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USAID's Malaria Action Program for Districts

Annual Report

PY3 October 1st , 2018 to September 30th , 2019

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Contract Number: AID-617-C-16-00001

Activity Start Date and End Date: 19th August 2016 to 18th August, 2021
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ACRONYMS AND ABBREVIATIONS

ACT	Artemisinin Combined Treatment
ANC	Antenatal Care
ASSIST	Applying Science to Strengthen and Improve Systems
BS	Blood Slide
CDCS	Country Development Cooperative Strategy
CDFU	Communication for Development Foundation Uganda
CLA	Collaborative Learning and Adaptation
CQI	Collaborative Quality Improvement
DHMT	District Health Management Team
DHIS	District Health Information System
DHO	District Health Office
DHT	District Health Team
DHO	District Health Office
DO	Development Objective/s
DOT	Directly Observed Treatment
DQA	Data Quality Assurance
EQA	External Quality Control
GoU.	Government of Uganda
HC	Health Centre
HF	Health Facility
HMIS	Health Management Information System
HUMC	Heath Unit Management Committee
HW	Health Worker
iCCM	Integrated Community Case Management
IDI	Infections Disease Control
IDRC	Integrated Diseases Research Collaboration
IMM	Integrated Malaria Management
IP	Implementing Partner
IPC	Interpersonal Communication
IPTp	Intermittent Preventive Treatment
IR	Intermediate Results
ISS	Integrated Supportive Supervision
IVM	Integrated Vector Management
LDHF	Low Dose High Frequency
LLIN	Long Lasting Insecticide-treated Nets
M&E	Monitoring & Evaluation
MAPD	USAID's Malaria Action Program for Districts
MC	Malaria Consortium
MCH	Maternal Child Health
MCSMGT	Malaria Clinical Services Mentorship Guidelines & Toolkit
MIP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MMS	Medicine Management Supervisors
MOH	Ministry of Health
MRC	Malaria Research Center
mRDT	Rapid Diagnostic Tests for Malaria

NMCD	National Malaria Control Division
NMS	National Medical Stores
PA	Professional Association
PBF	Performance Based Financing
PEPFAR	President's Emergency Plan for AIDS Relief
PFP	Private for Profit
PMI	President's Malaria Initiative
PNFP	Private-for-Not Profit
PSM	Procurement and Supply Management
PY	Program Year
QI	Quality Improvement
QIF	Quality Improvement Framework
QIM	Quality Improvement Methods
RBM	Roll Back Malaria
RHITES	Regional Health Integration to Enhance Systems
RRH	Regional Referral Hospital/s
SBC	Social Behavior Change
SBM-R	Standards Based Management & Recognition
SME-OR	Surveillance Monitoring Evaluation and Operational Research
SMS	Short Messaging System
SP	Sulfadoxine Pyrimethamine
SPARS	Supervision Performance Assessment Recognition Strategy
TASO	The AIDS Support Organization
ToT	Training of Trainers
TRP	Technical Resource Persons
TWG	Thematic Working Group
UHSCP	Uganda Health Supplies Chain Project
UMRSP	Uganda Malaria Reduction Strategic Plan
USAID	United States Agency for international Development
VHT	Village Health Team
WHO	Word Health Organization

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1. ACTIVITY OVERVIEW/SUMMARY

Activity Name:	USAID's Malaria Action Program for Districts (MAPD)
Project/s:	Resilience and Health Systems Project
Activity Start Date and End Date:	August 19, 2016 to August 18, 2021
Name of Prime Implementing Partner:	Malaria Consortium (MC)
Contract Number:	*AID-617-C-16-00001*
Name of Sub-awardees and Dollar Amounts:	Jhpiego, Banyan Global, Deloitte, Infectious Disease Institute (IDI), infectious Diseases Research Collaboration (IDRC), Communication for Development Foundation Uganda (CDFU)
Major Counterpart Organizations:	MAPD works in close collaboration with other USG mechanisms including RHITES, Global Fund, as well as the MoH – NMCD RHD, Child Health and Community Divisions, and District Health Management Teams.
Geographic Coverage Changes (districts):	52 Districts across 5 regions; West Nile (Arua), Bunyoro (Hoima), Rwenzori (Kabarole), Central 2 (Kampala) and Central 1 (Masaka)
Reporting Period:	October 1st 2018 – September 30th 2019

USAID's Malaria Action Program for Districts (hereafter referred to as the project, or MAPD) is a five-year USAID-funded project led by Malaria Consortium and implemented in partnership with Jhpiego, Banyan Global, Communication for Development Foundation Uganda (CDFU), Deloitte Uganda, Infectious Diseases Institute (IDI) and Infectious Diseases Research Collaboration (IDRC). USAID engaged Malaria Consortium under contract number AID-617-C-16-00001AID on August 19, 2016. The project covers 52 districts in central, mid-western and west Nile regions of Uganda, with a total estimated population of over 13 million people, through reducing malaria related morbidity and mortality, with special focus on women and children. The project implements evidence-based high impact activities, working with the National Malaria Control Division (NMCD) and the District Health Management Teams (DHMTs) and following the relevant national policies and guidelines, PMI's Uganda Malaria Operational Plans (MOPs) and USAID Uganda's County Development Cooperation Strategy 2016-2021.

MAPD's aims at achieving the following results;

Result 1: Effective malaria prevention programs implemented in support of the Uganda National Malaria Reduction Strategic plan 2014-2020.

- high quality, accessible programs for prevention of MIP implemented
- initiatives to promote net use and access to LLINs implemented

Result 2: Effective malaria diagnosis and treatment activities in support of the Uganda National Malaria Reduction Strategic plan 2014-2020.

- implementation of iCCM supported in high malaria endemic areas
- diagnostic capacity improved
- service providers' capacity for management of uncomplicated malaria cases and severe malaria cases improved
- Strengthen capacity of district supervisors / Improve referral system

Result 3: Build capacity of the National Malaria Control Division and District Health Management Teams (DHMTs) to effectively manage malaria activities and sustain malaria gains.

- Capacity of the DHMTs to effectively manage and sustain malaria activities in the focus districts built.
- Value for money through increased cost efficiency in delivery of malaria services in focus districts.
- Capacity of NMCD to effectively manage and sustain national malaria activities built.

Cross Cutting themes: These include social and behavior change (SBC), youth and gender integration, monitoring evaluation, surveillance and collaboration, learning and adaptation to harness synergies.

The project's impact will be reduced morbidity and mortality resulting from malaria infection. During FY 19 MAPD contributed to reducing new malaria infections, increased access to treatment and reduced death.

1.1 Activity Description/Introduction

Table 1(a): PMP/Project Indicator Progress - USAID Standard Indicators and Project Custom Indicators

Development Objectives 1 & 2: Community and Household Resilience in Select Areas and Target Populations Increased & Demographic Drivers

1.2 Performance Analysis to Date

#	Performance indicator	Data source	Baseline Data		FY 2017		FY 2018		Quarterly Status - FY 2019				Annual Performance Achieved to Date (in %)	Comment(s)
			Year	Value	Annual Cumulative Planned target	Annual Cumulative Actual	Annual Cumulative Planned target	Annual Cumulative Actual	Q1	Q2	Q3	Q4		
Development Objectives 1 & 2: Community and Household Resilience in Select Areas and Target Populations Increased & Demographic Drivers Affected to Contribute to Long Term Trend Shift														
Result 1: Effective malaria prevention programs implemented in support of the National Malaria Control Strategy														
	IR 1.1: Management of malaria in pregnancy (MIP) improved													
1	Proportion of women attending ANC who received ITNs at ANC clinics	HMIS	2016		85%	63%	85%	66%	78%	77%	71%	82%	Annual 77% (103% of PY3 target of75%)	
2a	Proportion of women who received two or more doses of IPTp for malaria during ANC visits during their last pregnancy in intervention districts	HMIS	2016	58%	70%	61%	85%	67%	68%	66%	71%	75%	70% (93% of PY3 target of 75%)	.
2b	Proportion of women who received three or more doses of IPTp for malaria during ANC visits during their last pregnancy in intervention districts	HMIS	2017	-			30%	29%	46%	54%	65%	70%	60% (120% of PY3 target of 50%)	Improved reporting of the IPTp3 indicator in the DHIS2. SP stocks improved for most part
3	Number of health workers trained in the control of malaria in pregnancy	Activity reports	2016	0	4,000	5,781	5,000	8,420	-	1,521	1,023	474	3018 (301% PY3 target is 1,000)	HWs trained as part of support supervision which accounts for exceeding the 100% target

