

Global Health Initiative: Uganda

A Strategy for Accelerating Reductions in
Maternal and Neonatal Mortality

U.S. Mission Uganda
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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AIS	AIDS Indicator Survey
AMSTL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
ARV	Antiretroviral Treatment
BCC	Behavior Change Communication
CME	Continuing Medical Education
CSOs	Civil Society Organizations
DCM	Deputy Chief of Mission
DFID	U.K. Department for International Development
EHMS	Essential Health Medicines and Supplies
EID	Early Infant Diagnosis
EmOC	Emergency Obstetric care
EPI	Expanded Program for Immunizations
FP/RH	Family Planning and Reproductive Health
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GHI	Global Health Initiative
GOU	Government of Uganda
HC	Health Center
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HRIS	Human Resource Information System
HSSIP	Health Sector Strategy and Investment Plan
IAHT	Inter-agency Health Team
IEC	Information, Education, and Communication
IPTp	Intermittent Preventive Treatment in Pregnancy
ITNs	Insecticide-treated Bednets
JMS	Joint Medical Stores
LAPM	Long-acting and Permanent Methods of Contraception
LGA	Local Government Area
LLINs	Long-lasting Insecticide-treated Bednets
LQAs	Lot Quality Assurance Sampling
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MiP	Malaria in Pregnancy
MIS	Management Information System
MNCH	Maternal, Neonatal, and Child Health
NDP	National Development Plan
NMS	National Medical Stores
NGOs	Non-governmental Organizations
PFPs	Private for-profit Health Facilities

PMTCT Prevention of Mother-to-child Transmission of HIV
PNFPs Private not-for-profit Health Facilities
SPA Service Provision Assessment
TB Tuberculosis
VHTs Village Health Teams
UDHS Uganda Demographic and Health Survey
UMIS Uganda Malaria Indicator Survey
USG U. S. Government

I. GHI Vision

The United States Government (USG) sees great potential for Uganda to become the modern and prosperous nation it aspires to be. Improving the health of the Ugandan people is paramount to realizing this potential and saving the lives of women and newborns is imperative. President Obama's Global Health Initiative (GHI) presents the USG in Uganda with the opportunity to come together to increase the impact of its investments by enhancing coordination and collaboration, maximizing synergies between central activities, and honing in on one of Uganda's most pressing health challenges: high maternal and neonatal mortality. The USG's shared vision is a Uganda in which the government and the private sector are capable of, committed to, and taking concrete steps towards ensuring that the health system continuously provides the kind of quality, accessible, affordable, effective, and timely care that women and newborns need. To that end, this strategy document outlines the proposed coordinated program—in full support of and fully aligned with the Government of Uganda's (GOU) health priorities—that the USG/Uganda team intends to pursue to accelerate reductions in maternal and newborn mortality and facilitate the consolidation of a formal and community health system that is functional, responsive, and sustainable. The program will accomplish this through the following interrelated focus areas:

- **Improving access to quality and integrated maternal and reproductive health services** by expanding coverage of high-impact interventions and promoting the availability of comprehensive services at each level of the health system; integrating essential Prevention of Mother to Child Transmission (PMTCT), family planning (FP), malaria, and nutrition services appropriately into the Antenatal Care (ANC) platform; lowering the cost of FP and maternal health services, including ANC and delivery, for women; institutionalizing quality improvement practices for continued progress in addressing facility-level bottlenecks to the regular provision of quality care; and strengthening linkages and referral systems to make maternal health care cohesive and ensure that no opportunities to provide women with critical services are missed.
- **Improving health systems to strengthen the delivery of health services** by increasing capacity for more efficient and effective planning, training, recruitment, deployment and management of the health workforce; improving the procurement, management, distribution, and use of essential health commodities; supporting health facility and laboratory infrastructure upgrades; strengthening information systems and the use of quality data for decision making; promoting enhanced national and local governance of the health sector through building capacity for leadership, management, policy, and financing; and supporting expanded quality private sector service provision and coordination with the public sector.
- **Increasing demand for and utilization of quality health care services** by strengthening the MOH's Village Health Team (VHT) program and their role in education, demand creation, service provision, and monitoring; addressing gender and other social norms that hinder access to and uptake of health services and encouraging male involvement in maternal and reproductive health care; expanding evidence-based health education campaigns around maternal health; and building the capacity of civil society and communities to advocate and hold local governments accountable for the provision of quality maternal health services.

Partnerships will be indispensable to achieving these objectives; the USG envisions continuing to play a vital leadership role in the donor community's collective efforts to support the GOU to fully implement

its Health Sector Strategic and Investment Plan (HSSIP), and to collaborating with the GOU, the private (commercial and nonprofit) sector, civil society, and communities to put Uganda on a path to success. This partnership is formally established in the current International Health Partnership Plus (IHP+) Compact between the GOU, health donors, civil society, and the private sector, outlining joint commitment to common goals, approaches, and collaboration for the period of 2010-15. The USG's leadership in the donor community was instrumental in facilitating the development of this internationally-recognized instrument for advancing health priorities through partnership.

The health challenges in Uganda are many. The decision to focus the Global Health Initiative strategy for Uganda on maternal and neonatal mortality reflects careful consideration of these challenges and their potential solutions, the comparative advantages of the USG, and the imperative of saving mothers' lives. The interventions that can save women and newborns' lives are known, but need to be implemented more effectively and coordinated better. The USG is one of the few donors in Uganda focusing on maternal and neonatal mortality and brings enormous capacity to provide district-level technical assistance (TA) and to integrate with other key interventions in which the USG also invests, such as malaria, HIV/AIDS, and family planning. Moreover, Uganda's annual number of maternal deaths is unacceptably high and yet, most are preventable.

The choice to keep GHI/Uganda efforts focused does not imply that the other challenges will not be addressed by USG programming in concert with other donors and stakeholders. The USG will continue to make strategic and complementary investments in reducing under-five mortality and child under-nutrition that build on past and current successes, as outlined in the Best Practices at Scale in the Home, Community, and Facilities (BEST) Action Plan and the Feed the Future (FtF) Strategy. For example, support to immunization programs remains a critical component of USG efforts in child survival. The USG has played a vital role in recent national Expanded Program for Immunizations (EPI), as well as in support at the district level to improve routine immunization services and support MOH "Child Days" that serve an important catch-up role in immunization, growth monitoring, Vitamin A supplementation, and de-worming, among other interventions. By putting maternal and neonatal health front and center, the USG hopes that the spotlight will help accelerate improvements in these critical areas, while creating some spillover effects into other health priorities embolden the GOU to take more concerted action. Indeed, the highest levels of the USG in Uganda have encouraged the GOU to invest more of its own resources—both financial and political—in health. GHI/Uganda's laser focus on maternal and neonatal health is the ideal call to action for the GOU, whose leadership in and funding for health could be expanded.

II. Uganda's Context and Priorities

Uganda is an East African country with a population of 33.8 million. Despite robust economic development since the 1990s—exceeding five percent annually—about 23.1% of the population is poor and over 90% of this poverty is concentrated in rural areas where nearly 87 % of the population lives. Uganda's 3.2% population growth rate is the second highest in the world, adding more than one million people to the population every year. As a result, the population is expected to double in 20 years and will register 100 million people by 2050. The high population growth rate is driven by Uganda's total fertility of 6.7 births per woman—the third highest in the world. A significant rural/urban divide persists, with rural fertility at 7.1% and urban at 4.4%. Sustained high fertility rates over decades created a disconcerting youth bulge with half of the population under 15 years of age. Continued population pressures have the potential to negatively impact not only health outcomes but also hinder

economic growth, strain the environment, and threaten political stability. Corruption also is a chronic development challenge.

Health Status of the Ugandan Population

An average Ugandan is expected to live to the age of 53. Current disease burden and other health data analyses reveal that the health status of Ugandans has stagnated or shown only slight improvements over the past decade. The maternal mortality ratio persists at 435 per 100,000, although rates have been falling over the last decade. Hemorrhage and sepsis are the most common causes of death of Ugandan mothers. Most Ugandan women (94%) attend at least one antenatal care (ANC) visit with a skilled provider and 47% of women have four or more ANC visits. Nevertheless, many fewer women deliver in health facilities (41%) or have a skilled birth attendant at delivery (42%). Early childbearing is the norm with a median age at first birth of only 19 years despite generally adequate spacing and timing of pregnancies (three quarters of non-first births are at intervals greater than 24 months; overall median birth interval is almost 30 months). Modern contraceptive use among all women of reproductive age is 15.4% with pills and injectables the most commonly used methods. There is increasing demand for long acting and permanent methods (LAPM), including implants, the availability of which historically has been limited—unmet need is the highest in sub-Saharan Africa at 40.6%.

Uganda's infant and under-five mortality have dropped slightly to 76 and 137 per 1,000 live births respectively. Newborn mortality has stagnated over the last 10 years, now at 29 per 1,000 live births. Only 23% of women and their newborns have a post-natal visit within two days of delivery. Malaria (25%), neonatal diseases (23%), pneumonia (19%), and diarrhea (17%) are the most common killers of children under five. Results from the 2009 Uganda Malaria Indicator Survey (UMIS) showed that 47% of households nationwide owned one or more insecticide-treated nets (ITNs) and 44% of pregnant women and 33% percent of children under five had slept under an ITN the night before the survey though these results represent a marked improvement over 2006 Uganda Demographic and Health Survey (UDHS) results. The UDHS estimated that only 46% of children were fully immunized; however, measles coverage was higher at 68%. Sixteen percent of children in Uganda are underweight and 38% stunted; under-nutrition is an underlying cause of 60% of deaths for children under five. Exclusive breastfeeding of infants under six months is 60% for Ugandan women but often initiation is not within the first hour of life. Only 10.2% of children 6 to 23 months of age consume a minimal acceptable diet with stark contrasts between regions (7% in the North and 36% in East Central). Micronutrient malnutrition poses a huge burden on women and children especially, with rates of vitamin A deficiency among children and women at 20% and 19% and anemia at 75% and 49% respectively.

Uganda has a mature and generalized HIV/AIDS epidemic with a prevalence of 6.4% in adults and 0.7% in children. Prevalence has decreased markedly since the early 1990s. However, due to rapid population growth, the same number of individuals—1.2 million—is infected with HIV and it is estimated that 120,000 new infections occur every year. Median antenatal HIV prevalence is estimated at 7% within adequate coverage of PMTCT services resulted in 22,000 babies born with HIV in 2009. Anti-Retroviral (ARV) prophylaxis coverage stood at 39% in 2010, while coverage for HIV-positive pregnant women increased to 66% (from 51% in 2009). TB incidence and prevalence are estimated at 330/100,000 and 426/100,000 population/year respectively. In 2007 an estimated 39% of all reported TB cases were co-infected with HIV.

Uganda's Health System

Uganda has a decentralized health system with services managed and delivered at the district level. The health system is composed of national referral (1), regional referral (13), and general hospitals (114) and

district health centers (HCs). HC IVs (178) are county-level general hospitals. HCIIIs (1082) provide basic preventive, promotive, and curative care as well as supportive supervision of the community and HCIIIs under their jurisdiction. HCIIIs (3006) provide the first level of interaction between the formal health sector and communities, providing only out-patient care, community outreach services, and linkages with the VHTs. A network of MOH-mandated voluntary VHTs is responsible for health promotion, community-based service delivery, community participation and empowerment in access to and utilization of health services. The training of the VHTs is standardized by a common MOH national modular curriculum covering basic health promotion, referral, and service delivery at the community level. However, the VHT program has been very slow to scale-up, with less than half of districts (60 out of 112) having formed VHTs to date and even fewer supporting VHTs with the requisite training, supervision, equipment, and commodities to be fully functional. This slow scale-up is due in large part to inadequate GOU resources to support the VHT program and heavy reliance on donors to facilitate program start-up, training, and operation at all levels.

