

STRIDES for Family Health Annual Project Progress Report

Management Sciences for Health

October 2013 – September 2014

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Acronyms

AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
ASSIST	Applying Science to Strengthen and Improve Systems
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
CBO	Community Based Organization
CBS	Central Broadcasting Service
CDC	Centre for Disease Control
CDFU	Communication for Development Foundation Uganda
CDO	Community Development Officer
CDP	Child Days Plus
CECAP	Cervical Cancer Prevention
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHW	Community Health Workers
CMAM	Community based Management of Acute Malnutrition
CS	Child Survival
CSR	Corporate Social Responsibility
CYP	Couple-Years of Protection
DFID	Department for International Development
DHIS	District Health Information System
DHMT	District Health Management Team
DHO	District Health Officer
DMC	District Management Committee
DO3	Development Objective number three
DOP	District Operational Plan
DPT	Diphtheria, Pertussis, and Tetanus vaccine
ECUREI	Ernest Cook Ultrasound Research and Education Institute
EDMT	Extended District Management Team
ENA	Essential Nutrition Actions
ENC	Essential Newborn Care
FFSDS	Fully Functional Service Delivery System
FP	Family Planning
GIS	Geographic Information System
HC	Health Center
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
IEC	Information Education Communication
IMAM	Integrated Management of Acute Malnutrition
IMEC	International Medical Equipment
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IPs	Implementing Partners
IPTp	Intermittent Presumptive Treatment in Pregnancy
ITC	Inpatient Therapeutic Care
IUD	Intra Uterine Device
IYCF	Infant Young Child Feeding
KMC	Kangaroo Mother Care
LAM	Long Acting Methods
LARC	Long-Acting Reversible Contraceptives
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNCH	Maternal Newborn and Child Health
M&L	Management and Leadership
MoH	Ministry of Health
MSH	Management Sciences for Health
MUAC	Mid Upper Arm Circumference
NTV	Nations Television
OR	Odds Ratio

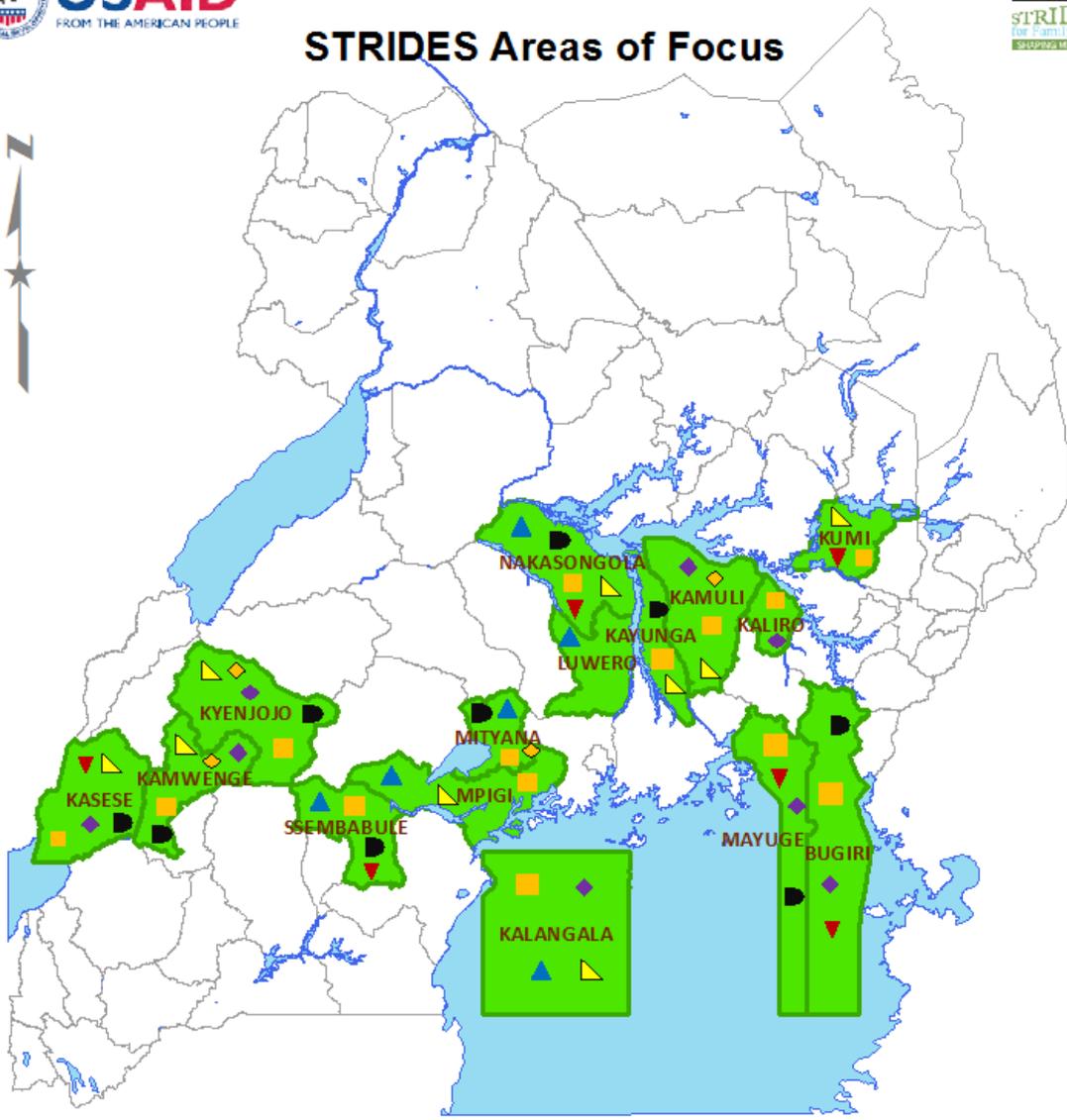
OTC	Outpatient Therapeutic Care
PACE	Programme for Accessible health, Communication and Education
P&G	Procter & Gamble
PBC/F	Performance-Based Contracting/Financing
PD/H	Positive Deviance/Hearth
PM	Permanent Methods
PMP	performance monitoring plan
PNC	Post Natal Care
PY	Project Year
QI	Quality Improvement
QIC	Quality Improvement Collaborative
RH	Reproductive Health
RUTF	Ready-to-Use Therapeutic Foods
SAPs	Sustainability Action Plans
SDP	Service Delivery Point
SDS	Strengthening Decentralization and Sustainability project
SMGL	Saving Mothers Giving Life
STAR-E	Strengthening Tuberculosis and HIV/AIDS Response in Eastern Uganda
TBAs	Traditional Birth Attendants
ToT	Trainer of Trainees
UBOS	Uganda Bureau of Statistics
UHMG	Uganda Health Marketing Group
UNFPA	United Nations Population Fund
US	United States
USAID	United States Agency for International Development
USG	United States Government
VIA	Visual Inspection with Acetic Acid
VHT	Village Health Team
W4H	Water for Health
WHO	World Health Organization
YPFS	Youth People Friendly Services



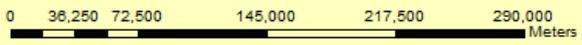
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STRIDES Areas of Focus



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



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 and expanding health systems and services in 15 districts.¹ STRIDES focuses on reproductive health (RH), family planning (FP), child survival (CS), nutrition, and malaria. During PY6, the following results were achieved:

Result 1: Increased quality and provision of routine RH/FP and CS services in facilities

- During PY6 STRIDES continued to support the provision of modern contraception in order to reduce the unmet need for family planning. In PY6 STRIDES reached 265,618 new FP users and recorded 191,679 revisits. This brings the cumulative total of new FP users reached since PY2 to 921,112 and revisits to 920,674. The revisits increased by 1.9% while new FP users rose by 29.9% in PY6 compared to PY5.
- A total of 594,104 couple years of protection (CYP) were realized during PY6 which was more than double the anticipated PY6 target (244,295) and exceeded PY5. The end-of-project (EOP) target has already been exceeded by 36.2%. In total, 1,314,920 CYP have been achieved since the project started.
- In PY6, out of 174,085 children weighed during measles vaccination only 2.4% (4,215) were underweight. This achievement is better than the annual and EOP target of 3%.
- During this reporting period, 1,210 malnourished children were registered and treated through the STRIDES-supported community-based Positive Deviant/Hearth (PD/H) program. 880 of these children were completely cured. This means the program achieved a cure rate of 72.7% which is 9.8% higher than the cure rate achieved in PY5.

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

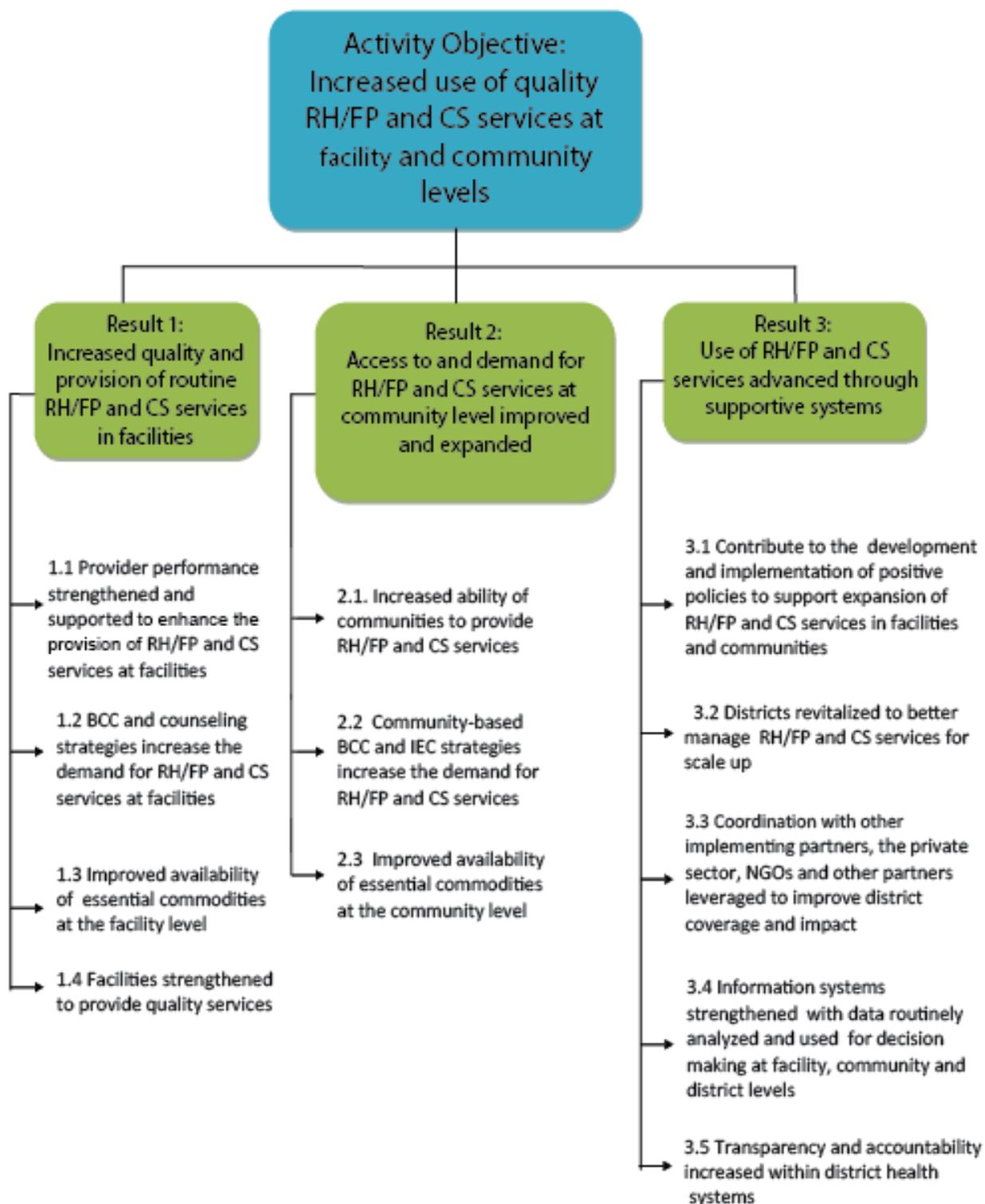
- During PY6, the STRIDES-supported nutrition program reached 93,118 children below five years of age, exceeding the annual target by 35% for this period. In addition, STRIDES exceeded the EOP target of 590,180 children by 4.1%. The STRIDES nutrition program has reached 614,338 children since it started in PY4.

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

- Through its successful corporate social responsibility (CSR) program, STRIDES strengthened 107 health facilities by distributing assorted maternal newborn and child health (MNCH) equipment and supplies donated by International Medical Equipment Collaborative (IMEC) in 11 districts. Through a partnership with STRIDES, Mabaale Tea Company constructed a new maternity block at Kigoyera Health Center II in Kyenjojo district.
- As part of monitoring implementation of the district sustainability plans, STRIDES conducted two rounds of follow-up visits to establish progress on district sustainability plans. STRIDES integrated the follow-up activities with review and data feedback meetings. The project noted positive progress towards implementing the district sustainability action plans in seven out of 15 districts.

¹Bugiri, 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 15 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. Because PY5 was initially the final project year, CDFU, 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 advancing 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
- Use of RH/FP and CS services advanced through supportive system

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 2014 is 5,425,691 million, the number of children under the age of five years is 1,095,990, and the number of women of reproductive age is 1,095,990. Approximately 271,285 women will become pregnant in 2014, according to UBOS.

This document provides a detailed annual project report, showing progress made during project year six (PY6), covering the period starting October 1, 2013 through September 30, 2014. The report highlights and discusses key achievements against PY6 targets and EOP targets. Reviews of crosscutting organizational functions such as monitoring and evaluation, communications, and finance and administration are also included in this report. Further, the report ends with a brief section on the challenges faced during the year and how they are addressed.

2. Progress toward DO3 Results

A. Key indicators

This section summarizes PY6 results; it shows progress made towards the achievement of the annual and EOP targets. It includes trend analysis and district comparative performance analysis for selected indicators. Tables 1, 9 and 11 show baseline results, a summary of indicator performance for from PY2 to the end of PY6 and as well as the proportion of EOP target achieved presented by sub result. Out of the 28 indicators tracked by STRIDES in PY6, two FP indicators not measured against targets continue to show an upward trend. Performance of 15 indicators is above target, three indicators have achieved above 80% of their targets, and eight are slightly below target.