	IR 1.2: Access and Use of malaria prevention interventions increased													
4	Number of insecticide treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	Activity reports	2016	0	1,852,544	1,096,000		1,062,820	205037		290000	331767	826804 (94% of PY3 Target 877,500	Improved quantification led to increased stock need – and improved coverage
5	Proportion of pregnant women who slept under an ITN the previous night in intervention districts	MIS/UDHS	2016	64%	85%	-	85%	-	Kampala 37.4% Masaka 58.4% Hoima 67.1% Rwenzori 84.7% West Nile 81.1% National 65%					From MIS 2018
6	Proportion of children under five who slept under an ITN the previous night in intervention districts	MIS/UDHS	2016	62%	85%	-	85%	-	Kampala 52.4% Masaka 58.4% Hoima 67.1% Rwenzori 68.3% West Nile 64.1% National 60%					From MIS 2018
Result 2: Effective malaria diagnosis and treatment activities implemented in support of National Malaria Strategy														
	IR 2.1: Implementation of iCCM in highly endemic central region districts supported													
7	Percentage of children under five presenting with fever in last 2 weeks who first sought treatment from a VHT	iCCM records	2018	2%	50%	-	30%	-	Kampala 89.2% Masaka 97.1% Hoima 70.8% Rwenzori 73% West Nile 78% National 87%					From MIS 2018
8	Number of health workers trained in iCCM	iCCM records	2018	0	8,773	-	30%	-	-	-	-	1972	1972 (219% of PY3 target of 900)	Target was increased in PY3 as iCCM funds allowed an increase in the number of villages supported
	IR 2.2: Diagnostic capacity improved													
9	Number of laboratory health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) and microscopy) with USG funds	Activity reports	2016	0	370	366	500	340	32	40	30	56	1685 (98% PY3 target of1720)	Integrated mentorships
10	Number of health workers trained in malaria laboratory diagnostics (rapid	Activity reports	2016	0	4,500	965	5,000	8,329	213	583	388	363		

	diagnostic tests (RDTs) or microscopy) with USG funds													
11	Proportion of malaria suspected cases tested for malaria	HMIS	2016	129%	85%	74%	85%	83%	88%	98%	99%	96%	98% (103% PY3 target of 95%)	Targeted action to sustain high testing rates to continue
	IR 2.3: Service providers' capacity for malaria case management improved													
12	Proportion of patients at health facilities who received a negative diagnostic test for malaria who received an antimalarial drug	HMIS	2016	36%	15%	39%	15%	20%	14%	10%	5%	7%	7% (98% of PY3 target of 5%)	Targeted action to meet and sustain the target
13	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	Activity reports	2016	0	14,000	0	5,000	8,329	213	1873	1488	940	4514 (262% PY3 target of 1720)	Integrated in on-site facility mentorships informed by data

1.3 Contribution to CDCS Results Framework Progress Narrative

MAPD contribution to goals and results reflected in the CDCS results framework
MAPD has a Ugandan-led, systems-thinking approach, promoting results-driven activities that create opportunities for the 14-year-old girl by making health systems more responsive, accessible, accountable, and inclusive while also improving social support and making her household more resilient.
MAPD works within all 15 of the CDCS's guiding principles and contributes to the following CDCS 2.0 Intermediate Results (IR);

- IR 1.3: Enhanced prevention and treatment of HIV, Malaria and other epidemics and the most vulnerable;
    - Sub IR 1.3.1 – Prevention and treatment scaled up
    - Sub IR 1.3.2 – New infections reduced
- IR 2.2.1. Child health services are strengthened
- IR 3.1: Leadership in development supported, with focus on;
    - Sub IR 3.1.1 – Local solutions to leadership practices identified
    - Sub IR 3.1.2 – Leadership practices cultivated
- IR 3.2.1: Inclusive participation in decision making processes will be increased
- IR 3.3: Key elements of systems strengthened;
    - Sub IR 3.3.1 – Availability of skilled and motivated workforce increased
    - Sub IR 3.3.2 – Availability and management of quality commodities improved
    - Sub IR 3.3.4 – Availability of and functionality of infrastructure enhanced.
    - Sub IR 3.3.5 – Availability and utilization of quality data at all levels of decision-making increased

Description of findings in the analysis conducted at activity level on contributions to PMP and PAD MEL plan indicators

Malaria Prevention:

MAPD has contributed to the prevention of malaria in pregnancy by supporting the implementation of the policy that recommends 3 or more doses of intermittent preventive treatment to pregnant women (IPT3+) in 1,539 health facilities in the project focus area. Below is a graph showing how the project has improved this indicator each year, doubling its achievement of last year and surpassing the projects PY3 annual target of 50%.

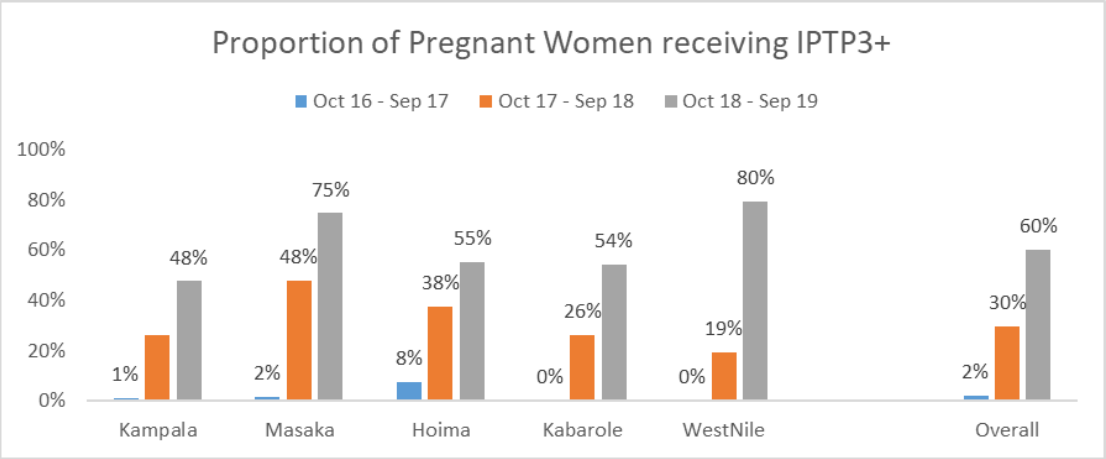

Figure 1: Proportion of pregnant women attending ANC who have received 3 **or more** doses of SP for IPTp, *Source: HMIS*

The project has also consistently improved the provision of LLINs to pregnant women during the 3 project years.

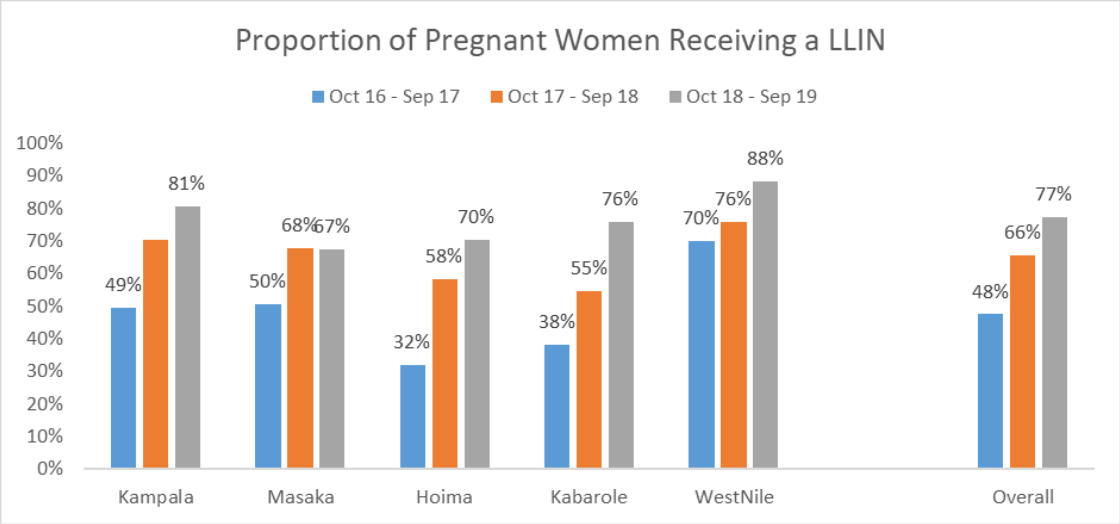

Figure 2: Proportion of pregnant women attending ANC who have received a LLIN, Source: HMIS

Malaria Case Management: MAPD has contributed to improving case management of malaria in its focus districts; which includes improving testing malaria suspects before treatment and adherence to the test and treat policy. As of September 2019, the project has surpassed target (95%) in all regions as seen in the below graph.

