

Performance Indicator	Description and units	Baseline		1997	1998	1999	2000	2001	DATA		Responsible Office for reporting data
		Value	Year	Target	Target	Target	Target	Target	Frequency	Source	
SO4: INCREASED SERVICE UTILIZATION AND CHANGED BEHAVIORS, RELATED TO REPRODUCTIVE/MATERNAL/CHILD HEALTH IN SELECTED DISTRICTS											
4a: Family planning	Couple years protection ¹ distributed in target districts ² (000s)	109 ⁴	1996	129	147	164	188	212	Quarterly	HMIS ⁵	Contractor/Grantee
	Couple years protection distributed through social marketing ⁶ in target districts (000s)	44	1996	71	101	114	133	154	Quarterly	Sales Records	Contractor
	Mqdem contraceptive prevalence ⁷	12.5%	1995	14%	-- ³	17%	--	21%	Threetimes	Two community surveys and DHS	Contractors

CYP=120 condoms, 15 cycles of orals, 29 IUD, 4 injections, 29 Norplant insertions, 13 VSC procedure.

13 districts, including 3 CARE districts, where USAID funded training, supervision are conducted, planned. Not including social marketing sales.

Estimate based on HMIS data for all facilities in 10 DISH-Project districts. To be replace by data from 92 facilities (80 DISH, + 12 CARE) where data availability and reliability can be more readily assured.

MOH Health Management Information System

USAID-funded social marketing activity only

In 10 DISH districts. Baseline is frm DHS.

-- no report planned

Performance Indicator	Description and units	Baseline		1997		1998		1999		2000		2001		DATA	Source	Frequency	Responsible Office for reporting data
		Value	Year	Target													
4.b. MCH	Annual no ante-natal visits in target facilities ⁹ (000s)	443 ¹⁰	1996	480	1996	527	1996	580	1996	638	1996	702	1996	HMIS	Quarterly	Contractor/Grant	
4.c. Assisted deliveries	Annual no. Of deliveries in target facilities ¹¹ (000s)	59 ¹²	1996	64	1996	70	1996	77	1996	85	1996	93	1996	HMIS	Quarterly	Contractor/Grant	
4.d) STD treatment	Annual no. Of STD visits at target facilities ¹³	72 ¹⁴	1996	80	1996	87	1996	96	1996	106	1996	116	1996	HMIS	Quarterly	Contractor	
4.e. HIV testing and Counseling	Annual no. New persons tested and counseled in target districts (000s)	39	1996	50	1996	70	1996	80	1996	90	1996	100	1996	Routine Records	Quarterly	Grantee	
4.f. HIV counseling	Annual no. New HIV+ individuals counseled in target districts	3,000	1996	3,250	1996	4,000	1996	4,500	1996	5,000	1996	5,500	1996	Routine Records	Quarterly	Grantee	

92 facilities (80 DISH, 12 CARE) where data availability and reliability can be assured.

HMIS data for all facilities in 10 DISH, 3 CARE districts. To be replaced with data from 92 facilities (80 DISH, 12 CARE) where data availability and reliability can be more readily assured

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HMIS data for all facilities in 10 DISH, 3 CARE districts. To be replaced with data from 92 facilities (80 DISH, 12 CARE) where data availability and reliability can be more readily assured

10 DISH districts

HMIS data for 10 DISH districts. To be replaced with data from 80 DISH facilities where data availability and reliability can be more readily assured.

Performance indicator	Description and units	Baseline		1997		1998		1999		2000		2001		DATA	Source	Responsible Office for reporting data
		Value	Year	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Frequency				
g: Infant-nutrition behavior	% of infants 4-6 months exclusively breast-fed in target facility catchment areas	21% ⁵	1995	35%		-		50%		--		60%		Three times	Two community surveys and DHS	Contractor
		To be established (TBD)	1997	TBD		TBD		TBD		TBD		Quarterly	Reviews of ANC registers	Contractor		
h: Sexual behavior	% of ANC clients 15-19 years old with syphilis (positive RPR) in target facilities	1.3	1992	12		15		17		20		23		Quarterly	Routine records	Contractor
		13.2%	1994	7.8%		7.4%		7.1%		6.7%		6.5%		Annually	Sentinel Surveillance	MOH
IR 4.1: Increased availability of reproductive/maternal/child health services		19.5%		15.6%		14.8%		14.1%		13.3%		12.7%				
4.1.a: Clinical services		66%	1996	71%		76%		81%		86%		90%		Semi-annual	Supervision	Contractor
% of facilities in DISH districts routinely providing integrated services																

DHS estimate for 10 DISH districts.

MOH sentinel surveillance sites where USAID activities are implemented.