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

Table 1: Summary of indicator performance for Result 1 (PY1 to PY6)

#	Indicator		PY1 - Baseline	Achievement & Target				Performance against EOP target (% increase/reduction)	Performance against PY6 targets (% increase/reduction)
				PY6	PY6 Target	PY2-PY6	EOP Target		
1	# of FP clients using FP methods	New users	136,272	265,618	N/A	921,112	N/A	N/A	
		Revisits	85,154	191,679	N/A	720,674	N/A	N/A	
2	# implants and IUDs inserted		6,402	60,585	N/A	151,654	N/A	N/A	
3	Couple years of protection (CYP)		96,105	594,104	245,195	1,314,920	965,111	36	
4	# children who at 12 months have received three doses of DPT vaccination from a USG-supported immunization program		211,567	247,766	133,681	1,095,860	981,775	12	
5	# children under years of age who received Vitamin A from USG-supported programs	1st dose	278,735	620,635	374,423	2,157,594	1,768,098	22	
		2nd dose	197,259	303,575	266,523	1,377,624	1,252,818	10	
6	% pregnant women who receive 4 ANC consultations		30	37	60		60	(38)	
7	% pregnant women who received 2+ doses of IPT		35	53	60		60	(11)	
8	% live births delivered from a health facility		27	44	60		60	(26)	
9	% underweight children at measles vaccination		9	2.4	3.0		3	0.4	
10	% live births with low birth weight		3	4.2	3.0		3	39	
11	% customers satisfied with health services received		54	96	70		70	37	
12	% targeted health units offering young people-friendly services		9	57	45		45	27	
13	% health facilities (HC III & above) providing basic emergency obstetric care		10	15.1	28.0		40	(62)	

#	Indicator	PY1 - Baseline	Achievement & Target				Performance against EOP target (% increase/reduction)	Performance against PY6 targets (% increase/reduction)	
	(BEmONC)								
14	% health facilities (HC IV & above) providing comprehensive emergency obstetric care (CEmONC)	9	35.9	25.0		25	44	44	
15	# of USG-assisted service delivery points providing FP counseling or services	104	256	93	503	254	98	175	
16	% health facilities (HC III & above) offering long acting and permanent methods (LAPM)	LAM	37	76.3	60	-	60	27	27
		PM	30	57.1	50	-	50	14	14
17	% USAID-supported service delivery points offering any modern contraceptive method	46	95.9	95	-	95	1	1	
18	% service delivery points complying with national norms and standards	17	42.5	60	-	32	33	(29)	
19	# service providers trained by STRIDES in FP/RH/CS	FP	0	0	0	2,062	1,855	11	
		RH	0	0	0	764	819	(7)	
		CS	0	0	0	1,223	1,165	5	
20	# of people trained in child health and nutrition through USG-supported programs	IMAM	-	524	162	1,779	1,417	26	223
		IYCF/ENA	-	524	162	1,603	1,097	46	223
		PD/Hearth	-	564	540	2,960	3,430	(14)	4
21	% children cured at STRIDES-supported facilities or STRIDES-supported community PD/Hearth sessions (cure rate)	-	72.7	67.0	-	62	17	9	
22	Number of LLINs purchased with USG funds distributed for free	-	18,596		129,353	264,566	(51)		
23	% of health facilities with established capacity to manage acute under nutrition	0	37.7	61	-	61	(38)	(38)	

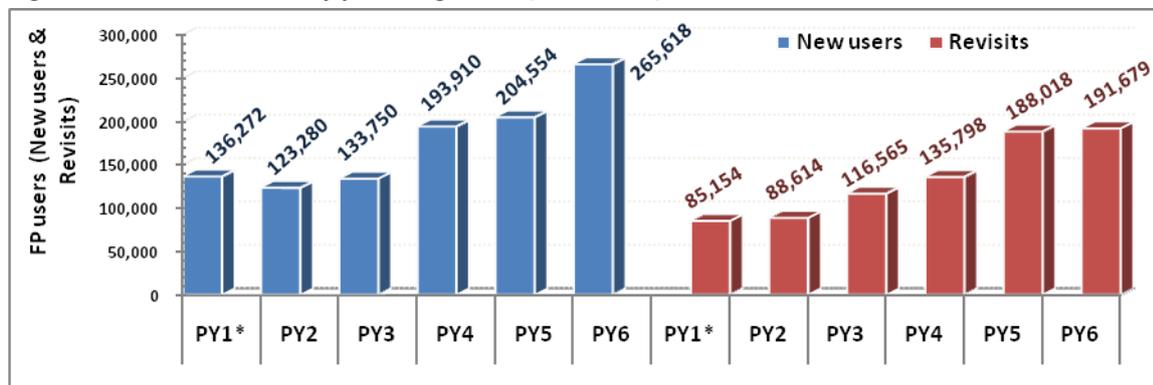
Indicator 1: Number of clients using any family planning method

This year STRIDES continued to provide technical support to the districts and health facilities to offer safe and appropriate family planning (FP) methods in order to reduce the unmet need for family planning. In PY6 STRIDES reached a total of 265,618 new FP users and recorded 191,679 revisits. This brings the cumulative total of new FP users reached since PY2 to 921,112 and 920,674 revisits. Comparing with the baseline, an upward trend is observed for both new FP users and revisits (Figure 1).The revisits increased by 1.9% while new FP users rose by 29.9% in PY6 when compared to PY5 results.

The continued upward trend in the uptake of family planning services is an indication of increased community awareness about the benefits of smaller families and knowing where to access FP services. The good performance is also attributed to improved access to information by potential

clients as result of better FP counseling offered by trained service providers at health facilities and improving private-public partnership in ensuring a stable supply of FP commodities.

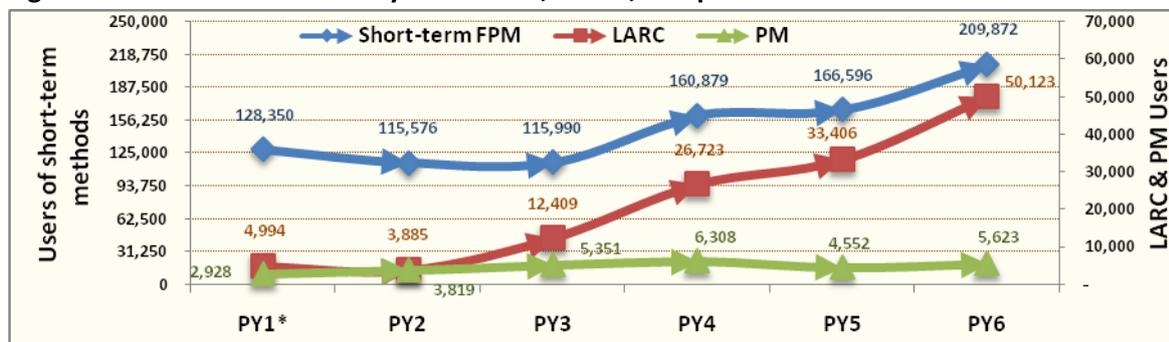
Figure 1: Number of family planning users (PY1 – PY6)



PY1* is Baseline

The observed increase in new users of FP is supported by an overall increase in new users of short-term, long acting reversible and permanent methods in PY6 as illustrated in Figure 2 below, New users of long-acting reversible contraceptives (LARCs) increased by 50% in PY6, whereas new users of short-term and permanent methods (PM) also increased by 26% and 24% respectively.

Figure 2: Trends of new users by short-term, LARCs, and permanent FP methods



Additional comparative analysis by type of contraception (Table 2) reveals that increase was not observed in all contraceptives between PY5-PY6. In PY6, new FP users of oral pills and injectables declined by 10.8% and 5% respectively, while STRIDES noted a decline for revisits among users of oral pills (24%) and condoms (14%). Some potential FP clients face difficulties in accessing family planning methods for varying reasons, including religious beliefs, living far from a health center,, lacking spousal consent, having inadequate information on different types of methods, and finding stock-outs of FP commodities.

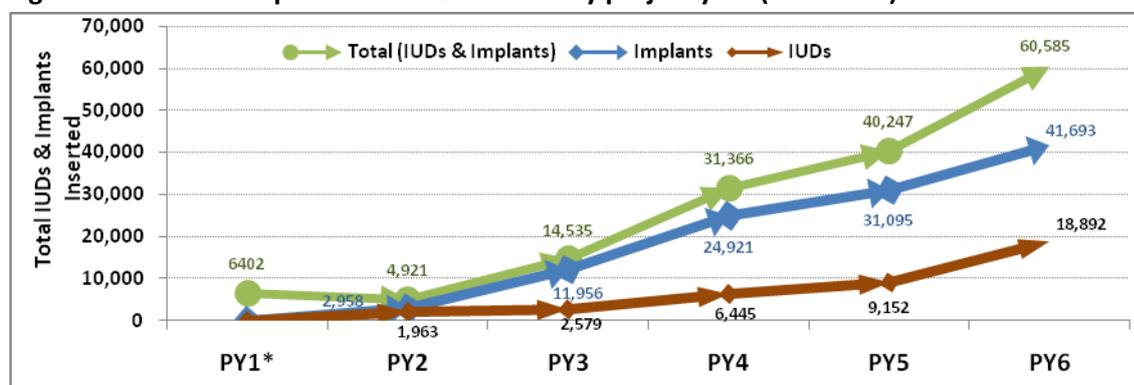
Table 2: Uptake of contraceptive methods PY5-PY6

Method	Type	New Users			Revisits		
		PY5	PY6	%Change	PY5	PY6	%Change
<i>Short-term methods</i>	Oral pills	15,046	13,420	-10.8%	15,218	11,548	-24%
	Injectables	74,201	70,474	-5.0%	91,621	102,033	11%
	Condoms	66,677	106,184	59.3%	71,109	61,021	-14%
	Other Methods	10,672	19,794	85.5%	3,229	6,615	105%
<i>Long-acting reversible contraceptives (LARC)</i>	IUDs (Copper T)	7,126	14,728	106.7%	2,026	4,164	106%
	Implants	26,280	35,395	34.7%	4,815	6,298	31%
<i>Permanent methods (PM) (</i>	Tubal ligation	4,351	5,208	19.7%			
	Vasectomy	201	415	106.5%			

Indicator 2: Number of implants and IUDs inserted

From PY2 to date, a total of 151,654 implants and IUDs have been inserted. During PY6, 60,585 implants and IUDs were inserted (i.e. 112,623 implants and 39,031 IUDs). Figure 3 shows, an upward trend in implant and IUD insertions since PY2. Combined implants and IUDs increased by 51%; implants increased by 34% while IUDs more than doubled at a rate of 106% in PY6 compared to PY5. The increase this year is associated with the stable supply of FP commodities at most health facilities that enabled implementation of FP-focused outreaches in hard-to-reach communities across the 15 districts.

Figure 3: Trends of implants and IUD inserted by project year (PY1 – PY6)

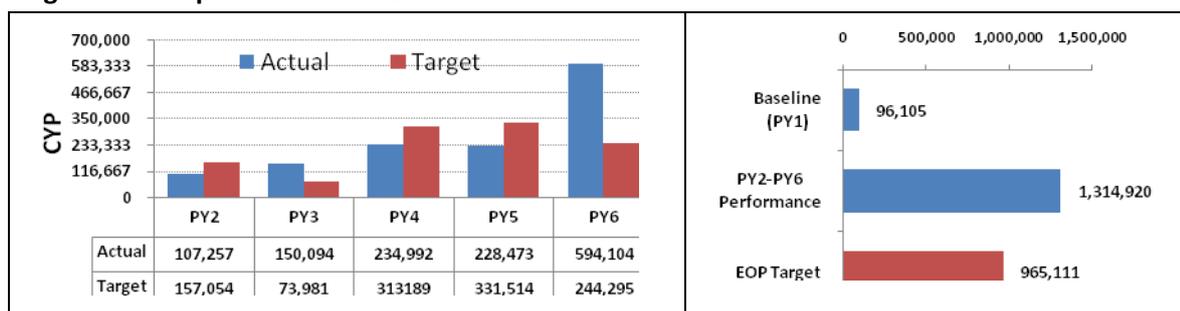


PY1* is Baseline

Indicator 3: Couple Years of Protection (CYP)

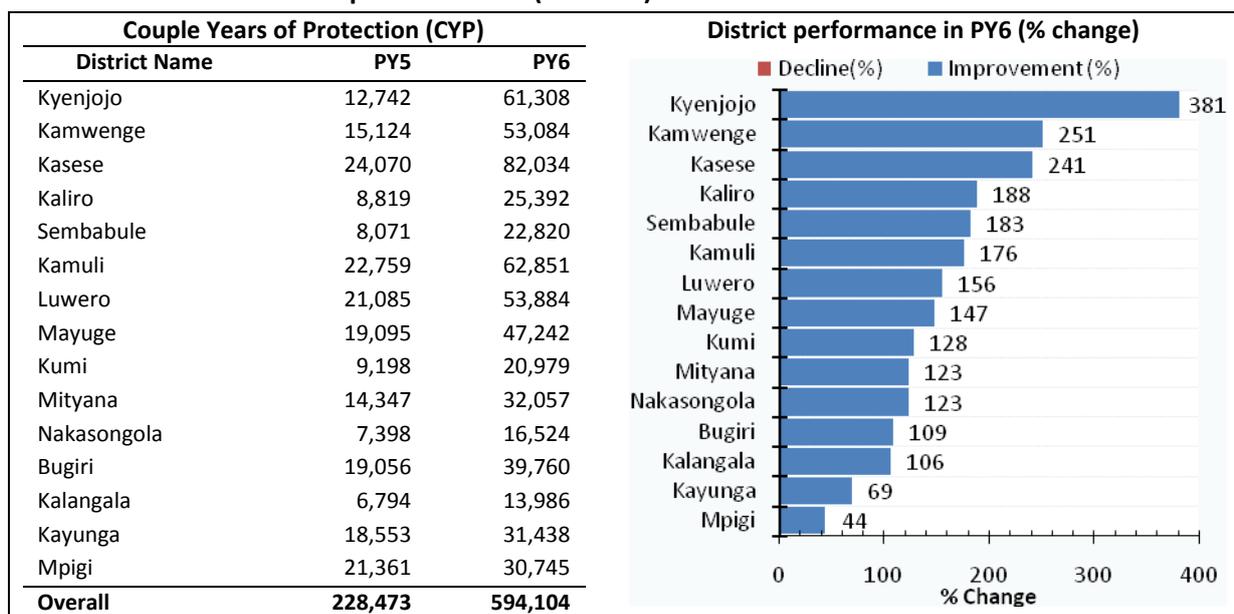
During this reporting period, a total of 594,104 CYP were realized. The achievement this year was more than double (i.e. 143%) the anticipated PY6 target of 244,295 and shows a better performance compared to PY5. It also demonstrates that the EOP target has been exceeded by 36.2%. Cumulatively, 1,314,920 CYP has been realized since 2009 when the project began. STRIDES attributed the availability of FP commodities at most facilities that enabled more clients to be reached, especially users of long-acting reversible methods, to increased CYP this year.

Figure 4: CYP performance PY1 – PY6



District-specific analysis (Box 1) indicates that all 15 districts recorded an increase in CYP during PY6 compared to PY5. The increase in 13 districts was more than 100%, with Kyenjojo district registering the highest percentage increase of 381%. STRIDES associated the observed improvement in PY6 with prompt actions by districts to avert supply interruptions after detecting stock-outs or expiry of drugs and FP commodities through improved planning and monitoring at facility level. It is worth noting that during the past year STRIDES has been working with districts on sustainability plans through which districts have committed with sustaining strategies and activities that have resulted on a steady increase of this indicator.

Box 1: District annual comparison of CYP (PY5-PY6)

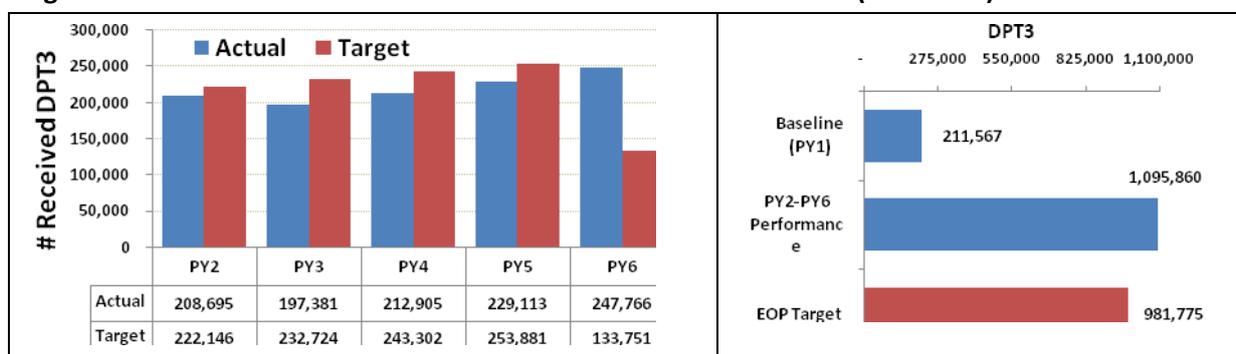


Indicator 4: Number of children who at 12 months have received three doses of DPT

The number of children under the age of one year who received three doses of DPT vaccine increased from 229,113 in PY5 to 247,766 children in PY6. The increase shows that this year's achievement is above target by 85% and confirms that the EOP target has been exceeded by 11.6%. Overall, the number of children who have received three doses of DPT vaccine since PY2 has accumulated to 1,095,860 by the end of PY6 (Figure 5). The better performance against target is linked to the increased number of children served in the first and third quarters due to successful immunization outreaches during Child Days Plus (CDP) campaigns in October 2013 and April 2014. In

addition, continued availability of DPT3 vaccines in most health facilities throughout this reporting period enabled routine immunization to be conducted.