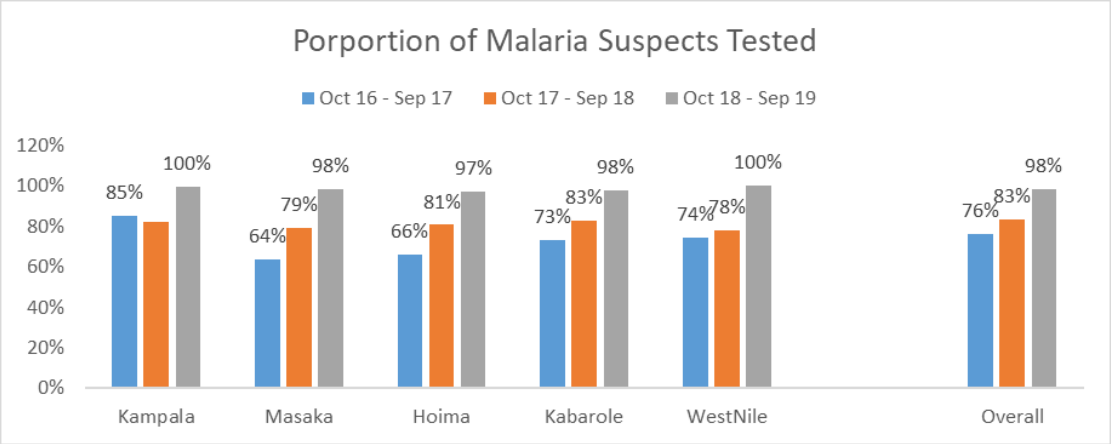

Figure 3: Proportion of malaria suspected cases tested for malaria before treatment, *Source: HMIS*

Appropriate treatment practices for both positive and negative malaria cases has improved in the project area. For instance, the proportion of malaria negative cases who received antimalarial drugs has improved to 7%, as compared to 20% last year.

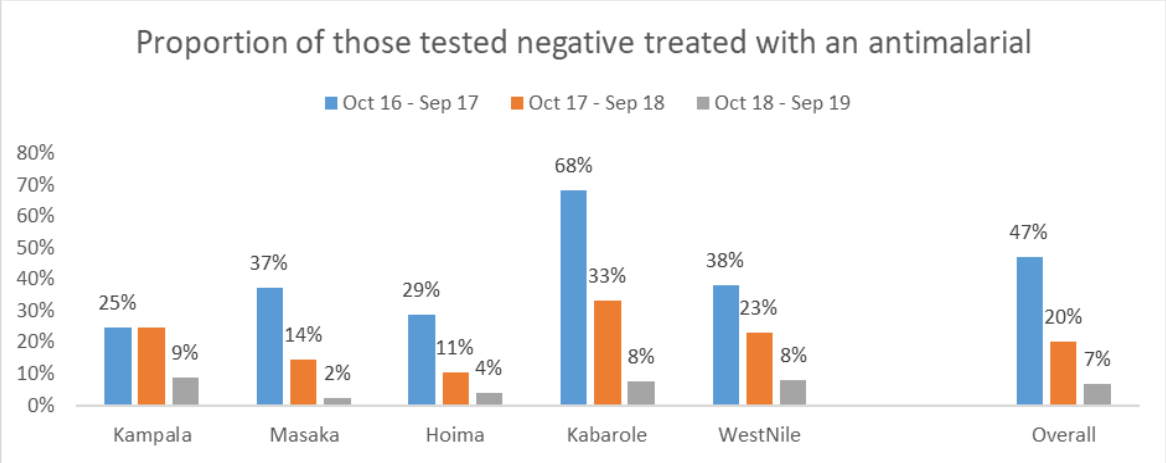

Figure 4: Proportion of patients at health facilities who received a negative diagnostic test for malaria who received an antimalarial drug, *Source: HMIS*

Key challenges MAPD has experienced during the year and how the challenges are being addressed –

Malaria case upsurges impacted stocks. Districts experiencing prolonged upsurges of malaria e.g. West Nile districts experienced strains on malaria commodities - especially mRDTs and ACTs. MAPD addressed this challenge by supporting redistribution of commodities from other regions and within the region. In addition, MAPD presented stock status data in TWGs and upsurge response meetings and as a result, the NMCD Assistant Commissioner wrote to NMS requesting a revision of health facility stock quantifications in affected districts.

MAPD also provided assistance to the NMCD and Districts to implement upsurge response activities such as; set up and management of District malaria taskforce meetings, health worker malaria case management mentorship, data verification, stock analysis, clinical and mortality audits, line listing to identify high malaria burden areas, and community interventions including IPC, home visits and outreaches.

Additionally, MAPD supported West Nile Central, and Regional malaria stakeholders' meetings to gain support for initiatives to manage the upsurge and take advantage of collaborative resources

LLIN stock The project's ability to ensure availability of LLINs for continuous distribution through ANC and EPI was affected by a supply gap experienced by JMS in Q1. This was a national procurement issue which was resolved in Q3.

MAPD supported Districts to redistribute where possible, and strengthened District ability to ensure timely delivery once LLINs arrived.

ICCM non-malarial commodities Delays to the start-up of iCCM in 6 MAPD-supported iCCM Districts have occurred due to lack of non-malarial commodities.

MAPD is working with the MOH's Child Health Division, NMCD, the Districts and other key iCCM stakeholders to address this challenge. MOH and NMS have now included the 6 new iCCM MAPD districts to the GFF iCCM commodities.

2. ACTIVITY IMPLEMENTATION PROGRESS

2.1 Summary of Implementation Status

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS
IR 1.1: High quality, accessible programs for prevention of MIP implemented.	*1)* Support RHD to disseminate revised ANC guidelines, based on WHO recommendations. *2)* Support the NMCD and the MoH's Pharmacy Division in ensuring adequate MIP commodities. *3)* Support MIP commodities supply chain management, working with MMS under SPARS Strategy 4) Capacity development of district mentors to use malaria mentorship guide and tool kit *5)* Support mentorship of ANC HWs on the malaria service delivery *6)* Work with HFs to improve MIP commodity monitoring and ordering 7) Gender- and youth-sensitive MIP services at HFs *8)* Build the capacity of HWs in IPC and counseling, integrated through MMGT mentorship *9)* Conduct MIP services demand generation and behavior change, and promote early ANC uptake 10) Provision of IPTp3 reporting tools	-Provided TA at 4 workshops for adoption of WHO ANC recommendations. Reproductive Health Division has presented to Senior Management Committee and is waiting Health Policy Advisory Committee approval. -Followed up SP stock outs and supported redistribution of SP among health facilities within and between districts and regions. -Supported 3 MMS of Kalangala to conduct SPARS visits to health facilities on the main island. 208 district staff trained as mentors 4,534 health workers in 1165 health facilities mentored on malaria service delivery 1,165 health facilities mentored on stock management and ordering for MIP commodities 940 health workers mentored in IPC and counseling 958 integrated malaria community dialogue meetings conducted with 21,118 participants Copies of the HMIS 009 addendum to the 105 distributed to ANC facilities	3.3.2 3.3.2 3.1.1 3.3.2 1.3.1 3.3.1 1.3.1 1.3.1 3.3.1 3.3.1
1.2 initiatives to promote net use and access to LLINs implemented	1) Strengthen IVM TWG and other forums *2)* Distribution of LLINs through HFs *3)* Improving proper use of LLINs. SBC will occur at HFs, school, and community 4) Improve Monitoring of HF LLINs	Provide TA to the IVM TWG, 4 meetings -826,804LLINs distributed through 1453 health facilities -SBC conducted at 52 schools and 1240 households Phone tracking system to HFs for LLIN stock, initiated	1.3.1 3.3.2 3.3.2 3.1.1 3.3.1

