



**USAID** | **UGANDA**  
FROM THE AMERICAN PEOPLE



STRIDES for FAMILY HEALTH  
2009–2014

*Improving access to quality*  
**HEALTH CARE FOR  
UGANDAN FAMILIES**



# **STRIDES for Family Health 2009 – 2014: *Improving access to quality* Health Care for Ugandan Families**

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Management Sciences for Health

2009 – 2014

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*Improving access to quality*

# HEALTH CARE FOR UGANDAN FAMILIES

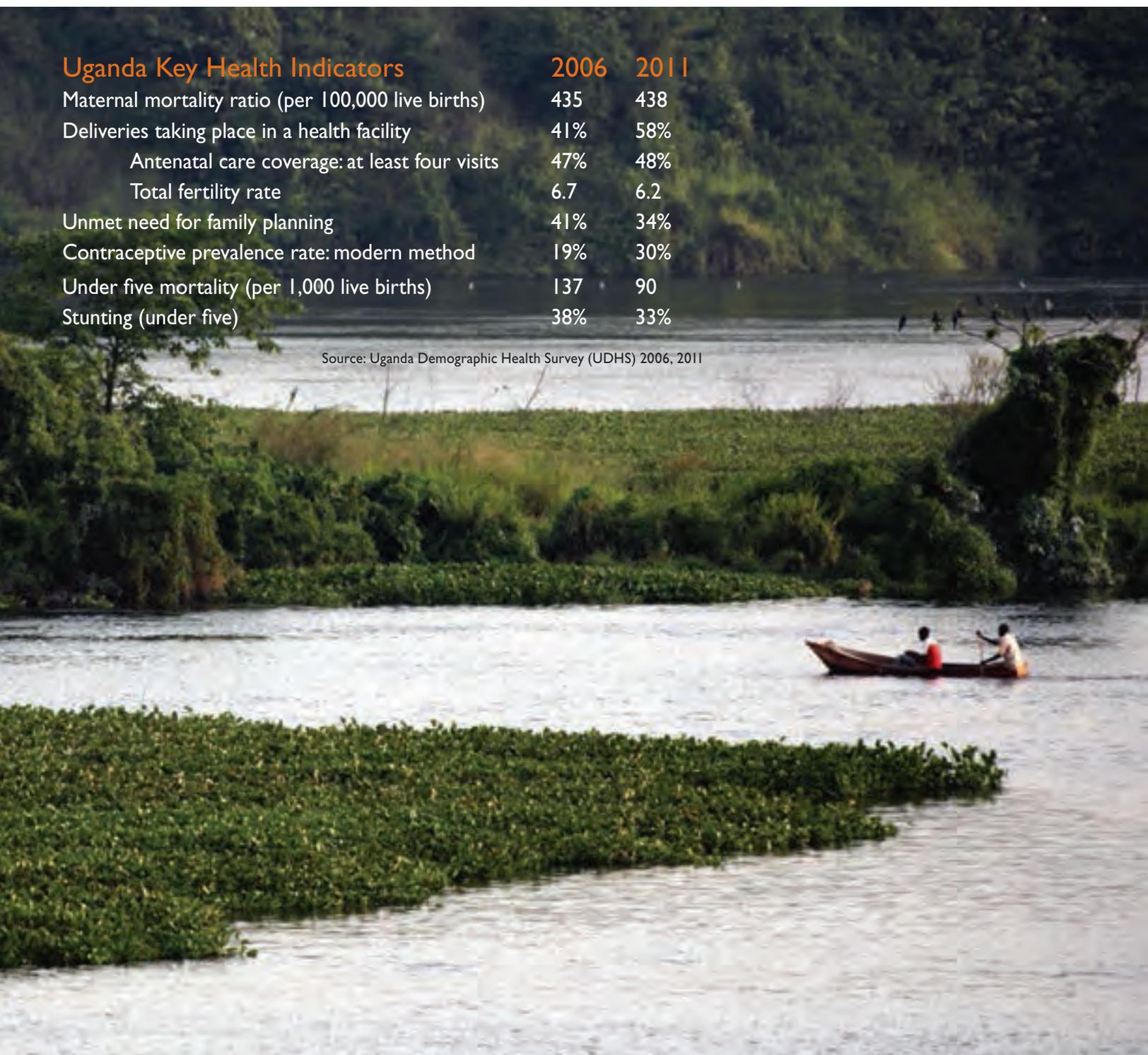
STRIDES FOR FAMILY HEALTH, 2009–2014

<b>Contents</b>	<b>OVERVIEW</b>	<b>1</b>
	<b>EXPANDING ACCESS</b>	<b>4</b>
	Engaging Private Partners	4
	Reaching Families	8
	Serving the Hard-to-Reach	16
	<b>STRENGTHENING SERVICES</b>	<b>18</b>
	Increasing Functionality	18
	Developing Leaders	21
	Improving Quality	21
	<b>INCREASING DEMAND</b>	<b>24</b>
	Working with Communities	24
	<b>ENSURING HEALTHIER BEHAVIOR</b>	<b>27</b>
	<b>MOVING FORWARD</b>	<b>28</b>

## Uganda Key Health Indicators

	2006	2011
Maternal mortality ratio (per 100,000 live births)	435	438
Deliveries taking place in a health facility	41%	58%
Antenatal care coverage: at least four visits	47%	48%
Total fertility rate	6.7	6.2
Unmet need for family planning	41%	34%
Contraceptive prevalence rate: modern method	19%	30%
Under five mortality (per 1,000 live births)	137	90
Stunting (under five)	38%	33%

Source: Uganda Demographic Health Survey (UDHS) 2006, 2011



## OVERVIEW

In recent years, new oil discoveries in Uganda have fueled dreams of a booming economy and a much-improved standard of living. The nation has already made important gains in reaching some of its development goals, such as reducing mortality among children under the age of five, the number of people living in absolute poverty, and the proportion of those who lack access to safe water and sanitation.

In spite of improvements, significant challenges remain. Malnutrition lingers as a serious problem, contributing to about 60 percent of child mortality.<sup>1</sup> One in three Ugandan children suffers from stunting, a lifelong condition caused by malnutrition that negatively affects the country's overall development by increasing children's vulnerability to illness and likelihood of dropping out of school.<sup>2</sup>

The maternal mortality ratio remains high at 438 deaths per 100,000 live births, compared to 320 in nearby Rwanda, for example, or 16 in developed countries.<sup>3,4</sup> Although a greater number of women are giving birth in health facilities, which helps reduce maternal and newborn deaths, more than 40 percent do not. The average Ugandan woman gives birth to 6.2 children—a fertility rate that is among the

five highest in sub-Saharan Africa—increasing the chances of complicated pregnancies and deliveries.<sup>5</sup>

Uganda's population, estimated at 34.9 million in 2014,<sup>6</sup> is one of the fastest growing in the world. More than one million Ugandans are born every year, putting ever more pressure on the nation's resources and its health services.<sup>7</sup>

STRIDES for Family Health was funded by the US Agency for International Development (USAID) and led by Management Sciences for Health (MSH), which partnered with the Communication for Development Foundation Uganda (CDFU), Jhpiego, and Meridian Group International. STRIDES began working in 2009 to reduce fertility, morbidity, and mortality rates among Ugandan women and their families. By expanding access, improving quality, increasing demand, and promoting integration of health services at the facility and community level in the public and private sector, STRIDES made a number of notable achievements in its six years of operation in 15 districts of Uganda. The project served 15 percent of Uganda's population, or about 5.4 million people, 1 million of whom were children under the age of five.

