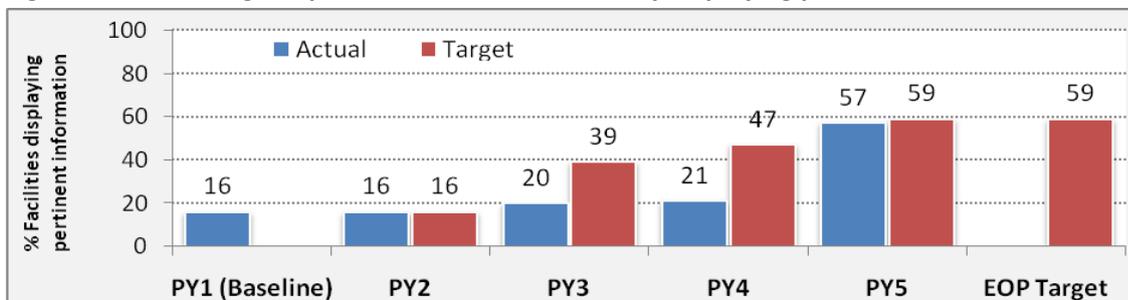
In PY5Q2, a total of 12 district staff trained on GIS in PY4 were followed up, mentored and supported to effectively utilize GIS systems for visual and geo referencing analysis and presentation of district data. Trainees in all the six districts were able to produce maps highlighting disease patterns and geographical locations of the health facilities in their respective district. STRIDES also continued to use GIS to assess indicator performance. The GIS map (Annex 1) shows a correlation between ANC fourth visit and IPTp second dose indicator performance in Mpigi, Kasese and Kaliro districts. However, there is no correlation between ANC and IPTp performance in some of the districts such as Nakasongola and Luweero. STRIDES will explore the reasons for this performance in PY6 and support the districts as appropriate.

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

Indicator 27: Percentage of public health facilities clearly displaying pertinent information to clients

The proportion of health facilities clearly displaying pertinent information to clients increased from 21% in PY4 to 57% in PY5 achieving 97% of annual and EOP targets. This good performance is attributed to the distribution and installation of signposts displaying pertinent information such as opening hours and services offered at 214 health facilities across the 15 STRIDES collaborating districts.

Figure 28: Percentage of public health facilities clearly displaying pertinent information to clients



One of the health facility sign posts procured and installed by STRIDES

3. Project monitoring and evaluation

Surveys/Studies

Behavior Change Communication Study: STRIDES conducted a BCC study to assess the effectiveness of the STRIDES BCC interventions in the districts of Kasese, Kyenjojo, Sembabule, Luwero, Kayunga and Kaliro. Key recommendations from this study were implemented including promoting and increasing frequency of radio talk shows, increasing VHT involvement in BCC interventions and integrating BCC into other approaches.

LQAS community surveys: During the reporting period, STRIDES in partnership with STAR-E LQAS and SDS provided technical support on district community LQAS survey to 11 districts of; Kalangala, Sembabule, Mpigi, Mityana, Luwero, Nakasongola, Kayunga, Kumi, Kyenjojo, Kamwenge and Kasese. The summary district LQAS reports have been shared with each district for review.

Annual survey: STRIDES conducted the PY5 annual survey to collect performance data on 12 of the PMP indicators that are not tracked through the HMIS or other STRIDES data sources. Data was collected from all the 15 STRIDES collaborating districts. Annual survey indicator performance has been included in the indicator section of this report.

4. Finance and Administration

In addition to the routine support to the project activities of providing accounting, procurement, storage, fleet management and general administrative services the following were also achieved in respect to Finance and Administration (F&A):

Support to partners

In consultation with the MSH Home Office, support was provided to STRIDES partner - CDFU to ensure timely and accurate financial reports. In addition, the team reviewed the regular invoices submitted by Jhpiego and Meridian Group International. Overall, sub grantee performance in finance and administration meets normal standards.

Budget Monitoring Tool

During the first quarter, a budget monitoring tool to track PY5 expenses against the work plan and pipeline budgets was developed and implemented in close collaboration with the finance staff at the MSH Home Office. During second quarter a team from the Home Office came to Uganda to finalize the tool and provide training to the national staff.

Cost share contribution

In PY5, the total cost share contribution generated was USD 300,429. STRIDES cost share obligation to USAID by the EOP was USD 5,741,784. The project has so far generated a cost share contribution of USD 9,111,366 mainly from private partners under CSR. Figure 29 below shows that the EOP cost share target has been exceeded by 59%.

Figure 29: Cost share contribution PY2- PY5



5. Communications

STRIDES continued to implement the following activities in line with the communications plan:

Documentation of best practices and impact

STRIDES has produced both a documentation report and video clips that clearly highlight/show case selected best practices and impact by the STRIDES project between 2009 – 2013. The documentation highlights successes and key lessons learnt in FP, RH, CS and Nutrition. The project is also packaging best practice clips and abstracts that were presented at various conferences for internal and external sharing. In PY5, STRIDES started documenting legacy series capturing specific best practices such as performance based contracting, quality improvement, LDP, CSR and Nutrition (PD/Hearth) approaches and their impact. The legacy series can also be used as a learning platform for implementation of similar projects in future.