Activity Result Areas	**Summary of planned activities in work plan for the reporting year**	**Actual key activities/tasks conducted during the year**	**Link to CDCS**
2.1 implementation of iCCM supported	*1)* Print and disseminate updated iCCM guidelines and VHT tools *2)* Advocate for integration of iCCM commodities into essential medicines kits of HFs and procurement & distribution systems of NMS and JMS 3) Conduct iCCM orientation in new districts (7), and blanket iCCM in 7 existing districts 4) SBC Campaign to support iCCM. 5) Support to iCCM in existing Village Health Clubs(VHCs) 6) Support iCCM district level women and youth meetings 7) Align VHT data collection forms to DHIS2.	VHT tools printed and distributed during training -Project teams participated in procurement planning meetings. Used the iCCM TWG and Commodity Security Group meetings to advocate. -1972 VHTs in 6 new districts trained in iCCM Integrated in community IPC activities -VHCs in Hoima and Rwenzori regions supported to create demand for iCCM - through VHCs -Proposed changes presented to the SMEOR TWG and DHI	2.2.1 3.3.2 3.1.1 3.2.1 2.2.1 3.3.1 3.1.2 2.2.1 2.2.1 3.2.1 3.2.1
2.2: Lab diagnostics improved	*1)* Mentorships in diagnostic guidelines, testing technical quality, and reporting 2) WHO ECAMM Training *3)* Development and Management of Malaria Microscopy Slide Bank. *4)* Support DHMTs to implement EQA in 49 districts and RHITES districts 5) Roll out test and treat campaign *6)* Commodity tracking 7) Improvement in diagnostic recording and reporting	1,705 health workers in 1453 HFs mentored 12 Laboratory personnel received WHO certification to strengthen the development of the slide bank Protocol developed and submitted to IRB. 1 meeting held at UNHLS -199 Health facilities in 52 districts performing EQA (Slide discordance at 3.8%) -IPC conducted at community level -Tracked mRDTs, slides and chemicals -Integrated in mentorship	3.3.1 1.3.1, 3.3.1 3.3.1 1.3.1 1.3.1 3.3.1 3.3.1

Activity Result Areas	**Summary of planned activities in work plan for the reporting year**	**Actual key activities/tasks conducted during the year**	**Link to CDCS**
IR 2.3: Service providers' capacity for management of uncomplicated malaria cases improved	*1)* Orientation of the National level Mentors on malaria mentorship *2)* Production and dissemination of malaria mentorship guide 3) Orientation of Regional and District Mentors in malaria mentorship 4) Support mentorship of HWs on the MMGT 5) Provision of youth-friendly services and outreaches 6) Monitor availability and use of ACTs in HFs 7) Hot-area response	30 National and regional mentors of mentors trained -1200 copies of the mentorship guide printed and distributed to districts and facilities -208 district mentors oriented on mentorship 940 health workers mentored Done in Yumbe and in outreaches -Done using DHIS2 data Implemented in 5 regions – outreaches, IPC	3.3.1 1.3.1 1.3.1, 3.3.1 1.3.1, 3.3.1 3.3.1 1.3.1
IR 2.4: Service providers' capacity for management of severe malaria cases improved	*1)* Review, update, print and disseminate job aids on severe malaria management (including referral) 2) Mentorship on severe malaria management high volume sites - HCIV and Hospitals 3) Conduct clinical audits for malaria cases at selected HF (HC IV and Hospitals) *4)* Monitor availability and use of injectable artesunate in HFs *5)* Mapping of severe malaria incidence trends, as well as referrals from HFs (and capacity) MAPD *6)* Improving Community referral – VHTs in iCCM districts. –MAPD will build capacity, provide appropriate tools, improve communication and follow up of severe patients at all points of care in MAPD iCCM district: *7)* Improving HFs capacity for receiving and managing referrals (at all MAPD HFs) 8) Roll out SBC campaign for malaria case management 9) Review current HMIS tools to	Uncomplicated and Severe Malaria Job aids, 2000 copies procured, distributed and disseminated during mentorship -641 health workers in 44 health facilities mentored on severe malaria management Clinical audits conducted at 44 health facilities identified with problems in severe malaria management Done using DHIS2 data -Mapping done on a monthly basis using HMIS 108 data and death reports 5683 VHTs in 15 supported districts oriented on referral during the quarterly review meetings and training of new VHTs 242 health workers in 21 health facilities mentored during clinical/death audit 258 HWs in 65 health facilities mentored on referral during integrated support supervision Conducted death and clinical audits at 44 health facilities Mentorship done at 326 health facilities to strengthen referral and pre-referral care Community Dialogues with Districts, HWs and community	1.3.1, 3.3.1 1.3.1, 3.3.1 3.1.2 1.3.1, 3.3.1 1.3.1, 3.3.1 1.3.1, 3.3.1 1.3.1, 3.3.1 1.3.1, 3.3.1

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS
	disaggregate uncomplicated and severe malaria 10) Compare HMIS and LMIS data 11) Hotspots identified and responded to	members conducted in all 52 districts On-going with MoH Done on monthly basis, results shared in TWG meetings Upsurges responded to in all 5 regions covering 15 districts	
IR 3.1 capacity of the DHMTs to effectively manage and sustain malaria activities in the focus areas built.	1) Leadership Development DHMTs 2) Conduct Malaria Review Meetings at Health Sub-District (HSD) Level and targeted HFs 3) Build capacity in terms of gender and youth streamlining 4) Improve malaria capacity within the private sector 5) Improve PFP Reporting to Public Sector 6) Branding Private Faculties	DHMT capacity assessment conducted in 47 districts -Done at 326 health facilities as part of the malaria clinical services mentorship Done through review meetings, programs in Yumbe and Kayunga -2 professional associations sub-contracted- 176 PFPs identified for support. 52 PFP health workers trained in IMM HMIS training conducted in 56 health facilities Planned now in PY4	3.1.2 3.1.1, 3.1.2 3.1.1, 3.1.2 3.2.1 3.2.1
IR 3.2: Improved efficacy in delivery of malaria services in focus areas	1) Conduct infrastructure improvements linked to malaria outcomes 2) Improve capacity of PFP HFs to carry out malaria testing, quality of services and reporting through the national HMIS 3) Implement performance-based in-kind grants through sub grant agreements with DHMTs 4) Implement performance-based in-kind grants with public and PNFP facilities	Infrastructure needs assessment completed QI activities conducted in 191 health facilities HMIS training conducted in 191 private health facilities – 541 health workers Capacity assessment completed for 49 DHMTs 17 public health facilities have benefited from in-kind grants	3.3.4 3.3.4 3.1.2 3.3.1
IR 3.3: Capacity of NMCP to effectively manage and sustain national malaria activities built	1) Second 2 staff to the NMCD 2) Conduct National Program Review Meetings for Malaria Implementers 3) Strengthen Data Use 4) Support NMCD to conduct and coordinate RBM partnership meetings	2 staff seconded to the NMCD to support MIP and IVM TWG platforms used for this. Participated in 3 RBM meetings	3.1.2 3.3.1 3.1.2

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS
	5) Support NMCP to conduct and coordinate national malaria TWG meetings 6) Support review of TORs for TWGs and annual self-assessments	Provided TA and logistical support to the MIP, case management, IVM, SMEOR meetings. TORs for the TWGs reviewed and adopted	
IR 4.1: SBCC	*1)* Roll out Campaign *2)* Monitor Campaign *3)* Collect success stories and air recognition messages 4) Provide TA to NMCD and others as well as link and collaborate with others	Campaign (TV radio) was rolled out in PY2, the addition bits for PY3 were not done as funds were put towards IPC activities at community level in light of upsurges 6 success stories compiled and submitted to PMI TA provided to NMCD through the malaria BCC TWG and separate meetings	1.3.1, 3.3.1 3.3.1
IR 4.2.2 Gender and Youth	*1)* Disseminate and support the implementation of the MAPD gender and youth integration checklist 2) Develop guidance for key influencers/women's groups/youth groups 3) 'WhatsApp' group for young people 4) Community-based malaria youth program 5) Develop and implement a monitoring and evaluation framework	Disseminated and used in 52 districts Community dialogue tool developed 1 Whatsapp group formed with mentors in Masaka region Pilot started in Yumbe district and Kayuga district Done for Gender and Youth MIP services	3.3.1 1.3.2 1.3.2 1.3.2 3.3.1 3.2.1
4.3: M&E Surveillance and Learning	*1)* Support the roll out of the HMIS mentoring of HWs to effectively capture, report and use malaria data in supported facilities *2)* Finalize and implement the "Minimum Package" for Strengthening HMIS *3)* Generate and disseminate malaria surveillance reports *4)* Improve data quality and established data quality control mechanisms *5)* Strengthen data use and cleaning - for selected malaria indicators	Integrated into support supervision, clinical audit and mentorship at 1165 health facilities Finalized, to be presented to the Health Information Division TWG Weekly surveillance reports generated and shared in DHT meetings Done at the 1,165 health facilities. Health information assistants trained to use DHIS2 Used surveillance data to update malaria normal channel graphs at 35 MRCs Provided feedback to 35 districts on key issues in the monthly report that needed action	3.2.1 3.2.1 3.2.1 3.2.1 3.2.1