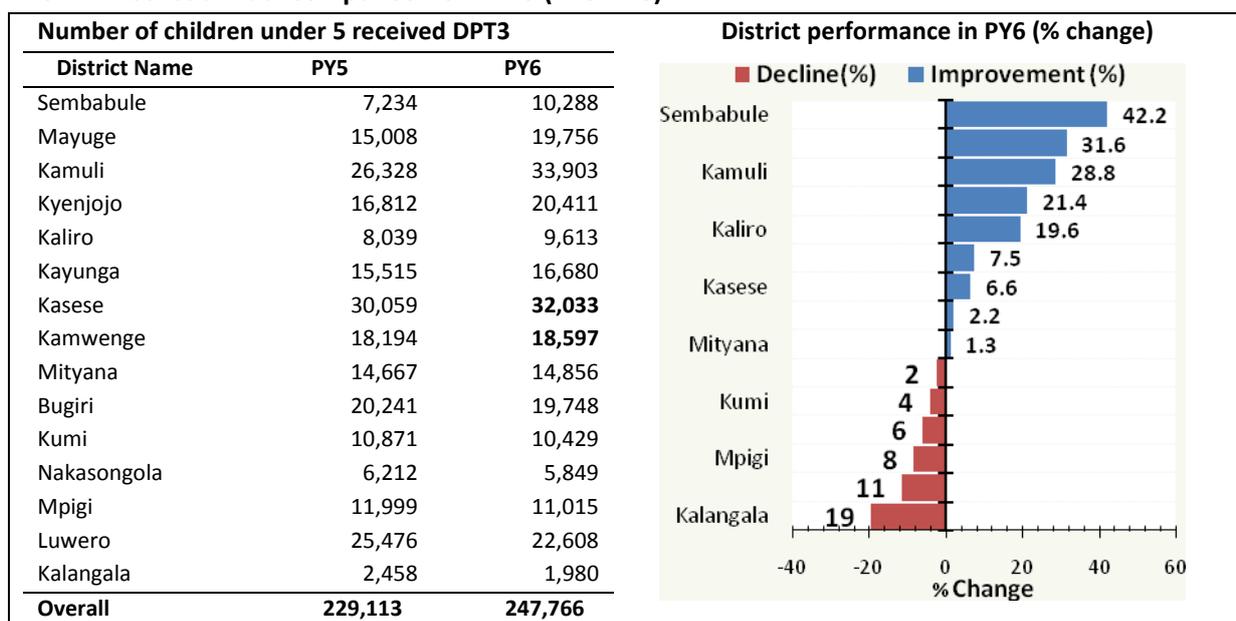
Figure 5: Number of children who at 12 months have received DPT3 (PY1 – PY6)



District comparative analysis between PY5 and PY6 (Box 2) shows that nine districts registered an increased number of children receiving three doses of DPT in PY6. Those districts that recorded an increment greater than 15% include Sembabule, Mayuge, Kamuli, Kyenjojo, and Kaliro. Improved performance in these districts is linked to availability of vaccines at the facility level that enabled most facilities to conduct immunization outreaches, especially during Child Day’s Plus campaigns. In some districts the good performance is associated with the Shoes for Health camps (STRIDES’ demand-side incentive program) that was tagged to immunizations in hard-to-reach communities during the first half of PY6.

Six districts, however, registered a decline in performance not exceeding 20%. They include Bugiri, Kumi, Nakasongola, Mpigi, Luwero, and Kalangala. These districts associate the decline to some facilities that did not conduct all the planned immunization outreaches due to stock-outs of vaccines together with delayed and reduced funding on integrated outreaches from grant “A” supported by USAID through the Strengthening Decentralization and Sustainability (SDS) project.

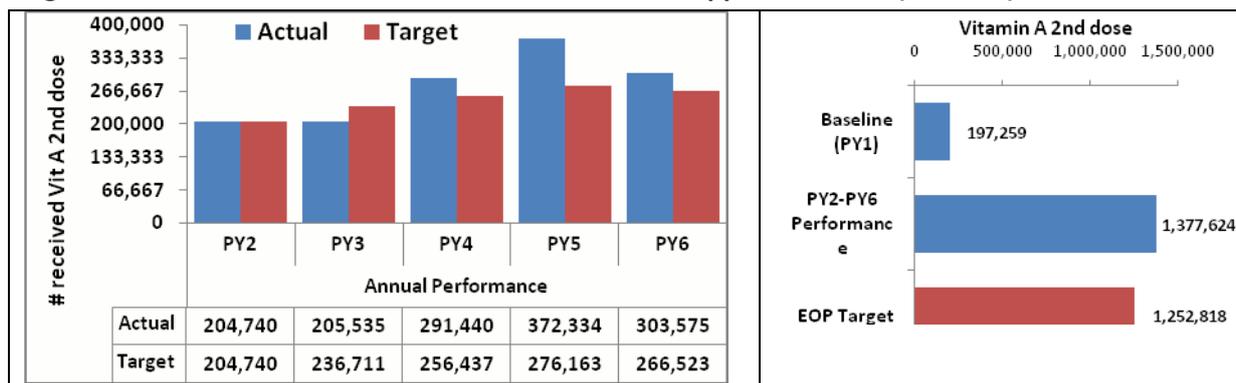
Box 2: District annual comparison of DPT3 (PY5-PY6)



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

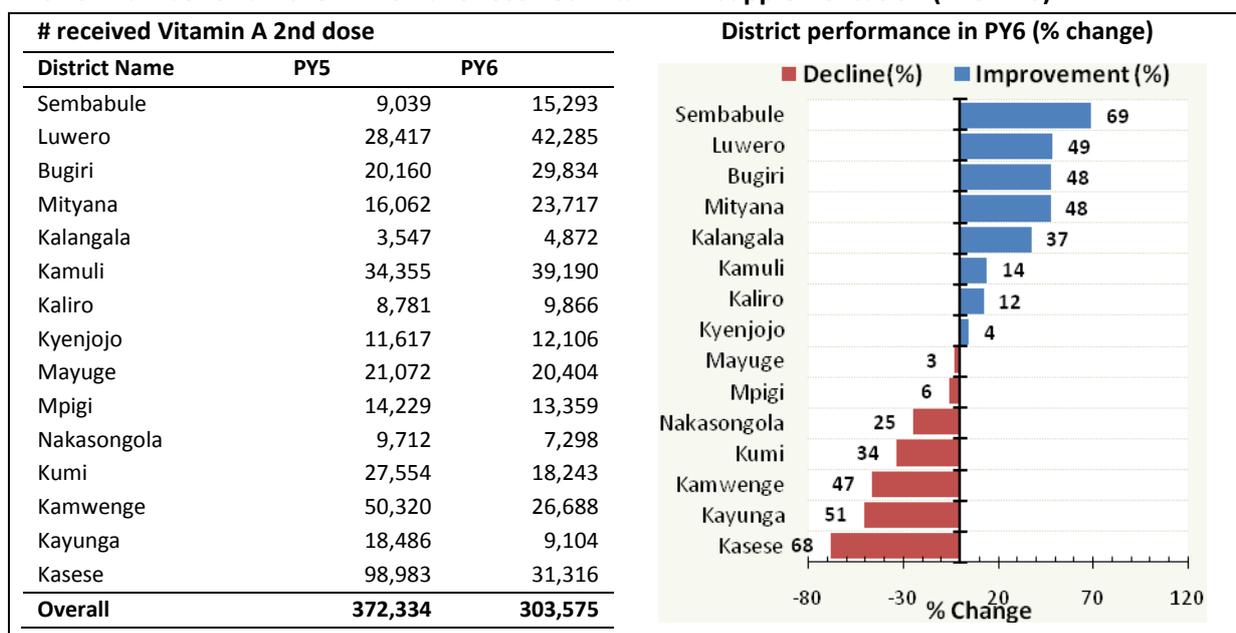
During PY6, a total of 303,575 children received the second dose of Vitamin A supplementation, exceeding the annual target by 13.9%. A total of 1,377,624 children have received the second dose of Vitamin A supplementation since PY2 (see Figure 6) and the EOP target has been exceeded by 10%. Districts attributed performance above target to effective mobilization of communities to bring children for Vitamin A supplementation during outreaches and CDP campaigns, availability of the supplements in most facilities during this reporting period, and to Shoes for Health promotion targeting children eligible for immunization.

Figure 6: Number of children who received Vitamin A supplementation (PY1-PY6)



District-specific analysis (Box 3) shows that eight districts recorded improved performance in the number of children receiving Vitamin A supplementation in PY6 compared to PY5, with Sembabule district registering the highest percentage improvement of 69%. STRIDES linked improved performance in these districts to availability of supplies and effective community mobilization for integrated outreaches, especially during CDP campaigns. However, the project attributed the decline in seven of the districts (Kasese, Kayunga, Kamwenge, Kumi, Nakasongola, Mpigi, and Mayuge) to a shortage of Vitamin A in most facilities and delayed release of grant “A” funds that led to the interruption and cancellation of planned integrated outreaches by some facilities.

Box 3: Number of children who have received Vitamin A supplementation (PY5-PY6)

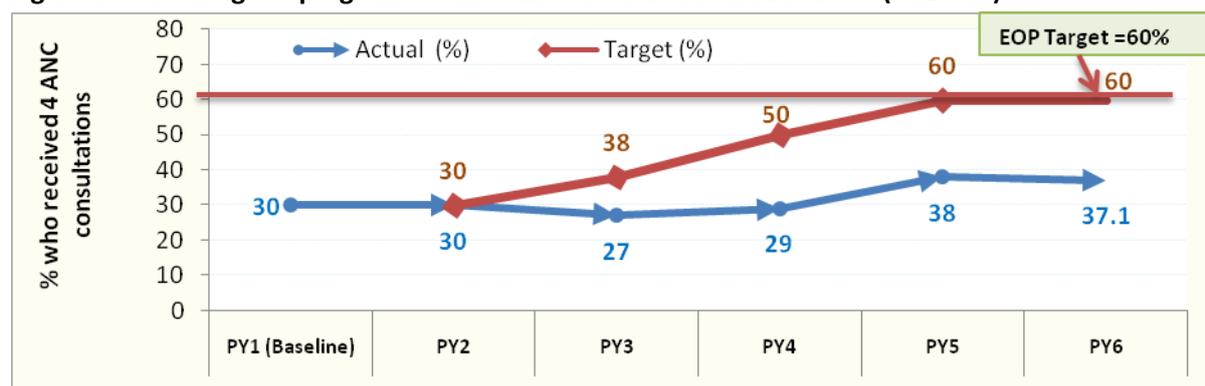


Indicator 6: Percentage of pregnant women who attended four ANC visits

During PY6, a total of 99,935 (37.1%) out of 269,112 expected pregnant women attended the recommended four ANC consultations compared to 98,414 (38%) out of 260,591 in PY5. The actual number of pregnant women attending four ANC visits increased by 2% in PY6. However, when adjusted by total number of expected pregnancies there was a decline of 0.9 percentage points compared to PY5. Figure 7 shows a gradual increase in the proportion of pregnant women attending their fourth ANC since PY3, yet the performance remains below the desired annual targets.

Health system factors and social, economic, and cultural barriers continue to affect fourth ANC coverage. For instance, many staff in rural health facilities may not have the required skills to provide all components of ANC or may not receive the support they need because of difficulties in retaining trained staff in less favorable conditions. The inability to pay for transportation, basic ANC requirements or the treatment prescribed during ANC may also lead to low ANC coverage, especially among women who are poor, less educated, and live in rural areas. Districts also reported other factors, including preference for traditional birth attendants (TBAs) and attitudes and behavior of health care providers linked to service quality in ANC clinics, especially when they fail to respect the privacy and confidentiality of pregnant women.

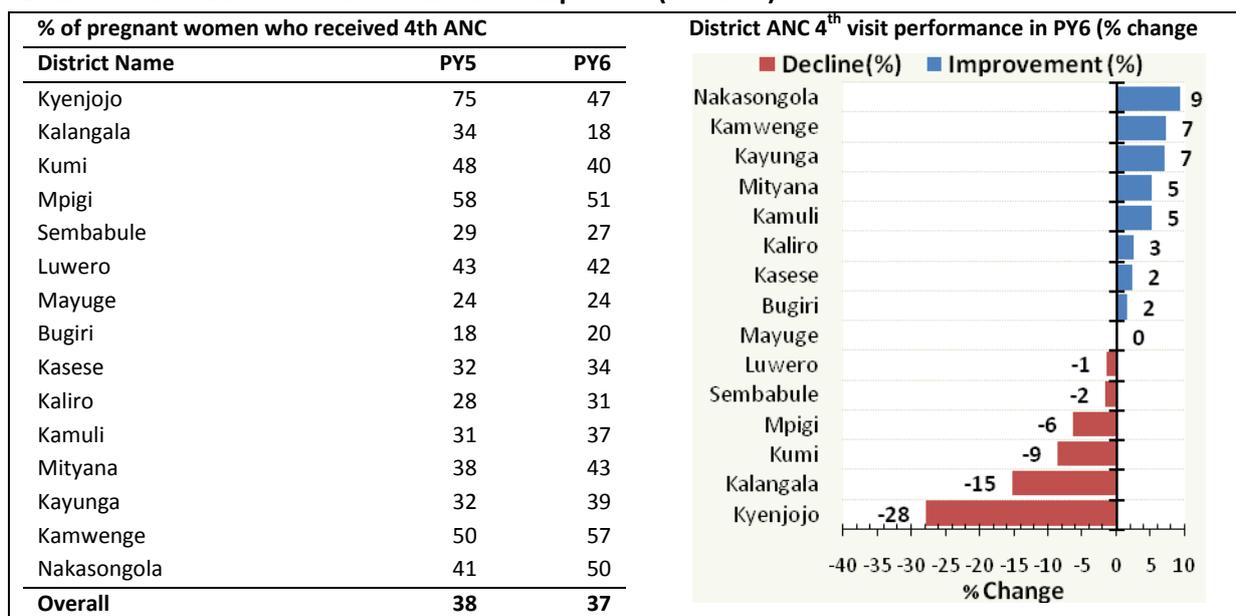
Figure 7: Percentage of pregnant women who attended four ANC visits (PY1-PY6)



District-specific analysis summarized in Box 4 below shows that nine districts registered an increase in the percentage of pregnant women who completed four ANC visits in PY6 compared to PY5. Districts that registered an improvement greater than five percentage points include Nakasongola, Kamwenge, Kayunga, Mityana, and Kamuli.

However, six districts (Kyenjojo, Kalangala, Kumi, Mpigi, Sembabule, and Luwero) recorded a decline in performance. The worst-performing district for this indicator was Kyenjojo district, which registered a decline of 28%. This may have been a result of reduced Saving Mothers Giving Life (SMGL) interventions in the district since various partners phased out major activities contributing to this indicator. This poses an intriguing question about that initiative’s ability to achieve sustainable behavior change.

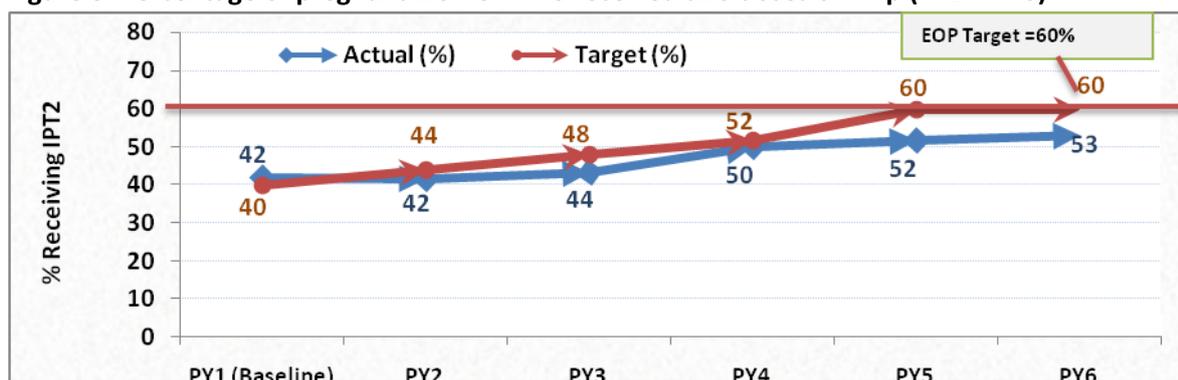
Box 4: Fourth ANC attendance - district comparison (PY5-PY6)



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

Figure 8 shows an upward trend in the proportion of pregnant women who received a second dose of intermittent preventive treatment in pregnancy (IPTp) since baseline (PY1). During PY6, a total of 143,056 pregnant women out of the expected 269,112 received two doses of IPTp. This performance represents 88.3% achievement of the annual and EOP target of 60% and also shows that performance improved by 2% in PY6 compared to PY5. STRIDES associated the improvement with availability of Fansidar in most facilities during this reporting period, mobilization of pregnant women to attend ANC by village health teams (VHTs), and effective counseling given to pregnant women during ANC clinics.