The private sector plays a critical role in the delivery of health services in Uganda, covering about 50% of reported outputs. The private health system is comprised of private not-for-profit (PNFP) facility and non-facility based providers, private health practitioners, and traditional and complementary medical practitioners (e.g. herbalists, bonesetters, and traditional birth attendants). The facility-based PNFPs account for 41% of the hospitals and 22% of the lower level facilities and are more present in rural areas, thereby complementing government facilities. The PNFPs operate 70% of health training institutions with Government of Uganda (GOU) financial support and more than 75% are associated with faith-based umbrella organizations. Private-for-Profits (PFPs) mainly provide primary level services and have a large urban presence, 68% in the Kampala and Central region alone.

Private sector health efforts are coordinated through the Public Private Partnerships for Health (PPPH) technical working group at the MOH. The private sector is represented at the highest stakeholder coordinating meeting within the MOH with the Health Policy Advisory Committee (HPAC). Despite these coordination efforts and private sector requirements to adhere to GOU guidelines and policy in the implementation of health services, in reality much of the private sector remains unregulated. This leads to great variability in the capacity of providers, quality and availability of services, and reporting of private sector contributions to HSSIP goals and targets. Support to the private sector will be streamlined after the Cabinet approves the PPPH policy.

Although 80% of the households in Uganda live within five kilometers of a health facility, utilization is limited due to poor infrastructure, lack of medicines and other health supplies, shortages of human resources in the public sector, and poor access to timely transport. Before visiting the formal health system, approximately 60% of Uganda's population seeks care from traditional and complementary medical providers. The human resources for health (HRH) situation are critical. As of September 2010, only 56% of the approved positions at national level were filled, with even lower levels in rural or hard to reach areas. High levels of absenteeism (estimated at 37%) compound these recruitment, deployment, and retention issues. The end result is that when citizens arrive at a facility to receive services, often at significant time and expense in rural areas, staff is not available to serve them.

Uganda's Health Priorities

The National Development Plan (NDP, 2010/11-2014/15), crafted and approved in 2010, provides an overall development framework for the GOU. It highlights the strategic agenda for development and details priority interventions in all sectors of the economy, including health and nutrition. The current NDP is part of a 30-year development vision for the country and is the first of six national development

plans for that period. The overall goal of the NDP is to accelerate economic growth to reduce poverty through the achievement of seven development objectives, one of which is to increase the availability of and access to quality social services including health service delivery. According to the NDP, the health service focus over the next five years will give priority to strengthening of health systems and implementation of programs of national interest, namely reproductive health and child survival, HIV, AIDS, tuberculosis, malaria, and nutrition.

Uganda's medium-term strategic framework for health is articulated specifically in the GOU's Health Sector Strategy and Investment Plan, 2010-2015 (HSSIP), the development of which was a collaborative effort in which the USG, other development partners, and civil society organizations assisted. In fact, the USG served as Chair of the health donor coordinating group, the Health Development Partners (HDP), during the development and endorsement of the HSSIP and related IHP+ Compact. The HSSIP lays out the following key technical clusters and areas for investment: health promotion (inculcate health seeking behavior, promote individual and community responsibility for better health, scale up delivery of nutrition services); prevention, management, and control of communicable diseases (includes HIV/STI/TB epidemic mitigation); maternal and child health (increase coverage of high-impact, cost-effective neonatal and child survival interventions); essential medicines and health supplies; HRH; and management.

USG programs across health areas and the health system align closely with and act in support of achieving the HSSIP's main objectives. USG participation in development of the HSSIP represents a commitment to this alignment, and the USG also sits as a voting member of the MOH's HPAC with responsibility for monitoring progress on the HSSIP and the IHP+ compact. Additionally, the GOU's public commitment to MCH is evidenced by the development and implementation of the Roadmap for Maternal and Reproductive Health, commitment to the PMTCT Acceleration Plan, and re-commitment to the Millennium Development Goals (MDGs) for child health and maternal health. However, recent national and international news stories about several tragic and preventable maternal deaths demonstrate the challenges facing the GOU's effort to translate these commitments on paper into real results.

III. GHI Objectives, Program Structure, and Implementation

Driven by the strong belief that no woman should die giving life, the overall goal of GHI Uganda is to accelerate the reduction of maternal and neonatal morbidity and mortality. Globally, the majority of maternal deaths occur in the postpartum period with Uganda not being an exception. Hemorrhage and sepsis account for nearly half of all maternal deaths. Closely linked to these are--infections, asphyxia, birth injuries, and complications of prematurity result in a majority of newborn deaths. These largely preventable causes are indicative of the inaccessibility and poor quality of health care facilities; insufficient and inadequately trained human resources; lack of effective referral services; inadequacy of essential drugs, supplies and equipment; and the concomitant low utilization of reproductive and maternal health services. GHI Uganda's focus areas address the confluence of factors that contribute to these sub-standard conditions and sub-optimal outcomes. GHI prioritizes interventions that will improve the quality of and access to maternal and FP/RH services, strengthen the components of the health system that most impact the effective and efficient delivery of critical maternal and FP/RH services, and bolster demand for and utilization of these services. The choice of focus areas recognizes the interconnectedness of quality, access, demand, supply, and related system improvements that ensure the availability of appropriate and qualified health workers and required drugs and supplies. In addition, the choice of focus areas appreciates that advances in quality, accessibility, and systems may go a long way in boosting demand and utilization and that more educated consumers with greater demand for health services put pressure on health care workers, officials, and decision makers alike to provide quality services that can meet the population's needs.

The focus areas build off of the success of current USG programming to date, which through technical assistance, capacity building, and financial support for service delivery have enabled the Ugandan government and private sector to provide more and higher quality maternal and reproductive health services. This includes subsidized or free LLINs, voluntary family planning to millions of women, and PMTCT and ARVs to thousands of women. Precedence is placed on scaling up and continuing to strengthen proven interventions, redoubling standing efforts and

GHI Principle in the Spotlight: Focus on Women, Girls, and Gender Equality

A gender assessment conducted in November 2010 underscores some of the key gender-related issues in health that could impact achievement of the USG's health goals, including:

- Lack of power women have to access health services, noting it is the man that usually makes the decision as to whether the woman can go to a clinic or hospital, and whether she can buy medicine or pay for health care.
- Lack of services in the areas of most need to women, such as family planning and maternal health, highlighting that the majority of women give birth at home without any medical attention.

A main recommendation of the assessment was that all programs related to family planning and to maternal and child health care should make a special effort to address the gender issues related to those areas and include men in the protocols for service delivery.

USG programming continues to address all of these gender issues by:

- Requiring that all programs consider gender issues in their activities, and several work to engage men in meaningful ways.
- Focusing on power dynamics and gender-based violence as a primary focus for small group reflection exercises carried out with men across the country.
- Conducting other communication activities with men to educate them about and encourage them to take an active role in promoting the health of their female partners and children.
- Expanding access to and availability of maternal and reproductive health services under GHI will help to ensure that women have the services they need when they need them.

introducing innovative approaches to resolve recurrent health system problems.

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and maternal health

No silver bullet for reducing maternal mortality exists, but proven interventions that attack the causes of maternal and related neonatal deaths are well known. For Uganda the key is to ensure implementation of these recognized best practices in providing high-quality antenatal, delivery, and postnatal services at scale. At present, coverage of this package of proven interventions such as skilled birth attendants, basic emergency obstetric and newborn care, postnatal care, PMTCT, and LAPM services remains low overall. Fragmented and stove-piped services, high out-of-pocket costs, and poor service quality further contribute to Ugandan women's lack of access to these cost-effective, life-saving interventions. GHI efforts in this area will center on expanding the coverage of high-impact interventions, prioritizing those that can have an immediate impact on maternal mortality; increasing service integration with ANC as a platform; increasing the affordability of critical maternal health services; institutionalizing quality improvement practices; and improving linkages among facilities.

Full range of services in each program area provided as part of comprehensive health services in public and private facilities and community-based services

Comprehensive maternal and reproductive health service availability in Uganda varies widely. Some services, like ANC, are offered in the majority of facilities (71%), while others, such as C-section, are hardly available even at HCIVs. Generally, health facilities in urban areas, with their greater concentration of hospitals and HCIVs, offer the most comprehensive services; yet most Ugandans live in rural areas. A laser focus of the USG under GHI is to promote the implementation of the full package of globally recognized high-impact interventions across the continuum of pregnancy, childbirth, and the postnatal period at all levels of the health system; expanding components of the package that remain at small scale, such as PMTCT, skilled care at birth, basic emergency obstetric and newborn care, and postnatal care; and reinforcing and strengthening the components of the package that already are largely available, such as ANC, management of malaria in pregnancy, infection control, and voluntary family planning. The expansion and strengthening of these interventions will be complemented by continuing efforts to address the underlying health systems issues that impact the quality, availability, of and access to services (discussed under Focus Area 2).

Although, comprehensive PMTCT service coverage is on average low, this masks substantial differences among districts. The USG's draft PMTCT Acceleration Plan provides a framework for reducing such

GHI Principles in Practice

Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda and prioritizing the scale-up of interventions that have the greatest potential to save women's lives.

Encourage country ownership and invest in country-led plans by building the capacity of the GOU to achieve the maternal, neonatal, and reproductive health objectives outlined in the HSSIP.

Strengthen and leverage other efforts by funneling DFID funds through USG-funded mechanisms, collaborating with Bayer-Schering on the launch of a new contraceptive pill, and partnering with local businesses to provide health services to their employees and surrounding communities.

Increase impact through strategic coordination and integration by expanding the availability of key health interventions that women access before, during, and following pregnancy in all health platforms, particularly ANC.

disparities. For those districts with high coverage, the objective is to strengthen the quality, effectiveness, and sustainability of services with the ultimate goal of virtual elimination. In lower coverage districts, PMTCT services will be scaled up with a focus on quality and effectiveness, aiming for population coverage. Central to achieving population coverage is the GOU and USG's target of scaling up PMTCT and HCT to 60% of new HCIs and private sector facilities. A particular area of emphasis within PMTCT services will be to keep pregnant and lactating HIV-negative women HIV-negative.

To address the shortage of trained skilled birth attendants, the USG, leveraging PEPFAR funds through the PMTCT Acceleration Plan, will prioritize the hiring of midwives and nurses in achieving the plan's agreed upon goal of adding 200 new health care workers per year for four years. For midwives deployed in the system, the emphasis will be on improving skills and practices related to the active management of the third stage of labor (AMSTL). This is an inexpensive yet effective way to reduce hemorrhage that can be implemented with minimal commodities and supplies—the availability of which are often limited in Uganda. Although AMSTL is currently supported in USG programs, to this point it had not been prioritized as an area needing special attention. GHI will also seek to step up efforts to reinforce skill-building for EmOC and neonatal care, including standardizing newborn resuscitation as a component of basic EmOC, promoting essential newborn care (immediate and exclusive breastfeeding, warmth, and clean cord care) at all levels of the health system, and fostering kangaroo mother care for the management of low birth weight babies. In addition, the USG will support the expansion of postnatal care and strengthening of postnatal clinics, and the scale up of more efficacious regimens to all pregnant women and their infants in both the public and private sectors.

Unintended pregnancy is an important cause underlying many maternal deaths. By enabling women to avoid unintended pregnancies that are high-risk for example, due to young or advanced age or to close spacing of births—family planning can prevent as many as 1 in 3 maternal deaths and also prevent infant and child deaths. It is estimated that 26% of maternal deaths in Uganda result from unsafe abortions. These deaths could be avoided with universal access to family planning. The need for spacing—25% of married women have an unmet need for spacing—suggests that postpartum family planning provision is not optimal. To reduce unmet need for family planning and reduce maternal and neonatal mortality, the USG, in partnership with DFID, will expand ongoing efforts to ensure consistent availability of a wide range of family planning methods that include LAPM, particularly at lower-level facilities through private providers and at the community level through outreach and mobile services. The expansion of community-based provision of injectables also will remain a priority. The DFID partnership with USG has the potential to reduce maternal mortality by up to 1500 deaths per year and could increase CPR by up to five percentage points in the next four years through private sector expansion alone focusing on expanding quality services. Greater integration of family planning with MNCH and HIV/AIDS care and treatment services will be supported and will contribute to increased knowledge and voluntary uptake of family planning services among HIV positive women of reproductive age.