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS
		Conducted routine data quality assessments at selected HFs	
	6) Ensure availability of tools and commodities		
4.3.2 Entomological surveillance	1) Established status of insecticide resistance in local malaria vector populations in 10 MRCS 2) Mosquito vector densities and species composition monitored in response to vector control interventions in 10 MRCS	Funding for this was not provided to project during this reporting term.	3.3.5 3.3.5
4.3.3 Studies	*1)* Strengthened surveillance of the efficacy of first and second line antimalarial drugs 2) Strengthened surveillance of durability of LLINs	TES completed, analysis of resistance biomarkers being done Postponed to be conducted alongside 2020 UCC	3.3.5 3.3.5
4.4. Learning Collaboration and Adaptation	1) Project Management Information System operationalized	In final procurement stages of server.	3.3.5
	2) MAPD internal Learning and Adaptation	Ongoing, quarterly reviews	3.3.5
	3) Conduct internal quarterly data/results sharing and review 4) Write and Publish Lessons 5) Annual evaluation: 6) Collaboration with other actors 7) Collaboration with Refugee Actors	Done on quarterly basis Learning review done Done Done – UNHCR, IPs	3.3.5
4.5 Environmental compliance	1) Development and dissemination of guidelines for management and disposal of waste from school LLIN and ANC/EPI LLIN distribution and use 2) Track stock levels for medical supplies and encourage redistribution. 3) On-site mentoring to HWs and iCCM Village Health Teams on occupational health and safety, infection control and proper management and disposal of medical waste 4) Inclusion of environmental	Draft with the NMCD Done Integrated mentorship of health workers at 1165 health facilities and 4534 VHTs	3.3.2 3.3.2 3.3.2

Activity Result Areas	Summary of planned activities in work plan for the reporting year	Actual key activities/tasks conducted during the year	Link to CDCS
	compliance standards in the procurement terms for renovation work	Done	

IR 1.1 High quality, accessible programs for prevention of MIP implemented. The IR is on track in terms of annual activity plan implementation and reached annual targets. The project implemented all the planned activities by end of year. The performance of IPTp2 and IPTp3 indicators in the project is at 75% and 60% respectively. The performance of IPTp3 though a good achievement (twice that of PY2) has somewhat been affected by Sulfadoxine Pyrimethamine (SP) stock outs at high volume health facilities. Stock-outs have occurred due to central level stock and delivery system issues. The MOH/NMCD has indicated that SP should now considered a high value commodity and has instructed NMS not to charge it on the facility budgets during this financial year. The project will track provision as well as continue building health worker skills in MIP service delivery and MIP commodities management to ensure availability and utilization of these commodities.
IR 1.2 Initiatives to promote net use and access to LLINs implemented. The project coordinated with JMS to deliver LLINs districts, which in turn delivered to health facilities. During the year, 77% of pregnant women received an LLIN at first ANC visit compared with 66% the previous year. The project distributed 826,804 LLINs through ANC and EPI. MAPD has strengthened the LLIN supply chain system with increased district involvement in the quantification, distribution and monitoring of use besides tracking facility stocks and supporting redistribution. The main priority activity in PY4 will be strengthening the LLIN supply chain and mentoring ANC health workers to minimize missed opportunities.
IR 2.1 Implementation of iCCM. iCCM activities have occurred in all 11 MAPD iCCM districts, and MAPD has been working to strengthen district level capacity to manage iCCM. MAPD conducted training of 1,972 VHTs in the 6 districts of Adjumani, Obongi, Moyo, Zombo, Kayunga and Buikwe. They have been equipped to commence providing malaria services at community level. In PY4 MAPD will strengthen iCCM in these districts by supporting review meetings, supervision and reporting.
IR 2.2 Diagnostic capacity Improved The project is on track with this area and has met annual and project targets. The interventions have contributed to increasing malaria testing rates to 98% and quality of testing with 3.8% EQA discordance (down from 12% PY1 and 5.1% PY2). MAPD supported World Health Organization certification of 12 laboratory technologists as malaria microscopists, improved EQA results and supported the NMCD to develop the protocol for the slide bank. The main challenges faced during the year include inadequate supply of microscope slides due to inconsistent supply by the NMS, and bureaucracy affecting the establishment of the slide bank. In PY4 MAPD will continue to strengthen malaria diagnostics through mentorship, EQA and operationalizing the slide bank.
IR 2.3 and 2.4 Service providers' capacity for management of uncomplicated and severe malaria cases improved. The project is on track with this activity, and has achieved a lot in terms of preventing death. This is demonstrated by the only slight rise in malaria related mortality (64 deaths) experienced this year as compared to last, despite the large increase in malaria cases (1,621,271). The project supported the NMCD to roll out the integrated malaria clinical services mentorship training to 30 national, and 208 district mentors, who in turn have reached 940 HWs. MAPD additionally supported District Health Teams to conduct mentorship, clinical and death audits, and support supervision, reaching 4,534 health workers in 1,165HFs. Clinical and death audits, as well as supervision meetings have been used to improve severe malaria case management. The NMCD have now adopted the malaria mortality audits/reviews – an initiative of MAPD – and encouraged other IPs to conduct such. Main challenges faced during the year include the upsurge in West Nile that resulted in stock outs of mRDTs and ACTs. MAPD supported the NMCD and District Health Teams to implement interventions to manage upsurges. In PY4 MAPD will strengthen severe malaria case management at hospital, HC IV and III levels with focus on setting up high dependence units and ensuring availability of essential commodities such as blood.

2.2 Progress Narrative

IR 3.1 Capacity of the DHMTs to effectively manage and sustain malaria activities in the focus areas built. MAPD has implemented most of the annual work plan activities for FY 19. MAPD conducted a capacity assessment for DHMTs, results of which will inform interventions to improve their effectiveness in managing malaria services in PY4. MAPD trained a pool of district mentors to conduct and sustain HF based capacity building, while also supporting capacity for data improvement through data quality assessments, and setting-up and strengthening surveillance centers. MAPD advocated to districts to allocate funds to malaria control and prevention in the annual district budgets, and supported District oversight through Malaria Review Meetings at Health Sub-Districts (HSDs) and targeted HFs. The project also built capacity of DHTs and health facility in gender and youth streamlining.

IR 3.2 Improving efficacy in delivery of malaria services. The project is making progress towards reaching its annual target in this activity area. The project sub contracted two professional associations (Uganda Pediatric Association and Uganda Private Midwives Association) to improve private sector malaria care. MAPD supported quality improvement activities and HMIS strengthening activities in 191 private health facilities. MAPD supported 76 PFPs to consistently report into the DHIS2. The project has commenced implementing malaria supporting in-kind grants for 17 public health facilities.

IR 3.3 Capacity of NMCD to effectively manage and sustain national malaria activities built. MAPD seconded two staff to the NMCD to support the malaria in pregnancy and IVM portfolios. The project strengthened data use by analyzing, sharing weekly data and using it to plan interventions. MAPD has supported NMCP staff to coordinate efforts in West Nile through central and regional stakeholders' meetings. MAPD has actively participated in, as well as led, malaria related MoH thematic and technical working groups, supported the Technical Advisory Committee for the Malaria Indicator Survey (MIS), participated in the RBM meetings and been a key participant at the national level malaria data cleaning exercises. MAPD also supported World Malaria Day and the Scientific Colloquium. MAPD facilitated two MOH staff from the NMCD and RHD to participate in the annual MIP RBM in Maputo as well as the NMCD ACHS to engage with the US government and public - addressing and interacting with members of congress in the Capitol Hill meeting, Voice of America, the United Nations Foundation and Malaria No More, as part of the World Malaria day event.

IR 4 Cross-Cutting: The SBC activity implementation is on track in regards to the annual FY19 work plan. MAPD supported IPC activities at community level using key influencers, VHTs as well as Village Health Clubs. The VHTs conducted home visiting to promote proper LLIN use as well environmental interventions. The focus of SBC interventions has been addressing malaria upsurges in West Nile, parts of Hoima, Kampala, Masaka and Rwenzori regions. MAPD supported district health educators to conduct school health activities for malaria prevention. MAPD supported district advocacy meetings to rally the support of leaders to use their influence to promote malaria prevention interventions. MAPD also supported the NMCD and MoES to conduct school malaria music, dance and drama competition for primary and post primary schools.

Gender and Youth is on track in implementing the FY19 work plan and met all targets. MAPD disseminated and supported the implementation of the MAPD Gender and Youth integration checklist. The project developed guidance for key influencers/women's groups/youth groups, and implemented a community-based malaria youth program aimed at increasing youth involvement in malaria prevention. The project also built the capacity of 15 district staff on gender and youth mainstreaming in malaria prevention and control programs.

Surveillance Monitoring Evaluation and Learning: MAPD has supported HMIS health facility mentorships and DQAs, tool provision (HMIS 033B to all HFs) as well as improved stock tracking.

Entomological surveillance: The MAPD TA to NMCD supported the activity in Apac, Nwoya, Pader, Alebtong and Kotido districts.

Studies: MAPD conducted the ACT therapeutic efficacy studies (TES) and the results are awaiting outcome of the resistance marker testing. The LLIN durability study has been postponed in light of the up-coming UCC.

