



**INTRAH**

**TRIP REPORT # 0-13**

TRAVELERS: James Veney, INTRAH Evaluation Officer

COUNTRY VISITED: UGANDA

DATE OF TRIP: December 5-9, 1984

PURPOSE: To assist in planning for evaluation of INTRAH training activities in Uganda and to identify candidates for U.S. based evaluation training

TABLE OF CONTENTS

**EXECUTIVE SUMMARY . . . . . i**

**SCHEDULE . . . . . ii**

**I. PURPOSE OF TRIP . . . . . 1**

**II. ACCOMPLISHMENTS . . . . . 1**

**III. BACKGROUND . . . . . 1**

**IV. DESCRIPTION OF ACTIVITIES . . . . . 2**

**V. FINDINGS . . . . . 3**

**VI. CONCLUSIONS . . . . . 5**

**VII. RECOMMENDATIONS . . . . . 6**

**APPENDICES**

**Appendix A Persons Contacted**

**Appendix B Copies of Recording and Reporting Forms for Uganda**

## EXECUTIVE SUMMARY

James E. Veney, Evaluation Officer for INTRAH and Professor of Health Policy and Administration, University of North Carolina, visited Uganda from 5 December to 9 December 1984. The purpose of the visit was to assist in planning for the evaluation of the INTRAH training activities in Uganda and to identify possible candidates for a two-summer sequence on evaluation to be held in Chapel Hill, N.C.

During the course of the activity, visits were made to a family planning clinic at Mulago Hospital, Kampala, a family planning clinic operated by the Family Planning Association of Uganda (FPAU), the headquarters of the FPAU, and the Ministry of Health (MOH), Entebbe. Major findings of the activity are that the FPAU Uganda has an active, and relatively sophisticated method of recording and reporting service delivery in family planning that is being accepted as the model from recording and reporting through the government clinics. This system would be adequate to support a fairly sophisticated evaluation activity, given an effective evaluation design. Political considerations, however, appear to make it infeasible to set up a phased training program in any conscious way, so that evaluation of the impact of training on service delivery and use will depend entirely on the examination of before and after (or time series) data. Effects of training will be confounded by any other influences that may be affecting family planning activities at the same time within the country.

Recommendations include the addition of certain aspects of recording and reporting to the management training to be provided through INTRAH as part of the overall country training program and training of selected persons in the Planning Division of the MOH in the INTRAH evaluation framework and general evaluation design, through a two-summer short course sequence Chapel Hill, N.C.

**SCHEDULE**

12-5-84, 3:30 p.m.      Arrival from Kenya

12-6-84, 9:00 a.m.      Briefing with AID personnel

12-6-84, 10:00 a.m.      Visit to a government family planning  
clinic and an FPAU family planning clinic  
at Mulago Hospital to examine the  
recording and reporting system

12-6-84, 3:00 p.m.      Discussions with personnel of FPAU at  
their Kampala offices

12-7-84, 10:00 a.m.      Meeting with personnel of MOH, Entebbe to  
discuss the Uganda training plan (see  
trip report #11 by Ms. Lynn Knauff)

12-8-84, 8:30 a.m.      Work on the Uganda training plan (see  
trip report #11 by Ms. Lynn Knauff)

12-9-84, 10:00 a.m.      Departure for Kenya

## I. PURPOSE

The purpose of this visit was to discuss evaluation design for measuring training impact on service delivery and other measures of effectiveness for the continuing Uganda project with relevant MOH officials and to produce a training evaluation design, including field follow-up. A secondary purpose of the visit was to identify persons who would be likely candidates for the Chapel Hill two-summer course sequence on evaluation.

## II. ACCOMPLISHMENTS

During three working days in Uganda, it was possible to accomplish the following:

1. Gain first-hand familiarity with the Uganda project and the family planning situation in Uganda through discussion with personnel from USAID, two government sponsored family planning clinics, one FPAU sponsored family planning clinic, the national office of the FPAU, and the Ministry of Health.
2. Identify one specific candidate and other categories of potential candidates for the Chapel Hill two-summer course sequence on evaluation.

## III. BACKGROUND

The INTRAH project has both a responsibility and a mandate to provide for evaluation of its training program. This visit to Uganda was an attempt to assure that such evaluation is built

into the training activities of the project at the outset and becomes a part of the project from its inception.