USG activities to strengthen ANC, management of malaria in pregnancy, and infection control are discussed in the following sections.

Antenatal services promoted as one-stop shop for all health services related to maternal and neonatal morbidity and mortality

Antenatal services represent a critical opportunity to reach women with a complement of interventions that can contribute to reductions in maternal and neonatal mortality, particularly given that the vast majority of pregnant women in Uganda make one visit to an antenatal clinic (94%). The proportion of

women making two to four visits drops markedly though, especially in the rural areas. Much of this drop-out is attributable to the late presentation for the first antenatal check, as well as the poor quality of antenatal care services, compounded by lack of laboratory services for ANC clients in HC III, stock out of drugs, understaffing and lack of privacy in most clinics. By expanding the integration of PMTCT, comprehensive management of malaria in pregnancy (IPTp and LLIN), nutrition, and FP into the ANC platform, the USG expects that not only uptake of these services but also the perceived quality of ANC will increase; thereby increasing the likelihood that women will make repeat visits to these centers before, during, and immediately following pregnancy. The emphasis of USG investments in this expanded integration is to ensure that opportunities to provide key services like PMTCT and IPTp are not missed during ANC visits, and similarly that opportunities are not missed in PMTCT and malaria services outside of ANCs to promote uptake of ANC.

To codify this integration at the policy level, the USG will advocate for and provide technical support to integrate PMTCT into the main GOU strategies for MCH—the Road Map for the Reduction of Maternal and Newborn Mortality and Morbidity, Child Survival Strategy, and Newborn Implementation Framework—and the related training packages.

Increased affordability of health services to assure women of reproductive age have greater access to services

In Uganda, for every four shillings spent on health care, three shillings are private outlays, mostly out-of-pocket payments direct to providers. Cost can be a significant barrier to accessing reproductive and maternal health services, especially among the poor, and DHS data seems to suggest this is the case. Unmet need for family planning in Uganda varies substantially according to household income—for those in the lowest wealth quintile unmet need is 47% as compared to 27% in the highest quintile. A similar pattern is seen with regard to facility-based deliveries—according to the 2006 UDHS only 27% of women in the lowest wealth quintile delivered in a health facility whereas 76% of women in the highest wealth quintile did. A high priority of the USG is to make services more affordable by increasing the availability and reach of services offered free of charge or at a low cost. Under GHI, the USG will continue to distribute highly subsidized contraceptives through social marketing and provide free contraceptives in the public and private-not-for-profit sectors through USG's donations to the GOU and NGOs. Last year the USG procured \$7.8 million of contraceptives—a \$4 million increase over the previous year—and the overall procurement of contraceptives by donors this year will increase again with the continued contribution by UNFPA and the addition of DFID and the World Bank contribution. The expanded availability of a variety of contraceptive methods will facilitate efforts to meet the existing unmet need for family planning. Efforts to expand the use of innovative financing mechanisms, such as vouchers, that facilitate the replication and scale up of quality subsidized services while promoting uptake of these services are ongoing and likely will be accelerated through the integration of two existing voucher mechanisms for LAPM and obstetric care and the addition of neonatal care to create a comprehensive package of subsidized services.

Standardized and expanded quality improvement activities

Quality health services are not only dependent upon the skills of health care workers but on other factors—sometimes health workers know the right things to do but because of constraints in the system they are unable to consistently provide good care. Among facilities offering delivery services, for example, less than half have all the items for infection control available in the delivery service area. The items most often lacking are running water and soap. To close the quality gap in district and sub-district

health facilities, the USG will promote the use of simple, high-impact interventions including the active management of the third stage of labor and infection control through the distribution of clean delivery kits (“mamma kits”) directly to the mother to ensure materials for delivery in health facilities are available even when stocks are exhausted in the health facility. (The provision of mamma kits at the community level has the dual function of serving as an entry point for promoting birth preparedness and facility-based delivery). Strong emphasis also will be placed on expanding the delivery of quality, focused antenatal and postpartum care in line with the recently revised national guidelines and standards. Modern Quality Improvement approaches currently being piloted in targeted districts in Uganda will be scaled up, utilizing teams of health workers that focus on clients’ needs as well as analyze processes of care, test changes in the organization of care that may result in improved quality and efficiency, and use data to measure results and the effect of changes on health outcomes. Attention will also be given to building management capacity among district managers as another strategy to sustained improvement in the quality of services.

Improved linkages and referrals between service delivery points within and between facilities

Health services at different levels of the system and provided by different sectors must function as a seamless unit if uptake of maternal and reproductive health services is to be increased and sustained, loss-to-follow-up reduced, and integration enhanced. Communication and formal linkages between facilities and sectors is in need of strengthening. The same is true for formal (and informal) community linkages to facilities. Under GHI, the USG will invest in strengthening mechanisms that connect pregnant and/or lactating women, their infants and families to HIV/AIDS prevention, care and support; postnatal care; and postpartum family planning services, including two-way linkages and referrals for follow-up, particularly for mother/baby pairs. In line with the above efforts to improve ANC uptake, a major thrust will be to ensure that pregnant women presenting for HIV/AIDS, malaria, or child health services are referred to ANC clinics and followed up, and conversely that ANC becomes the entry point for other required services.

Focus Area 2: Improved health systems to strengthen delivery of health services

Maternal and newborn health services, unlike vaccination campaigns or roll out of ART, are dependent on the functioning of the entire health system. As described earlier but worth repeating here, there are many areas in which the capacity of the Ugandan health system requires strengthening, including infrastructure, the HMIS, management and governance, logistics and supplies, coordination between public and private sectors at the local level, and the recruitment, distribution, retention and motivation of health workers. The aim of GHI Uganda is to make significant progress in addressing these challenges such that the critical maternal, newborn, and reproductive health services highlighted above can function properly on a consistent and sustainable basis.

Strengthened HRH

The sustainable supply of a sufficient and appropriately skilled cadre of health workers is fundamental to increasing access to skilled birth attendants, facility-based deliveries, and providers skilled in emergency obstetric care, and generally to improving the efficiency and effectiveness with which facilities deliver maternal health services—all required to reduce maternal mortality. Uganda faces a severe shortage of

health workers with respect to the population’s health needs. Recent estimates revealed only 56% of established health worker positions were filled. A November 2008 staff audit further shows that the available health workforce is inequitably distributed, with about 71% of the doctors and 41% of the nurses and midwives located in urban areas, where only 13 percent of the population lives. The productivity of the health workforce was found to be low, characterized by high rates of absenteeism estimated at 37%.

The GOU recently prioritized the institution of VHTs in its health sector strategy; however, current GOU funding does not support the scale or scope of the VHT package, leaving the program highly dependent on donor support. Where VHTs are trained and functioning, there are several barriers to VHT performance. They include lack of supportive supervision, poor retention of VHTs due to their voluntary status, lack of equipment and supplies to carry out the basic mandated functions of VHTs per the national curriculum, and inconsistent support by donors to the basic VHT curriculum.

Under GHI the USG, in close collaboration with the Ministries of Health, Public Services, Education, and Local Government, will redouble and synchronize its efforts to decrease gaps in human resources and improve the quality of the existing workforce at all levels from the Regional Referral Hospitals down to the VHTs. Enhanced capacity for HRH planning, strengthened systems to improve the quality and performance of the health workforce, and improved workforce management practices will be major emphases. Interventions will seek to strengthen the Human Resource Information System and its use for evidence-based decision making and to build the capacity of the GOU to put in place and implement HRH policies that provide the foundation for sustained systemic HRH changes. As retention of health workers, particularly in rural areas, continues to be a key bottleneck, interventions also will strengthen recruitment systems, supportive supervision, work climate improvement, and performance management, placing high priority on improving the competencies of managers at the district level through appropriate training, promotion of performance standards, and regulation of health workers. Performance-based incentives will be instituted to improve the motivation and productivity of the existing workforce. To ensure the availability of a continuous and sustainable supply of well-trained and highly skilled health workers, the USG will expand its support to strengthen the planning, coordination, evaluation and delivery of pre-service and professional development training. Highest priority enhancements will elevate maternal health within the training system through integration of PMTCT and other best practices into curricula and supporting other strategies of the Nursing and Midwifery Council for pre-service and in-service training, recruitment, and deployment. HRH issues also remain a major focus of collaborative donor advocacy to the GOU and other stakeholders; the USG will continue its leadership role in these efforts.

GHI Principles in Practice

Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda and emphasizing investments in the health system components that most directly impact the provision of maternal, neonatal, and reproductive health services.

Encourage country ownership and invest in country-led plans by building the capacity of the GOU to achieve the health systems strengthening objectives outlined in the HSSIP.

Build sustainability through health systems strengthening by concentrating on addressing Uganda’s major health systems weaknesses.

Increase impact through strategic coordination and integration by focusing efforts on a select set of districts.

Increased efficiency of supply chain management

Quality maternal health services hinge upon the consistent availability of essential medicines and supplies such as contraceptives, oxytocin, latex gloves, soap, disinfectant, and suture materials. Stock outs of these and other critical medicines and health commodities continue to occur frequently at the national level and at the health facilities level with adverse effects on service delivery and consumer confidence. Leakage to the private sector is also a major, well-publicized problem, with a significant proportion of commodities being taken out of the system at some point along the supply chain from central level to health facilities. Despite some success in improving supply chain management over the past decade, there are still many improvements needed.

To enable the GOU to achieve and sustain greater commodity security, the USG will intensify its work with GOU organizations and other partners to improve the cost-effectiveness and management of each of the components of the public sector health commodity supply chain—product selection, quantification, procurement, supply planning, financing, storage, distribution, and information management. The focus is on policy and regulatory reform, strengthening the capacity of the national public procurement and warehousing provider—National Medical Stores (NMS) and Joint Medical Stores (JMS), which supplies the PNFP sector, harmonizing and streamlining the procedures and tools related to supply chain management at all levels, and testing innovative approaches to ensure increased availability and access to affordable essential medicines. To ensure the limited financing available for essential health medicines and supplies (EHMS) is managed appropriately, the USG will build the capacity of MOH technical programs in product selection, forecasting requirements, coordinating, and tracking the resources from the government and a myriad of donors. Interventions will also increase district managers' knowledge and skills to address wastage of EMHS through inappropriate ordering and irrational use of medicines such as overuse of antibiotics and injections.

NMS will remain the focus of reform efforts at the national level to improve efficiency in public procurement, financial management and distribution as well as improve transparency to boost government, donor, and public confidence. A new priority under GHI will be the provision of technical and financial assistance to JMS, which offers the opportunity to reach PNFP facilities in rural areas, to improve its operational efficiency and the availability of supplies at these facilities. The USG will continue its critical financial support for the procurement of priority products, including essential medicines, laboratory commodities, HIV/AIDS commodities, contraceptives, malaria and anti-TB-medicines, expanding procurement of key commodities for PMTCT at the same pace as service scale-up.

Improved infrastructure for health

In order to attract and serve clients, facilities must be functional, well-equipped and in good repair, and effectively referring patients to higher levels of care. A GOU program to construct new HC IIs increased geographic accessibility of households to health facilities in recent years. Unfortunately this construction often outstripped the GOU's capacity to make the facilities functional in terms of human resources, medical equipment, and operational budgets. As such, many health centers still require significant improvement, with maternities lacking water, lighting and functional operating theaters for basic surgery, such as cesarean sections. USG interventions in this area will center on supporting infrastructural improvements in health facilities and the laboratories that support them. A key objective under GHI is to strengthen the provision, coordination and management of comprehensive health laboratory services and increase adherence to norms and standards by expanding accreditation of service delivery points and labs. To quickly and efficiently enhance coverage of essential PMTCT lab services, activities will expand the established sample transport network, create regional transport hubs,

and develop point-of-care CD4 testing in hard to reach districts where the transport network is not functional.