2.3 Partnership, Collaboration, and Stakeholder Engagement

MAPD used various avenues to promote sharing and learning as well as promote effective learning, program change, resource use and avoidance of duplication of intervention in FY 19. This was done through:

African Evaluation Association's (AfrEA) International Conference in Abidjan, Ivory Coast: MAPD participated in this conference and presented the MAPD gender and youth integration checklist in one of the breakout sessions under theme 2 "Towards a more transformative approach in Integrating Gender and Equity in Evaluation."

Annual American Society of Tropical Medicine and Hygiene (ASTMH): MAPD shared project learnings from implementing collaborative quality improvement in this conference.

The annual malaria scientific conference (colloquium): MAPD presented on the work in the areas of prevention of malaria in pregnancy, case management, gender/youth and social behavior communication.

The National Family Planning conference: MAPD shared in plenary work on MIP and ANC

The National Reproductive Health Assembly: MAPD shared revised MIP policy and guidelines

In the national malaria Thematic Working Groups (MIP, CM, IVM, SMEOR) MAPD shared learning in;

Use of data to improve ITp3+ reporting

Mortality reviews (audits) to improve severe malaria management, including development and adoption of mortality review (audit) tools

Use of **weekly surveillance data** in epidemic response

MAPD supported **NMCD to present lessons at the MIP and SBC international RBM meetings**.

Setting up of **District Task-Forces**

MAPD submitted four abstracts and all were accepted for poster presentation at the 68th Annual American Society of Tropical Medicine and Hygiene (ASTMH) meeting scheduled for 20 – 24 Nov 2019.

- Factors associated with severe malaria deaths: lessons from a mortality audit conducted in health facilities in Uganda:
- Malaria morbidity and mortality trends in central Uganda.
- Maintaining universal coverage of long-lasting insecticidal nets through distribution in schools in Uganda.
- Determinants of malaria testing at health facilities: the case of Uganda.

2.4 Learning and Adaptation

The narrative should specifically report on a) increased ability of USAID implementing partner to respond to the needs of target groups by using learning, b) instances of learning applied to influence decision-making, resource allocation, and contextual shifts, and c) increased efficiency in intervention implementation.

School going children are powerful advocates for malaria control in Uganda: Working with the NMCD, the project piloted the concept of malaria smart schools in Walyoba Primary School, Hoima District. In a malaria smart school, students and teachers approach the disease head-on through song, dance, and art. Students receive information on malaria causes, transmission, prevention, testing and treatment. They then relay this information through song, dance, and art. In addition, in every classroom in the school, there is a malaria corner, filled with student-drawn information about the disease. Malaria Smart schools have attracted interest from national and international stakeholders, including being presented on Voice of America Radio and Television, and having US Congress staffers coming to Uganda to visit a smart school.

Improvement in severe malaria management: In year 3, the team observed that establishing and ensuring a functional emergency area unit at outpatient and a high-dependency ward at inpatients improves severe malaria outcomes. This has been observed at Bujubuli Health Center in Kyegegwa district. Following set up of the emergency area and high dependency wards at this facility, malaria case fatality reduced nearly 50% from 2.0% in Oct-Dec. 2018 to 1.2% in Jan-Mar 2019. Setting up a functional emergency area at OPD and high-dependency wards at inpatients were recommendations from the clinical audits conducted in the facility.

Use of malaria death reviews (audits) to improve severe malaria case management: MAPD pioneered malaria death reviews to identify factors contributing to malaria death. The death reviews have contributed to the decline in malaria case fatality rates. This is attributed to the consequent to the improvement severe malaria case management at referral sites and early referral. The NMCD has adopted the practice and tools of conducting death reviews and requested partners to support it.

2.5 Inclusive Development

Inequalities between women and men, boys and girls, continue to result in different levels of exposure and vulnerability to malaria, responses to ill health and different health outcomes and consequences. MAPD is implementing a number of initiatives to improve inclusion in malaria programming. The program continued to review and provide gender and youth integration input on various government and project strategies, guidelines, tools and activities, including the West Nile Malaria Strategy. The gender and youth integration input is informed by learning from the MAPD gender and youth analyses as well as previous implementation experiences.

MAPD continued to improve its gender and youth mainstreaming toolkit by adding a technical brief on the connection between gender, youth and malaria, including ways to address this connection. The technical brief is aimed at empowering and equipping DHMTs, MAPD partners and other stakeholders to promote gender and youth integration and to ensure that men, women, boys, and girls are included in all aspects of programming in meaningful ways. The gender and youth mainstreaming toolkit includes, among others; MAPD's gender and youth integration checklist as well as gender- and youth-related malaria talking points developed in light of the findings from the MAPD gender and youth analyses.

In order to demonstrate inclusion MAPD launched two pilots this year.

1. Vijana Leo ("Youth Today in Swahili) a community-based malaria youth activity that is aimed at building Yumbe DHMT capacity in encouraging youth across the district to play a more active role in managing their health by increasing youth's access to malaria services, and meaningfully engaging youth to elevate their participation in their community malaria responses. The youth champions who are the major actors in this initiative have capitalized on the youth-adult partnership built in Vijana Leo to implement a number of activities including community dialogues, malaria sessions during football tournaments, home visits, malaria talks at boreholes and net-use demonstrations. These activities are reported by the population to have led of optimal malaria prevention practices at the household level including; consistent LLIN use, drug adherence, and dispelling of myths and misconceptions on malaria transmission; and prevention and treatment among peers.

2. The other initiative is gender- and youth-sensitive MIP service provision in Kayunga District aimed at increasing ANC attendance and MIP service uptake among pregnant women, including adolescents. With activities such as health worker and VHT orientation and male engagement dialogues, positive changes such as enabling environment to pregnant adolescents seeking ANC and MIP services and male involvement in ANC counselling, are being realized.

2.6 Science, Technology and Innovation Impacts

Describe briefly in the table below if the activity has implemented any STI activities during the year.

Activity Result Area	**Science, Tech, Innovation activity/task description**	**Planned outcome**	**Achievements**
IR 2.4	Use of Whatsapp by mentors to share experiences and updates	Improvement in mentorship practices	34/208 mentors enrolled on the forum (initiative only commenced in September)

2.7 Transparency and Accountability

The narrative should in maximum 300 words provide a brief progress update on the following Guiding Principles:

13. Incorporate anti-corruption mechanisms across the portfolio
14. Model strategic communication for transparency and accountability

The narrative should specifically report on a) what interventions were implemented to achieve the Guiding Principles 13 and 14, and b) how did those interventions lead to improved transparency and accountability.

INSERT BRIEF NARRATIVE ON TRANSPARANCY AND ACCOUNTABILITY, LESS THAN 300 WORDS.

During the period under review, MAPD continued to sensitize its staff and subcontractors on reporting and preventing fraud. MAPD shared the USAID guidelines and displayed these guidelines in all the regional offices and the main office in Kampala. Project staff and contractors are well informed and aware of the consequence of not adhering to the guidelines and procedures to follow if fraud occurs.
In adhering to the annual requirement on combating trafficking in persons, MC shared the plan with all staff and subcontractors.

During the year, MC trained its staff and sub-contractors on the safe guarding policy. The policy is on display in all the MAPD offices.

MC has a whistleblowing policy and staff are aware of the hotline to use in case there is an incidence.

3. LEADERSHIP DEVELOPMENT

Leadership development activity	Planned outcome in the year	Indications/examples of outcomes
Supported NMCD AC and MAPD staff to attend Congress	Improved malaria leadership and malaria support	Too early to say, though a follow up visit by NORDEL representatives came out of this activity, as well as interest from the Gates Foundation.

4. ENVIRONMENTAL COMPLIANCE

All activities with **a Negative Determination with Conditions** are required to report on implementation of mitigation measures quarterly and annually. The post award orientation provided the Implementing Partner with Initial Environmental Examination (IEE) documents that clarify requirements and expectations. Further guidance can be found in the Environmental Procedures Best Practices Review. The environmental compliance reporting refers to Environmental Monitoring and Mitigation Plan that all activities with a Negative Determination with Conditions are expected to develop. The report must answer the following questions:

- What were the required mitigations?
- What were the mitigations implemented during the reporting period?
- How/when was the implementation of mitigations monitored by the IP?
- Any other significant environmental issues encountered and corrective actions taken.

INSERT BRIEF NARRATIVE ON ENVIRONMENTAL COMPLIANCE UPDATES, LESS THAN 500 WORDS.

MAPD is covered by the Mission's resilience IEE.

MAPD does not have a IEE. However, the project takes environmental compliance seriously and has improved waste management during LLIN distributions, and ensured environmental aspects in its renovation plans.