#### IV. DESCRIPTION OF ACTIVITIES

Primary activities involved in this Uganda visit were the following (all activities except activity 2 involved the entire project development team of Ms. Lynn Knauff, INTRAH Deputy Director, Ms. Pauline Muhuku, acting INTRAH Regional Representative for East and Southern Africa, Ms. Marcella Ochwo, acting Senior Nursing Officer and INTRAH Training Coordinator for Uganda and Ms. Rachel Rushota, Tutor, Mulago School of Nursing/Midwifery and Member of the CTT for Uganda):

1. Briefing by and of USAID officers in the offices of USAID, Kampala;
2. Visits to and discussions with personnel of the Government sponsored family planning clinics and the FPAU sponsored family planning clinic at Mulago Hospital, Kampala, to determine the types of data collected on family planning recipients and the methods of maintaining, summarizing and transmitting the data to the government and to the FPAU central headquarters;
3. Meeting and discussions with staff of the National FPAU in Kampala, to examine the types of reports and summaries that are prepared in regard to family planning activities in the FPAU clinics;
4. Meeting and discussions with AID/REDSO officer for East and Southern Africa;

5. Meeting and discussions with personnel from the MOH, Entebbe to reach agreement on the Uganda/INTRAH training proposal
6. Meeting and discussions with personnel from the MOH to finalize the provisions of the Uganda/INTRAH training proposal.

## V. FINDINGS

Major findings of the Uganda visit are as follows:

1. Uganda has an active and relatively effective system of recording and reporting FP activities (see copies of reporting forms, Appendix B) that is being used in the FPAU clinics and that has, thus far, been adopted by the few government clinics. This system includes a relatively simple but effective mechanism for maintaining a record of women who are acceptors of family planning methods for longer than a single year (defined as continuous acceptors).
2. Some problems exist in the recording and reporting system, or in the application of the system. At the clinic level these include: a) no satisfactory method for identifying contraceptive use defaulters and no follow-up; b) difficulty in maintaining a record of women who use more than one clinic site for obtaining contraceptives, (a practice that seems to be quite common, particularly in the Kampala area).
3. Problems at the central level are not as clear, in part

because most data up to now have been collected by FPAU, and the government of Uganda is only now beginning to collect and maintain information, but the problems include inadequate computer support and computer training (although it was reported that the Policy Unit in the MOH, which will have responsibility for reporting of family planning statistics have acquired two Olivetti computers from CIDA and selected members of the unit will be undergoing training in the use of these machines in the near future).

4. Despite the existing problems, the system has the potential for providing an adequate source of data for the assessment of the impact of training on the delivery of family planning services, given a training design that would support such an assessment. Unfortunately, however, it was clear from the deliberations on the training design that it would be necessary from political point of view to begin training to the extent possible, in all areas of the country at once. This will make any assessment of the effectiveness of training on service delivery substantially more difficult than if the training could have been phased regionally over time. However, given that it will not be possible in any case to train everyone at once the opportunity to use the record keeping system for an assessment of the impact of training on service use may still present itself.
5. Both CDC and Westinghouse are likely to be working in Uganda in the coming year, CDC assisting in the design of logistics systems for family planning and Westinghouse carrying out a contraceptive prevalence survey (CPS). It may be feasible to gain a substantial

amount of assistance in the evaluation of training activities through systems developed and information collected under the auspices of these two projects.

## VI. CONCLUSIONS

1. The service delivery at the clinic level can be improved through a relatively simple method of maintaining records of scheduled revisits to assure that defaulters are detected and a method of follow-up of these persons devised. It is not clear, however, that the Uganda health services system can support such follow-up as it would require the continued efforts of outreach workers who may not be available.
2. At the central level (Policy Unit), training in evaluation for selected personnel and training in the use of the available computers could not only improve the ability to carry out evaluation in general, but also the ability for the Policy Unit to act as a resource for the evaluation of INTRAH training activities in Uganda, and possibly, as a resource for evaluation of INTRAH activities in other parts of East and Southern Africa.
3. The conduct of INTRAH training must be closely monitored if any desire to capitalize on differential training across geographic areas (although this will occur only accidentally), or between clinics, as a way of possibly assessing the impact of training on use of services, is to be realized.

VII. RECOMMENDATIONS

The following recommendations are suggested:

1. The conduct of INTRAH training must be closely monitored to provide for every opportunity to capitalize on differential training across geographic areas or between clinics, so as to allow as much possibility for assessment of training impact on use of services as is feasible under the overall training scheme.
2. INTRAH should make an effort to assist the MOH to arrive at a recording system that will allow the identification of contraceptive defaulters, and training in this system be given as part of the planned training scheduled for INTRAH activity in Uganda.
3. Both to support the evaluation of INTRAH activities and to upgrade the evaluation capability of the Planning Unit in the MOH, two persons from the Planning unit and possibly one person from the CTT should be asked to attend the two-summer evaluation sequence in Chapel Hill beginning in 1985. (One likely candidate for this would be Mr. John Male Mukasa, Director of the unit, although he would probably not benefit from the entire program, but only from the first two sessions (six weeks) on evaluation, per se, and on computer applications in evaluation.)