Strengthened national information systems to support a learning agenda for improved planning and coordination

Accessibility and utilization of quality data and information is essential for planning and management of maternal and newborn health programs that can meet the needs of the population. Revisions to the current national HMIS to integrate essential information on maternal and newborn health and PMTCT are in process with support from the USG. In the meantime, multiple pre-existing parallel reporting systems remain in use resulting in low rates of timely reporting and the lack of a functional electronic reporting system from district to national levels. USG GHI assistance will seek to buttress the roll out of the revised HMIS by building the capacity of national and subnational M&E officers for PMTCT and MCH; institutionalizing data quality audits for PMTCT and maternal and child health; supporting quarterly integrated support and supervision at all levels; and expanding the use of web-based information systems to monitor and track reporting, linkages, efficiency and effectiveness.

Maternal and perinatal vital registration and surveillance systems serve as important complements to the HMIS. Through GHI, they will be expanded and, in pilot districts, linked with quality improvement strategies. Where the vital registration system remains weak, the USG will explore the use of verbal autopsy to establish cause of death. Research is a core component of the USG and the GOU's efforts to implement more evidence-based, effective policies and programs and increasingly is being prioritized by the GOU, most recently in the HSSIP. In direct support of this priority, the USG will expand activities to increase the capacity of GOU entities to conduct and use research to inform policies and programs. Particular emphasis will be placed on building the capacity of the newly formed Uganda National Health Research Organization to provide direction and oversight for research, including developing a research agenda and an inventory of research institutions and their respective capacities. Support to and capacity building for the translation and use of research results will continue.

Strengthened governance, management, and financing in advancement of national policies and systems

An accountable and responsive GOU is the lynchpin to achieving the collective maternal health goals of the GOU, USG, and other development partners in Uganda. Effective leadership at both national and subnational levels is required in order to capitalize upon both donor and GOU investment. At present, the health sector remains chronically and substantially underfunded. Though many strong health policies have been developed, operationalizing these policies is often a challenge. Local government, particularly in the context of Uganda's decentralized system, plays a very important role in service delivery and governance, but often has weak capacity to carry out this role effectively. The commitment of LGs to improving and sustaining social sector services is hindered by ineffective governance, low remuneration levels, lack of training, lack of supervision, and insufficient leadership and management. Nonetheless, work at the LGA level has the potential for more immediate impact on the everyday lives of Ugandan women. Recognizing this, the USG gradually ramped up district-based programming over the last several years. GHI presents the opportunity for the USG to deepen its engagement with district governments, rallying around reducing maternal mortality. To do this the USG will partner with local governments to improve services at the point of delivery, providing technical assistance and capacity building to enable districts to better manage health resources and programming. Specific interventions will equip local governments with appropriate tools and build the management

capacity of local government and private providers to maximize service coverage, quality, and safety and minimize waste through supervision and performance incentives. Innovative ideas include establishing a scorecard for districts on MNCH and PMTCT with the offer of incentives to the best performing districts. Under GHI the USG will pursue a new approach through which democracy and governance programming aimed at building systems and capacity for constructive oversight and accountability targeted at the district level also will underscore the improved delivery of social sector services including health.

National policies and strategies that guide and regulate health service delivery, health commodity security, infrastructural developments, financing, and use of strategic information are equally if not more important in this decentralized environment. The USG will support efforts at national and subnational levels to ensure that such policies and strategies are implemented, monitored, evaluated, and revised in light of new evidence and information. The MOH's new Public Private Partnership for Health Policy, in particular, is ripe for USG investment and will allow the USG to leverage its funds to expand access to financing especially for private sector facilities. To increase the availability of evidence to inform policymaking and strategy development, the USG will support program evaluation studies and, new under GHI, cost-effectiveness and cost-benefit analyses.

High-level and grassroots advocacy (discussed more under Focus Area 3) efforts will complement these district management and governance activities. Special emphasis will be placed on advocacy for maternal, neonatal, reproductive health and PMTCT targeting parliamentarians and district political, religious, and cultural leaders. The objective is to cultivate champions for maternal and reproductive health at all levels that can create a groundswell of support for increased funding for and better management of maternal health services.

The USG is and will remain a strong and vocal advocate along with other development partners in addressing GOU commitment to and funding for the health sector. The USG voices this advocacy through multiple channels, including regular leadership and participation in the Health Development Partners and AIDS Development Partners groups that coordinate donor efforts to establish a common voice and coordination body for the GOU to work with, in line with Paris Declaration principles. The USG's voting position on the HPAC at the MOH further strengthens this advocacy role in terms of budget, policy, and other sector guidance issues. The USG will continue its support to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Country Coordinating Mechanism (CCM), on which the USG serves as a voting member, and country system for effective planning, utilization, and reporting of GFATM resources that are a key to longer-term funding for HIV/AIDS treatment and care services. Ultimately, the goal is to put Uganda on a path to financial and technical self-sufficiency.

Strengthened coordination and capacity of public and private sector providers

Sixty-five percent of Ugandans use the private sector for health services, particularly rural populations. The private sector is becoming stronger and more vibrant, which could allow the public sector to focus more on those clients who truly need the public system. The private sector offers opportunities to expand service provision in rural and urban areas with only small investments in regulatory reform and quality improvement. The HSSIP emphasizes the importance of private sector engagement and, as noted above, the government's commitment to PPPs is embodied in a PPP policy. The MOH attempts to coordinate private sector efforts through the PPPH technical working group at the MOH, though coordination, oversight and accountability efforts are constrained at the district and lower levels due to

lack of resources and prioritization of addressing the significant challenges first and foremost within the public sector.

The USG historically has been and likely will continue to be the leading donor in supporting the development and advancement of the Ugandan private health sector. Priority activities going forward will be to consolidate gains in building GOU, commercial sector, and private-not-for-profit capacity to provide quality services by promoting and adhering to standards, procedures and norms for services as well as behavior change approaches. The private health sector is not well coordinated and representation at national level planning still needs strengthening. An important strategy of the USG thus will be to promote efficient organization of the public and private health network through supporting private sector umbrella entities, including delineating a package of services to be provided in both sectors, rationalizing responsibilities between the public and private sectors, and establishing a functional referral system.

Limited access to finance for PFP and PNFP clinics restricts scale up of well-run and well-managed companies. Franchising models can create opportunities to scale up proven business models, providing capital and network/management efficiencies, resulting in improved and consistent quality of services. The USG will expand its support to new and existing franchise models to scale up successful clinics and pharmacies to achieve economies of scale while delivering consistent and affordable quality services. The USG also will facilitate a network of accredited private clinics to promote consistent high-level quality services and economies of scale for group purchasing of commodities, trainings, and representation in policy forums.

Focus Area 3: Increased demand for and utilization of quality health care services

With only 41% of women delivering with the assistance of a skilled birth attendant and even fewer attending all four recommended ANC visits, it is clear that much needs to be done to encourage women to access maternal and reproductive health services. While increasing the quality of facilities and the care health care workers provide can and likely will impact uptake, it must be complemented by increasing women's and men's knowledge of the services available, understanding of the importance of utilizing these services for the health of mother and baby, and ability to engage with the health system as informed consumers and advocates. Priorities under this result seek to build the kind of community-level networks and support systems that can facilitate a more positive normative environment for health care use. It can also provide community-based delivery of key preventive health services and messages, effective and sustained health education efforts, and more transparent and accountable local governance of health.

Strengthened community health systems for improved adoption of health seeking behaviors

The establishment of VHTs underway in Uganda has the potential to greatly enhance and expand the delivery of and demand for health services at the community and household level. VHTs are particularly key to reaching remote populations and linking those in need to appropriate services and facilities. Nonetheless, given the slower than planned roll out of VHTs—currently only standing in about half of all districts—and concerns about the functionality, up-to-date training, and mobilization of VHTs where formed, much work lies ahead before VHTs' full potential can be realized. Remuneration, frequent turnover, and inadequate funding for even basic VHT training persist as a significant barrier to a strong

community health worker system. The severe shortage of drugs in lower-level facilities indicates that community access to commodity-driven services for the near future will be sporadic at best. Given that VHTs work on a voluntary basis, their intrinsic motivation is essential, but the lack of commodities could remain a significant demotivating factor for the near future.

In the short term, the USG will continue to support VHTs in their critical roles as health educators, referral points, and mobilizers, and will continue to support the systems that can lead to a stronger VHT program in the coming years. This includes working with district leadership and other donors at the district level to ensure that the national curriculum for VHT training is supported first and foremost. It ensures that any additional VHT activities supported through donor initiatives are negotiated at the district level and national level when possible, to ensure buy-in and support for additional engagement and activity by VHTs for specific donor or district programs. The USG can claim some success in strengthening the capacity of communities and service providers, including VHTs and local health committees, to plan and implement health activities and improve referral systems and linkages; these activities will be reinforced. USG programs will support VHTs to conduct a variety of activities in the home and community and to provide adequate links to facility services, including community mobilization for family planning outreaches for LAPM; increase ANC uptake, institutional deliveries, and post-natal follow-up; bednet distribution and indoor residual spraying to prevent malaria; identification of pregnant women and danger signs (such as fever) among sick community members to increase uptake of facility services; BCC on key hygiene, nutrition, and other preventive practices for home and community health; and training on the distribution of long-acting family planning methods, to name a few. Current initiatives to train VHTs in the collection and utilization of health data for effective decision-making regarding delivery of health services will be expanded.

For the longer term, the USG will continue to address the systemic issues that hinder a more comprehensive portfolio for VHTs through the interventions outlined under Focus Area 2. Nevertheless, the USG remains confident that VHTs, once fully functional with the requisite support from the GOU, can serve as an essential link between home, community, and facility level health services.

Social and cultural norms regarding health behaviors and use of health services can be both a facilitating and hindering force within communities. For example, positive norms around gender roles, household decision-making and male partner involvement can enable and even encourage women to access services, whereas negative norms that restrict women's mobility and access to resources prevent women from doing so. DHS surveys and formative research consistently find that gender-related barriers and myths and misconceptions about side-effects are the primary drivers of FP non-use in

GHI Principles in Practice

Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda, emphasizing the key role that communities play in supporting the demand for and uptake of maternal and reproductive health services and adoption of healthy behaviors, and addressing gender norms that underlie lack of access to and limited uptake of critical maternal and reproductive health services.

Encourage country ownership and invest in country-led plans by building the capacity of the GOU to achieve the community responsibility objectives outlined in the HSSIP.

Strengthen and leverage other efforts by working at the community level, a USG comparative advantage.

Increase impact through strategic coordination and integration by promoting the integration of key behavior change messages.

Uganda. It is likely that these same barriers impact uptake of other critical reproductive and maternal health services. The USG began to address these underlying factors through a campaign targeting men that promoted the benefits of family planning, and addresses these issues in a cross-cutting manner under FtF by addressing women's health, nutrition, and healthy timing and spacing of pregnancies as critical drivers of economic resiliency at the household level. Under GHI these efforts will continue, with a special emphasis on tackling harmful gender norms and pervasive beliefs that women should deliver at home. The USG also will promote male-friendly health services to increase the involvement of male partners.

Expanded and increased integration of health education efforts

Global experience supports the need to complement “supply-side” systems level interventions with efforts to change behaviors and improve “demand” for health services. Communication to encourage individuals, families and communities to adopt healthier lifestyles and positive health-seeking behaviors through targeted media, interpersonal communications and community-mobilization can play an important role in improving health status on a sustainable basis. Indeed, in Uganda USG-funded health communication activities have demonstrated some success in increasing use of targeted services and improving self-reported behaviors. These evidence-based, best practice campaigns will continue under GHI, with increased emphasis on the delivery of integrated health messages related to maternal health and family planning, particularly postpartum methods for increasing birth spacing intervals—a critical strategy for reducing maternal mortality. Uganda boasts a large Peace Corps Volunteer program, and through its cadre of volunteers embedded in communities throughout Uganda will continue to train and strengthen VHTs, who in turn will provide information to community members on key reproductive health and malaria prevention activities leading to behavior change, as well as on available health services. Communication activities that promote understanding the safety and efficacy of and completion of the full course of IPTp in pregnant women especially—given the low uptake of potentially life-saving intervention—will be expanded through support to district health education units.