5. AWARD-SPECIFIC REPORTING REQUIREMENTS

Include any award-specific reporting requirements. Each Implementing Partner must comply with both general and award-specific requirements. These requirements will often be reported separately. The

award document and/or the post-award orientation will provide the Activity with this information. For the annual report, this section is the opportunity to summarize or highlight updates on the award specific requirements. Examples of where the Implementing Partners are expected to report on compliance are to the Quality Assurance Surveillance Plan, Geographic Information Systems, VAT reporting, Foreign taxes, Anti-trafficking certification, Internship programs, Lot Quality Assurance sampling results, and transition awards etc.

INSERT TEXT ON AWARD-SPECIFIC REPORTING REQUIREMENTS.

MAPD has delivered all contractual obligations on time e.g. financial reports, VAT reports, project quarterly reports.

6. ACTIVITY MEL PLAN UPDATE

The brief update (no more than 500 words) on the Activity Monitoring, Evaluation and Learning Plan should respond to the following questions:

a) Has the Learning Agenda been updated or has there been any insights generated during the year to illuminate answers to the learning questions?

b) Are there any changes that need to be made to the Activity MEL plan to align it to CDCS 2016-2021 and PMP?

INSERT BRIEF NARRATIVE ON AMELP UPDATES, LESS THAN 500 WORDS.
In line with the Uganda Malaria Reduction Strategy 2016-2021, the USAID's Malaria Action Program for Districts is designed to contribute to the reduction of malaria mortality. The project contributes to development objectives (DOs) 1 & 2 of CDCS 2016-2021. No changes to MEL or learning agenda done.

7. SUMMARY FINANCIAL MANAGEMENT REPORT

Monitoring financial conditions is one of the most important, yet often neglected areas of management reporting. The **information contained in this section is utilized to make management decisions**, particularly as it is related to future work on and funding for the project. It provides a valuable and timely snapshot of financial conditions, and complements (but does not replace) the SF-425.[1]

Activity Financial Analysis		
Award Details:		
a. Total Estimated Cost	$41,452,706	
b. Start/End Date	August 19, 2016	August 18, 2021
c. Total Obligated Amount	$30,393,589	
d. Total estimated cost share (if applicable)	NOT APPLICABLE	
e. Total estimated leverage (if applicable)	NOT APPLICABLE	
f. Total Expenditure billed to USAID/Uganda	$26,560,572	
g. Expenditure incurred but not yet billed	Nil	
f. Total Accrued Expenditure (both billed and not yet billed); sum of lines f and g	$26,560,572	

	Actual spend for four quarters			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Quarterly expenditure rate by funding source	$2,035,065	$1,719,989	$1,291,815.00	$2,858,165

Discuss issues such as: unexpected expenditures, material changes in costs due to considerations outside of the control of the project, cost savings and cost savings plans.

There was no unexpected expenditure during the period under review and there was no material change in prices for products and services that the project would normally incur in the course of business. The project made some cost savings through negotiated prices for the purchase of furniture for In-kind grants amounting to $794, and $1,934 on media buying.

MAPD has also demonstrated that cost-sharing with local governments in delivery of malaria control interventions is possible and can be done. In year 2, the project delivered routine long lasting insecticidal nets distributed through antenatal care and immunization clinics to the last mile i.e. Health facilities; a mode that was very costly. In year 3 the project engaged the district local government through the district health office to take up the responsibility of delivering LLINs from districts stores to the various health facilities within the districts. A task has been well received by majority of the districts. MAPD made saving of US $ 42, 836.10 translating to 206% savings on the activity. MAPD changed the mode/approach of delivering these nets in year 3 learning from the lessons in year 2 where the project incurred high costs in terms of transportation. In arriving at the cost saving, we compared the distribution costs of year 2, which amounted US$ 63,664 to that of year 3 amounting to US$20,828 resulting in a saving of US$42,836.

[1] Note: the financial data provided in this section is an estimate of the financial condition, and does not constitute the contractually required financial reporting as defined in the Award Notice.

8. MANAGEMENT AND ADMINISTRATIVE ISSUES

8.1 Key management issues

Describe briefly any key management issues such as Activity key staff changes, administrative and procurement issues, etc. Please also list all upcoming procurement actions that require A/COR approval/notification.

INSERT BRIEF NARRATIVE ON MANAGEMENT ISSUES, LESS THAN HALF PAGE.
NA

8.2 Resolved management issues

If issues were raised in the last report(s), please describe how the activity addressed them specifically.

INSERT BRIEF NARRATIVE ON ADDRESSED COMMENTS, LESS THAN HALF PAGE

NA.

9. PLANNED ACTIVITIES FOR NEXT YEAR (FY 20) INCLUDING UPCOMING EVENTS

Indicate opportunity/need for media and/or USAID/Uganda or other US Government involvement, particularly for USAID project monitoring site visits

INSERT BRIEF NARRATIVE ON PLANNED ACTIVITIES, LESS THAN HALF PAGE

Malaria in Pregnancy

- Support MIP commodities supply chain management, working with MMS under SPARS strategy.
- Support MIP TWG technical coordination for MIP and advocacy on needed resources.

LLINS

- Support routine distribution of LLINs through ANC/EPI clinics.
- Conduct LLIN surveys investigating use and non-use.

Case Management

- Implementation of iCCM in hard-to-reach and highly endemic districts.
- Mentorships in diagnostic guidelines, testing technical quality, and reporting.
- WHO Malaria Microscopy Certification.
- Development and management of malaria microscopy slide bank.
- Support DHTs to implement EQA in 53 districts and all USAID's RHITES projects.
- Malaria clinical services mentorship for HWs.
- Conduct integrated support supervision.
- Conduct clinical and mortality audits in selected HCIV-Hospital levels.

Capacity Development

- Conduct leadership development based on DHMT capacity gaps.
- Professional Associations build capacity of private health facilities.
- Infrastructure development of targeted HFs.

10. ANNEXES

10.1 USAID/Uganda Activity Work Plan Table

Instructions: Copy the currently concluding Activity Work Plan Table from the concluding year work plan.

USAID/Uganda Activity Work Plan Table – USAID's Malaria Action Program for Districts					
CDCS Links	**Results**[2]	**Performance indicators**	**Baseline value**[3]	**FY 19 (previous year) annual actual**	**FY 20 annual target**
	Goal: to improve the health status of the Ugandan population by reducing malaria transmission, morbidity and mortality				
1.3.1	**R 1: Effective malaria prevention programs implemented in support of the National Malaria Reduction Strategy Plan (UMRSP 2014-2020);**				
1.3.1	Sub IR 1.1 High quality, accessible programs for prevention of MIP implemented	Proportion of women who received two or more doses of IPTp for malaria during ANC contacts during their last pregnancy in intervention districts	61%	70% (IPTp2+) and 60% (IPTp3+)	85%
1.3.1 3.3.2	Sub IR 1.2 Access and use of malaria prevention interventions increased (Initiatives to promote net use and access to LLINs implemented)	Proportion of women attending ANC who received ITNs at ANC clinics	75%	77%	85%
1.3.1, 3.3.1	**IR 2 Effective malaria diagnosis and treatment activities implemented in support of the National UMRSP**				
1.3.1 3.3.1	Sub IR 2.2 Diagnostic capacity improved	Proportion of malaria suspected cases tested for malaria	81%	98%	95%
1.3.1 3.3.1	Sub IR 2.3 Service providers' capacity for malaria case management improved	Proportion of patients at health facilities who received a negative diagnostic test for malaria who received an antimalarial drug	36%	7%	5%
		Number of health workers trained in case management with ICCM with USG funds	NA	1972	None
3.1.2	**IR 3: Build capacity of the National Malaria Control Program (NMCP) and District Health Management Teams (DHMTs) to effectively manage malaria activities and sustain malaria gains**				
3.1.2	IR 3.1 Capacity of DHMTs to effectively manage and sustain malaria activities in the focus areas built	Number of health workers trained in case management with artemisinin-based combination therapy (ACTs) with USG funds	NA	4514	TBD with mapping
3.1.2 3.3.1	Sub IR 3.2 Improving efficacy in delivery of malaria services in focus area	Number of health workers trained in malaria laboratory diagnostics (rapid diagnostic tests (RDTs) with USG funds (i.e. non laboratory staff)	NA	1658	TBD with mapping

[2] List Activity goal, intermediate results, and sub intermediate results.
[3] Indicate year for baseline values.

10.2 Special reporting requirements

(AS APPLICABLE) of earmarks in Economic Growth, Health, Education and Gender

All of the following earmark indicators can be incorporated into the Activity Work Plan Table and Activity Performance Analysis Table.