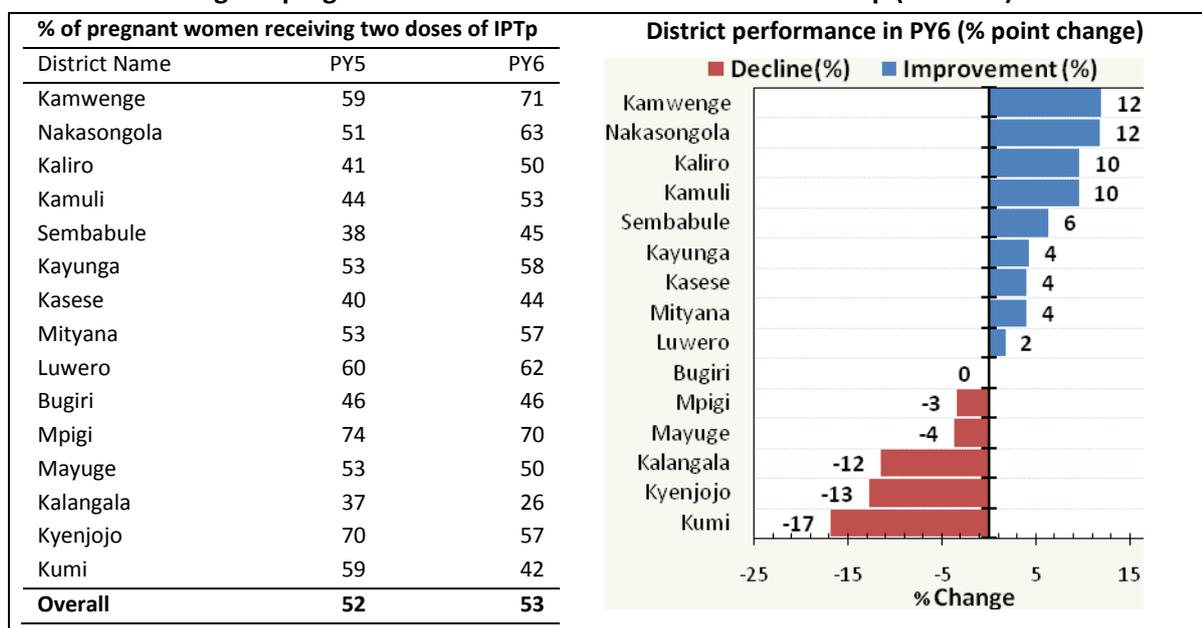
Figure 8: Percentage of pregnant women who received two doses of IPTp (PY1 – PY6)



District-specific analysis for PY5 and PY6 (Box 5), indicates that nine out of the 15 districts registered an increase in the proportion of pregnant women receiving two doses of IPTp. Kamwenge and Nakasongola districts each registered a 12-percentage point increase while both Kaliro and Kamuli districts recorded a 10 percentage point increase. However, six districts registered a decline in performance. Three districts recorded significant declines. These include Kumi, Kyenjojo, and Kalangala with declines of 17%, 13%, and 12% respectively. Districts linked these declines to

reported shortages of Fansidar in most of the health facilities during the second and third quarters of PY6.

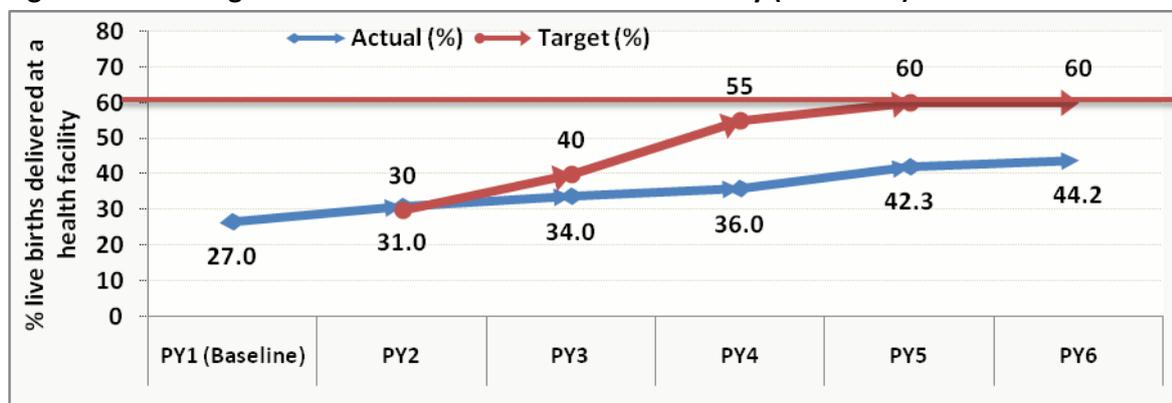
Box 5: Percentage of pregnant women who received two doses of IPTp (PY5-PY6)



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

During PY6, there was an upward trend in the proportion of live births delivered under a skilled birth attendant since baseline (Figure 9). During PY6, 44.2% (i.e. 115,288 out of the anticipated 261,039 pregnant women) delivered at a health facility. This achievement demonstrates that performance improved by 1.9 percentage points in PY6 compared to PY5 and reflects 74% achievement of the annual and EOP targets. STRIDES attributed this improvement to the continued combined efforts of VHTs, health workers, and implementing partners to sensitize and mobilize pregnant women to deliver at a health facility. It is important to mention that STRIDES strengthened functionality of more than 100 facilities this year through provision of MNCH equipment including ultra sound scans that continue to attract women to attend ANC consultations and deliver at a health facility.

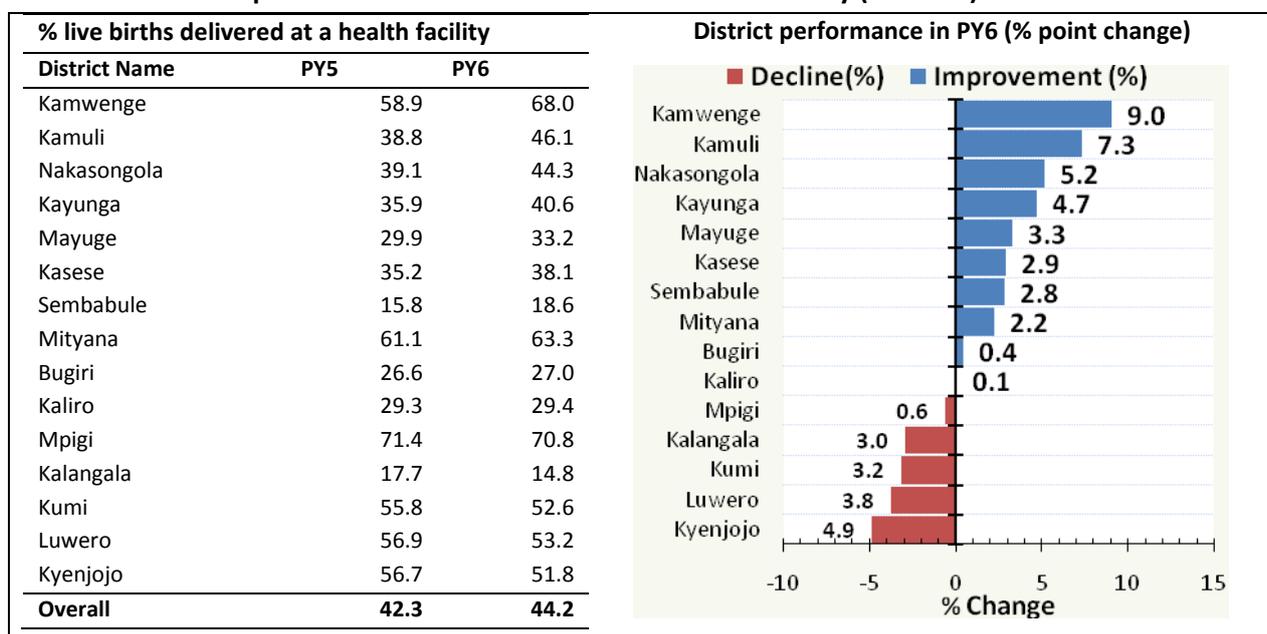
Figure 9: Percentage of live births delivered at a health facility (PY1 – PY6)



The district-specific analysis in Box 6 below reveals that 10 districts in PY6 registered an increased proportion of pregnant women delivering at the facilities. Districts noted this increase in Kamwenge,

Kamuli, and Nakasongola districts. On the other hand, districts registered a decline in five districts (Kyenjojo, Luwero, Kumi, Kalangala, and Mpigi).

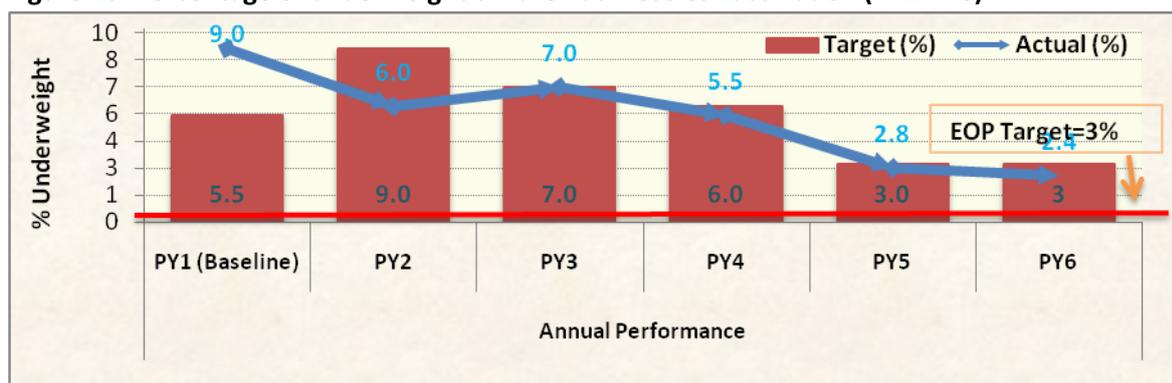
Box 6: District comparison of live births delivered at a health facility (PY5-PY6)



Indicator 9: Percentage of underweight children at measles vaccination

Figure 10 below displays a positive downward trend in the proportion of underweight children at measles vaccination from PY3 to PY6. In PY6, out of 174,085 children weighed during measles vaccination only 2.4% (4,215) were underweight. This achievement is better than the set annual and EOP target of 3%. Furthermore, it shows that performance in PY6 improved by 0.4 percentage points from 2.8% achieved in PY5.

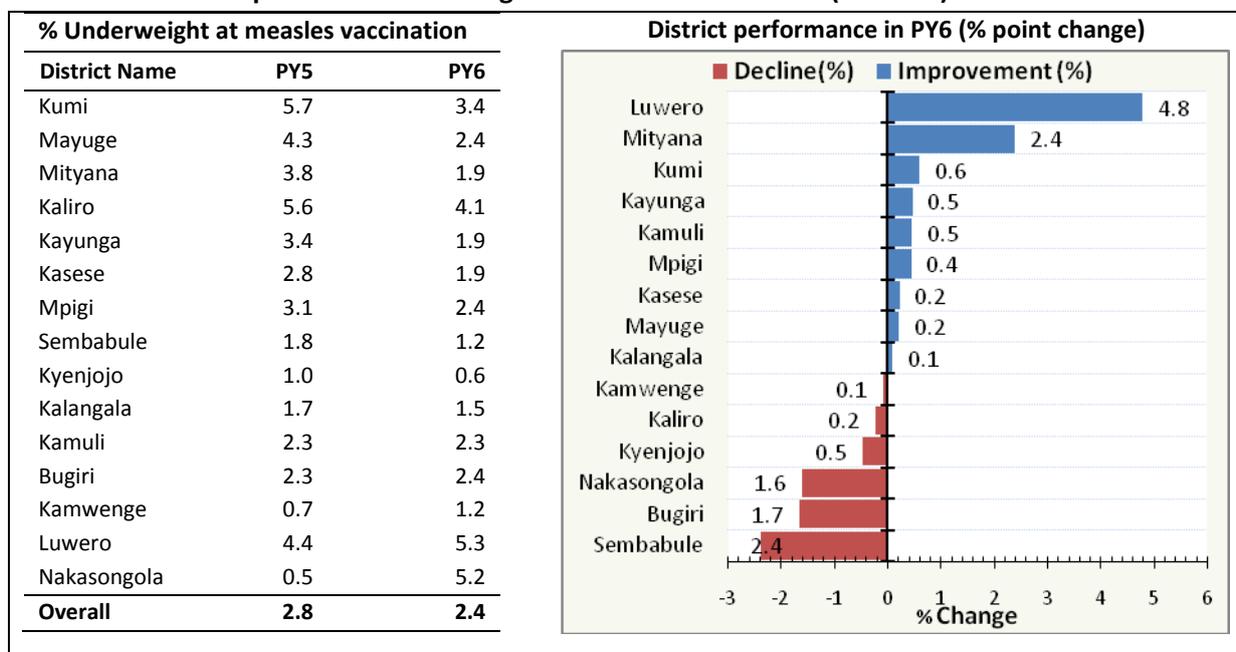
Figure 10: Percentage of underweight children at measles vaccination (PY1-PY6)



Further analysis of district performance (Box 7) reveals that during PY6, 11 of the 15 districts registered reduced underweight at better proportions than the annual and EOP target of 3%. Overall, 10 districts showed improved performance, with Luwero district registering the highest improved performance by 4.8 percentage points. The VHTs, community leaders, and health workers in Luwero, Mityana, Kumi, Kayunga, and Mpigi districts attributed the decline in underweight of children to the STRIDES' supported Positive Deviance/Hearth program that the communities have

embraced. Sembabule, Bugiri, Nakasongola, Kyenjojo, Kaliro, and Kamwenge districts recorded a decline in performance. Health workers in these districts associated the increase in the percentage of underweight children in these districts with the high number of children who were not exclusively breastfed until six months or were from poor families lacking adequate food or income to meet the children’s needs.

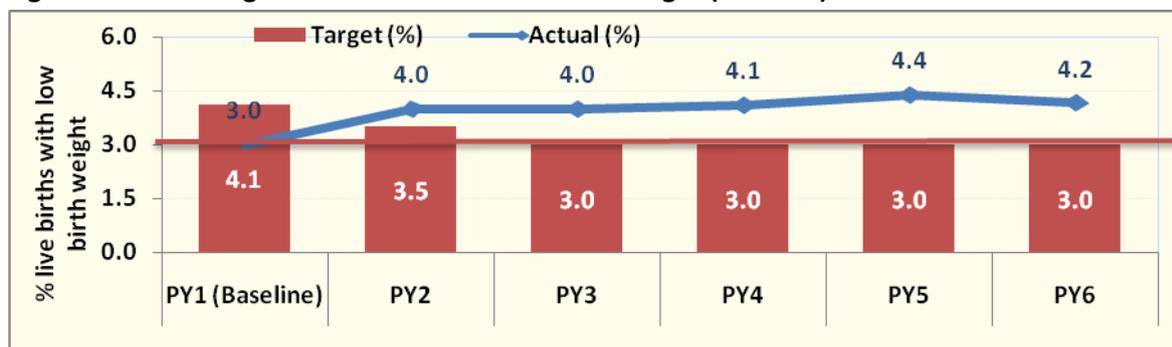
Box 7: District comparison of underweight at measles vaccination (PY5-PY6)



Indicator 10: Percentage of live births with low birth weight

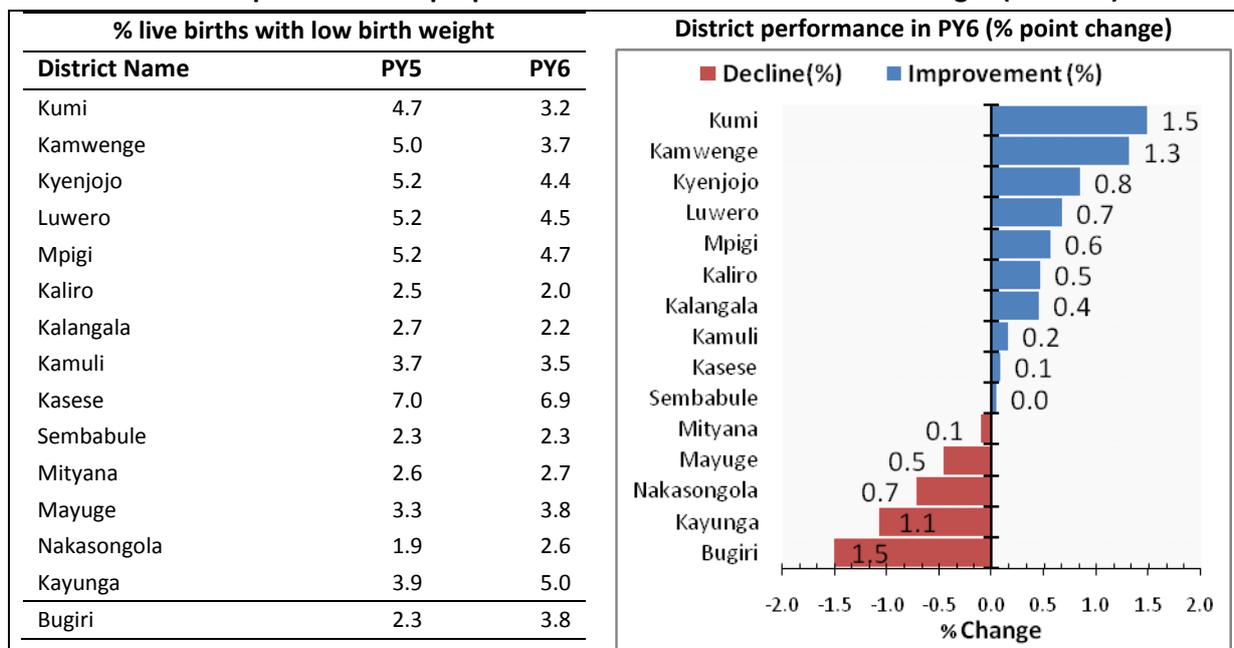
During PY6, the percentage of babies born with low birth weight reduced from 4.4% (4,708/106,007) in PY5 to 4.2% (4,786/115,288) in PY6. Figure 11 below further shows that the proportion of live births with low birth weight has stagnated above the desired annual and EOP target of 3%. The modest reduction in this indicator is similar to the also modest increase of the percentage of pregnant women who attended four ANC visits (indicator 6) which strongly suggest an association. Health providers report a high proportion of low birth weight babies born to mothers who were anemic at delivery or experienced multiple birth interval and/or did not attend or complete all the recommended ANC visits.