## STRIDES' Strategies

- ▲ STRIDES developed the skills of health care managers and leaders through the Leadership Development Program to strengthen local institutions as well as the overall health system.
- ▲ STRIDES used performance-based contracting to engage nongovernmental organizations, the private for-profit sector, and governments to expand access to a package of essential health services.
- ▲ STRIDES partnered with 18 private international and local companies and organizations in their corporate social responsibility efforts to strengthen health facilities, support community-based programs, and foster innovations to increase access to improved health services for underserved communities.
- ▲ STRIDES used two community-based approaches, Positive Deviance/Hearth and outpatient therapeutic care, to reduce malnutrition among Ugandan children.



## STRIDES' Key Achievements

- ▲ Reached 921,112 new family planning users and served 720,674 returning clients
- ▲ Provided contraception that helped women avoid 190,566 unintended pregnancies<sup>8</sup>
- ▲ Helped Uganda's health system to save more than \$23.8 million as a result of people using family planning<sup>8</sup>
- ▲ Reached 614,338 children under the age of five through nutrition programs, achieving average cure rates for moderate malnutrition of 80 percent in some districts
- ▲ Strengthened 400 public and 188 private health facilities and 1,047 community medicine shops or outlets
- ▲ Trained 5,817 members of village health teams, resulting in expanded access to and demand for reproductive health, family planning, and child health services

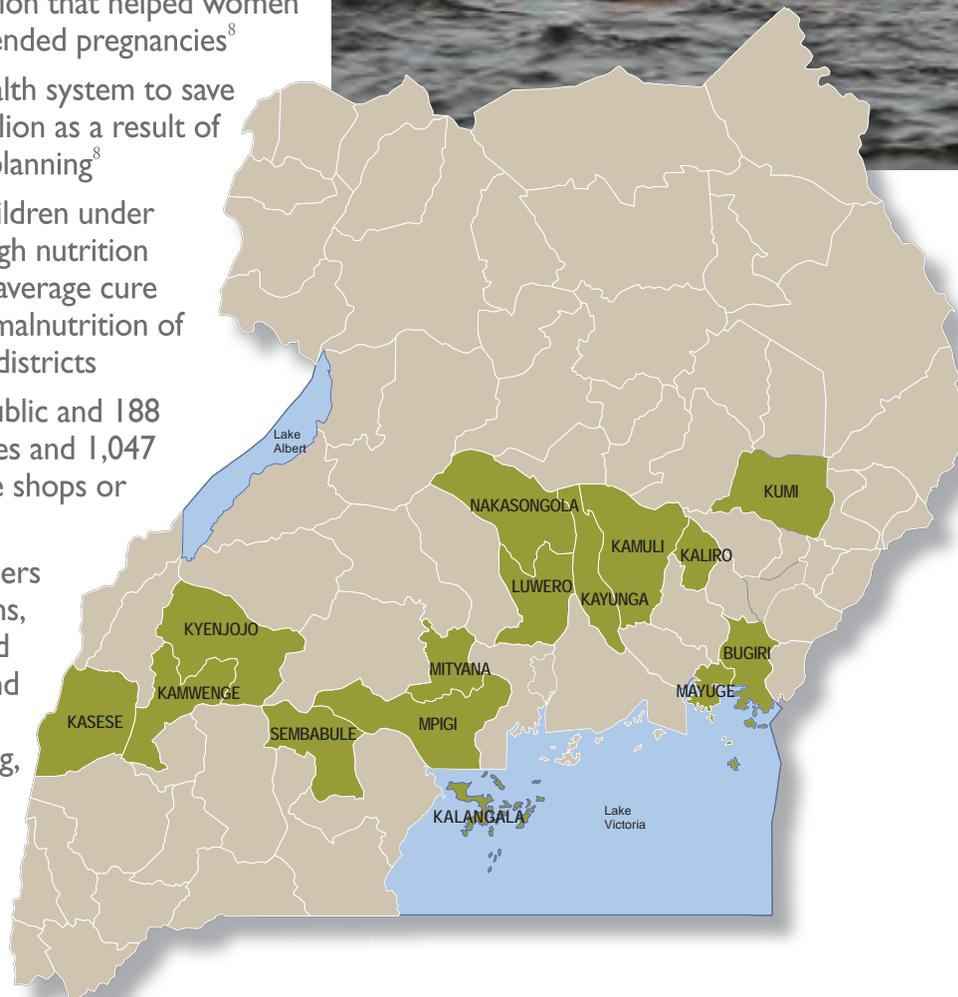


Photo by RUI PIRES

## EXPANDING ACCESS

Many people in developing countries, especially those living in rural areas, face challenges accessing health care. Serious resource constraints and insufficient political support severely hamper health service delivery. Barriers to access include distance to service points, quality and costs of care, stock-outs of medicine, unskilled providers, lack of health knowledge, long waits, and low morale among health workers who are often overworked and poorly paid.

Uganda's health care system operates on a referral basis. Complexity of services increases with each level, from Health Center I (HC I) up through HC IV and then hospitals. At the most basic level are the HC Is, also known as the village health teams (VHTs). Members of VHTs work as volunteers and provide general information on hygiene, family planning, nutrition, and other health issues, to their neighbors. They can also point people to the right locations for various levels of health care. After the VHTs are the HC IIs, which are health posts and represent the first level of interaction between the formal health sector and the communities. They provide only outpatient care. The HC IIIs, led by a senior clinical officer, provide more complex care and have an outpatient clinic and a maternity ward. HC IVs operate within each district and offer more extensive services such as inpatient care and emergency surgery. Each district is required to have a hospital.

### Engaging Private Partners

In Uganda, as in many sub-Saharan African countries, budgeting for health has traditionally been a lower priority than other sectors. In the 2001 Abuja Declaration, African

Union member states committed to devoting 15 percent of their national budgets to health, but in the fiscal year spanning June 2014 to May 2015, Uganda devoted only five percent of its budget to the health sector.

Because of the public sector's limited ability to provide health care to Ugandans, STRIDES looked to the private sector to help expand services. STRIDES built on the belief that healthy communities are good for business prosperity. Through corporate social responsibility (CSR) and performance-based contracting (PBC) partnerships, STRIDES helped bring rapid, creative, and dynamic solutions to health problems in the districts it served. By engaging district leadership in these public-private partnerships, STRIDES left behind promising relationships between companies and private service providers and districts for continued collaboration.

### Corporate Social Responsibility

CSR creates value for both for both the corporation and the community where it operates by contributing to social improvement, whether it is to better the environment, education, health, or another social sector.

With relatively stable economic growth since the 1990s, Uganda's business community has increasingly embraced CSR. STRIDES built on that momentum by developing partnerships with 18 private international and local companies and organizations that contributed cash and in-kind contributions totaling \$9.5 million.



The use of incentives, such as providing free or low-cost hygiene kits, ultrasound examinations, and shoes, was an effective way to attract Ugandans to use health services.

Photo by TADEO ATUHURA

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“We used to deliver only 20 to 30 mothers in a month but the numbers have doubled... even tripled as a result of effective mobilization using the Shoes for Health innovation.”