HEALTH

A. MALARIA

The PMI Reporting Plan describes selected indicators, data needs, sources and tools to monitor and evaluate progress against the PMI objectives as outlined in the PMI Strategy 2015 – 2020 and is a companion document to the PMI Strategy. The indicators included in this reporting plan are the primary indicators that will be monitored to assess progress against PMI's goal and objectives. For each indicator, the definition, data source, and frequency of reporting are included in Appendix I.

Indicators:

1. Refer to Reporting Plan for the President's Malaria Initiative Strategy 2015 – 2020;
2. Required for all IPs receiving PMI funding;
3. Mission custom indicators determined at the time of AMEL Plan approval.

Databases Required:
Malaria indicators in PRS: Quarterly
Malaria PPR indicators PRS: Annually

Learning:
Quarterly evidence based learnings and success stories

GENDER

All people-level indicators must be disaggregated by sex and age. This applies to all USAID funded implementing partners and sub-awardees.

In addition, there are eight cross cutting standard indicators that cover gender equality, women's empowerment, gender-based violence, and women, peace and security. Implementing Partners are expected to collect data and report on one or more of the gender standard indicators if the activity produces data that contributes to the measurement of these indicators.

GNDR - 1	Number of legal instruments drafted, proposed or adopted with USG assistance designed to promote gender equality or non-discrimination against women or girls at the national or subnational level.
GNDR - 2	Percentage of female participants in USG-assisted programs designed to increase access to productive economic resources (assets, credit, income or employment).
GNDR - 4	Percentage of participants reporting increased agreement with the concept that males and females should have equal access to social, economic, and political resources and opportunities.
GNDR - 5	Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the national

	or subnational level.
GNDR - 6	Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other).
GNDR - 8	Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations.
GNDR - 9	Number of training and capacity building activities conducted with USG assistance that are designed to promote the participation of women or the integration of gender perspectives in security sector institutions or activities.
GNDR - 10	Number of local women participating in a substantive role or position in a peacebuilding process supported with USG assistance.

10.3 Success story template

Partners are requested to submit at least one (1) success story (with a picture) per quarter; however, partners are welcome to submit more than one story each quarter.

Success Stories/Lessons Learned Template
One Story Per Template

Instructions: Provide the information requested below. Remember to complete the Operating Unit Standardized Program Structure selections in order that your program element selections are pre-populated in the FACTS drop-down menu. " * " indicates required fields.

*** Program Element:** Malaria/Health
* **Key Issues:** __Health Access

Title: ***School Clubs Promote Malaria Care to Teachers, Pupils and Communities.***

Operating Unit: ____USAID/Uganda_____

Please provide the following data:

*** Headline (Maximum 300 characters):** A good headline or title is simple, jargon free, and has impact; it summarizes the story in a nutshell; include action verbs that bring the story to life.

*** Body Copy (maximum 5,000 characters):** The first paragraphs should showcase the challenge encountered and the context of the foreign assistance program. Presenting a conflict or sharing a first-person account are two good ways to grab the reader's attention. Continue by describing what actions were taken and finally describing the result. What changed for the person or community? What was learned? How did this make a difference in the community or to the country overall? If this story is relating to a "best practice", what were the innovations in planning, implementation, or partnering that made it different? If this story is about an evaluation, what program adjustments were made?

USAID's Malaria Action Program for Districts (MAPD), a 5-year USAID Uganda based malaria project, works with Uganda's Ministry of Health (MoH) and the USAID Communication for Healthy Communities project (CHC), to improve community's attitudes and behavior around malaria prevention and treatment. To achieve positive change, a multi-pronged communication and behavior change strategy has been developed; one prong of which is to use children as change agents, hence introducing the concept in schools.

Uganda has been promoting malaria care using schools as an effective behavior change platform. USAIDs Malaria Action Plan for Districts (MAPD) has been supporting the MoH, MoES and Districts to promote this in 2,883 schools. The school health program builds pupils, school staff and community's competence to adopt positive behavioral change towards malaria control. Pupils are oriented on malaria prevention and treatment practices and messages and encouraged by the teachers and Health Educators to carry the message back home to their parents/guardians and the community surrounding them, so that they can be change agents in their households and wider community.

Kyotera Primary School is among the schools whose school health club pupils were empowered during MAPD's School LLIN SBCC mentoring. Pupils were engaged, sharing and developing skills in terms of malaria prevention and treatment knowledge and messaging, as well as in terms of how to run school health clubs and activities to reduce malaria both in the school and surrounding communities. These club pupil patrons then built their capacity by orienting their teachers on the key malaria prevention and treatment messages which would be passed on through the existing school health club.

With support from the school Head teacher and club patrons together with other teachers the club set up talking compounds, set up Malaria corners in classrooms, composed poems and songs on Malaria prevention and treatment. The school also hosted a launch to show case malaria care to parents and the district leadership. The launch was successful (attended by 1370 people)Among the guests invited were the Chief Administrative Officer, Resident District Commissioner, District Health Officer, District Educational Officer, Malaria Focal Person, Health Educator, Inspector of schools and Town Council leadership. Pupils promoted positive malaria care through poems, drama and songs while the leadership emphasized the importance of LLIN use and encouraged parents to ensure that all their household members sleep under the treated nets every night. The leaders denounced LLIN misuse and its implication to the parents and pupils and pledged to work together to fight LLINs misuse. The school was yet given another opportunity to show case during the International Day of the Girl Child, the club composed and recorded a skit demonstrating how Malaria affects a girl child in a household. This was aired on Radio Buddu and was preceded by a Radio talk show.

Other activities conducted by the club.

- Assembly talks on Malaria.
- Cleaning coupled with Malaria sensitization in Kyotera Town.
- Club encourages members to pass on the messages to the parents, siblings and the community.

IMPACT

The 2018 school LLIN distribution coupled with interventions done by the school Malaria club has contributed to the reduction of Malaria incidents in the school hence reducing absenteeism at Kyotera Primary School particularly among the P1 and P4 2018 classes, which are currently P2 and P5 2019 classes These are the two classes that benefited from the 2018 school LLIN distribution.

40

The graphs below show: Proportion of Pupils who were absent for one or more days in the term for P1 and then P4. (Source: Kyotera P/S Class registers

*** Pullout Quote (1,000 characters):** Please provide a quote that represents and summarizes the story.

INSERT PULL OUT QUOTE.
" the school program has allowed us to know how best to prevent getting malaria and how to also help our family and friends do this. We can even teach the teachers" School Pupil 2019 P5 Kyotera Primary School

*** Background Information (3,000 characters):** Please provide whether this story is about a presidential initiative, key issue(s), where it occurred (city or region of country) and under what item(s) (Objectives, Program Areas, Program Elements) in the foreign assistance Standardized Program Structure. Include as many as appropriate. See Annex VIII of the Performance Plan and Report Guidance for a listing of Key Issues. See the list and definitions for the Standardized Program Structure. http://f.state.sbu/PPMDocs/SPSD_4.8.2010_full.pdf.

INSERT BACKGROUND INFORMATION.
USAID's Malaria Action Program for Districts (MAPD), a 5-year USAID Uganda based malaria project, works with Uganda's Ministry of Health (MoH) and the USAID Communication for Healthy Communities project (CHC), to improve community's attitudes and behavior around malaria prevention and treatment. To achieve positive change, a multi-pronged communication and behavior change strategy has been developed; one prong of which is to use children as change agents, hence introducing the concept in schools

*** Contact Information (300 characters):** Please list the name of the person submitting along with their contact information (email and phone number).

INSERT CONTACT INFORMATION.
Daudi Ochieng
d.ochieng@malariaconsortium.org
Tel: 0772506404

10.4 Special reporting requirements of Activities undertaking construction

The below update should describe any challenges or delays in site works as well as progress made:

ACTIVITY NAME:	**Start Date:**	**End Date:**
Site Name:	**Total USD Cost:**	**% Completion Planned:** **% Completion Actual:**
Narrative Description of Progress Completed[4] in Current Quarter, referencing the Schedule of Works:		
NA		
Narrative Description of Work Scheduled for Next Quarter, referencing the Schedule of Works:		
Bid preparation		

[INSERT ADDITIONAL TEXT BOXES IN CASE OF MULTIPLE SITE WORKS UNDER THE ACTIVITY]

[4] In addition to the explanations for the level of performance, the Remarks Section should consider the following requirements:

1) USAID requires the Contractor to comply with standards of accessibility for people with disabilities in all structures, buildings or facilities resulting from new or renovation construction or alterations of an existing structure.
2) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem.
3) The Foreign Assistance Act of 1961, as amended, Section 117 requires that the impact of USAID's activities on the environment be considered and that USAID includes environmental sustainability as a central consideration in designing and carrying out its development programs.