Performance Indicator	Description and units	Baseline Value	Year	1997 Target	1998 Target	1999 Target	2000 Target	2001 Target	DATA Frequency	Source	Responsible Office for reporting data
4.1.b: Community Services	No. Of active community volunteers per catchment area ¹⁷ in 10 DISH districts	3/33	1996	4/106	5/114	6/114	6/114	6/114	Semi-annual	Supervision	Grantee
4.1.c: HIV testing/counseling (T/C)	No. Of T/C sites in target districts	3	1995	10	20	30	30	30	Quarterly	Routine records	Grantee
IR 4.2: Improved quality of reproductive/maternal/child health services											
4.2.a: Staff performance	% of nurses, midwives performing to standard in 10 DISH districts	7%	1995	45%	60%	80%	80%	80%	Annual	Supervision records	Contractor
IR 4.3: Enhanced sustainability of reproductive/maternal/child health services											
4.3.a: Fees collected at district hospitals	Average % increase in money deposited in bank accounts/month	0	1996	15%	20%	25%	30%	35%	Quarterly	Facility records	Contractor
4.3.b: Pre-service training capacity	% of trained faculty training to standard	0	1996	14%	34%	60%	60%	60%	Semi-annual	Routine monitoring	Grantee
IR 4.4: Improved knowledge and perceptions related to reproductive/maternal/child health											

Performance Indicator	Description and units	Baseline		Year					2001 Target	Frequency	Source	Responsible Office for reporting data
		Value	Year	1995	1997	1998	1999	2000				
4.4.a: Family planning	% of non-contracepting women not wanting to become pregnant in 10 DISH districts who fear side effects or lack knowledge of methods sources	20	1995	17	TBD	--	14	--	10	Three times	Two community surveys and DHS	Contractors
4.4.b: Infant nutrition	% women in target districts who believe it important to breastfeed exclusively for at least 4 months	TBD	1997	TBD	TBD	--	TBD	--	TBD	Three times	Two community surveys and DHS	Contractors
4.4.c: Maternal health	% of women in target districts who can name at least 3 signs of a complicated pregnancy	TBD	1997	TBD	TBD	--	TBD	--	TBD	Three times	Two community surveys and DHS	Contractors
4.4.d: HIV	% of adults in target districts who know that condom use can prevent HIV infection	22%	1995	32			52		70%	Three times	Two community surveys and DHS	Contractors
4.4.e.: STDs	% of adults in target districts who can name at least 2 consequences of an untreated STD	TBD	1997	TBD	TBD	--	TBD	--	TBD	Three times	Two community surveys and DHS	Contractors

VI. Activities

The following activities will be financed under this agreement.

Result 1. Increased availability of reproductive/maternal/child health services.

USAID will provide assistance to increase the number of public and private-sector clinical staff capable of providing an integrated package of reproduction/maternal and child health services. This staff may include nurses, midwives, physicians, and medical assistants and, resources permitting, nursing assistants. In this context, "integration" means the provision of services based on client need and consistent with provider training during any client/provider contact on any day, regardless of the principal initial reason for the contact. Integrated services will include:

- Family planning;
- Ante-natal care, including screening for pregnancy complications, maternal nutrition counseling, and tetanus vaccination;
- Intra-partum care, including safe deliveries; responses to common obstetric emergencies, including complications of abortions; appropriated referral systems; and care of the neonate;
- Post-natal care, including the promotion of exclusive breastfeeding, optimal complementary feeding practices, and promotion of full childhood immunization;
- Syndromic STD diagnosis and treatment, based on laboratory validation of management algorithms;
- HIV testing and counselling, with an emphasis pregnant women; and
- Family planning, STD treatment, and counselling for HIV+ individuals.

USAID will support, in the 12 DISH districts, the minor renovation of selected health facilities where trained service providers are posted and will provide basic equipment required for the delivery of those services included in the training.

In coordination with other donors, USAID will also supply oral and injectable contraceptives, IUDs and vaginal foaming tablets for the Ministry of Health to provide to health facilities (public and private) in all 15 districts, provided that information on the distribution of said contraceptives to end users is available in a form satisfactory to USAID. USAID will not provide condoms for distribution by the Ministry of Health. USAID will also provide technical assistance to help ensure that public facilities in the 12 DISH districts are reliably supplied with contraceptives and STD antibiotics, via the National Medical Stores.

USAID will support the training of community volunteers to provide education and counseling related to family planning; maternal and infant health and nutrition, including the promotion of breastfeeding and proper weaning practices; and HIV and other STDs and to refer clients to clinics with trained providers for clinical services. They will also sell condoms and oral contraceptives provided throughout the social marketing program.

To monitor the quantity of services provided, USAID will provide technical assistance and in-country training to district authorities to facilitate the implementation of the Ministry of Health's Health Management Information System.

USAID will support the social marketing¹⁹, through the private sector, of condoms, oral and injectable

contraceptives, and, pending approval by the National Drug Authority, antibiotics for STD treatment, primarily among men. In coordination with other donors, USAID will provide oral and injectable contraceptives for the social marketing program.

Result 2. Improved quality of reproductive/maternal/child health services.