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—Prossy Mudono, Maternity In-Charge, Buwama Health Center II

These partnerships strengthened health facilities, supported community-based programs, and fostered innovations that increased access to improved health services for underserved communities. The use of incentives—such as providing free or low-cost, long-lasting insecticide-treated mosquito nets, hygiene kits, ultrasound exams, and shoes—proved an effective way to attract Ugandans to use health services.

### Performance-Based Contracting

Although health care is free in Uganda, many people turn to private providers for services that the poorly funded public sector struggles to provide. STRIDES responded to the growing need to involve private providers in service delivery by drawing on the technical expertise in PBC and health financing that MSH has developed through projects in 21 countries.

PBC incentivizes achievement of service delivery targets by offering payments for high performance. These incentives are designed to encourage improved performance that increases demand for and use of services.<sup>9</sup> The incentives are based on achieving agreed-upon, measurable performance targets. STRIDES required partners to submit quarterly reports detailing achievements, lessons learned, challenges, and performance against their set targets.

In choosing partners, STRIDES identified companies or organizations already working in the project’s target districts, built on their existing interventions, integrated and expanded priority services, and identified new ways to deliver services for maternal and child health, reproductive health, family planning, nutrition, and malaria prevention.

In all, STRIDES awarded 73 PBCs, dispersing approximately \$10 million. PBC partners reached 1,654,086 clients. Almost 40 percent of these clients received family planning services and about 35 percent were children who received essential health services.



## SHOES PROVE TO BE POWERFUL INCENTIVES FOR HEALTH CARE

Shoes for Health, a partnership with US-based TOMS® Shoes Inc., contributed substantially to increased health service use. STRIDES distributed new shoes to 901,430 people as an incentive to expand services in child and maternal health.

The incentive helped attract more mothers to bring their children under the age of five for vaccination, Vitamin A supplementation, deworming, and nutrition services (see Table 1). In addition, more women completed the fourth antenatal care (ANC) visit, delivered at a health facility, and accessed postnatal care services. Adolescents were more likely to seek sexual and reproductive health services because of the shoes incentive. VHTs were given shoes as incentives to continue their work.

Through the Shoes for Health intervention, STRIDES integrated nutrition screening among children aged 6 to 59 months and conducted nutrition and hygiene education sessions for children five to nine years old. All children who received services, such as screening, weighing, and growth monitoring, received shoes. Mothers and other caretakers received shoes as rewards and incentives for supporting their children's access to health services. Using shoes to attract people to health centers helped them see the benefits of health-seeking behavior, increasing the likelihood they would return even without incentives.

Table 1.  
Summary of TOMS® Shoes distributed by service offered

Service Offered	Recipients
Child survival only	127,510
Child survival and nutrition	154,429
Reproductive health only	88,496
Reproductive health and nutrition	27,198
Nutrition only	155,446
Others	348,351
<b>Total</b>	<b>901,430</b>

Photo by TADEO ATUHURA

## Reaching Families

### Reaching Mothers

Uganda has been slow in its progress toward Millennium Development Goal Five—reducing maternal mortality and increasing access to reproductive health care. A woman's ability to access health care largely determines long-term health outcomes for herself and her baby, which has an impact on both her community and her country's development. A high maternal mortality ratio often reflects poor access to health care services, or access to services that are substandard.

## A SURPRISING AND LIFE-SAVING DIAGNOSIS USING ULTRASOUND



Annette Mbwirahe (not pictured here) didn't know what was wrong—the pain in her lower abdomen wasn't getting any better. Finally, unable to endure it, she decided to get help.

Mbwirahe, 25, left Buyiwa village and went to Buwama HC III in Mpigi district, where midwife Zura Kyotazaala examined her with an ultrasound scan.

The scan showed that Mbwirahe had a heterotopic, or multi-site, pregnancy: a rare and complicated twin pregnancy with one twin in the womb and the other in the fallopian tube (ectopic). She required immediate surgery. Without treatment, heterotopic and ectopic pregnancies can be fatal for the mother.

Kyotazaala referred Mbwirahe to Mulago Hospital in Kampala, 60 km away. A scan there confirmed Kyotazaala's diagnosis, and Mbwirahe underwent life-saving emergency surgery.

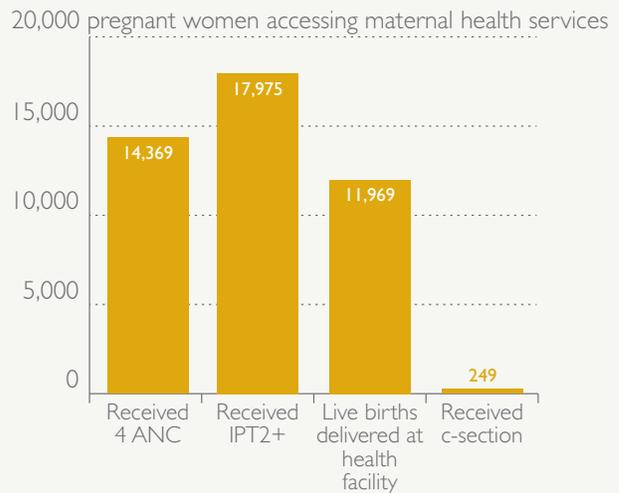
Use of the ultrasound scan at Buwama HC III was critical in diagnosing Mbwirahe. STRIDES supplied the ultrasound machine through a performance-based contract it had awarded to the Ernest Cook Ultrasound Research and Education Institute (ECUREI). Through this funding, STRIDES provided 15 health centers in Mpigi district with solar-powered, portable ultrasound machines.

Photo by RUI PIRES

STRIDES, in partnership with Jhpiego, trained health care workers from health centers and hospitals in basic and comprehensive emergency obstetric and neonatal care. Basic care involves the ability to treat a patient for complications such as infection, postpartum hemorrhage, manual placenta removal, and newborn resuscitation through Helping Babies Breath (HBB).<sup>10</sup> Comprehensive care involves basic care as well as the ability to perform surgery and administer blood transfusions. STRIDES also introduced high-impact maternal and newborn health practices where needed, including active management of the third stage of labor (AMTSL), essential newborn care (ENC), family planning counseling in the immediate postpartum period, Kangaroo Mother Care, and the use of job aids and tools such as partographs for monitoring and managing complications during labor.<sup>11</sup>

In the last year of the project, STRIDES found that 35 percent of health facilities (14 of the 39 facilities visited during the annual survey), offered comprehensive emergency obstetric and newborn care services, exceeding the project's target of 25 percent. STRIDES procured assorted equipment for providing reproductive, maternal, newborn, and child health care at 290 health facilities in 11 districts, which continue to attract women for ANC and facility-based delivery. Through its partnership with the International Medical Equipment Collaborative (IMEC), STRIDES also received a donation of maternal and child health equipment, including portable, solar-powered ultrasound scans, which the project distributed to 143 health facilities. In total, STRIDES provided medical equipment to 433 health facilities. To ensure functionality, STRIDES PBC partner ECUREI provided equipment maintenance training to service providers in the 15 districts.

Figure 1.  
Selected maternal health indicators



Midas Touch Medical Services (MTMS), a private clinic in Kyenjojo district, received a PBC to mobilize mothers to access free ANC and comprehensive emergency obstetric and newborn care services through a voucher scheme.