Figure 11: Percentage of live births with low birth weight (PY1-PY6)



Ten districts (Box 8) registered a lower proportion of live births with low birth weights in PY6 compared to PY5. Five districts (Bugiri, Kayunga, Nakasongola, Mayuge, and Mityana) registered an increase in low birth weight proportions. This was likely due to inadequate nutrition during pregnancy or other complicating factors related to teen pregnancy. Notably in PY6, the districts of Kaliro, Kalangala, Sembabule, Mityana, and Nakasongola all recorded lower than 3% rates of live births with low birth weight.

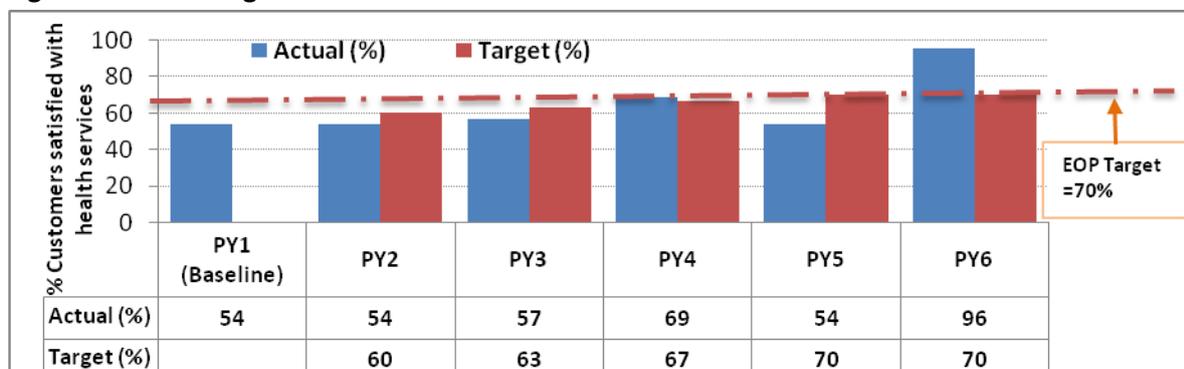
Box 8: District comparison of the proportion of live births with low birth weight (PY5-PY6)



Indicator 11: Percentage of customers satisfied with health services received

PY6 annual surveys indicated that 96% of the 1,968 clients interviewed reported to have been satisfied with the services they received at a health facility, compared to 54% of clients that were satisfied in PY5. This improved performance in PY6 exceeds the annual and PY6 target by 37.1% (Figure 12). This is attributed to improved quality of services (availability of equipment, supplies and trained health facility staff) as a result of interventions by USAID supported implementing partners such as STRIDES and ASSIST projects.

Figure 12: Percentage of customers satisfied with health services received PY1 – PY6

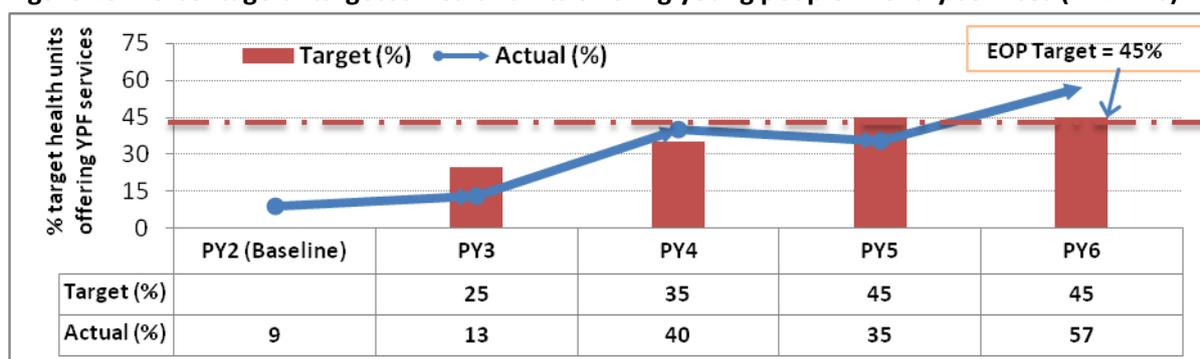


Indicator 12: Percentage of targeted health units offering young people-friendly services

During PY6, STRIDES assessed health facilities to establish those offering young people-friendly services² based on the following characteristics: trained service provider in young reproductive health and communication, respectful, nonjudgmental attitudes, confidentiality, privacy, and convenient hours. Out of 199 health facilities visited during the annual survey, 57% (114) were found to be offering youth-friendly services. This proportion is above the annual and EOP target of 45% and shows improved performance in PY6 by 63% (

Figure STRIDES promoted demand of these services through providing sexual reproductive health information to 48,106 in-school youth aged 10 to 24 years in 121 schools.

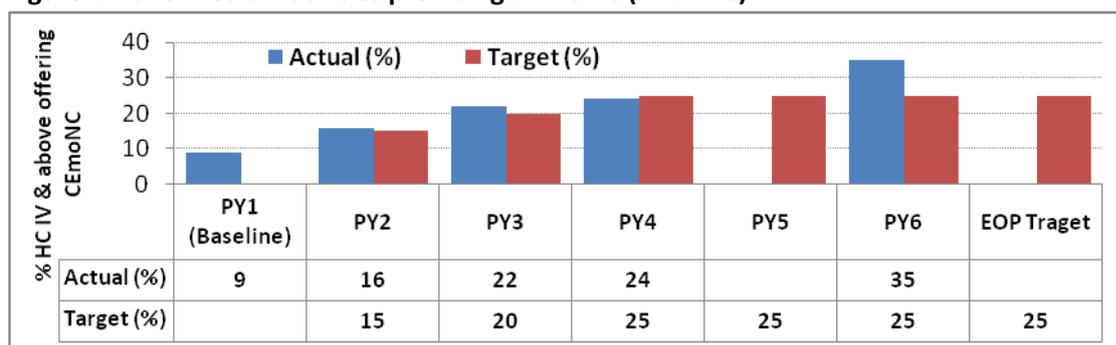
Figure 13: Percentage of targeted health units offering young people-friendly services (PY1-PY6)



Indicator 13: Percentage of health facilities (HC III and above) providing basic emergency obstetric care (BEmONC)

During PY6, 15% (34/225) of the health facilities (HC III and above) provided BEmONC services. The annual target of 28% was not met (Figure Most facilities reported an absence of qualified personnel, high turnover of those who were trained in previous years, and stock-out of parenteral drugs (antibiotics, oxytocin) as the major reasons for not providing BEmONC services.

Figure 14: % of health facilities providing BEmONC (PY1-PY6)



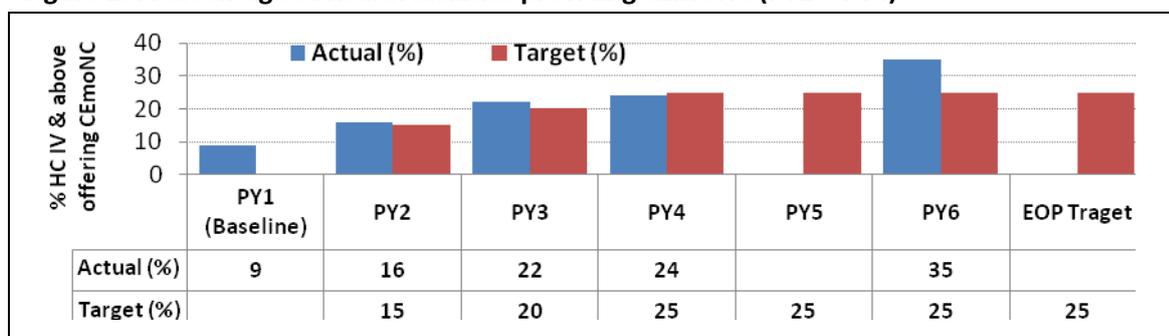
Note: PY5 data is not available.

² Family planning counseling services, provision of RH information by STRIDES, and offering referrals to health facilities for STI screening, provision of condoms, ANC and general consultation.

Indicator 14: Percentage of health facilities (HC IV and above) providing comprehensive emergency obstetric care (CEmONC)

In PY6, STRIDES found 35% (14/39) of health facilities visited during the annual survey offering CEmONC services exceeding the annual and EOP target by 40% (Figure 15). The project attributed this improved performance to availability of maternal and neonatal equipment and supplies in these facilities and commitment of districts to strengthen functionality of key HC IV. Important to note is that through the corporate social responsibility CSR program in PY6, STRIDES distributed assorted MNCH equipment to most of these facilities.

Figure 15: Percentage of health facilities providing CEmONC (PY1 – PY4)



Note: PY5 data is not available.

Indicator 15: Number of USG-assisted service delivery points (SDPs) providing FP counseling or services

STRIDES on annual basis tracks service delivery points (SDPs) providing FP counseling services where the following standards are 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 three months; and 4) contraceptives have been in stock for at least two of the past three months. During PY6, a total of 256 SDPs out 267 visited were providing FP counseling or related services. The achievement is slightly above the PY6 and EOP targets by 0.8%. Table 3 shows the trend in the number of SDPs providing FP counseling or services from PY1 to PY6.

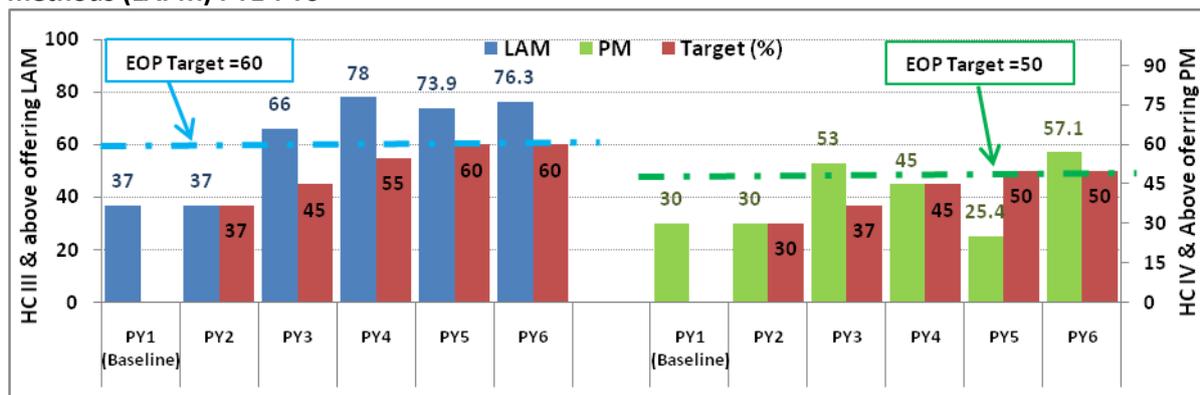
Table 3: Number of SDPs providing FP counseling or services (PY1 – PY6)

	PY1 (Baseline)	PY2	PY3	PY4	PY5	PY6
Number of SDPs providing FP services	104	31	48	786	503	256
Annual targeted number		104	154	204	254	254
Performance against target (%)	0	30	31	385	198	101

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

Figure 16 shows that during PY6, 76.3% of health facilities (HC III and above) were offering long-acting methods (LAM) and 57.1% were offering permanent methods (PM). The proportion of facilities offering LAM and PM exceeded the annual and EOP targets by 27.2% and 14.2% respectively. STRIDES attributed improved performance to implementation of targeted FP outreaches in hard-to-reach communities conducted by health facilities with support from SDS funding and other implementing partners.

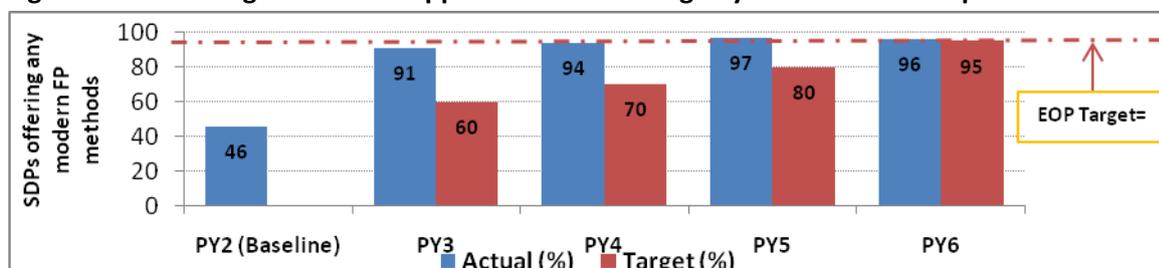
Figure 16: Percent of health facilities (HC III and above) offering long-acting and permanent methods (LAPM) PY1-PY6



Indicator 17: Percentage of USAID-supported SDPs offering any modern contraceptive method

Figure 17 shows that in PY6, 96% of SDPs were providing at least one modern contraceptive method. This achievement exceeds the annual and EOP target.

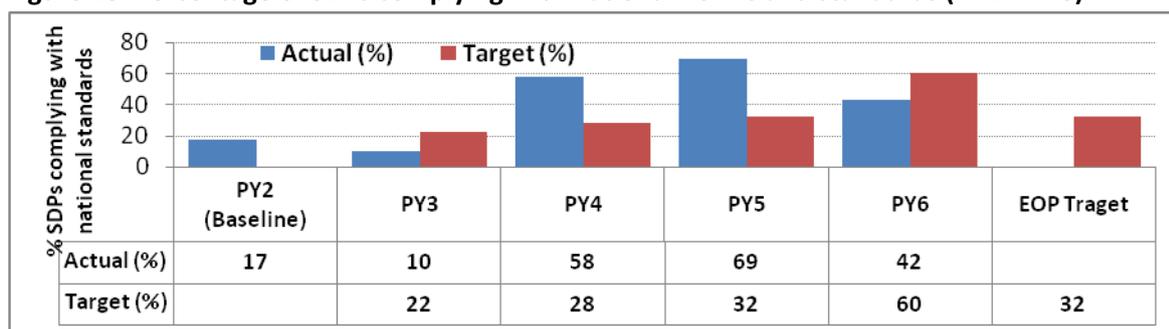
Figure 17: Percentage of USAID-supported SDPs offering any modern contraceptive method



Indicator 18: Percentage of SDPs complying with national norms and standards

During PY6, 42% of service delivery points complied with national norms and standards as compared to 69% in PY5. As is evident from Figure 18, the performance of this indicator in PY6 declined by 39% and the annual target was unmet, but EOP target was exceeded by 31.3%.

Figure 18: Percentage of SDPs complying with national norms and standards (PY1 – PY6)



Indicator 19: Number of people trained in child health and nutrition through USG-supported programs

During PY6, STRIDES trained community health workers such as VHTs and other volunteers in integrated management of acute malnutrition (IMAM) (524), infant young child feeding (IYCF)/essential nutrition actions (ENA) (524), and PD/Hearth management (802). As displayed in Table 4 below, STRIDES surpassed the PY6 annual targets for IMAM and IYCF/ENA by 223% and EOP

targets by 25.6% and 46.1% respectively. In addition, PD/Hearth exceeded the annual target by 49% and reached 93.2% of the EOP target.

Table 4 : Number of people trained in child health and nutrition

Skill Area	PY6 Achievements			Overall Achievements (PY4-PY6)		
	Number Trained	Target	Performance against PY6 target (%)	Number Trained	Target	Performance against EOP target (%)
IMAM	524	162	223	1,779	1,417	25.6
IYCF/ENA	524	162	223	1,603	1,097	46.1
PD/Hearth	802	540	49	3,198	3,430	-6.76

Indicator 20: Percentage of children cured at STRIDES-supported facilities or STRIDES-supported community PD/Hearth sessions (cure rate)

During this reporting period, STRIDES rehabilitated 1,210 malnourished children through the PD/Hearth program. Out of these, a cure rate of 72.7% (880) was achieved, exceeding the PY6 annual and EOP targets by 17%. The performance in PY6 improved by 9.8% compared to the cure rate achieved in PY5.