Health communication activities to date—while implemented in collaboration with the Ministry of Health, the Uganda AIDS Commission, private sector, and civil society—have produced mixed results in terms of increasing the capacity of these entities to implement evidence-based, best practice campaigns without technical assistance. Top priority under GHI will be building the technical capacity of government, private sector, and civil society organizations to implement high quality communication activities at all levels and at sufficient scale. As noted above, VHTs are the engines of demand creation at the community level and the USG intends to expand VHTs' community mobilization and sensitization activities even further through training and supportive supervision interventions.

Increased community advocacy efforts for health

An empowered citizenry, mobilized and organized, willing to advocate for service delivery and attention to key issues and a capable civil society can make a difference in the way maternal and reproductive health services are planned, delivered (availability, access and quality), and utilized. A recent advocacy assessment found generally weak civil society engagement in advocacy in Uganda, particularly at the sub-national level. With the exception of well-resourced and high capacity NGOs at the national level, most CSOs function almost exclusively as service delivery providers and very few possess the capacity to effectively engage the state in technical processes. In GHI the USG will bring civil society advocacy and

engagement to the fore with a new program aimed at building the capacity of civil society to influence decision-making regarding health services and mobilizing communities to hold local governments accountable. Capacity building interventions will sharpen the skills of CSOs in various aspects of advocacy, ranging from community empowerment, effective representation of community concerns, research and policy analysis, power mapping, communications and media, outreach and mobilization, and engagement with government officials. A key objective is for CSOs to, in turn, build the capacity of communities to organize themselves, prioritize their needs for services, and demand access to and improved quality of services. Mobilizing communities specifically to encourage pregnant women to attend ANCs will be emphasized.

The media also has a critical, yet far from fully optimized, role to play as both an advocate and a means to engaging citizens and civil society in advocacy. An expanded focus under GHI will be to facilitate community dialogue and partnerships with the media on maternal health including the virtual elimination of MTCT.

The USG will capitalize on GHI's increased community advocacy and activity in order to develop a more robust, comprehensive response to persistent cross-sectorial development challenges such as gender, governance, and under-nutrition. As GHI focuses on improved integration within the health sector, complementary and linked FtF programs will integrate nutrition and other health programs with agriculture, economic growth, gender empowerment and other development programs. This cross-sectorial integration will occur in its most robust form at the community and household level in order to tackle both proximal and distal causes of under-nutrition in an integrated and holistic manner. This type of cross-sectorial work will be reinforced by GHI through district-level coordination and referral efforts for beneficiaries beyond health sector interventions to address gender, economic, and other social issues that ultimately influence health seeking behaviors and health outcomes.

IV. Monitoring, Evaluation, and Learning

Learning, adapting, and innovating as well as the typical tracking of results and progress towards program and project objectives are viewed as critical components of all USG activities in Uganda. The USG is committed to continuously and proactively learning through evaluation and operations research. To that end the USG team has articulated a set of questions that it seeks to answer in order to increase the effectiveness of its programs, such as, "Does increased availability of services (staff are present, waiting times not excessive) increase demand for services?" and "what is the most important constraint in reaching quality, availability or accessibility and how does that vary by geographic location?" Other conceptualized studies pertinent to achieving GHI goals include: lost to follow up; PMTCT impact; effectiveness of new approaches and innovations in integrated PMTCT/MNCH; assessing the feasibility, acceptability, and effectiveness of repeat HIV testing and sustained risk reduction throughout breastfeeding among pregnant women who are found to be HIV-uninfected in ANC; assessing the feasibility, acceptability, effectiveness of sustained integrated FP/PMTCT IEC throughout breastfeeding among HIV-infected pregnant women within ART clinics and through the community; and an impact evaluation of capacity building for data quality assessment. These and other evaluation activities already underway will contribute to the knowledge base related to the causal pathways highlighted in the accompanying results framework and will guide relevant scale-up.

In the constrained resource environment in which GHI now operates an understanding of the cost-effectiveness of the USG's and GOU's programmatic investments and the cost-benefit of various interventions for achieving Uganda's health goals is essential to evidence-based decision making and

maximizing the impact of our collective resources. As noted earlier, the USG is growing its support for studies of this nature as well in collaboration with FtF cost-benefit and cost-effectiveness studies.

Results of the current DHS will serve as a baseline against which GHI achievements can be measured. Impact and outcome evaluations will capitalize on this survey as well as MIS, AIS, and SPA in addition to other sources like the Afrobarometer (i.e., a series of national public attitude surveys on democracy and governance in Africa), the Joint Assessment Framework (JAF) (i.e., a set of well-defined and shared targets and actions by which budget support donors measure performance), and the HMIS. These will be supplemented by district level LQAS-based surveys, performance evaluations, and decentralized quality improvement activities that will provide more comprehensive and timely input to USG and relevant national and district planning. In addition, current implementing partners are including comparison groups while designing their performance monitoring plans to better understand and report on the differential impact of their interventions. For routine data collection for monitoring progress, the USG will rely on existing data sources, such as the HMIS and partner reporting, as much as possible so as to strengthen these systems and minimize reporting burden. Recently the MOH embraced the concept of adding to the HMIS data collected by VHTs at the community level; the USG will support VHTs in this role. Specific indicators of interest to the GHI from these various sources are found in the associated strategy matrix.

The strategy matrix highlights the GOU goals and priorities with which GHI/Uganda is aligned, key actions the USG will undertake to reduce maternal and neonatal mortality, indicators that will be used to track GHI progress, and key partners with which the USG will work closely to achieve these aims. The USG intentionally chose to adopt impact-level indicators from the GOU's own HSSIP with country ownership in mind, not setting separate USG targets, but recognizing that achieving the ambitious targets for maternal and neonatal mortality will require a collective effort by the GOU, USG, and other donors. Similarly, JAF indicators, which are agreed upon by the donor community and the GOU, are representative of this group effort and also are included, as appropriate. While this makes attribution challenging, outputs and outcomes produced by USG and its implementing partners within the USG's focus districts and other information collected in the HMIS are useful supplements and therefore a select set of those—most relevant to and indicative of progress towards improved access and quality, stronger health systems, and greater demand and use of services—also is included. The USG key priority actions, as described throughout this document, are those that the USG believes will maximize the USG's contribution to achieving the GOU's maternal and neonatal mortality goals.

To effectively document reductions in maternal deaths and provide an additional source of regular feedback to the service network—in a select set of districts to be determined by the application of defined criteria—the USG will support the collection of maternal mortality baseline data, maternal and perinatal mortality surveillance and pregnancy registration, facility assessments, and facility monitoring. Peace Corps, with its volunteers embedded in communities, will play a vital role in both conducting and building the capacity of VHTs to conduct these M&E activities.

Key Country-Specific Indicators for GHI

- Maternal Mortality Ratio
- Neonatal Mortality Rate
- Contraceptive Prevalence Rate
- Percent of Women Receiving Four ANC Consultations
- Percent of Live Births Delivered from a Health Facility
- Percent of Health Facilities Providing Basic Emergency Obstetric Care
- Number of HIV-Positive Pregnant Women Who Received Antiretroviral to Reduce Risk of Mother-to-Child Transmission

V. Communications and Management Plan

USG Agencies working in areas of health in Uganda are committed to increasing coordination and integration across USG investments and presenting one USG voice to the GOU, civil society, partners and other donors. GHI Uganda is guided by the U.S. Ambassador. The Ambassador has designated the Deputy Chief of Mission (DCM) as the Planning Lead. USG Uganda established an Interagency Health Team (IAHT) which is chaired by the DCM. The IAHT creates a forum for increased internal coordination and ensures inclusion of all parties with an interest in or work relevant to improving the health of Ugandans. To date, the IAHT has mapped out all health resources and activities in Uganda by the respective USG Agencies to minimize redundancies and duplication of efforts, thus ensuring greater efficiency and effectiveness and maximum public health impact for the USG investment. An established IAHT technical working group works to ensure the GHI strategy and USG programs are technically sound and that the higher level coordination flows down to the operational level.

In addition to the establishment of the Interagency Health Team, the USG took several key steps to embrace a true interagency approach across sectors. Organizational changes such as restructuring staff locations so that USAID staff and Embassy staff working on related issues sit close to each other, organizing the weekly Country Team meeting around MSRP goals rather than Embassy or Mission offices, establishing a Feed the Future interagency technical working group and a petroleum working group, all have led directly to more collaboration and joint programming. With continued strong leadership from top leadership, focused planning, and effort by staff, the USG will maintain and expand, as needed, such successful approaches.

External relations with GOU and other stakeholders (e.g. development partners, private sector and civil society) are critically important to the successful implementation of GHI in Uganda. USG is a leader in donor coordination efforts evidenced by recently serving as chair for both HDP and ADP forums, serving as a voting member on the HPAC and CCM, and serving as active participants within all relevant MOH technical working groups. GHI Uganda will continue to build upon close and effective bilateral relations led by the Chief of Mission. Meaningful engagement at the right time in Uganda's budget and planning cycle will enable GHI to accelerate strategic interventions. With country ownership serving as the centerpiece of the GHI foundation, the USG will redouble its efforts to respect and work within existing GOU management and coordination structures, in line with broader development principles, the principles of the Three Ones, and the IHP+ Compact, in support of Paris Declaration principles to advance HSSIP goals and objectives.

As part of its public advocacy efforts, the U.S. Embassy's Public Affairs Office will support the USG IAHT with outreach and communications on USG health programs. To guide this outreach, the USG will develop an overall IAHT communications strategy, emphasizing approaches that will enhance the Ugandan public's understanding of USG's contributions to improved health services and outcomes.

VI. Conclusion

With the Global Health Initiative's commitment to and substantial investment in health in Uganda, the USG is in a unique position to truly make an impact on the lives of Ugandans, particularly women and newborns. This strategy document represents an important step in the USG's effort to better coordinate and promote synergies between its activities and ensure alignment with the GOU's priorities, thereby enhancing the overall effectiveness of its program in increasing access to, demand for, and utilization of quality maternal and reproductive health services and strengthening the health system,

ultimately accelerating reductions in maternal and neonatal mortality. A Uganda in which women and newborns thrive will be a more prosperous nation indeed.