**APPENDIX A**  
**Persons Contacted**

USAID, Kampala

Mr. Gary Mansavich, Acting Director  
Ms. Barbara Kennedy, AID/REDSO/ESA  
Ms. Emily McPhee, Project Officer

Mulago Hospital Government Family Planning Clinics

Dr. Jaggwwe, Medical Director  
Ms. J. Kibirige, acting Principle Nursing Officer  
Dr. M. Kaisa, MCH in Charge, Mulago Hospital  
Ms. J. K. Oceru, Health Visitor in Charge of MCH/FP  
Ms. L. Asaba, Registered Nurse/Midwife  
Ms. J. Mukasa, Nurse/Midwife

Mulago Hospital FPAU Clinic

Ms. G. Kaggwa, Health Visitor in charge  
Ms. R. M. Mannijonjo, Field Educator

FPAU Headquarters, Kampala

Mr. E. Mugoya, CEO  
Ms. L. Muranga,

Ministry of Health, Entebbe

Other

Ms. Marcella Ochwo, acting Senior Nursing Officer and INTRAH  
Training Coordinator  
Ms. Rachel Rushota, Tutor, Mulago School of  
Nursing/Midwifery and Member of the CTT  
for Uganda

APPENDIX B

COPIES OF RECORDING AND REPORTING FORMS FOR UGANDA







FAMILY PLANNING ASSOCIATION OF UGANDA

MEDICAL AND CLINICAL DEPARTMENT

DISTRICT QUARTERLY REPORT

DISTRICT .....

MONTH .....

YEAR .....

CONTRACEPTIVE USAGE AND REGIONAL STORES REPORT

ITEM	OPENING BALANCE	RECEIPTS IN QUARTERS		TOTAL RECEIPTS	ISSUES IN QUARTER		TOTAL ISSUES	CLOSING BALANCE		QUARTERLY ISSUE RATE		FREE ISSUES	SALES
		FROM FPAU	FROM OTHER SOURCES		TO ACCEPTORS	TO CLINICS		AT CLINICS	AT REGIONAL STORES	THIS QUARTER	SAME QUARTER LAST YR.		
NORIDAY													
EUGYNON													
MICROGYNON													
NEOGYNON													
DEPOPROVERA													
LIPPES 2 D													
COPPER T													
CONDOMS													
LOOP T													
EMKO FOAM													
RAMSEYS													
DIAPHRAGM S 90													
" 85													
" 80													
" 75													
" 70													
" 65													
" 60													
OTHERS													

Comments

Appendix B

FAMILY PLANNING ASSOCIATION OF UGANDA

DISTRICT QUARTERLY REPORT

DISTRICT .....

MONTHS .....

YEAR .....

MEDICAL AND CLINICAL SERVICES

	METHODS USED								TOTAL LAST QUARTER	% VARIANCE	SAME QUARTER LAST YEAR	% VARIANCE
	THE PILL	DEPO- PROVERA	IUD	CONDOM	OTHERS	ADVICE	INFERTI- LITY	TOTAL THIS QUARTER				
NEW ACCEPTORS												
REVISITS												
CONTINUING ACCEPTORS												
TOTAL												
DROPOUTS VISITED												
SESSIONAL HOURS PER QUARTER												

Area Officer .....

District Chairman .....

Date .....

Date .....

Appendix B

12

Appendix B

FAMILY PLANNING ASSOCIATION OF UGANDA

MONTHLY REPORT ABOUT FAMILY PLANNING CLINIC

Name of hospital or clinic .....  
Address .....  
Month ..... Year .....  
Name ..... Title .....

1. NEW ACCEPTORS AND THEIR FIRST METHOD OF CONTRACEPTION

New acceptors using the pill .....  
New acceptors using the injectable .....  
Acceptors using the Intra Uterine Device .....  
New acceptors using the condom .....  
New acceptors using other methods .....  
TOTAL NUMBER OF NEW ACCEPTORS ON CONTRACEPTION .....  
TOTAL NUMBER OF NEW ACCEPTORS FOR ADVICE ONLY .....  
TOTAL .....


2. NUMBER OF ACCEPTORS FOR FOLLOW UP VISITS (ie. visits made for advice, medical examinations and more supplies of contraceptives)

Acceptors for follow up visits for the pill .....  
Acceptors for follow up visits for injections .....  
Acceptors for follow up visits for intra uterine device...  
Acceptors for follow up visits for the condoms .....  
Acceptors for follow up visits for other methods .....  
Acceptors for follow up visits for advice etc. ....  
TOTAL NUMBER OF ACCEPTORS FOR FOLLOW UP VISITS


TOTAL CLINIC ATTENDANCE (ie, Total new acceptors and total acceptors for follow up visits) .....

3. CONTINUING ACCEPTORS (i.e. a continuing acceptor is an acceptor from the previous years seen at least once during the year for supplies, a continuing acceptor who has changed method should be recorded under the most recently accepted method).

Continuing acceptors - Pill .....  
" " - Injectable .....  
" " - Intra uterine device .....  
" " - Condom .....  
" " - Other methods .....  
Total Continuing Acceptors .....


14