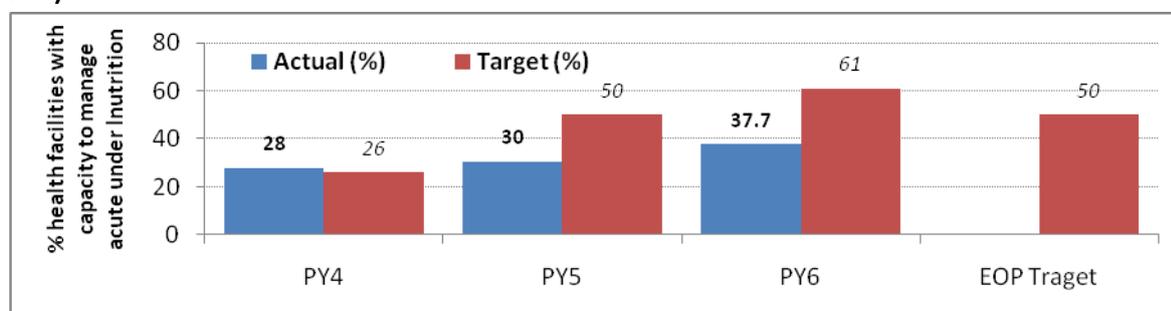
Table 5: Percentage of children cured at STRIDES-supported community PD/Hearth sessions (cure rate)

Project Year	No. of Hearth sessions	Number of PD/H admissions	Cure rate (%)		Death (%)	Defaulters (%)
			Cured	Target		
PY4	31	311	59.5	75	0.0	35.4
PY5	249	2,980	66.2	85	0.3	15.8
PY6	109	1,210	72.7	62	0.2	6.0
Overall	389	4,501	67.5	-	0.2	14.6

Indicator 21: 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 related procedures, methods, and appropriate materials (such as resources and trained staff). During PY6, 37.7% (20/53) of the targeted health units had the capacity to manage acute under nutrition. Performance on this indicator improved by 26% in PY6 and reflects that 62% of the annual target and 75% of EOP target was achieved.

Figure 19: Percentage of health facilities with established capacity to manage under nutrition (PY4-PY6)



B. Detailed PY6 Activities

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

Coaching, mentorship, and follow-up

Reproductive health (RH), family planning (FP), and child survival (CS)

During this reporting period, STRIDES collaborated with the district health teams from Kyenjojo and Kamwenge to provide onsite technical assistance, mentoring, and coaching on BEmONC, family planning, and integrated management of newborn and childhood illnesses (IMNCI) in 51 health facilities. This process enhanced the skills of 159 trained health service providers and 20 practicing health workers who had not received in-service training. As a result, provision of BEmONC, FP, and IMNCI services at the respective facilities improved. The distribution of mentored health workers by skill area in each district is shown in Table 6.

Table 6: Number of health workers coached and mentored by skilled area

District	Number of facilities visited	BEMONC	Basic and long-term family planning	IMNCI
Kyenjojo	28	33	37	18
Kamwenge	23	20	26	25
Total	51	53	63	43

Integrated management of acute malnutrition (IMAM), ENA/IYCF

STRIDES has supported IMAM programming in 54 selected health facilities across STRIDES-collaborating districts. By March 2014, STRIDES had trained a total of 1,779 facility and community health workers in IMAM and 1,603 in essential nutrition actions and infant young child feeding (ENA/IYCF) in these districts. Through national and district structures, STRIDES has consistently provided technical support to the district teams and trained health workers and VHTs to strengthen monitoring and reporting of IMAM activities. The technical assistance provided to the facilities and VHTs over a period of time has not only enabled the integration of nutrition into routine service delivery at the community and facility levels, but has also facilitated response to varied and complex under-nutrition problems among children and HIV-infected persons. The established facility-community referral system with the trained VHTs has strengthened the linkage for both the caregiver and the child to other MCH services. These include immunization, antenatal and postnatal consultations and primary health care delivery services.

In PY6, STRIDES coached and mentored 70 trained health service providers on records management and documentation during follow-up visits conducted in 21 facilities implementing IMAM. STRIDES selected these facilities from six districts (Kasese, Kumi, Bugiri, Kalangala, Mpigi, and Sembabule). The project restocked these health facilities with items such as mid-upper arm circumference (MUAC) measuring tapes and client and ration cards to aid patient monitoring. Some facilities also received inpatient/outpatient therapeutic care (ITC/OTC) protocols and stock monitoring cards, while some with low or no stock of RUTF were replenished.

Table 7: Performance indicators for IMAM programming

Project Year	Number of admissions	Cured (%)	Death (%)	Defaulters (%)
PY3 (Baseline)	163	41.7	18.4	35.0
PY4	851	40.4	3.4	54.3
PY5	4,764	61.4	0.8	24.3
PY6	1,944	65.9	0.5	17.5

While the default rate is declining, it has remained higher than the recommended standard of below 15% due to poor follow-up. In most cases this results from the inability of health facilities to reduce the risk of pipeline breaks due to lack of control in ensuring sufficient supplies of RUTF and key constraints within the health service, e.g. high staff turnover, shortages of staff in hard-to-reach health facilities, lack of trained and motivated staff in some health facilities, and frequent staff absenteeism.

Cervical Cancer Program (CECAP)

The Uganda national cancer registry records indicate that cervical cancer causes 40% of female malignancy cases in Uganda, followed by breast cancer at 23%. Nevertheless, most rural health facilities in the country lack cervical cancer prevention services. However, the MoH Strategic Plan for Cervical Cancer Prevention and Control in Uganda advocates for the use of visual inspection with acetic acid (VIA) and cryotherapy as feasible prevention measures for screening and precancer treatment in resource-constrained settings. In support of this strategic plan, STRIDES in 2012 partnered with Jhpiego and MoH to train 15 health workers and two district supervisors on VIA screening and cryotherapy. It also established cervical cancer screening and treatment services in five health facilities³ in the two SMGL districts of Kyenjojo and Kamwenge.

STRIDES equipped the selected facilities with cervical cancer screening and treatment equipment such as gas cylinders (filled with nitrous oxide gas), cryotherapy guns, vaginal speculums, sponge holding forceps, vinegar, and surgical gloves. STRIDES has continued to monitor and provide technical assistance on cervical preventive activities in these facilities.

During PY6, STRIDES conducted one facility-based follow-up of service providers trained to perform cervical cancer screening during quarter three. STRIDES oriented and mentored 29 health workers (including 14 health workers who had not received training in cancer screening before) on proper use of VIA, treatment using cryotherapy, and how to reconstitute acetic acid. In addition, STRIDES replenished all of the five CECAP implementing health facilities with acetic acid, gloves, and cotton, and provided nitrous oxide gas worth 400 US dollars to Kyenjojo Hospital and Rukunyu HC IV.

Between July 2012 and June 2014, health workers screened 1,557 women for cervical cancer using VIA from the five facilities implementing cervical cancer screening in Kyenjojo and Kamwenge districts. Of them, 274 were HIV positive (Figure 4). The prevalence of women testing VIA positive increased from 2.7% during training (baseline) to 20% in PY6 due to expanded cervical cancer screening as a result of service integration and outreaches. Overall, among the women screened, 13.4% (208/1557) were found VIA positive. Of these, 64.9% (135) were treated with cryotherapy and 26.4% (55) referred due to suspected cancer or large lesions, as illustrated in Table 12 below.

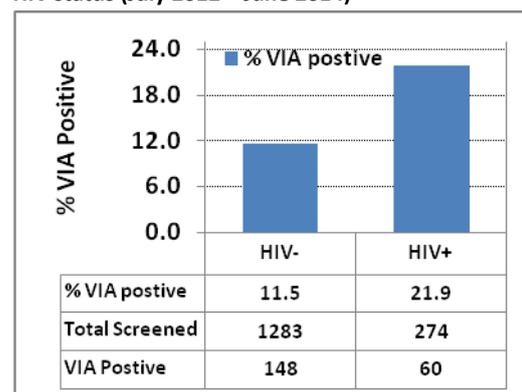
³ The health facilities with established cervical cancer screening and treatment services in Kyenjojo district include; Butiti HC III, Kyenjojo hospital and Kyarusizi HC IV while, in Kamwenge district is Ntara HC IV and Rukunyu HC IV.

Table 8: Women screened for cervical cancer using VIA and treated with cryotherapy in Kamwenge and Kyenjojo districts, July 2012 to June 2014

Project Year	Total screened	VIA negative	VIA positive	Cryotherapy performed	Referred - ICC	Referred- large lesions	% VIA positive
Baseline (training Jul-Aug 2012)	224	209	15	9	0	6	2.7
PY4	798	724	74	38	6	17	9.3
PY5	404	341	63	46	12	1	15.6
PY6	355	284	71	51	17	2	20.0
Total	1,557	1,349	208	135	35	20	13.4

Further analysis using odds ratio (OR) has shown that HIV-positive women screened for cervical cancer using VIA were two-fold at increased risk of being diagnosed with cervical cancer than HIV-negative women (OR=2.07, 95% CI: 1.47 to 2.89; P<0.0001). Figure shows the proportion of VIA-positive women by their HIV status and confirms that more (21.9%) HIV-positive women tested positive to VIA compared to those who were negative (11.5%).

Figure 20: Percent of women who tested VIA positive by HIV status (July 2012 – June 2014)



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

Nutrition health education and promotion

During PY6, STRIDES supported nutrition health education and promotion events at 14 health facilities in Kamwenge, Mityana, Sembabule, and Kumi districts targeting parents and caregivers of children under five years of age.⁴The project reached 748 (649 female, 99 male) parents/caretakers with seven essential nutrition actions (ENA) messages.⁵ They also received hands-on skills on how to prepare nutritious foods using local foods through demonstrations held at each event. During these events, STRIDES disseminated knowledge aimed at improving nutrition practices that would benefit children, families, and the community.

Dissemination of RH information to the youth in schools

During the second quarter of PY6, STRIDES collaborated with the health education departments of Bugiri and Kamwenge districts to disseminate adolescent and sexual reproductive health information

⁴Health facilities that held Health education and promotion were Bigodi HC III, Bwizi HC III, Kamwenge HC III, Kicheche HC III, Ntara HC IV and Rukunyu HC IV in Kamwenge district include: Mityana Hospital and Mwera HC IV in Mityana district ; Lwebitakuli HC III, Ntuusi HC IV and Sembabule HC IV in Sembabule district; and Kumi Hospital, Kumi HC IV, and Atatur HC IV from Kumi district.

⁵ The 7 ENA messages include, Promotion of optimal nutrition for women; Promotion of adequate intake of iron and folic acid and prevention and control of anemia for women and children; Promotion of adequate intake of iodine by all members of the household; Promotion of optimal breastfeeding during the first six months; Promotion of optimal complementary feeding starting at 6 months with continued breastfeeding to 2 years of age and beyond; Promotion of optimal nutritional care of sick and severely malnourished children; and Prevention of vitamin A deficiency in women and children

to in-school youth aged 10 to 24 years in 121 schools. Individual and small group-level interactive learning sessions, health, and dissemination of information, education, and communication (IEC) materials were the key approaches used. The aim was to create awareness and increase demand and use of youth-friendly services offered at health facilities and youth community centers in these districts. In addition, STRIDES held nutrition education talks targeting children (six to nine years) and guardians of children (six months to five years) at the schools and surrounding communities. Overall the project reached 48,106 youth and children (25,663 youth in 121 schools and 22,443 children in communities surrounding the schools).

Sub result 1.3: Improved availability of essential commodities at the facility level

There were no planned activities under this result area during PY6.

Sub result 1.4: Facilities strengthened to provide quality services

Strengthening of young people-friendly services (YPFS)

In July 2014, STRIDES supported and facilitated three district health officers (DHOs) of Luwero, Kayunga, and Mityana and nine service providers to attend the National Family Planning Conference held at the Serena Conference Centre in Kampala. Seven of the nine service providers were in-charges of the youth-friendly corners. They represented youth members from Kangulumira HC IV, Sekanyonyi HC IV, Namuwendwa HC IV, Kakooge HC III, Kyarusozzi HC IV, Kyenjojo Hospital, and Utopia, which is a youth focused community-based organization (CBO) in Kyenjojo.

During this reporting period, STRIDES provided support to four health facilities (Kangulumira HC IV in Kayunga district, Kakooge HC III in Nakasongola district, Sekanyonyi HC IV in Mityana district, and Namuwendwa HC IV in Kamuli district) to revive regular monthly and joint planning meetings involving all the service providers providing YPFS and RH services. This was made possible after STRIDES oriented 60 health workers and peer educators on the provision of YPFS. In addition, STRIDES followed up 149 peer educators involved in YPFS and attached to health facilities in the districts of Nakasongola, Kayunga, Kasese, Kamuli, and Kyenjojo and supported them to develop realistic work-plans.⁶ This helped improve provision of health education, family planning services, counseling, and recreational activities at the youth corners of these facilities.

Important to note is that peer educators play a key role in assisting service providers to adapt health services that better attract and serve a clientele of young people. However, serving young people with reproductive health care is still a sensitive issue in many places. Service providers, whose attitudes often reflect this societal concern, can resist serving young people or, if services are established, still prove unresponsive to adolescent needs. Costs and adjustments are required to make services appealing and relevant for adolescents, sometimes involving changes and expenses beyond the capability of facilities.

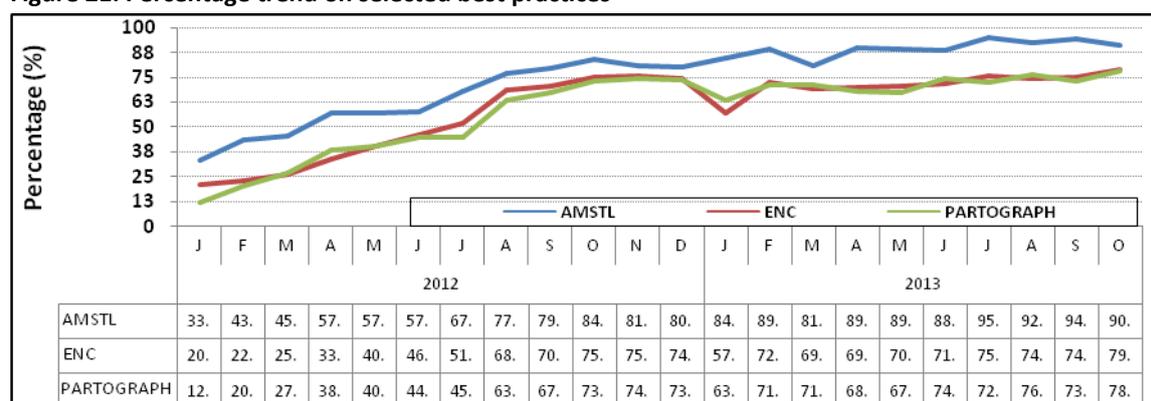
⁶ The followed-up of peer educators were attached to the following facilities; in Nakasongola district:- Kakooge HC III, Sekanyonyi HC IV and Franciscan HC IV; Kayunga district:- Kangulumira HC IV; Kasese district:- Maliba HC III and Bwera hospital; Kamuli district:- Namuwendwa HC IV; and Kyenjojo District:- Kyarusozzi HC IV and Kyenjojo hospital.

Quality improvement (QI)

One of the STRIDES' strategies to improve quality improvement at health facilities has been the implementation of the Quality Improvement Collaborative (QIC) approach. It was first introduced in PY5 with support from the MSH's Evidence to Action (E2A), a global USAID flagship project for strengthening FP and RH service delivery. Last year 45 facilities had implemented high impact practices to improve maternal and neonatal health and family planning.

During the first quarter of PY6, STRIDES partnered with the district QI coaches to conduct coaching and mentoring, targeting health work from 45 improvement collaborative health facilities across 10 districts. STRIDES supported 286 health service providers to perform data audit work and analyze service data to understand and identify the nature of problems affecting service delivery in their respective facilities.

Figure 21: Percentage trend on selected best practices



The peer-to-peer learning and local adaptation of intervention through quality improvement approaches has enabled QI teams to effectively test locally adapted interventions and mobilize other health workers to improve service delivery. The QI trend data analyzed for 45 facilities from baseline shows an improving performance in the use of active management of third stage labour (AMTSL), partograph use, and ENC (Figure 21 above). By October 2013, AMTSL use at these facilities was at 90.8%, while partograph use and ENC was recorded at 78.4% and 79% respectively.