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
Prevent 54 million unintended pregnancies by reaching a MCPR of 35% across assisted countries; reducing from 24% to 20% the proportion of women aged 18-24 who have their first birth before age 18	<ul style="list-style-type: none"> • Increase CPR from 24% (2006) to 35% • Reduce unmet need for family planning from 41% to 20% 	<p>Full range of services in each program area provided as part of comprehensive health services in public and private facilities and community-based services</p> <ul style="list-style-type: none"> • EXPAND outreach and services in the community, with special emphasis on injectables and long-acting and permanent methods • CONTINUE to expand the knowledge and voluntary uptake of family planning (FP) services among HIV positive women of reproductive age-group within MNCH and HIV/AIDS care and treatment services • CONTINUE AND RE-EMPHASIZE scale up the availability of active management of the third stage of labor and infection control to close the quality gap in district and sub-district health facilities • CONTINUE to strengthen the capacity of selected facilities to provide basic emergency obstetric 	<p>HSSIP core indicators (impact)</p> <ul style="list-style-type: none"> • MMR— 435 per 100,000, 2006 baseline 131 per 100,000, 2015 target • NMR— 70 per 1,000, 2006 baseline 23 per 1,000, 2015 target • Contraceptive prevalence rate— 24%, 2006 baseline 35%, 2015 target <p>IP indicators (outcome)</p> <ul style="list-style-type: none"> • USG couple years of protection— 919,103, 2010 baseline (quarterly partner reporting) • Percent of women who receive 4 ANC consultations— 30% baseline 	<p>GOU including: Ministry of Health Uganda AIDS Commission Uganda Bureau of Statistics Ministry of Finance, Planning and Economic Development Ministry of Education and Sports Ministry of Gender, Labor and Social Development Ministry of Local Government Ministry of Public Service National Medical Stores Health Services Commission National Drug Authority Uganda National Health Research Organization Joint Clinical Research Centre National Clinical Research Laboratories</p> <p>District governments including: District Health Officers District Health Management Committees Village Health Teams</p> <p>Private sector For-profit service providers</p>
Reduce maternal mortality by 30% across assisted countries	<ul style="list-style-type: none"> • Reduce maternal mortality from 435 to 131 per 100,000 live births • Increase skilled birth attendance from 40% to 60% • Increase institutional delivery from 34% to 90% • Increase percent of health facilities with emergency obstetric care from 10% to 50% 	<p>(Continued from above)</p>	<p>(Continued from above)</p>	<p>(Continued from above)</p>
Reduce under-five mortality rates by 35% across assisted countries	<ul style="list-style-type: none"> • Reduce the neonatal mortality rate from 29 per 1000 live births to less than 20 per 1,000 live births by 2015 	<p>(Continued from above)</p>	<p>(Continued from above)</p>	<p>(Continued from above)</p>

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
Support the prevention of more than 12 million new HIV infections; provide direct support for more than 4 million people on treatment; support care for more than 12 million people including 5 million OVC	<ul style="list-style-type: none"> • Increase access to PMTCT services by pregnant women from 24% to 80% • Reduce HIV transmission from mother to child by 50% by 2012 	<p>and newborn care</p> <ul style="list-style-type: none"> • CONTINUE AND RE-EMPHASIZE support for essential newborn care (immediate and exclusive breastfeeding, warmth, and clean cord care) at all levels of the health system through facility and community approaches • CONTINUE to strengthen interventions to keep HIV negative pregnant and lactating women HIV negative 	<ul style="list-style-type: none"> • 60% target • Percent of live births delivered from a health facility— 27% baseline 60% target • Percent of health facilities (HC III and above) providing Basic Emergency Obstetric Care— 10% baseline 40% target 	<p>Private not-for-profit service providers (PNFP) Commercial businesses Local financial institutions Private insurers</p> <p>Professional Associations Association of Obstetrics and Gynecology Uganda Private Midwives Association Uganda Nurses and Midwives Association</p>
Halve the burden of malaria for 450 million people	<ul style="list-style-type: none"> • Increase percentage of pregnant women who have completed IPT 2 from 42 to 80 by 2015 • The percentage of under-fives and pregnant women having slept under an ITN the previous night increased from 32.8% to 80% and from 43.7% to 80%, respectively 	<ul style="list-style-type: none"> • CONTINUE to strengthen PMTCT in high coverage districts with a focus on quality, effectiveness, sustainability and virtual elimination • CONTINUE to support a comprehensive package of services to maximize management of malaria in pregnancy (IPTp and LLIN) provision in public and private ANC clinics through training and integrated supervision • CONTINUE to strengthen post-natal clinics with special emphasis on provision of comprehensive FP services, support for infant feeding, 	<ul style="list-style-type: none"> • Percent pregnant women who slept under an ITN the previous night— 43% baseline 85% target (per PMI) • Percent pregnant women who have received two or more doses of IPTp during their last pregnancy in the last two years— 32% baseline 85% target (per PMI) 	<p>Donors Dfid and the USG in partnership will fund FP programs supporting the private sector. They will also provide assistance in malaria as well as coordinate work in post-conflict Northern Uganda.</p> <p>UNFPA provides financial support to ensure contraceptive security through procurement of contraceptives. USAID and UNFPA are two primary donors in this area.</p> <p>The World Bank funds a health</p>

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>and increased uptake of EID</p> <ul style="list-style-type: none"> EXPAND scale up of postnatal care within 24 hours and three days of birth, distribution of clean delivery kits EXPAND scale up of newborn resuscitation as a standard component of basic emergency and obstetric care EXPAND kangaroo mother care for the management of low birth weight babies EXPAND scale up of PMTCT in low coverage districts with a focus on quality and effectiveness, aiming for population coverage EXPAND integration of FP, nutrition, and HIV/AIDS programs <p><i>Antenatal services promoted as one-stop shop for all health services related to maternal and neonatal morbidity and mortality</i></p> <ul style="list-style-type: none"> EXPAND integration and linkages between PMTCT, management of malaria in pregnancy, nutrition, family planning and the antenatal care platform to ensure that 	<ul style="list-style-type: none"> Infection control guidelines finalized and being used in all health facilities by 2012/2013 Number of pregnant women with known HIV status (incl. women who were tested for HIV and received their results) Percent of PMTCT service delivery points that provide integrated FP services Percent of PMTCT clients screened for FP needs Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission Number of HIV- 	<p>systems strengthening loan that includes a MCH component as well as provisions for the procurement of FP commodities. USAID has been a regular consultant on the development of the World Bank program, ensuring coordination of efforts.</p> <p>UNICEF supports PMTCT, pediatric treatment, distribution of bed nets, integrated management of childhood illnesses (IMCI), EPI, newborn care, and EmONC (training only) in seven regions. It will focus on nutrition activities and conduct micronutrient and food consumption pattern surveys.</p> <p>The Global Fund to Fight HIV/AIDS, TB, and Malaria (Global Fund) has provided large-scale assistance to support the Ugandan Government’s comprehensive HIV/AIDS, malaria, and health systems strengthening programming. Uganda has received funding for Round1 and 3 (HIV/AIDS); Round 2 (TB, malaria); Round 4 (malaria); Round 6 (TB); Round 7 (TB & Malaria); and Round 10 (TB, malaria and HSS). GOU is applying for Round</p>

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>pregnant women have access to PMTCT and MiP services and appropriate nutrition and family planning counseling, including on-going follow-up throughout pregnancy, delivery, and post-partum</p> <ul style="list-style-type: none"> Integrate PMTCT into the Road Map for the Reduction of Maternal and Newborn Mortality and Morbidity; Child Survival Strategy; and Newborn Implementation Framework and the related training packages <p><i>Increased affordability of health services to assure women of reproductive age have greater access to services</i></p> <ul style="list-style-type: none"> EXPAND cash voucher system to reduce financial barriers associated with service utilization CONTINUE to distribute subsidized contraceptives through social marketing and provide free contraceptives through USG’s donations to the GOU EXPAND the scale up of PMTCT 	<p>positive pregnant women newly enrolled into HIV care and support services</p> <ul style="list-style-type: none"> Percent of clients attending PMTCT postpartum care with unmet need for FP Proportion of repeat PMTCT clients reporting unintended pregnancy Proportion of demand satisfied by use of modern FP methods 	<p>11 (HIV) funding.</p> <p>WHO provides technical assistance to MOH directly as well as to the MCH Cluster and associated Technical Working Groups. WHO additionally provides financial support for epidemic response for malaria and other diseases.</p> <p>The Gates Foundation funds the Roll Back Malaria activities as well as planned support to UNICEF for ICCM in selected districts with district level health systems strengthening programming through overseeing the biennial Malaria Indicator Surveys, with partial PMI support.</p> <p>Universities Makerere College of Health Sciences, School of Medicine, School of Public Health, University Child Health and Development Centre Mbarara University of Science and Technology Gulu University Makerere Institute of Social Research Uganda Christian University, Mukono</p>

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>services to at least 60% new Health Center IIs and the private sector in the districts of focus</p> <p><i>Standardized and expanded quality improvement activities</i></p> <ul style="list-style-type: none"> • CONTINUE AND RE-EMPHASIZE infection prevention and quality improvement in health facilities and ensure clean delivery through infection prevention measures and the distribution of clean delivery kits to the mother for use in facilities and explore expansion into homes • CONTINUE AND RE-EMPHASIZE newborn infection management as part of integrated management of childhood illness in facilities • EXPAND availability of clean water and facilities and promotion of hand washing before delivery and when handling newborns • EXPAND efforts to improve counseling skills of health workers through CME, mentorship, production and distribution of job 		

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GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>aids, IEC materials, and counseling standards</p> <ul style="list-style-type: none"> • EXPAND uptake of more efficacious regimens (MER) to all HIV positive pregnant women and their infants in the public and private sector to expand coverage <p><i>Improved linkages and referrals between service delivery points within and between facilities</i></p> <ul style="list-style-type: none"> • CONTINUE to strengthen community two-way linkages and referrals for follow-up, particularly of mother/baby pairs • CONTINUE to strengthen linkage of lactating women, their infants and families to HIV/AIDS care, support and MNCH services • EXPAND support for public-private partnerships and strengthened coordination of public and private sector providers through contracting, social marketing, and franchising/accreditation of PNFP 		

KEY PRINCIPLES: Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda and prioritizing the scale-up of interventions that have the greatest potential to save women’s lives; **encourage country ownership and invest in country-led plans** by building the capacity of the GOU

Focus Area 1: Improved access to quality and integrated health services with focus on FP/RH and Maternal Health

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
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to achieve the maternal, neonatal, and reproductive health objectives outlined in the HSSIP; **strengthen and leverage other efforts** by funneling DFID funds through USG-funded mechanisms, collaborating with Bayer-Schering on the launch of a new contraceptive pill, and partnering with local businesses to provide health services to their employees and surrounding communities; **increase impact through strategic coordination and integration** by expanding the availability of key health interventions that women access before, during, and following pregnancy in all health platforms, particularly ANC.

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>GHI Prevent 54 million unintended pregnancies by reaching a MCPR of 35% across assisted countries and reducing from 24% to 20% the proportion of women aged 18-24 who have their first birth before age 18</p> <p>GOU Increase CPR from 24% (2006) to 35%</p> <p>Reduce unmet need for family planning from 41% to 20%</p> <p>GHI Reduce maternal mortality by 30% across assisted countries</p> <p>GOU Reduce maternal mortality from 435 to 131 per 100,000 live births</p> <p>Increase skilled birth</p>	<p>Attain and maintain an adequately sized, equitably distributed, appropriately skilled, motivates and productive workforce</p> <ul style="list-style-type: none"> • Attain a minimum of 75% of the expected norms • Develop a comprehensive, well-coordinated and integrated HRH information system • Strengthen capacities for HRH policy, planning, leadership and management • Improve HRH training and development to ensure adequate, relevant, well-mixed and competent community-focused health workforce <p>Provide and maintain functional, efficient, safe, environmentally friendly</p>	<p>Strengthened HRH</p> <ul style="list-style-type: none"> • CONTINUE to improve HRH policy and planning through Human Resource Information System (HRIS) and HRH policy development and implementation strengthening • CONTINUE to strengthen health workforce recruitment systems, improve health workforce retention and strengthen health workforce support systems including supportive supervision, work climate improvement, and performance management • CONTINUE to improve the competencies of HRH managers and providers through appropriate training, improving performance against program standards, and regulation of health workers • EXPAND support to pre-service training institutions and continuing professional development including integration of PMTCT into curricula and other system improvements for planning, coordination, evaluation and delivery of pre-service and in- 	<p>HSSIP core indicators (outcome)</p> <ul style="list-style-type: none"> • % of health facilities without stock-outs of any of the six tracer medicines in previous 3 months (1st line antimalarials, Depo, sulphadoxine/pyrimethamine, measles vaccine, ORS, cotrimoxazole) • % of approved posts filled by trained health workers • Annual reduction in absenteeism rate • General government allocation for health as percentage of total government budget <p>JAF indicators (outcome)</p> <ul style="list-style-type: none"> • % budget variance between allocations and releases of JBS 	<p>GOU including: Ministry of Health Uganda AIDS Commission Uganda Bureau of Statistics Ministry of Finance, Planning and Economic Development Ministry of Education and Sports Ministry of Gender, Labor and Social Development Ministry of Local Government Ministry of Public Service National Medical Stores Health Services Commission National Drug Authority Uganda National Health Research Organization Joint Clinical Research Centre National Clinical Research Laboratories</p> <p>District governments including: District Health Officers District Health Management Committees Village Health Teams</p> <p>Private sector For-profit service providers Private not-for-profit service providers (PNFP)</p>