“We learned a lot about how to engage the community in health service delivery,” said Dr. David Mwinganiza, Midas Touch director. “The program was community-based and the community embraced it. And we learned a lot how, as a facility, to improve our skills and capacity to handle any sort of services.”

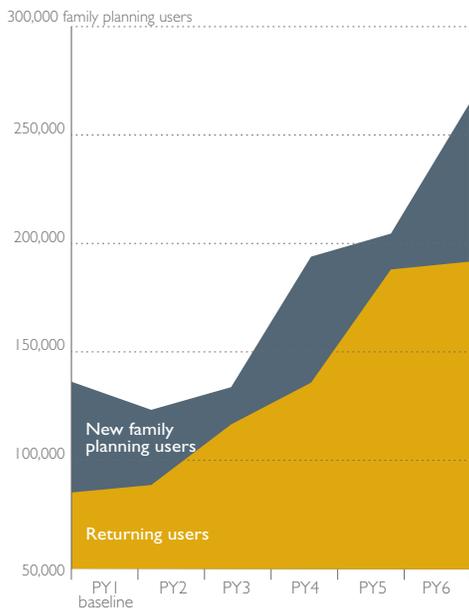
Pregnant women were encouraged to complete the standard four ANC consultations, as recommended by the World Health Organization, to be eligible to receive the other free health services. Mothers who completed the fourth visit received a green voucher that entitled them to access free services, such as ultrasound scanning, cesarean sections, lab tests, postnatal care, and postabortion care. This significantly increased the number of women who accessed these services.

Before the voucher program started in 2012, the number of pregnant women attending their fourth ANC consultation in the district was 34 percent, Dr. Mwinganiza said. That figure rose to 61 percent by June 2013.



Photo by TADEO ATUHURA

Figure 2.  
Number of new and continuing family planning users by project year



## Reaching Couples with Family Planning Services

Lack of access to family planning services results in unintended and often unwanted pregnancies, miscarriages, and unsafe abortions, which contribute to high rates of infant, child, and maternal morbidity and mortality. Among currently married women in Uganda, the unmet need for family planning is 34 percent.<sup>12</sup> In its Health Sector Strategic and Investment Plan, the Ugandan Government has set the goal to reduce the unmet need for family planning among married women to 20 percent by 2015.

If all unmet need for modern contraceptive methods in Uganda were satisfied, it is estimated that maternal mortality would drop by 40 percent, and unplanned births and induced abortions would decline by about 85 percent.<sup>13</sup> But women are often reluctant to seek family planning services because of myths, misconceptions, spousal disapproval, or religious or cultural beliefs. Men have similar ideas that prevent them from supporting family planning. Therefore, community outreach is among the most effective means of education.

STRIDES integrated family planning services into other maternal and child health interventions and supported the provision of contraceptives at public health facilities and through mobile teams supported by PBC.

Between its second and final years, STRIDES-supported health workers reached 921,112 new family planning users and provided services to 720,674 continuing clients (see Figure 2).

The number of new users and continuing clients more than doubled during the project. STRIDES exceeded its end-of-project target of couple years of protection (CYP) by 36 percent, having provided 1,314,920 CYP.

The upward trend in the use of family planning services is a result of the success that community outreach and trained facility-based providers have had in educating communities about the benefits of smaller families. Reliable access to a stable supply of contraceptives resulting from private-public partnerships contributed to this achievement. For instance, through PBC, STRIDES supported FHI360 to train VHTs in five districts to administer Depo Provera, an injectable contraceptive.

In the final year of the project, more than 76 percent of health facilities (HC III and above) in the implementing districts provided long-acting methods of birth control—up from 37 percent at baseline. Fifty-seven percent served clients in need of permanent methods—up from 30 percent at baseline. The proportion of facilities providing these methods exceeded the end-of-project goal by 14 percent. a combination of factors, including: strengthened services resulting from training; improved infrastructure; greater demand for services created through social and behavior change and communication programs; and implementation of targeted family planning outreach in hard-to-reach communities, led by district health management teams, conducted by health facilities with technical and financial support from STRIDES, the USAID-funded Strengthening Decentralization and Sustainability (SDS) project, and other partners.

## Reaching Children

Although Uganda has reduced mortality among children under the age of five, Ugandan children still face a number of serious challenges to their health. Preventable diseases, including malaria, diarrhea, and pneumonia, continue to take a major toll.



Photo by TADEO ATUHURA

## A COUPLE ACCESSES FAMILY PLANNING

Miriam Makeba and her husband, Dan Mujulizi, struggle to provide for their two daughters, aged six and two years. Living in Kyenjojo district, Makeba is a stay-at-home mother and her husband is a boda-boda taxi cyclist. Mujulizi works from dusk to dawn to bring home the little money he makes throughout the day. Many nights, however, he comes home without a shilling in his pocket and the family has to go without supper.

“Even though our family is small, we struggle to put food on the table or raise money for school fees for the children,” said Makeba, 30. “I don’t have formal employment. I try to supplement my husband’s income by selling some few items that I grow in the garden. But still, that too is not enough for the family.”

Makeba and her husband decided against having more children to avoid adding to their burden. But they needed to decide on a contraceptive method.

Luckily, a VHT supported by STRIDES had set up an information center on maternal health and family planning in the main trading area in Kyakapekye village where Makeba lives.

“The VHT referred me to Kisojjo Health Center III where I got tests before being started on the three-year [contraceptive] implants,” Makeba said. “I have not looked back since.”



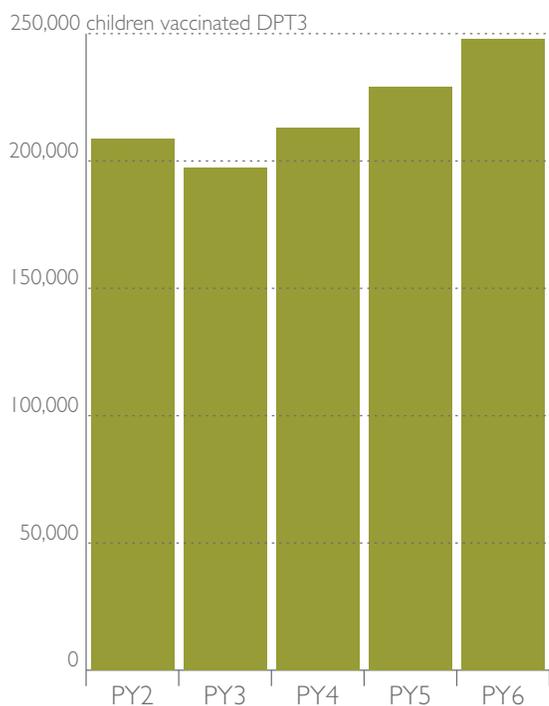
Food security is a problem, and many rural families struggle during the lean season between harvests to keep their children fed. When food is available, families will often sell it to meet other needs, such as those related to health care or education. Thus, mothers often feed their children food that is starchy, filling, and more abundant but that holds scant nutritional value.