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

A. Key Indicators

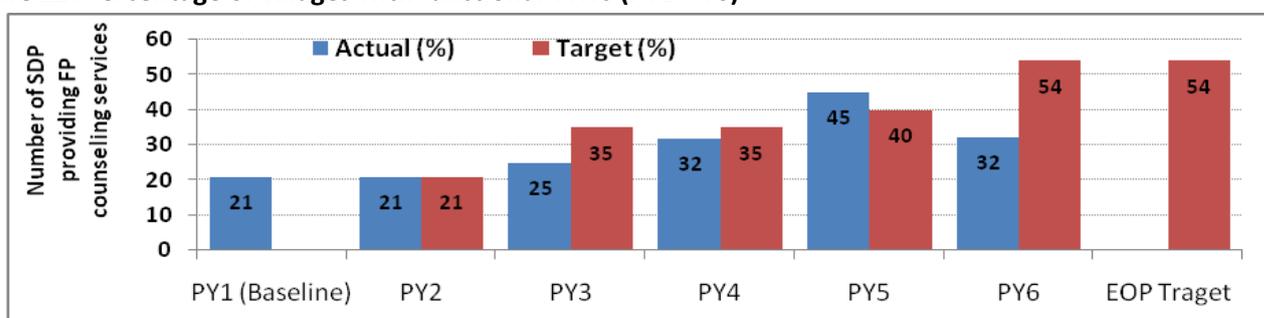
Table 9: Summary of indicator performance for Result 2 (PY1 to PY6)

#	Indicator	PY1-Baseline	Achievements & Targets				Performance against EOP Target	PY6 Performance against PY6 target
			PY6	PY6 Target	PY2-PY6	EOP Target		
24	% villages with functional VHTs	21	32.3	54	-	54	(40)	(40)
25	% VHTs with stock-outs of FP tracer commodities	43	38.2	49	-	49	(22)	(22)
26	# children under five years reached by USG-supported nutrition programs	52,890	93,118	144,018	614,338	590,180	4	(35)

Indicator 22: Percentage of villages with functional village health teams (VHTs)

Figure 20 below illustrates that during PY6, 32% of the villages had functional village health teams (VHTs). The performance is below the annual and EOP targets of 54% and reflects a decline in performance compared to 45% of the functional VHTs reported in PY5. The lack of adequate monitoring and in-kind motivation for VHTs, insufficient supplies, and frequent stock-outs of FP trace commodities and monitoring materials used by VHTs are some of the major factors hindering good performance for this indicator. STRIDES notes that support to VHTs is an issue that transcends the project and is part of a broader ongoing discussion among the MoH, districts, donors, implementing partners, and communities. Despite the fact that VHTs constitute the first level of the Uganda health system, for years sustainability of volunteerism has been pointed out as a major bottleneck for the system. Currently STRIDES is part of a MOH-supported working group exploring policy, strategy, and implementation solutions to ensure sustainability of VHTs. STRIDES has shared with this group in the past several examples of MSH’s options to support CHW and community leaders (e.g. Healthy Communities & Health Municipalities Project, MSH Peru).

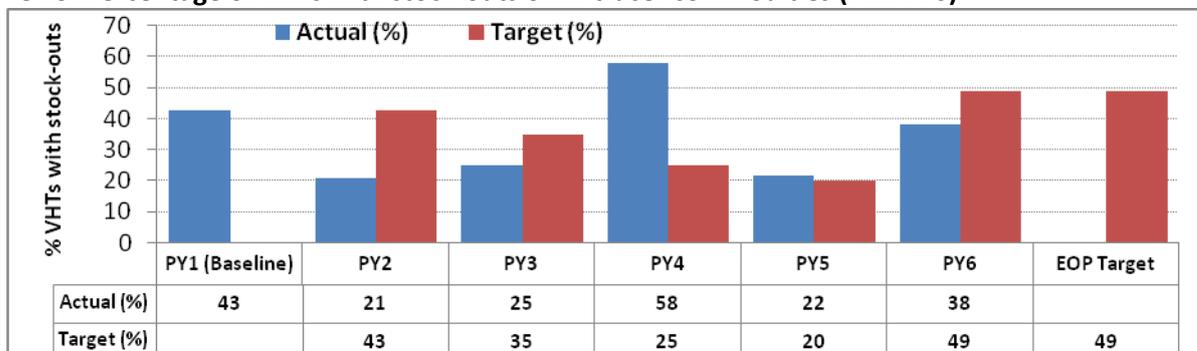
Figure 22: Percentage of villages with functional VHTs (PY1-PY6)



Indicator 23: Percentage of VHTs with stock-outs of FP tracer commodities

During PY6, 38% of the VHTs reported to have experienced stock-outs of FP tracer commodities, which is better when compared against the annual and EOP target of 49% (Figure 21). STRIDES attributed the better performance to availability of FP communities at health facilities and to continued supply of FP commodities at community level by the private sector partners such as PACE and UHMG that enabled VHTs to FP tracer commodities before they are stocked out.

Figure 23: Percentage of VHTs with stock-outs of FP tracer commodities (PY1-PY6)



Indicator 24: Number of children under five years reached by USG-supported nutrition programs

STRIDES supported nutrition program reached 93,118 children under five years of age in PY6. Although the annual target was not met, the cumulative number of children (614,338) reached by the nutrition program since PY4 indicates that the EOP target of 590,180 has been exceeded by 4%. The good performance is attributed to the focus on nutrition activities since PY5, increased uptake of the community nutrition program (PD/H) and provision of nutrition information to school going children as part of STRIDES intensified nutrition interventions.

B. Detailed PY6 Activities

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

Positive Deviance/Hearth (PD/H) trainer of trainers

During PY6, STRIDES conducted trainer of trainers (ToT) training for 98 (43 males, 55 females) sub county cadres. The participants included health facility service providers, community development officers (CDOs), agriculture extension workers, parish chiefs, and VHT coordinators selected from 20 subcounties in four STRIDES districts (Bugiri, Kumi, Mpigi, and Sembabule) that had high levels of malnutrition among children under the age of five years.⁷



PD/H TOT participants conducting a food demonstration



Community members engaged in preparation of Hearth foods

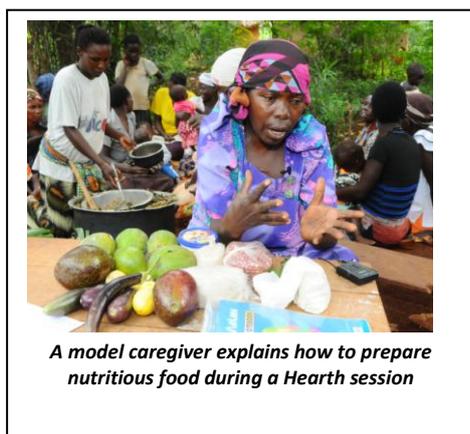
Hearth management trainings

During this reporting period, STRIDES completed the last training for Hearth volunteers/model caregivers and VHTs in H earth management. The 338 (109 male, 229 female) trained participants were attached to 160 Hearth targeted villages selected from 15 subcounties in six districts (Kumi, Kyenjojo, Kamwenge, Mityana, Mpigi, and Nakasongola). The criteria for selecting model caregivers/mothers was based on the village wealth ranking that considered those caregivers/mothers from poor families with special practices and behaviors that have led to normal nutritional status of their children. STRIDES selected active VHT members to bridge literacy gaps among some of the model caregivers and to ensure implementation of Hearth sessions.

⁷The names of the sub-counties in which PDH TOT were trained by district include; Bugiri district: *Bulesa, Bulidha, Buliguyi, Iwemba, and Muterere*. Kumi district: *Atatur, Kanyum, Mukongoro, Nyero, and Ongino*. Mpigi district: *Kituntu, Kammengo, Katende, Kiringente, and Mpigi T/Council*. Sembabule district: *Lugusuru, Mateete, Mijwara, Lwemiyaga, and Sembabule T/C*.



Participants prepare Hearth foods, locally known as a *kitobeero*, during Hearth management trainings



A model caregiver explains how to prepare nutritious food during a Hearth session

Community Positive Deviance/Hearth (PD/H) sessions

During PY6, STRIDES supported the last set of trained Hearth mothers and VHTs to conduct 109 Hearth sessions in 11 subcounties from six districts (Bugiri, Kumi, Kasese, Mayuge, Mityana, and Sembabule). The program rehabilitated 1,210 malnourished children in PY6. Of these, 880 were cured upon gaining a minimum of 400g, representing a cure rate of 72.7%. The Hearth sessions were conducted over a period of 26 days.

Table 10 below shows the number of children rehabilitated and the outcome proportion from the STRIDES-supported community PD/Hearth centers since PY4. Overall, trained model caregivers and VHTs have managed 4,501 malnourished children at the community level and 3,037 (67.5%) of them have since recovered. STRIDES observed an upward trend of the cure rate, from 59.5% in PY4 to 72.7% in PY6, while the default rate declined to 6% in PY6 from 35.4% in PY4 (Table 10 below).

Table 10: Number of malnourished children rehabilitated from the Hearth sessions

Project Year	No. of Hearth sessions	Number of PD-Hearth admissions	Cured (%)	Death (%)	Defaulters (%)
PY4	31	311	59.5	0.0	35.4
PY5	249	2,980	66.2	0.3	15.8
PY6	109	1,210	72.7	0.2	6.0
Overall	389	4,501	67.5	0.2	14.6

Village health teams

STRIDES continued to equip VHTs with knowledge and skills to adequately provide community services such as health education and appropriate nutrition counseling based on the seven essential nutrition actions (ENA), carry out nutrition assessment to identify malnourished children, perform food demonstrations and conduct follow-up and referral. During PY6, STRIDES oriented 1,092 active VHTs in community-based management of acute malnutrition (CMAM). The project selected the VHTs from the catchment areas served by 44 health facilities that implement outpatient therapeutic care (OTC) across 13 STRIDES-supported districts

Testimony on VHT contribution

"I do not have adequate words to express my gratitude to the VHTs for the good work they have done and continue to do. Bigodi HCIII health team could not have achieved the results they are proud of today in immunization, FP, deliveries, and ANC without the VHT mobilization and health education of the communities. VHTs have become part of my team since they were trained." –

In-Charge of Bigodi HC III in Kamwenge district

(Nakasongola, Luwero, Kyenjojo, Mpigi, Kamwenge, Mayuge, Kayunga, Mityana, Kasese, Sembabule, Bugiri, Kaliro, and Kumi). After the orientation, STRIDES supported the VHTs to screen 35,951 children. Out of these, the VHTs found 2,379 to be acutely malnourished. Of the malnourished cases, 50.9% (1,210) were enrolled into PD-Hearth sessions for rehabilitation.

VHT review meetings

During PY6, STRIDES supported 34 health facilities in Kyenjojo and Kamwenge districts to conduct VHT quarterly review meetings. Out of the 34 target facilities, 11 conducted review meetings both in the second and third quarters, while 23 facilities each conducted one review meeting. Twelve of them conducted their meetings in second quarter whereas the other 11 facilities met during the fourth quarter. The VHT meetings targeted trained VHTs, chairpersons of local councils, health workers and Mama Ambassadors. In each meeting STRIDES oriented the participants on the Kangaroo Mother Care (KMC) method.⁸ They also received additional referral forms, monitoring tools, and basic commodities such as condoms, Albendazole, and Vitamin A supplements for routine distribution and during Child Days Plus campaigns. During review meetings, VHTs noted that their contribution toward primary health care continued to be challenged by social-cultural norms and taboos, absenteeism of health workers, poor motivation of VHTs, irregular supply of drugs and consumables, and especially RUTF at some health facilities. This has negatively impacted community-facility referrals.

Sub result 2.2 Community-based BCC and IEC strategies increase the demand for RH/FP and CS services

Activities under this result area were not conducted during PY6.

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

There were no planned activities under this result area during PY6.

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

A: Key Indicators

Table 11: Summary of indicator performance for Result 3 (PY1 to PY6)

#	Indicator	PY1- Baseline	Achievements		EOP Target	Performance against EOP Target
			PY6	PY2-PY6		
27	# of clients receiving services from a USAID-affiliated private sector service provider	0	0	1,654,086	2,379,545	-30
28	% facilities submitting timely HMIS reports to HSD/district	72	73	-	90	-19
29	% districts submitting timely HMIS reports to MoH	78	78	-	93	-16
30	% public health facilities clearly displaying pertinent information to clients	16	64.9	-	44	48

⁸Kangaroo mother care is a method of care for preterm infants. It involves infants being carried, usually by the mother, with skin-to-skin contact.

Indicator 25: Percentage of health facilities and districts submitting timely health management information system (HMIS) reports

Table 12 below compares timely reporting rates by health facilities and districts, based on reporting using the district health information system (DHIS). It shows that 13 districts experienced a reduction in the number of health facilities submitting monthly HMIS reports on time. This directly reflects on the number of districts (12) that experienced a decline in complete entry of reports into the DHIS system. During PY6, 73% of the facilities reported on time, representing 81% achievement of PY6 and EOP targets. Seventy-eight percent of the districts reported on time, reflecting 84% achievement of both the annual and EOP targets.

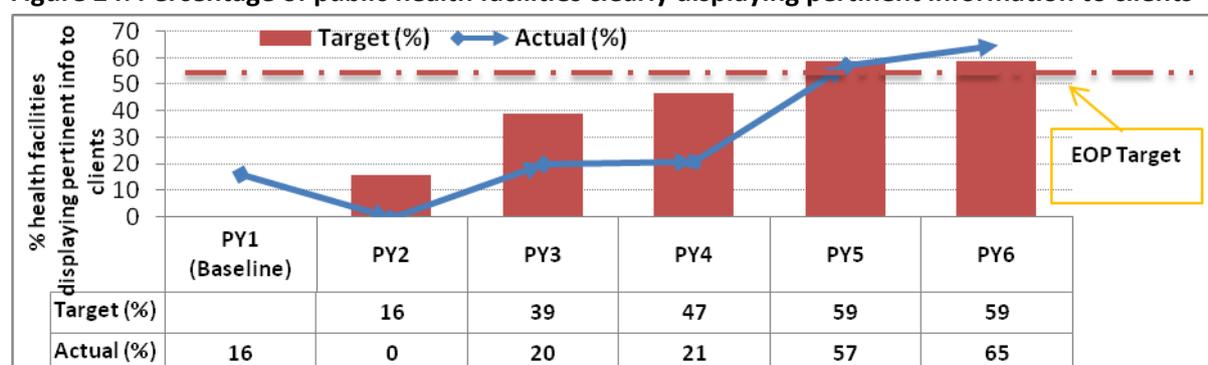
Table 12: Health facility and district reporting rates (PY5-PY6)

District Name	Facilities submitting timely HMIS reports to HSD/district			% districts submitting timely HMIS reports to MoH		
	PY5	PY6	%Change	PY5	PY6	%Change
Bugiri	85	83	-2.0	88	71	-19.5
Kalangala	90	66	-26.2	92	79	-13.6
Kaliro	77	67	-12.1	82	63	-22.9
Kamuli	91	71	-22.1	96	67	-31.0
Kamwenge	99	60	-39.3	99	79	-20.0
Kasese	61	61	-0.6	64	52	-19.4
Kayunga	99	47	-52.5	100	99	-0.8
Kumi	98	86	-12.4	98	100	2.3
Kyenjojo	65	65	0.0	69	50	-28.0
Luwero	95	89	-6.8	95	81	-15.0
Mayuge	92	56	-39.4	94	83	-11.3
Mityana	92	94	2.5	95	96	1.1
Mpigi	93	100	7.9	95	88	-7.4
Nakasongola	90	59	-34.9	92	69	-24.5
Sembabule	94	95	1.3	94	95	0.5
Overall	88	73	-16.8	90	78	-13.4

Indicator 26: Percentage of public health facilities clearly displaying pertinent information to clients

Figure 24 shows an upward trend in the percentage of health facilities clearly displaying pertinent information to clients since PY2. In PY6, the proportion increased by 14%, from 57% in PY5 to 65%, surpassing both annual and EOP targets.

Figure 24: Percentage of public health facilities clearly displaying pertinent information to clients



B. Detailed PY6 Activities

Sub result 3.1: Contribute to the development and implementation of positive policies to support expansion of RH/FP and CS services in facilities and communities

Dissemination of policy guidelines and regulations

During the second quarter of PY6, STRIDES supported eight districts to disseminate MoH-recommended policy guidelines and regulations targeting 72 health facilities. Essential nutrition actions message guidelines were disseminated to 21 health facilities selected from Kasese, Nakasongola, Sembabule, Bugiri, Kaliro, and Kumi districts. In Kamwenge and Kyenjojo districts, the MNCH and FP management protocols including Tiaht regulations were disseminated in 51 health facilities.