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>attendance from 40% to 60%</p> <p>Increase institutional delivery from 34% to 90%</p> <p>Increase percent of health facilities with emergency obstetric care from 10% to 50%</p> <hr/> <p>GHI Reduce under-five mortality rates by 35% across assisted countries</p> <p>GOU Reduce the under-five mortality rate from 137 per 1,000 live births to 56 per 1,000 live births by 2015</p> <p>Reduce the infant mortality rate from 76 per 1000 live births to 41 per 1000 live births by 2015</p> <p>Reduce the neonatal mortality rate from 29 per 1000 live births to less</p>	<p>and sustainable health infrastructure</p> <ul style="list-style-type: none"> Upgrade physical infrastructure in 190 HC II's, 120 HC III's, 190 HC IV's, 17 general hospitals, 3 regional referrals and one national referral Scale up provision of laboratory supplies according to the expected standards and norms for each level <p>Increase access to essential, efficacious, safe, good quality, and affordable medicines</p> <ul style="list-style-type: none"> Strengthen the policy and legal environment governing the production, procurement, and distribution of pharmaceuticals Strengthen coordination among 	<p>service training</p> <ul style="list-style-type: none"> EXPAND the use of performance-based incentives to motivate staff in the provision of quality services, e.g., recognition, awards, etc. EXPAND collaborations with the Uganda Nursing and Midwifery Council and support their strategies for pre-service, in-service training, recruitment and deployment <p>Increased efficiency of supply chain management</p> <ul style="list-style-type: none"> CONTINUE to strengthen procurement and supply chain systems to ensure that essential medical products, vaccines and technologies of assured quality, safety, efficacy, and cost effectiveness are available for service delivery CONTINUE to promote adherence to national policies, standards, and guidelines on essential medicines and laboratory supplies CONTINUE to promote the rational use of essential medicines and 	<p>sectors (by sector and front line service delivery levels)</p> <ul style="list-style-type: none"> % budget variance between releases and actual expenditures of JBS sectors in USG-targeted districts <p>IP indicators (process)</p> <ul style="list-style-type: none"> % availability of a basket of 6 tracer medicines measured over a period of 3 months at National Medical Stores increased from 60% in 2009 Average % disbursed GOU funds to USG-supported districts allocated and expended on essential health commodities Progress on the implementation of 	<p>Commercial businesses Local financial institutions Private insurers</p> <p>Professional Associations Association of Obstetrics and Gynecology Uganda Private Midwives Association Uganda Nurses and Midwives Association</p> <p>Donors The World Bank provides a health systems strengthening loan that includes an MCH component as well as provisions for the procurement of FP commodities. USAID has been a regular consultant on the development of the World Bank program, ensuring coordination of efforts.</p> <p>The Gates Foundation funds the Roll Back Malaria activities as well as planned support to UNICEF for ICCM in selected districts with district level health systems strengthening programming through overseeing the biennial Malaria Indicator Surveys, with partial PMI support.</p>

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>than 20 per 1,000 live births by 2015</p> <p>GHI Reduce child under-nutrition by 30% across assisted food insecure countries</p> <p>GOU Reduce underweight in under-five children from 16% to 10%</p> <p>Reduce stunting from 38% to 32%</p> <p>Reduce Vitamin A deficiency among children from 20% to 10% and among WRA from 19% to 9%</p> <p>Reduce prevalence of anemia among children from 73% to 63% and women from 49% to 30%</p>	<p>different stakeholders in the pharmaceutical sector</p> <ul style="list-style-type: none"> Finance an adequate volume of pharmaceuticals and medical supplies in both the public and private sectors Strengthen the organizational structure of the pharmaceutical sector management Strengthen delivery and storage of pharmaceutical and medical supplies at all levels <p>Enable evidence-based decision making, sector learning and improvement</p> <p>Ensure effectiveness, efficiency and equity in resource allocation</p> <p>Ensure transparency and</p>	<p>laboratory commodities</p> <ul style="list-style-type: none"> CONTINUE to support the procurement of drugs, equipment, and supplies (gloves, infection control supplies, CTX, Delivery kits, etc.) NEW—Provide support to Joint Medical Stores to increase its operational efficiency and increase accessibility and availability of its supply of essential medicines and commodities for PNFP facilities in rural communities <p>Improved infrastructure for health</p> <ul style="list-style-type: none"> CONTINUE to support infrastructural improvements in health facilities CONTINUE to strengthen the provision, coordination, and management of comprehensive health laboratory services CONTINUE to support the Uganda Blood Transfusion Service (UBTS) in the strengthening of blood safety activities EXPAND accreditation of service points, particularly labs 	<p>targeted issues within targeted policies, guidelines, amendments</p> <ul style="list-style-type: none"> % USG-supported districts using sector data for decision making # of documented public fora between GOU and public/civil society related to health and education processes in select districts % of Sub-counties reporting effective planning and coordination for health and education activities % USG-supported health management committees advocating for improved service delivery % of districts with approved health 	<p>Sweden is a key partner in promoting sexual and reproductive health rights. They are primarily a budget support donor, but provide strong advocacy to the MOH to increase focus on family planning within their budgeting process. Sweden also plays a key role in advocating for anti-corruption measures in the health sector.</p> <p>Belgium provides key budget support, and leadership among donors on sector budget issues. They also have projects to support human resources for health and leadership training, which are coordinated with USG and World Bank efforts in leadership and management.</p> <p>JICA has supported quality assurance and improvement activities at the national level at coordinates with USAID partners and the MOH on harmonized quality improvement approaches.</p> <p>The Global Fund to Fight HIV/AIDS, TB, and Malaria Round 10 financially</p>

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>Reduce proportion of underweight WRA from 12% to 6%</p> <p>GHI Support the prevention of more than 12 million new HIV infections and provide direct support for more than 4 million people on treatment; support care for more than 12 million people, including 5 million OVC</p> <p>GOU Reduce the incidence rate of HIV by 40% by the year 2012</p> <p>Increase equitable access to ART by those in need, from 105,000 to 240,000 by 2012</p> <p>Mitigate the social, cultural, and economic effects of HIV and AIDS at individual, household, and community level</p>	<p>accountability in resource allocation and management</p> <p>Effectively build and utilize the full potential of public-private partnerships in the health sector</p> <p>Review and develop relevant policies, acts, and regulations governing health and ensure their enforcement</p>	<ul style="list-style-type: none"> EXPAND currently established PMTCT lab services transport network (hubs) from current 15 to (personnel, motorcycles, capacity) to 131 by 2015 and create regional transport hubs EXPAND coverage of POC CD4 care for the hard to reach districts where transport network is not functional EXPAND procurement of basic RH/PMTCT lab commodities (e.g., Hb, syphilis reagent HCT kits, CD 4 reagents, PCR supplies) <p><i>Strengthened national information systems to support a learning agenda for improved planning and coordination</i></p> <ul style="list-style-type: none"> CONTINUE to support translation of research results into effective policies and programs CONTINUE AND RE-EMPHASIZE institutionalization of data quality audits for PMTCT and maternal and child health EXPAND support to strengthen the 	<p>work plans and budgets that reflect all donor and GOU support</p> <ul style="list-style-type: none"> % of districts with Completed Management Implementation Plans % of districts with Sub-Counties reporting to relevant MIS on time 	<p>supports leadership and governance, health workforce, HIS and service delivery.</p>

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>Build an effective system that ensures quality, equitable, and timely service delivery</p> <p>GHI Halve the burden of malaria for 450 million people</p> <p>GOU Increase percentage of pregnant women who have completed IPT 2 from 42 to 80 by 2015</p> <p>The percentage of under-fives and pregnant women having slept under an ITN the previous night increased from 32.8% to 80% and from 43.7% to 80%, respectively</p> <p>Increase percentage of under-fives with fever receiving malaria treatment within 24 hours from 70 to 85 by 2015</p>		<p>vital registration and surveillance systems, especially for maternal mortality</p> <ul style="list-style-type: none"> • EXPAND the use of Web-based information systems to monitor and track reporting, linkages, efficiency and effectiveness • EXPAND efforts to build the capacity of the Uganda National Health Research Organization to provide direction and oversight for research, including developing a research agenda and an inventory of research institutions and their respective capacities • NEW--Support a Maternal and Perinatal surveillance system linked with quality improvement strategies in pilot districts • CONTINUE to support harmonization of national M&E system with standardized indicators <p><i>Strengthened governance, management, and financing in advancement of national policies and systems</i></p>		

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>GHI Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 MDR cases of TB; contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline</p> <p>GOU TB case detection rate increased from 57.3 to 70%</p> <p>TB cure rate increased from 32% to 80% (Treatment success to 85%)</p> <p>TB associated death rate reduced from 4.7 to 2.5%</p>		<ul style="list-style-type: none"> • CONTINUE to build the management capacity of local government and private providers to maximize service coverage, quality and safety, and minimize waste through supervision and performance incentives • CONTINUE to provide local governments with appropriate tools and support to enable them to efficiently and effectively manage decentralized health services and programs • EXPAND support for advocacy efforts to provide constructive oversight and accountability to local governments, working with democracy and governance programs • CONTINUE to invest in public-private partnerships through the new national policy and expand access to financing for private sector facilities • NEW—Conduct cost effectiveness/cost-benefit analyses of new interventions, program evaluation studies, and research • EXPAND high level advocacy for 		

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>maternal, neonatal, and reproductive health and PMTCT targeting parliamentarians and district political, religious, and cultural leaders and identify champions at all levels</p> <ul style="list-style-type: none"> CONTINUE to support the review, reform and/or development and implementation of national policies and strategies that guide and regulate health service delivery, health commodity security, infrastructural developments, financing, and use of strategic information NEW—Establish a scorecard for districts on MNCH and PMTCT with associated incentives for best performing districts <p><i>Strengthened coordination and capacity of public and private sector providers</i></p> <ul style="list-style-type: none"> CONTINUE to build GOU, private sector, and civil society capacity to provide quality services by promoting and adhering to standards, procedures and norms 		

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
		<p>for services as well as behavior change approaches</p> <ul style="list-style-type: none"> • CONTINUE to promote efficient organization of the public and private health network, including the package of services, a functional referral system, and rationalization of responsibilities • EXPAND support to new and existing franchise models to scale up successful clinic/pharmacies to achieve economies of scale while delivering consistent and affordable quality services • NEW—Facilitate a network of accredited private clinics to promote consistent high level quality services and leverage economies of scale for group purchasing of commodities, trainings, and representation in policy forums • NEW—Develop and roll out a loan portfolio guarantee program for the private health sector 		

KEY PRINCIPLES: Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda and emphasizing investments in the health system components that most directly impact the provision of maternal, neonatal, and reproductive health services; **encourage country ownership and invest in country-led plans** by building the capacity of the GOU to achieve the health systems strengthening objectives outlined in the HSSIP; **build**

Focus Area 2: Improved health systems to strengthen delivery of healthcare services

GHI GOALS/GOU GOALS	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>sustainability through health systems strengthening by concentrating on addressing Uganda’s major health systems weaknesses; increase impact through strategic coordination and integration by focusing efforts on a select set of districts</p>				

Focus Area 3: Increased demand for and utilization of quality health care services