STRIDES used two complementary approaches, Positive Deviance/Hearth (PD/Hearth) and outpatient therapeutic care (OTC) to manage malnutrition at the community level. The project specifically focused its child intervention efforts on reducing the number of underweight children and incidence of malnutrition in supported communities, as well as providing Vitamin A supplementation and DPT vaccines. When possible, STRIDES integrated its child

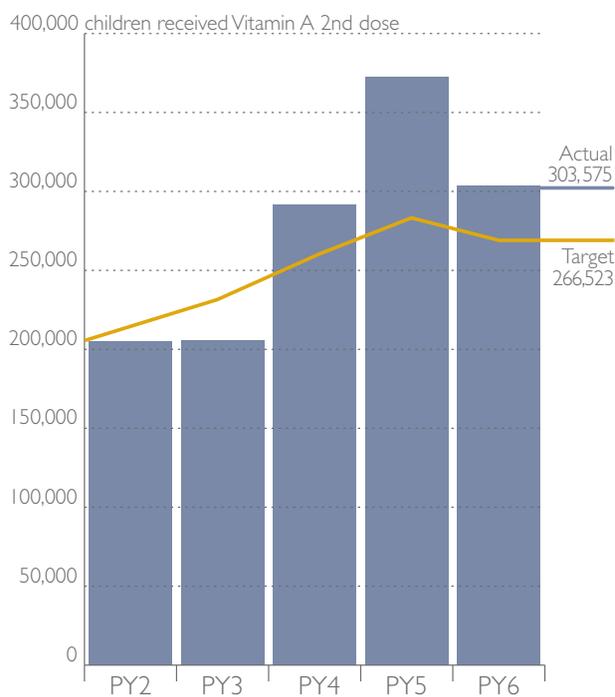
health efforts with other interventions. For example, during PD/Hearth sessions, which take place in the homes of model caregivers, local health workers also administered vaccines and members of VHTs provided participants with information on good hygiene practices to reduce common illnesses.

By the end of project, STRIDES also provided Vitamin A supplementation to 1,377,624 children under five years of age. The 2009 baseline was 197,259. The project had mobilized communities to bring children for Vitamin A supplementation during outreaches and at static health facilities. In addition, STRIDES, in collaboration with the districts, reached 1,095,860 children with immunization services, particularly the third dose of DPT compared to a baseline of 211,567 children (see Figures 3 and 4).

**Figure 3.**  
Number of children who received DPT3 vaccination by 12 months of age



**Figure 4.**  
Number of children who received Vitamin A supplementation



STRIDES-supported nutrition programs reached 614,338 children and in the final project year achieved average malnutrition cure rates of 73 percent in the 13 districts where the PD/Hearth program was implemented. The number of children underweight at the time of their measles vaccination dropped from 9 percent in 2009 to 2.4 percent from 2009 to 2014, lower than the project's and the Ministry of Health's national goal (see Figure 5).

### Reaching Young People and Men

Uganda has one of the world's youngest populations—nearly half of the country's 34.9 million people are under the age of 16—second only to Niger.<sup>14</sup> Soon, these children will grow up and have their own families, bringing even greater attention to the country's high unmet need for family planning services. Twenty-four percent of Ugandan women between 15 and 19 years of age are already mothers or are pregnant with their first child.<sup>15</sup>

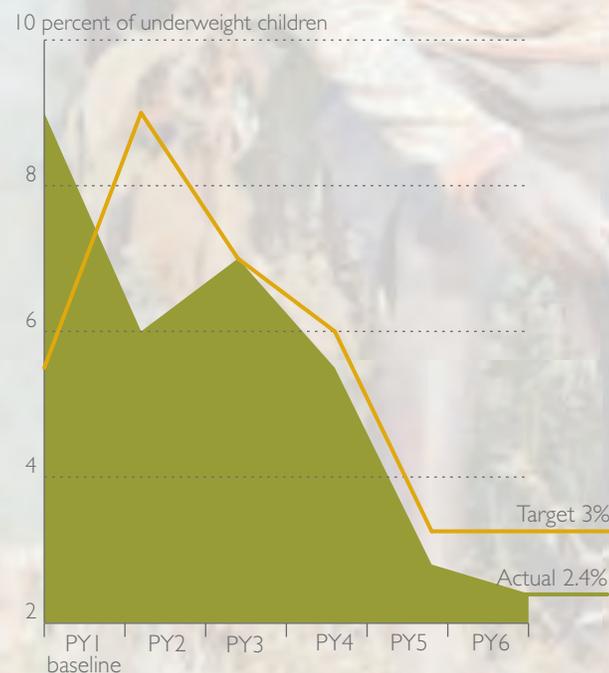
Serving youth with reproductive health care is still a sensitive issue in many communities. Providers often resist serving young people or are unresponsive to adolescent needs. Adjustments to costs and other operational details are required to make services appealing to adolescents.

STRIDES supported the Ministry of Health and districts to design and implement young people-friendly corners in 58 health facilities. The project trained and supported more than 50 young people-friendly coordinators and provided equipment necessary for the provision of young people-friendly services to 37 facilities. STRIDES organized and implemented more than 60 integrated outreach events for hard-to-reach and underserved young people. These events provided services such as family planning, HIV counseling, and distribution of condoms and contraceptives for dual protection, ANC for young pregnant women including immunization, malaria treatment, and education



Photo by RUI PRES

**Figure 5.** Percentage of underweight children at measles vaccination





on exclusive breastfeeding and complementary feeding using locally available foods.

In addition, STRIDES mentored 40 model families and 40 young male champions from Kasese to act as catalysts for positive behavior change among their peers. Working with local organizations that involve youth, STRIDES trained 156 individuals from 31 community-based organizations and 15 drama groups to implement community-based behavior change communication activities targeting young people and their families. These community organizations and drama groups organized and implemented community dialogues, nutrition fairs, and facility dialogues to protect and promote young people's health. STRIDES sponsored a total of 86 television and 4,116 radio drama skits in both English and local languages to promote and create demand for family planning, reproductive health, nutrition, and young people-friendly services.

Through these activities, STRIDES created awareness and increased demand for and use of young people-friendly services offered at health facilities and community centers (see Figure 6).

STRIDES also collaborated with districts' health education departments to disseminate adolescent and sexual reproductive health information to in-school youth, aged 10 to 24 years. The project used individual and small group-level interactive learning sessions, health talks, and information, education, and communication materials. STRIDES also empowered 200 youth from Kyarusozzi Information Center and Uganda Targeting Orphans in Rural Areas (UTOPIA) to use social media platforms—two Facebook pages were established—to acquire reproductive health information and foster peer learning.