USAID will assist in the design and implementation of mechanisms for the routine supervision of clinic and community based service providers. These mechanisms will be based on the observation of trained providers by trained supervisors, as providers actually deliver services. Observations will focus on compliance with formal service-delivery standards based on the content of the training noted above and including client education, counseling and satisfaction. Observations will be recorded on standardized instruments, immediate feedback will be provided to providers, and records of performance will be maintained for each provider to chart progress and identify persistent problems over time.

Result 3. Enhanced sustainability of reproductive/maternal/child health services.

To provide resources to sustain and expand the provision of preventive services, USAID will provide technical assistance to institutionalize, through training and follow up, standardized financial-management systems at health facilities, with an emphasis on hospitals where the potential for revenue generation is highest. (Adequate controls are expected to result in more revenues deposited in institutional bank accounts than is currently the case.) As the use of these systems becomes more common, USAID will work with district and local authorities to plan revenue allocation to improve the quality of maternal and child health services.

USAID will encourage the private sector provision of health services by strengthening the capability of the Uganda Private Midwives Association (UPMA) to provide technical and business-management support to its members, expand membership, and eventually provide accounting and recovery will also be provided to UPMA. Resources permitting, USAID will provide funds and technical assistance to establish endowments to enhance the sustainability of NGOs which have benefitted from previous USAID capacity-building efforts. These organizations could include a UPMA, the Church of Uganda's Family Life Education Project in Busoga Diocese, the AIDS Information Center and/or a local NGO established to operate the social marketing program. Opportunities for assisting in the establishment of pre-paid insurance schemes will be explored.

Per 1 above, USAID will further enhance sustainability by assisting pre-service medical, para-medical and nursing schools to improve curricula and teaching capability in reproductive/maternal/child health.

Result 4. Improved knowledge and perceptions related to reproductive/maternal/child health

Behavior is defined as (i) the use of services and (ii) actions not usually construed as utilization of a health service but which affect health. USAID will support service utilization directly by providing accurate information about the services noted above and where to get them. Other behavior change (e.g. correct infant feeding, improved maternal nutrition, condom use, reduction in sexual partners, delayed sexual debut, spousal communication, reproductive health) will be promoted by encouraging people to examine their individual situations; assess their degree of risk, and act accordingly. Behavior change will be promoted through mass-media, local communication activities, and client education and counseling at health facilities.

Support for the activities noted under results 1-4 above will be provided, at least through September 1999, via currently existing USAID-funded contracts and grants to Pathfinder International; the Futures Group; the African Medical and Research Foundation; CARE; JHPIEGO Corp; AVSC International; John Snow, Inc; The AIDS Support Organization; the AIDS Information Center; the U.S. Centers for Disease Control and Prevention; and a personal services contract for an STD advisor.

USAID will fund these organizations through two mechanisms. (1) Many but not all of these organizations will receive funds provided through this agreement (bilateral funds.) (2) Many of the organizations receiving bilateral funds will also receive funds directly from USAID/Washington (field-support funds). In addition some organizations will receive only field-support funds. Other mechanisms may be identified and used as necessary.

VII. Roles and Responsibilities of the Parties

USAID will, with program funds, provide the technical and administrative personnel required to implement the activities noted above, through the organizations noted above. USAID will also provide, with program funds, locally hired USAID staff required to manage and monitor the Program in compliance with USAID regulations and procedures.

USAID will coordinate activities with the following senior officers of the Ministry of Health: the Commissioner for MCH/FP, the AIDS/STD Control Program Manager, the Commissioner for Health Education, and the Commissioner for Health Planning. In addition to these officers, the principal secretary and Director General of the Ministry of Health, plus a representative of the Ministry of Finance will have signatory authority for all implementation documents.

In matters of day-to-day activity planning and implementation, the organizations noted above will deal primarily with district-level staff, including representatives of the district medical offices and NGO staff including properly packaged social-marketing condoms and condoms required by NGOs.

Overall Program monitoring and management will be overseen by an Expanded Strategic Objective Team appointed by the Director of USAID/Uganda, in consultation with the Ministry of Health. This team currently consists of the following individuals:

- USAID's Health and Population Officer (Team Leader)
- Three USAID Project Management Specialists
- USAID's AIDS advisor
- USAID's STD advisor
- Pathfinder International's Chief of Party
- The Ministry of Health's Commissioner for MCH/FP
- The Ministry of Health's Commissioner for Health Education
- The UNFPA Representative
- The Health Program Director of DFID (UK)

In addition, teams composed of representatives of USAID, the Ministry of Health and the implementing organizations noted above ("Results Teams") will manage and coordinate the implementation of the activities noted above and will report periodically to the Strategic Objective Team.

VIII. Monitoring and Evaluation

Activities will be evaluated based on (1) routine service statistics to be obtained through the Ministry of Health's Health Management Information System; (2) review by implementing organizations in

implemented by Pathfinder International, and (4) a Demographic and health Survey to be conducted in 2001. Additional monitoring and evaluation activities may be determined by the Strategic Objective Team (above).