GHI GOAL	GOU PRIORITIES: HSSIP (2010-2015) AND OTHER KEY GOU HEALTH PLANS	USG INTERAGENCY KEY PRIORITY ACTIONS AND INITIATIVES FOR GHI	TRACKING GHI COUNTRY-SPECIFIC TARGETS AND PROGRESS	KEY PARTNERS
<p>GHI Prevent 54 million unintended pregnancies by reaching a MCPR of 35% across assisted countries and reducing from 24% to 20% the proportion of women aged 18-24 who have their first birth before age 18</p> <p>GOU Increase CPR from 24% (2006) to 35%</p> <p>Reduce unmet need for family planning from 41% to 20%</p>	<p>Promote individual and community responsibility for better health</p> <ul style="list-style-type: none"> Strengthen IEC initiatives to bring about changes in health and related behaviors Roll out the VHT strategy in all districts Initiate and implement advocacy programs to influence provision of effective preventive health services Strengthen intersectoral linkages for health promotion 	<p><i>Strengthened community health systems for improved adoption of health seeking behaviors</i></p> <ul style="list-style-type: none"> CONTINUE to address underlying social and cultural norms that act as barriers to health seeking behaviors and access to services (e.g., gender), including the provision of male-friendly reproductive health services CONTINUE to strengthen the capacity of communities and service providers, including VHTs and Local council health committees, to plan and implement health activities and improve referral systems/linkages CONTINUE to strengthen community-based initiatives to increase ANC uptake, institutional deliveries, postnatal follow-up, and community participation through institutionalization of the VHTs, peer mothers groups, and community counseling aides 	<p>HSSIP core indicator (process)</p> <ul style="list-style-type: none"> % of villages with trained VHTs, by district <p>Afrobarometer indicators (outcome)</p> <ul style="list-style-type: none"> Percentage of survey respondents who say their local government is doing a good or very good job of ensuring that there is good quality services in public health facilities Percentage of survey respondents who say that health services in the district improved. Remained the same, or got worse over the past year compared to the previous year Percentage of survey respondents who 	<p>Community members and leaders, including religious and cultural leaders</p> <p>GOU including: Ministry of Health Uganda AIDS Commission Uganda Bureau of Statistics Ministry of Finance, Planning and Economic Development Ministry of Education and Sports Ministry of Gender, Labor and Social Development Ministry of Local Government Ministry of Public Service National Medical Stores Health Services Commission National Drug Authority Uganda National Health Research Organization Joint Clinical Research Centre National Clinical Research Laboratories</p> <p>District governments including: District Health Officers</p>
<p>GHI Reduce maternal mortality by 30% across assisted countries</p> <p>GOU Reduce maternal mortality from 435 to 131 per 100,000 live births</p>				

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<p>Increase skilled birth attendance from 40% to 60%</p> <p>Increase institutional delivery from 34% to 90%</p> <p>Increase percent of health facilities with emergency obstetric care from 10% to 50%</p> <p>GHI Reduce under-five mortality rates by 35% across assisted countries</p> <p>GOU Reduce the under-five mortality rate from 137 per 1,000 live births to 56 per 1,000 live births by 2015</p> <p>Reduce the infant mortality rate from 76 per 1000 live births to 41 per 1000 live births by 2015</p> <p>Reduce the neonatal</p>		<ul style="list-style-type: none"> EXPAND HCT services to HCIs and communities EXPAND support for the development of guidelines for community training, capacity building, and M&E, particularly for PMTCT EXPAND training for VHTs in the collection and utilization of health data for effective decision-making regarding delivery of health services EXPAND activities to strengthen male partner involvement <p>Expanded and increased integration of health education efforts</p> <ul style="list-style-type: none"> CONTINUE to support the implementation and evaluation of evidence-based, best practice targeted health communication campaigns to promote increased and sustained uptake of services and improved health behaviors CONTINUE to train community members in key health behaviors, including reproductive health and 	<p>attended any planning and budgeting meetings organized by their local council III in the past 12 months</p> <ul style="list-style-type: none"> Percentage of survey respondents reporting attending a planning or budgeting meeting and participating in the meeting <p>IP indicators (process)</p> <ul style="list-style-type: none"> Proportion of USG-supported districts with trained VHTs increased from 31% to 100% by 2014/2015 Other advocacy indicators TBD 	<p>District Health Management Committees Village Health Teams</p> <p>Private sector For-profit service providers Private not-for-profit service providers (PNFP) Commercial businesses Local financial institutions Private insurers</p> <p>Professional Associations Association of Obstetrics and Gynecology Uganda Private Midwives Association Uganda Nurses and Midwives Association</p> <p>Media</p>

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<p>mortality rate from 29 per 1000 live births to less than 20 per 1,000 live births by 2015</p> <p>GHI Reduce child under-nutrition by 30% across assisted food insecure countries</p> <p>GOU Reduce underweight in under-five children from 16% to 10%</p> <p>Reduce stunting from 38% to 32%</p> <p>Reduce Vitamin A deficiency among children from 20% to 10% and among WRA from 19% to 9%</p> <p>Reduce prevalence of anemia among children from 73% to 63% and women from 49% to 30%</p>		<p>family planning methods and malaria prevention, treatment, and control</p> <ul style="list-style-type: none"> • CONTINUE AND RE-EMPHASIZE family planning in postpartum, including lactational amenorrhea method (LAM) and other postpartum methods for birth spacing to reduce maternal mortality • EXPAND efforts to build the technical capacity of government, private sector and civil society organizations to implement high quality communication activities at the national, district and local levels • EXPAND community mobilization and sensitization using VHTs for demand creation • EXPAND IEC/BCC support to district health education units to ensure that pregnant women understand that IPTp is safe and it is important to complete a full course of IPTp • NEW—Integrate and harmonize under-nutrition prevention messages across all health platforms to maximize effective 		

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<p>Reduce proportion of underweight WRA from 12% to 6%</p> <p>GHI Support the prevention of more than 12 million new HIV infections and provide direct support for more than 4 million people on treatment; support care for more than 12 million people, including 5 million OVC</p> <p>GOU Reduce the incidence rate of HIV by 40% by the year 2012</p> <p>Increase equitable access to ART by those in need, from 105,000 to 240,000 by 2012</p> <p>Mitigate the social, cultural, and economic effects of HIV and AIDS at individual, household, and community level</p>		<p>reach and reduce missed opportunities</p> <p><i>Increased community advocacy efforts for health</i></p> <ul style="list-style-type: none"> • EXPAND community dialogue and partnerships with media on health, particularly virtual elimination of MTCT, and ensure that PMTCT is integrated into the political agenda • EXPAND community-level advocacy to encourage pregnant women to attend ANCs • NEW—Build capacity of communities to organize themselves, prioritize their needs for social services, and demand access to and improved quality of services • NEW—Build advocacy capacity of civil society to influence decision making on the planning, delivery and quality of social sector services 		

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<p>Build an effective system that ensures quality, equitable, and timely service delivery</p> <p>GHI Halve the burden of malaria for 450 million people</p> <p>GOU Increase percentage of pregnant women who have completed IPT 2 from 42 to 80 by 2015</p> <p>The percentage of under-fives and pregnant women having slept under an ITN the previous night increased from 32.8% to 80% and from 43.7% to 80%, respectively</p> <p>Increase percentage of under-fives with fever receiving malaria treatment within 24 hours from 70 to 85 by 2015</p>				

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<p>GHI Contribute to the treatment of a minimum of 2.6 million new sputum smear positive TB cases and 57,200 MDR cases of TB; contribute to a 50 percent reduction in TB deaths and disease burden relative to the 1990 baseline</p> <p>GOU TB case detection rate increased from 57.3 to 70%</p> <p>TB cure rate increased from 32% to 80% (Treatment success to 85%)</p> <p>TB associated death rate reduced from 4.7 to 2.5%</p>				

KEY PRINCIPLES: Focus on women, girls, and gender equality by making maternal and reproductive health the central focus of GHI in Uganda, emphasizing the key role that communities play in supporting the demand for and uptake of maternal and reproductive health services and adoption of healthy behaviors, and addressing gender norms that underlie lack of access to and limited uptake of critical maternal and reproductive health services; **encourage country ownership and invest in country-led plans** by building the capacity of the GOU to achieve the community responsibility objectives outlined in the HSSIP; **strengthen and leverage other efforts** by working at the community level, a USG comparative advantage; **increase impact through strategic coordination and integration** by promoting the integration of key behavior change

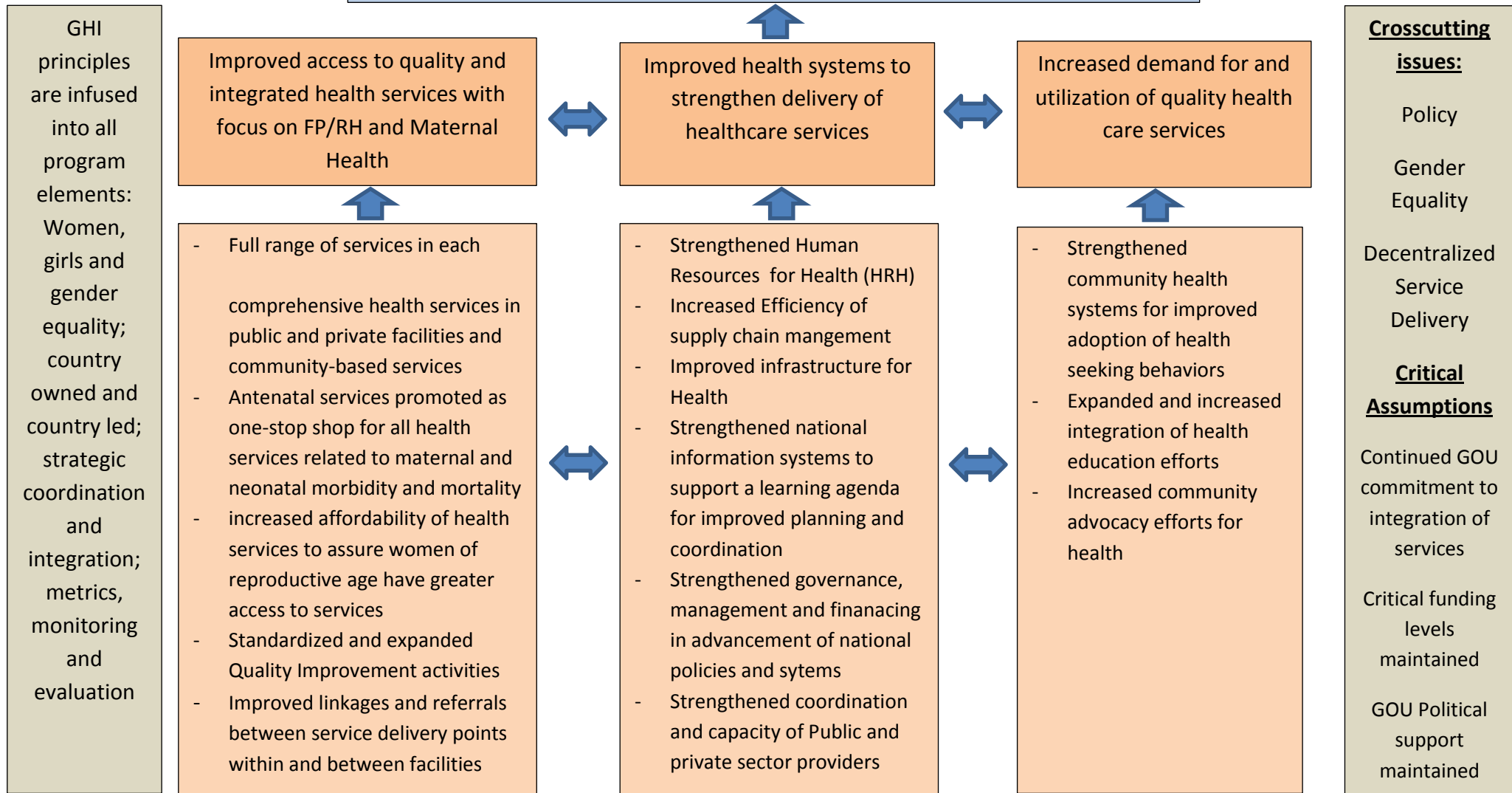
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messages				

Uganda's Global Health Initiative Results Framework

Health Goal: accelerate the reduction of maternal and neonatal morbidity and mortality in Uganda

Expected Impact: Reduced Maternal and Neonatal Mortality
 GHI contributes to Uganda's HSSIP targets to reduce Maternal Mortality from 435 to 131 (per 100,000) and to reduce Neonatal Mortality Rate from 70 to 23 (per 1,000) by 2015



GHI will strengthen integration between USG-funded programs in HIV/AIDS, malaria, maternal, child and new born health, nutrition, TB, family planning and reproductive health