The project also targeted men, using male champions in 15 districts at the community level to talk to other men

**Figure 6.**  
Percentage of targeted health units offering young people-friendly services by project year

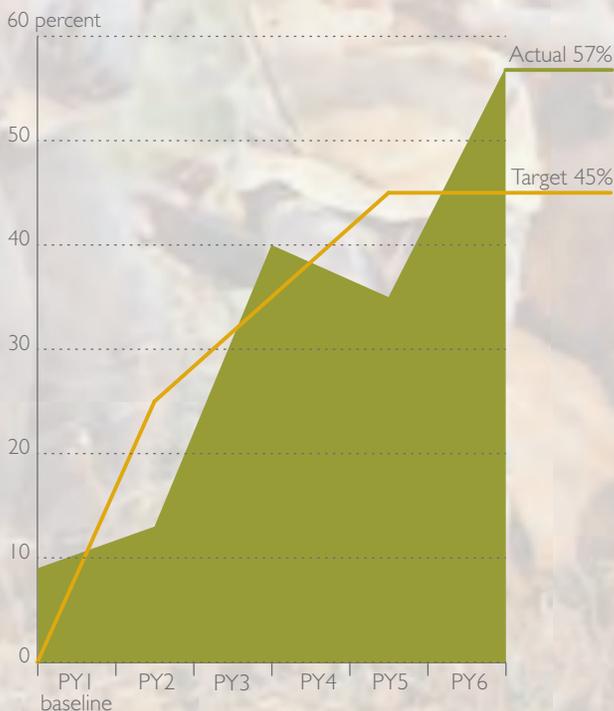




Photo by GLENN RUGA

about family planning during informal conversations, helping to demystify the practice and clear up misconceptions about physical or behavioral side effects of contraception. The provision of ultrasound equipment had an unexpected benefit in terms of male involvement, with health workers reporting that ultrasounds piqued men's interest in maternal health because they could see the developing fetus.

### Serving the Hard-to-Reach

Uganda has a varied landscape—stretching from the rainforests of the western Rwenzori Mountains to deserts, savannah, and wetlands. Eighty-eight percent of the population lives in rural areas.<sup>16</sup> So for many Ugandans, accessing health services means long treks to a nearby clinic or health center. Few rural families have access to a vehicle, meaning they have to pay for vehicle transport, or rely instead on boda-boda motorcycle taxis or bicycles.

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Accredited drug sellers provide quality pharmaceutical products, advice on how to use them, and counseling on contraceptives and family planning. The drug shops also contribute to the local economy.

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STRIDES helped mitigate this problem by bringing health services closer to the community through trained VHTs, community-based drug sellers, mobile teams, outreach activities such as “child days,” and the CSR program.

STRIDES developed a two-fold strategy in forming and training VHTs. First, the project supported districts with greater need and fewer VHTs by sensitizing communities, organizing teams, and providing basic training using Ministry of Health guidelines. Second, in higher-performing districts with better coverage and experienced teams, the project



## CORPORATE SOCIAL RESPONSIBILITY ENABLES MOBILE OUTREACH

conducted refresher or more specialized training, such as how to administer injectable contraceptives. Incentives for the VHTs included T-shirts, gum boots, bags, rain coats, and bicycles. In all, STRIDES trained 5,817 VHT members.

Another way of increasing access to health care was through MSH's Sustainable Drug Seller's Initiative project, funded by the Bill & Melinda Gates Foundation. In addition to helping 588 public and private facilities, STRIDES expanded this initiative to involve more than 1,500 patent medicine vendors. Also known as accredited drug sellers, they provide counseling to clients on family planning and contraceptives such as pills and condoms. The approach incorporated government standards, regulations, accreditation, and enforcement along with training, supervision, business incentives, and consumer advocacy to create sustainable drug shops that would increase access to quality medicines and services in underserved areas.

STRIDES also supported mobile teams to conduct outreach to hard-to-reach rural areas. The teams included staff from public health centers and were sometimes joined by district officials and health workers from nongovernmental organizations. The teams visited fishing villages where children had never been immunized and were dying from dual malaria and measles infections. They also brought family planning services, immunization, and ANC services to island communities on Lake Victoria where they trained VHTs to disseminate health information.

In its CSR partnership with STRIDES, Stanbic Bank supported facility-based and outreach services in Kasese, Kumi, Luwero, Mityana, and Nakasongola districts. The partnership demonstrated the feasibility of leveraging corporate support in remote and hard-to-reach communities.

As a result of this partnership, more than 2,000 women and children received information and services on nutrition, ANC, hygiene, immunization, and family planning. In addition, 340 children received polio vaccinations and Vitamin A supplements.

The bank donated a boat to serve as a water ambulance for women and children needing transport for medical services in the Kalangala Islands. The partnership demonstrated how the bank's commercial interest in certain geographic areas, specifically where it had existing branches, made it feasible to support health activities while at the same time promoting its internal CSR portfolio of staff volunteerism.

Photo by RUI PIRES



## STRENGTHENING SERVICES

### Increasing Functionality

#### Health Structures

While VHTs, local drug sellers, or mobile outreach teams are the first point of contact for health for most Ugandans, at some point the need will arise for care beyond what first-line providers can give.

STRIDES rehabilitated 10 health facilities, including maternity wards, operating theaters, general wards, maternal and child health blocks, and postnatal wards. As discussed earlier, STRIDES CSR partnerships provided 107 facilities with equipment and supplies.

#### Medicine and Supplies

Uganda faces basic problems in medicine and medical commodity supply-chain management, including lack of and poor use of stock cards and other records, stock-outs, wastage, and inappropriate use of medicines. Crisis management has dominated leadership style and this can quickly erode morale among health care workers.

STRIDES collaborated with the USAID-funded Securing Uganda's Right to Essential Medicines (SURE) project to ensure the availability of medicines and commodities. The partnership helped expand access to essential medicines and health commodities by reforming and harmonizing the national supply system and building district skills to work with that system.

#### Capacity and Skills Development

In a skills development assessment conducted in 2009, STRIDES found that the number of available staff in the 15 collaborating districts was 60 percent below national staffing norms. Nine of the 15 districts had fewer than 50 percent of the required positions filled, with some as low as 20 percent. At the same time, the assessment showed that in the previous three years fewer than 15 percent of providers had been trained and were up to date in reproductive health, family planning, and maternal, newborn, and child health. Most training conducted prior to the project was related to ANC or preventing mother-to-child transmission of HIV.

Photo by TADEO ATUHURA



Photo by TADEO ATUHURA





## Tested Quality Improvement Change Ideas That Worked

- ▲ Address stock-outs in oxytocin and other supplies by borrowing from higher-level facilities, ensuring uninterrupted availability of supplies
- ▲ Address stock-outs of partograph forms using facility primary health care funds to make photocopies, ensuring a sufficient number of copies in the labor room
- ▲ Involve VHTs and community health workers to improve referral systems for postpartum family planning
- ▲ Post clinical guidelines on the walls as job aids
- ▲ Display accountability posters on walls reminding mothers to request, and providers to provide, family planning counseling before discharge from the maternity ward



“After the training, we understood how each of our work impacts on the other and on the services offered by the hospital as a whole.”

## HOW THE LEADERSHIP DEVELOPMENT PROGRAM TRANSFORMED KAGANDO HOSPITAL

**Improved health results:** Maternal deaths decreased from an average of four mothers a month to under one, because of increased efficiency and early referrals from the community.

**Increased use of service:** Between March 2013 and March 2014, service records revealed that the number of mothers delivering at the facility increased by 11 percent and the total number of ANC visits increased by 27 percent. Contraceptive use among women of reproductive age increased from 7 to 13 percent during the same period.

**Increased client satisfaction:** Mothers attending the antenatal clinic reported that services had improved enormously over the one-year period. They noted reduced waiting time, friendly health staff, a clean environment, and clear information on where to access specific services. Service flow charts were displayed throughout the hospital.

**Improved communication:** The LDP helped to build teamwork and enabled staff to understand their contributions towards service delivery.