Success stories

In PY5, STRIDES documented a total of 15 success stories that showcase STRIDES impact. Ten stories were published on MSH website and Intranet and also disseminated through the STRIDES newsletters. Five SMGL stories were shared with USAID. To increase easy access and sharing of project success, a success story handbook has been developed. STRIDES will continue to document more success stories in PY6.

Project visibility

In October 2012, the Speaker of the Parliament of Uganda (Rt. Hon Rebecca Alitwala Kadaga) and Deputy Speaker (Rt. Hon. Jacob Olanya) officially handed over USAID-STRIDES branded VHT bicycles at Mpakitoni, Bulopa sub county, Kamuli and in Kyenjojo districts respectively. The two legislators applauded STRIDES for a job well done in ensuring community access to better health services through supporting the village health teams (VHTs).

In September 2013, STRIDES participated in RH/FP breakfast meeting organized by Ministry of Health to discuss strategies to improve provision of RH and FP services in Uganda. During this meeting, STRIDES displayed and shared project materials. A profile detailing STRIDES practical approaches to addressing malnutrition in Uganda was published on Friday September 12, 2013 in the New Vision newspaper. STRIDES also branded all the 51 private subcontractors with USAID and STRIDES branded plates to create visibility.

Newsletter and other promotional materials

The third edition of the STRIDES newsletter was produced and disseminated to collaborating districts, USAID and partners. This newsletter can be viewed at the MSH website. This edition focused on showing the achievements and successes of STRIDES subcontractors and the field visit of H.E the Ambassador of United States to the SMGL districts. Calendars and Christmas cards with health related messages were also produced and disseminated to the target audiences.

6. Sustainability

During PY5, STRIDES developed a sustainability plan and provided technical assistance to all the 15 collaborating districts to identify sustainable interventions which have been supported by STRIDES. Each

district was also supported to develop a sustainability action plan (SAP) based on the Sarriot's model¹³. The districts formed working groups that are taking lead in implementing the respective SAPs. By the fourth quarter all districts had begun implementing their sustainability action plans by disseminating the SAP to wider audiences within the district. STRIDES will continue to follow up each district to mentor the teams, document and assess progress towards implementation of sustainability action plans.

7. Project close out

A project close out plan was developed and submitted to USAID in August 2013. STRIDES started implementing close out activities and scaling down implementation since originally the project was ending in January, 2014. Regional offices in Fort Portal for the Western region, Jinja for the Eastern region and Kampala for the Central region were closed in June. STRIDES reduced the number of human resources from 98 (74 staff and 24 interns) in October 2012 to 39 (35 staff and 4 interns) by the end of September, 2013. In PY6, STRIDES will maintain adequate numbers of human resources aligned to the PY6 work plan and budget.

8. Ongoing and emerging challenges

- Staffing levels in the health sector have persistently been low with the proportion of approved positions filled ranging from as low as 48% in 2009 to 55% in 2012 at district level (Human Resources for Health, Bi-Annual Report, 2012-2013). Shortage of staff, frequent and unplanned absenteeism, transfers and high staff attrition at most facilities continues to be a challenge. This leaves the few existing staff overwhelmed with high client load, thus affecting client care and provision of quality of services. STRIDES minimizes absenteeism by conducting on job trainings and continues to lobby the district leadership to agree on mechanisms that shall improve or minimize absenteeism.
- The outbreak of Ebola in Luwero district during PY5Q1 led to suspension of project activities in the district and the neighboring Nakasongola district in order to protect the lives of staff and health workers in the region. As well, the Kasese flood experienced in the third quarter disrupted project activities in the district. However, STRIDES was able to implement all the activities planned in these districts when the situation stabilized.
- A total of 19 PBCs were renewed late while 23 were not awarded new contracts in PY5. The reduction in the number of subcontractors affected the performance of indicators in selected districts where the subcontractors were playing a key role in the mobilization, referral and follow up of the clients. As a remedial action STRIDES contracted resource persons to support the roll out of selected interventions that were previously implemented by the subcontractors in affected districts.
- Poor and or inadequate storage space and stock management systems in the majority of health facilities targeted for distribution of hygiene kits through ANC under the Water for Health initiative delayed activity implementation and in some instances increased the costs of implementation. STRIDES will continue to monitor the facilities to minimize stock out of the water purifier refills.

¹³ In the Sarriot's model, the sustainability framework focuses on improving and measuring progress on the 3 dimensions, each having two components. The first dimension is **Health and health services** and its component are *health outcomes* and *characteristics of the health services (i.e. quality, accessibility and equity)*. The second is **Organizational**; its component includes institutional capacity of the local government (districts), civil society agencies with long-term responsibility for the outcomes and Viability of these agencies for continued operation in service of the outcomes. The last dimension is **community and social ecological assessment** with *Community competence/capacity and Ecological, human, economic, political and policy environment as its components*.

9. Annex 1: Map showing correlation between ANC and IPTp indicators