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

District sustainability plans

During PY6, STRIDES conducted two rounds of follow-up visits to establish progress on district sustainability plans. In first round, STRIDES visited 10 districts (Kalangala, Mpigi, Sembabule, Luweero, Nakasongola, Kamuli, Kaliro, Kumi, Mayuge, and Kayunga). In the second round, the project visited Kyenjojo and Mayuge districts. STRIDES integrated follow-up activities with review and data feedback meetings. Positive progress towards achieving the objectives set in respective district sustainability action plans (SAPs) was noted in most districts. Communication and relationship between the project and districts has been maintained. Commitment to integrate the review of SAPs during other meetings, such as extended district health management team (EDHMT) meetings, was implemented. In some districts, such as Kalangala, Mayuge, Kayunga, and Kamuli, STRIDES noted that action was taken to recruit and post doctors to health facilities where there was a gap in order to improve health outcomes.

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 continued to participate in Grant A and Grant B activities. During PY6, STRIDES provided technical assistance to districts during micro-planning meetings, district management committee (DMC) meetings, extended district health management team (EDHMT) meetings, and coordination meetings with implementing partners (IPs). For instance STRIDES provided technical assistance during planning meetings for integrated outreaches and monitoring supervision in six districts (Kamwenge, Mpigi, Mityana, Kamuli, Luwero, and Kumi). STRIDES supported the development of district quarterly and annual reports, work plans, and budgets. STRIDES also took part in grant A validation activities in Mpigi, Kumi, and Luwero districts. During the first quarter of PY6, STRIDES participated in the District Operational Plan (DOP) sharing event organized by USAID at Protea Hotel to share achievements, challenges, and recommendations for improving the DOP implementation.

Performance-based financing (PBF)

During second quarter of PY6, STRIDES participated in the National Consultative Workshop on Performance-Based Financing (PBF) organized by the World Health Organization (WHO) in partnership with the MoH. At the workshop, STRIDES made a presentation showcasing its experience in implementing performance-based contracting (PBC) in the private health sector. A video clip of success stories illustrating PBC impact under the STRIDES project supported this presentation. In relation to the subcontractors, STRIDES in this quarter settled outstanding obligations for all RFP001 and RFP002 subcontractors.

Innovative collaboration with the private sector

STRIDES during this reporting period worked toward consolidating its achievements under the corporate social responsibility (CSR) program with private sector partners. These included:

International Medical Equipment Collaborative (IMEC)

By the end of June 2014, STRIDES completed distributing assorted MNCH equipment and supplies donated by International Medical Equipment Collaborative (IMEC) to 107 health facilities in 11 districts (Kumi, Kaliro, Kamuli, Kayunga, Kasese, Kamwenge, Kyenjojo, Kalangala, Sembabule, Mityana, and Mpigi). The equipment included solar-powered ultrasound scan machines, hospital beds, mattresses, delivery kits, solar supply power packs, furniture, and life-saving instruments. At each selected facility, STRIDES trained two health workers in the use and maintenance of the new equipment, including the ultrasound machines, which were provided by Ernest Cook Ultrasound Research and Education Institute (ECUREI).

Mabaale Tea Company

STRIDES, in partnership with Mabaale Tea Company in Kyenjojo district, constructed a new maternity block at Kigoyera HC II (see photo). The block is expected to be fully completed in the first quarter of PY7. Upon completion, STRIDES will furnish the new maternity ward with medical equipment such as hospital beds, mattresses, delivery kits, solar supply power packs, and furniture.



Mitigating disease outbreak in flood-affected communities in Kasese district

In May 2014, STRIDES, in collaboration with Kasese district, supported 12,992 households from seven subcounties in Kasese district that were most affected by floods with hygiene kits to mitigate possible outbreaks of disease, such as cholera, associated with poor hygiene and sanitation. The hygiene kit included two buckets with lids, a wooden spoon, filter cotton cloth, and 90 sachets of Procter & Gamble water purifier powder. A total of 18,952 (8,925 male, 10,027 female) children also received a pair of TOMS shoes each. Table 13 below shows the distribution by Sub County.

Table 13: Number of households that received hygiene kits and children who received TOMS Shoes

		Sub-counties							Total
		Kyondo	Kyarumba	Maliba	Karusandara	Bulembia	Nyamwamba	Central division	
# household who received Hygiene kits		1326	1960	1995	1788	2413	1774	1736	12992
Number of Children who received TOMS Shoes	Male	1040	950	1746	826	1877	1230	1256	8925
	Female	1018	998	1862	888	2011	1437	1813	10027
	Total	2058	1948	3608	1714	3888	2667	3069	18952

Shoes for Health

During PY6, STRIDES conducted Shoes for Health camps in 57 subcounties and 658 schools in 10 districts (Luwero, Nakasongola, Mityana, Bugiri, Kaliro, Kayunga, Kamwenge, Kyenjojo, and Kasese). STRIDES also conducted shoe distribution to young children not in school. The distribution targeted children in slum areas, established baby homes, orphanages, and nursery and primary schools. The project also targeted children reached during community nutrition activities. In total, STRIDES distributed 590,947 shoes during PY6, making a total of 901,430⁹ pairs of shoes distributed since PY5, representing 100% of the donation by US-based TOMS Shoes.

Table 14: Number of clients reached by health service received under shoes for health initiative

Service Offered ¹⁰	Female	Male	Total	
			Number	%
CS only	29,319	98,191	127,510	12.7
CS & Nutrition	31,124	123,305	154,429	15.4
RH only	42,638	45,858	88,496	8.8
RH & Nutrition	13,563	13,635	27,198	2.7
Nutrition only	59,592	95,854	155,446	15.5
Others	183,045	165,306	348,351	34.8
Total	359,281	542,149	901,430	



Top and Bottom: Children in Kayunga district celebrate after receiving a new pair of TOMS shoes



A boy is happy after receiving shoes from STRIDES

⁹ TOMS Shoes donated 1,001,430 new pairs of shoes. Out of these 100,000 pairs were mismatched or damaged. The total shoes eligible for distribution were 901,430 pairs.

¹⁰ Services include; CS-Child survival (include DTP3, Vitamin A supplementation, and deworming), Nutrition - (Growth monitoring and promotion/ nutrition screening and management); RH - Reproductive health (ANC, IPT, delivery, RH information, YFSP), and Others - Health care services

Water for Health

STRIDES finalized the implementation of Water for Health (W4H) initiative during PY6. By March 2014, STRIDES had expanded the W4H initiative from health facility based to schools by distributing a total of 958 hygiene kits and 15,997 sachets of water purifiers in 321 schools selected from the six districts. The distribution in schools was done after teachers; support staff and students were oriented on the use of the W4H hygiene kit. From the facility side, a total of 200 pregnant women received hygiene kits and over 182,299 refills were distributed. By end of July 2014, a total of 9,081,480 water purifiers had been distributed to various clients in the six targeted districts. The bulk of the purifier has been distributed through the health facilities, schools and at specific promotion events through outreach activities.

Number of clients receiving hygiene kits per health service category

The table below illustrates the breakdown of clients reached with hygiene kits and health services received at health facility level. In total 79,176 clients received purifiers, majority (37%) were post natal care (PNC) clients, followed by the 2nd and 1st ANC at 21% and 17% respectively. The least category of clients served were the unplanned events such as the disaster response in Kasese district and clients delivering at a health facility as illustrated below:

Figure 24: Clients receiving hygiene kits per category of health service



Source: STRIDES Project Database

In November 2013, STRIDES partnered with Centers for Disease Control (CDC)-Atlanta to evaluate the impact of the Water for Health Initiative in regard to increasing demand for reproductive health services in six districts (i.e. Kumi, Bugiri, Mayuge, Nakasongola, Sembabule and Kasese). A total of 227 respondents from the intervention group and 221 from the comparison group were interviewed during the cross sectional survey. Preliminary results indicate that 95.6% of pregnant women that received the hygiene kits distributed with STRIDES support at the health facility treated their drinking water. It also highlights that fewer pregnant women from the intervention group than the comparison group had delivered their last child at a health facility (64.2% vs. 73.9%) or had initiated a family planning method (19.3% vs. 47.3%). The average number of ANC attendance (3.7 vs. 3.8), and proportion of PNC attendance (38.3% vs. 39.6%) was similar between the intervention and

comparison groups. However, the W4H initiative did not appear to increase the percentage of pregnant women with ≥ 4 ANC visits, HF deliveries, or PN visits, likely because of low demand for the follow up incentive, sachet refills.

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

Coaching and mentoring of health workers in data management

During the first and second quarter of PY6, STRIDES partnered with district teams to conduct joint monitoring and support supervision visits targeting 95 health facilities with challenges in timely data reporting and management. STRIDES coached and mentored 194 health workers from these facilities on proper data management, documentation, and reporting.

District review and data feedback meetings

STRIDES participated in review and data feedback meetings in 12 districts (Mityana, Bugiri, Kamuli, Kaliro, Kumi, Luwero, Sembabule, Mpigi, Kayunga, Kalangala, Kyenjojo, and Nakasongola). At each meeting, STRIDES presented district-specific trend indicator analysis linked to district sustainability plans. The project also provided technical assistance to DHMT members in identifying enabling factors for good performing indicators and challenges for indicators whose performance was declining.

Geographic information system (GIS) utilization

During this reporting period, STRIDES supported all six GIS trainees from Kaliro, Mayuge, Luwero, Sembabule, Kyenjojo, and Kamwenge districts to enhance their skills in the use of geographic information systems (GIS) through coaching and mentoring. All the trainees followed up by STRIDES showed improvement in using GIS to inform activity interventions and assist districts in decision-making. For instance the trained biostatistician of Luwero district has been able support his colleagues in Nakaseke district to generate GIS maps. In other districts, evidence of GIS use by the trainees can be visualized from the generated analytical maps that show performance of different indicators by subcounty.

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

Activities under this result area were not conducted during PY6.

3. Project monitoring and evaluation

Lot Quality Assurance Sampling (LQAS) surveys

STRIDES, in collaboration with STAR-E LQAS and SDS, provided technical support to 11 districts (Kalangala, Sembabule, Mpigi, Mityana, Luwero, Nakasongola, Kayunga, Kumi, Kyenjojo, Kamwenge, and Kasese) to conduct community LQAS surveys. Despite delays in starting the surveys due to budget constraints, the survey was successfully implemented in all the districts. District-specific LQAS reports have been shared with each district for review and wide dissemination.

Annual survey

During this reporting period, STRIDES conducted the routine annual survey to collect performance data on 12 of the performance monitoring plan (PMP) indicators not tracked through the HMIS or other STRIDES data sources. STRIDES collected data from all 15 collaborating districts. The summary results of the annual survey indicators have been included in the indicator section of this report.

4. Finance and Administration

Support to partners

In PY6Q2, STRIDES provided technical support to Communication for Development Foundation Uganda (CDFU) to finalize and submit its end-of-contract financial reports. This marked the end of contracts for all partners listed under the USAID/STRIDES Cooperative Agreement.

Internal audit

MSH Home Office conducted a global audit specifically targeting workshops. Among MSH projects in Uganda, the audit did not find any fault in STRIDES compliance to policy and the required accounting accuracy.

Budget/expenditure analysis reports

During this reporting period, STRIDES received its full obligation from USAID. As a measure of control and effective budget monitoring, a pipeline budget that shows estimated expenditures until the end of the project was prepared. This gives assurance that all budgeted expenses fit within the allowable and available funds. In addition, preparation of the PY7 Work Plan Budget was completed in PY6Q4.

Project closeout

The project closeout matrix was developed and reviewed. The matrix outlines specific activities, responsible parties, and timelines for closeout activities that will lead to a smooth closedown of the project. The MSH Home Office regularly monitors implementation of the close out activities.

Disposition of property

The project prepared and submitted the close out plan which also includes an assets disposition plan to USAID. All the property in the store has been arranged for distribution. The plan was approved and will be implemented from October 2014 onwards.

5. Communications

Documentation of best and innovative practices

Documentation of the project legacy series and best practices is complete. Copies of each legacy series and best practice will be shared during the end-of-project conference. These include the following: Positive Deviance/Hearth approach, Performance-Based Contracting, Public-Private Partnership, and Leadership Development and Quality Improvement Integration in Kagando Hospital.

STRIDES newsletter and calendars

STRIDES issued and disseminated the fourth edition of the newsletter to all collaborating districts; MoH, partners, and USAID. This issue highlights the impact of STRIDES interventions at the

communities together with the success of STRIDES initiatives under CSR programs. The last edition of the STRIDES newsletter will be produced at the end of November and it will showcase key project milestones. Newsletter copies will be distributed during the EOP conference and to all stakeholders as per the project communications plan.

Project visibility

On October 17, 2013, STRIDES participated in the national commemoration to mark safe motherhood in Apac district, under the theme “Teenage pregnancy, an obstacle to safe motherhood, let’s stop it now.” During the event, STRIDES showcased project impact through sharing best practices such as the use of portable ultrasound scans to check for any condition that may be harmful to the mother and baby, importance of demand-side incentives (hygiene kits and shoes) to boost maternal and child health indicators, and use of locally available food to improve the nutrition status of children. The Chief Guest, Rt. Hon. Rebecca Alitwala Kadaga, Speaker of the Parliament of Uganda, applauded STRIDES for great work in improving access to health services. She also officially handed over two branded bicycles and other corporate products offered by STRIDES to bicycle race winners.



Rt. Hon. Rebecca Alitwala Kadaga, Speaker of the Parliament of Uganda, observes ultrasound scanning (left). Handing over a USAID/STRIDES-branded bicycle to the winner of the 15-kilometer bicycle race, women’s category (right).

On March 8, 2014, STRIDES supported the Ministry of Gender, Labour, and Social Development by providing two million sachets of Procter & Gamble water purifier for treating unclean water during the International Women’s Day commemoration in Kumi district. STRIDES did not brand during this event in line with USAID guidance on branding at the time the relationship between United States (US) and Uganda Government was being reviewed.

In addition, on March 11, 2014 STRIDES participated in a fair organized by MSH at Serena Hotel in Kampala where the project shared artifacts and branding materials with other partners and stakeholders to showcase its impact. On a similar note, STRIDES was privileged to host a team of US Congress staff who were on a study tour of Uganda. The team appreciated how STRIDES interventions had improved access to health services after visiting Mpigi HC IV where they witnessed the impact of ultrasound scanning in attracting pregnant women and their partners to access ANC services.

On June 20, 2014, STRIDES, in partnership with Kalangala district and Goal Africa, organized an outreach activity at Kasekulo landing site in Kalangala district. During the event, over 150 clients accessed HIV/AIDS testing services and 100 accessed family planning services. The community crowned the evening watching a World Cup match streamed live from Brazil by Goal Africa. The

event was showcased on CBS FM, Super FM, Simba FM (local radio stations) and on NTV during the prime news at 7:00 pm and 9:00 pm respectively.

In PY6Q4, STRIDES trained over 200 youth from Butiiti and Kyarusozi subcounties in Kyenjojo district on social media skills, knowledge, and texting for health to enable them support their peers and other young people on health-related aspects through social media platforms. The training exposed the young people to acquiring new health information, email addresses, and wide interaction through social media. The event also attracted participation from the district leadership.

National Family Planning Conference

On July 28-29, 2014, STRIDES presented two oral abstracts – “Leadership Development Program and Quality Improvement Spur FP on in Nazigo, Kayunga District” and “Delivering FP Services in an Incentivized Maternal Health Environment: a Case for Postpartum FP Services” – during the National Family Planning Conference organized by the Ministry of Health in collaboration with Department for International Development (DFID), USAID, and the United Nations Population Fund (UNFPA) held at the Serena Conference Center in Kampala. STRIDES also supported nine youth delegates selected from STRIDES-collaborating districts to attend the conference. In addition STRIDES participated in the KHealth’s East Africa Fair in Arusha-Tanzania. During the fair, STRIDES made a presentation on postpartum FP. The meeting showcased project approaches on family planning and the impact attained.

6. Ongoing and emerging challenges

High staff turnover noted at most health facilities and unplanned staff absenteeism has led to a departure of trained staff, thus leaving service delivery to be implemented by untrained staff which has resulted in poorer quality service provision in affected health facilities.

Social-cultural norms and taboos, absenteeism of health workers, poor motivation of VHTs, and irregular supply of drugs and consumables at some health facilities often act as obstacles to VHT work. This negatively impacts on community-facility referrals.

Reduced funding to the districts under the SDS grant “A” arrangement and delayed release of funds to districts affected the timely implementation of planned activities in some districts and prioritization of technical support by implementing partners such as STRIDES.

As a result of the ongoing review of relations between United States Government and the Uganda Government over the anti-homosexuality law enacted in Uganda, implementation of some of the planned activities requires clearance from USAID. Most activities that involved direct participation of political personnel at national and district level were either cancelled or rescheduled.