To strengthen the health system at the district level and increase access to quality reproductive health, family planning, and child survival services, STRIDES collaborated with district health management teams to identify priority health system needs and establish a training process for improving performance at facilities. In collaboration with Jhpiego, STRIDES trained health workers in six key skill areas (see Table 2).<sup>17</sup>

**Table 2.**  
Personnel trained by health area

Skill Area	# Trained
Family planning	2,062
Reproductive health	764
Child survival	1,223
Integrated management of acute malnutrition	1,779
Infant and young child feeding/essential nutrition actions	1,603
PD/Hearth	2,960

## Developing Leaders

In its Health Sector Strategic Plan II, Uganda's Health Ministry identified lack of leadership and management skills as a key issue responsible for poor quality service delivery in the health sector.<sup>18</sup> Decentralization of health services over the past decade has shown the need for strengthened local leadership and management skills at the district and health facility levels. Managers of health programs, services, and health institutions in Uganda are mostly clinicians who have limited management skills and competencies. In view of this and in close collaboration with the ministry, STRIDES implemented the Leadership Development Program (LDP) in nine districts through training 333 district staff, including health workers from 54 facilities that serve more than five million people.

MSH has implemented the LDP approach in more than 40 other countries, helping to transform and improve health services. This highly efficient program features on-site training and ongoing mentorship support, allowing staff to spend more time offering services and less time out of the facilities for training workshops. The LDP promotes evidence-based management and increased use of data for service planning and quality improvement at service delivery points.

STRIDES contracted Action for Community Development Uganda (ACODEV), a local NGO involved in training initiatives, to support the roll-out of the LDP to primary health care facilities in the selected districts. The aim was to help develop a better working environment, improve management systems, and improve reproductive health, family planning, and child survival services. The LDP empowered health facility staff and district health management teams to train and mentor colleagues at lower-level health facilities within their work setting. By involving the Ministry of Health, STRIDES created a framework for sustainability of the initiative.

## Improving Quality

An essential component to strengthening health services is improving their quality. With that in mind, STRIDES aimed to improve facility-based maternal, newborn, and child health interventions.

Although 58 percent of Ugandan women deliver in a health facility, many of those facilities are not properly equipped, or providers do not have the necessary skills or knowledge to provide life-saving services such as emergency obstetric care, neonatal resuscitation, and Kangaroo Mother Care.

STRIDES implemented the improvement collaborative approach to reduce this gap in quality. Lasting for 12 to 18 months, this approach brings teams from health facilities

together several times to collaborate and share lessons on how to significantly improve specific areas of care. The STRIDES-supported teams focused on high-impact practices in family planning and maternal and neonatal health (see Table 3).

In partnership with USAID's Evidence to Action (E2A) project, STRIDES implemented the improvement collaborative in two phases: first, a pilot in 10 facilities and then scale-up in an additional 36 facilities. The aim was to accelerate both the pace and geographic spread of the high-impact practices, even in the context of weak health systems facing severe material and human resource constraints.

Improvement teams shared experiences as they tested changes for improvement and applied the successful changes on a wider scale. The approach combined traditional quality improvement methods, including teamwork, process analysis, introduction of standards, action planning, and measurement of quality indicators. District teams supported facility teams to carry out local solutions.

Peer-to-peer learning and local adaptation of interventions through quality improvement approaches has enabled teams to effectively test locally adapted interventions and mobilize other health workers to improve service delivery (see Figure 7). Quality improvement trend data analyzed for 45 facilities from baseline shows improved performance in the use of active AMTSL (173.5 percent), partograph display (542.6 percent), and ENC (278 percent).

Table 3.  
Components of the improvement collaborative

Improvement Objective	High-Impact Practices
Increase contraceptive use among women of reproductive age	<ul style="list-style-type: none"> <li>▲ Counseling for and provision of family planning methods to postpartum women after delivery and before they leave the facility</li> <li>▲ Counseling for and provision of family planning methods to women as part of the postabortion care package</li> <li>▲ Maintain adequate stock levels of correct contraceptive mix for each level of care</li> </ul>
Reduce maternal deaths from common causes: postpartum hemorrhage, obstructed labor, sepsis, and eclampsia	<ul style="list-style-type: none"> <li>▲ Monitoring labor using a partograph and managing complications</li> <li>▲ AMTSL</li> <li>▲ Provide regimen of iron and folic acid to postpartum mothers before they leave the facility</li> </ul>
Reduce neonatal deaths from perinatal complications	<ul style="list-style-type: none"> <li>▲ All newborns receive ENC (cord care, thermal care breastfeeding within 30 minutes of birth, Vitamin K, tetracycline eye ointment, and tuberculosis/polio immunization)<sup>19</sup></li> </ul>
Reduce intra-hospital infection	<ul style="list-style-type: none"> <li>▲ Comply with infection prevention standards while providing the integrated package of services</li> </ul>

Figure 7.  
Trend in use of selected best practices at 45 facilities that implemented the improvement collaborative

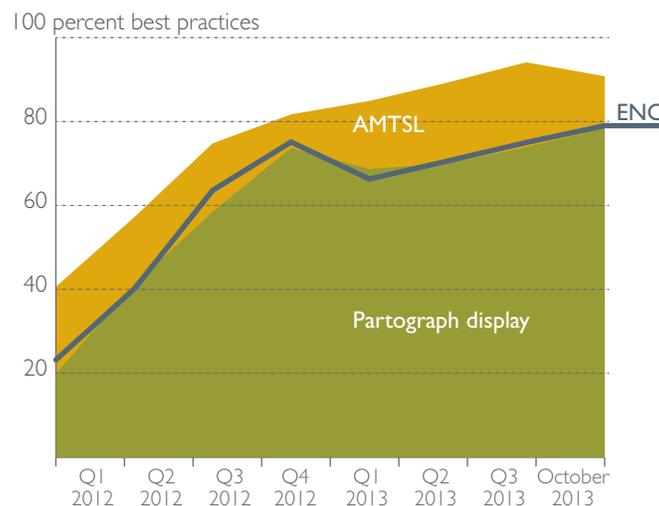




Photo by TADEO ATUHURA

## INCREASING DEMAND

### Working with Communities

In addition to working within health facilities, STRIDES worked at the community level. VHTs were instrumental in helping STRIDES carry out one of its most successful efforts to improve family health. The PD/Hearth program relied on VHTs and family caregivers to reduce malnutrition in 13 districts.<sup>20</sup>

Working with the Ministry of Health, STRIDES scaled up the PD/Hearth model to prevent malnutrition by changing community norms in childcare, feeding, health care, and health-seeking practices. The intervention had three primary goals: rehabilitate moderately malnourished children, prevent malnutrition in the community, and empower families to sustain good nutritional status with locally available food.

VHTs liaised with local health facility staff, political leaders, and other community resource persons such as opinion leaders, to screen all children between the ages of zero and 59 months for malnutrition. In the process, the VHTs identified positive deviants—those caregivers who were able to overcome child nutrition problems more successfully than their neighbors despite having access to the same resources and sharing the same risk factors. The VHTs asked them to share their practices and behaviors with others in the community through the PD/Hearth program.

PD/Hearth sessions took place in and around the homes of positive deviant caregivers. During 12 daily sessions of two hours each, caregivers of moderately malnourished children

gathered to prepare nutrient-dense food and learn new practices in child care, child feeding, health seeking, hygiene, and sanitation. VHT members also provided family planning and immunization services at the sessions.

After the 12 Hearth days concluded, the VHTs and positive deviant caregivers followed up with the other participating caregivers in their homes for an additional 14 days to encourage adherence to the newly acquired practices and behaviors. On day 14, all participants' children were weighed. Children who gained a minimum of 400 grams (just under one pound) over the 26 days were considered cured. VHTs gave caregivers immediate feedback on their children's treatment outcomes and discussed appropriate support. Children whose health condition could not be managed by VHTs were referred to health facilities for appropriate treatment. STRIDES provided health facilities with ready-to-use therapeutic foods to help treat severe cases of malnutrition.

The VHTs recorded weight and other data on PD/Hearth follow-up forms.<sup>21</sup> Once a village obtained a cure rate of 75 percent or more, STRIDES expanded the Hearths to neighboring villages. The intervention shows that it is possible to rehabilitate children in a short time using locally available foods, which makes this program sustainable. Building on the program's success, STRIDES supported the Ministry of Health to prepare national PD/Hearth guidelines.



STRIDES' interventions cured 3,037 children of malnutrition in the 13 districts that implemented the PD/Hearth model.

## MODEL MOTHER SHOWS OTHERS WHAT IS POSSIBLE

When Regina Nakibuka gave her children beans, avocado, papaya, and other nutritious food from her garden, she didn't think it was anything special. After all, she was just repeating what she had learned growing up.

But for many of the mothers of the central Ugandan village of Ndeese, Nakibuka's practices were almost extraordinary. They were accustomed to feeding their children starchy carbohydrates to stave off hunger; unaware that they needed a variety of foods in small quantities to keep them healthy.

That is why Nakibuka was selected as a positive deviant caregiver in the Hearth nutrition program implemented by STRIDES. In this role, she hosted 10 children and their mothers on the first of 12 Hearth sessions she would host. "I'm happy about it, and in the whole village I'm seen as a model mother," she said. "I was just doing what my grandmother had done."

During the first Hearth gathering, attendees brought food, including plantains steamed on a bed of banana leaves, milk,

eggs, meat, maize flour, beans, sweet potato, papaya, bananas, potatoes, greens, and tomatoes.

The food groups—protein, carbohydrate, and fruits and vegetables—were labeled on white sheets of paper with black marker in the local Luganda language. The leafy greens and other vegetables were labeled *emere eziyizza endwadde*, or glow foods, because of their nutritious value.

Participating alongside Nakibuka were the subcounty health coordinator, a VHT member, and a nurse from a local health center who was on hand to deliver immunizations at the end of the session. All Hearths also integrated information on other health issues, such as hygiene, reproductive health, family planning, and protection against malaria, into their discussions.

"I'm happy about it and I know anytime I want to get more information I can get it from her," said one young mother who attended the session at Nakibuka's four-room home. "I also feel it is possible because she has been doing it."



Photo by TADEO ATUHURA

## ENSURING HEALTHIER BEHAVIOR

Improved quality of care means nothing if citizens don't use those services. Therefore, STRIDES conducted behavior change activities to increase demand for reproductive health, family planning, and child survival and nutrition services.

STRIDES reached out to communities in the collaborating districts using both innovative and time-tested behavior change communication strategies such as:

- Drama and forum theater
- Radio spots and films
- Special days such as Safe Motherhood Day, Child Days, International Women's Day, World AIDS Day, and market days and sporting events
- Community dialogues and school-based programs
- Support to community-based organizations and other potential district-based partners
- Information, education, communication, and advocacy materials

STRIDES, in collaboration with the CDFU, supported the selection of 211 model families and 193 male champions in six districts, all of whom were trained and mentored on the principles of positive and sustainable behavior change. The model families and male champions were linked to nutrition, PD/Hearth, and behavior change activities within their respective parishes where they acted as catalysts for positive behavior change among their peers and community members.

With technical and financial support from STRIDES, community-based organizations and drama groups organized and implemented community dialogues, nutrition fairs, facility activations, sports tournaments, and other events, reaching nearly 75,000 community members.

STRIDES sponsored 86 two-minute long television drama skits that aired on NTV and Bukedde TV under the *Oli Stede?* (Are you ok?) campaign to promote and create demand for specific health services. In addition, 4,116 drama skits were aired in both English and local languages on 15 radio stations in STRIDES-collaborating districts. STRIDES technical staff and beneficiaries were featured in over 326 half-hour, pre-recorded, and live radio shows aired on 15 stations, reaching more than seven million people.

A hotline established for follow-up questions has been one of the most successful and sustainable behavior-change interventions. Run by CDFU, the hotline's 14 counselors speak 10 languages and field about 3,000 calls per month, with many callers saying they learned about the hotline through STRIDES' outreach. About 60 percent of the calls deal with family planning and most of the callers are men. All of the calls are recorded on a computer system but confidentiality is assured.

## MOVING FORWARD

As Uganda aims to become a middle-income country in the near future, improving health care access, its functionality, and its quality will be critical to helping serve its large population. Key to that success will be involving both the public and private sectors, providing adequate training for sustainable performance improvement, and developing leadership skills to take the health system forward.

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STRIDES' overall experience with corporate engagement demonstrated strong willingness and commitment by the private sector to participate and support health initiatives. The contributions received from corporate entities far exceeded STRIDES' goal for financial support, and ultimately provided \$9.5 million to the project's overall cost-share. More importantly, however, these partnerships showed the benefit of bringing different sectors together and that limitless opportunities exist for increasing impact when partners pool resources.

The PBC approach has strong potential for rapidly scaling up priority services, implementing innovative models of public-private partnerships, and targeting hard-to-reach, underserved populations. Results demonstrate that performance-based incentives can be used successfully across a wide range of services and program interventions. While performance-based schemes are neither a panacea for all health system problems, nor a substitute for investments in health facilities, they are a promising and innovative strategy for using the private sector to rapidly scale up priority services.

Systematic approaches for scaling up high-impact practices, such as the improvement collaborative, can accelerate introduction of high-quality services. It would be beneficial to expand the intervention to lower-level facilities and link it with community-outreach programs.

STRIDES recognized that to create sustainable impact regarding Uganda's problems of persistent malnutrition, the flat maternal mortality ratio, and high unmet need for family planning, the project had to achieve quick results based on sustainable interventions. By working with the health leadership in the 15 districts it served, STRIDES developed action plans to continue interventions long after the project ended. In that way, STRIDES has helped to lay a pathway to improved health for Ugandan families in the years to come.



## ENDNOTES

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21. Data collected included the name of village, name of positive deviant and VHT, name and age of enrolled child, nearest health facility, daily attendance, initial, and final weights.

## ACRONYMS

AMTSL	Active management of third stage of labor
ANC	Antenatal care
CDFU	Communication for Development Foundation Uganda
CSR	Corporate social responsibility
CYP	Couple years of protection
ENC	Essential newborn care
HC	Health center
IMEC	International Medical Equipment Collaborative
LDP	Leadership Development Program
MSH	Management Sciences for Health
OTC	Outpatient therapeutic care
PBC	Performance-based contracting
PD/Hearth	Positive Deviance/Hearth
SDS	Strengthening Decentralization and Sustainability project
USAID	US Agency for International Development
VHT	Village health team



Photo by RUI PIRES

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