

**STRIDES** for Family Health

# District Participation in the Selection of Target Zones for Family Planning



# Uganda, 2009

Total Fertility Rate	= 6.7
Maternal Mortality Ratio	= 435/100,000
Under-five Mortality Rate	= 137/1000

➤ Virtually unchanged for over a decade

# Response

- ✓ MOH renewed commitment to address high fertility, mortality and morbidity
  
- ✓ USAID support through STRIDES for Family Health Project:
  - 5 year project
  - \$44 million
  - Working in up to 15 districts (to be selected)
  - Health systems and services strengthening
  - IP = Management Sciences for Health & Partners

# But....

- STRIDES is not the first project to do this

So....doing more of the same  
will result in the same

- Do things differently, beginning with the way in which target districts are selected

# Competitive District Selection

- Based on lessons from performance based contracting and grants program
- Transparent competition with pre-set evaluation and selection criteria

# Rationale

- Districts have a say in whether or not to participate in a project
- Sets the stage for transparency and other project values through the evaluation criteria
- Districts that submit an EOI
  - Show motivation and commitment to FP
  - Make their case for being selected
  - Are stakeholders to the project's success
  - Are accountable to deliver, if selected

# The Process

- Invitation for EOIs issued jointly by MOH and STRIDES
- Together with MOH & USAID, STRIDES developed
  - Eligibility Criteria
  - Evaluation Criteria
  - Evaluation Committee & Process

# The Process (cont'd)

- Pre-submission meetings with districts
- Evaluation Committee included STRIDES, MOH, USAID, and UNFPA

# Eligibility Criteria

- District is among the 49 that were invited for EOI
- EOI is stamped and signed by CAO and DHO
- Each question has a response
- EOI is legible and in English
- All required attachments are included or a good explanation is given for non-inclusion

# Evaluation Criteria

1. District dedicates own financial, human, material or other resources to STRIDES project (10 points)
2. District demonstrates access to and existence of active community networks or structures (20 points)
3. District Health Management Team (DHMT) exists (10 points)
4. District is open to public-private partnerships (20 points)
5. District's current health needs (5 points)
6. District's current health systems performance (5 points)
7. Functionality of the district's supply chain mechanism (10 points)
8. District's motivation to improve RH/FP/CS (20 points)

# District Selection

- Eligibility determined by entire evaluation committee
- EOI score determined by 2 evaluation committee members, with a third in case of disagreement
- Outcome of each EOI:
  - Discussed by the entire evaluation committee
  - Districts were grouped in best, average, and worst performing based health indicators used by League Tables
  - Within each group, districts were ranked from highest to lowest scoring
  - Highest scoring districts were selected from each group

# District Selection

- Recommendations for selected districts submitted to MOH and USAID for formal approval
- Written Feedback given to all districts with EOI
  - Included information on the selection process, outcome, and option for more detailed debriefing

# Response Rate & Outcome

49 Districts were Invited to submit an EOI

- 41 (82%) submitted an EOI
  - 28 (68%) were eligible
    - 15 (55%) were selected

**STRIDES now works with**

**15 of 49 (30%) Interested Districts**



# Selected Districts

<b>League Table Ranking with (#) of Districts</b>	<b>West</b>	<b>Central</b>	<b>East</b>
Group 1: high performing districts (n=9)	Kasese	Mityana Nakasongola	Kumi
Group 2: medium performing districts (n=9)	Kyenjojo	Kalangala Kayunga	Bugiri
Group 3: low performing districts (n=10)	Kamwenge	Luwero Mpigi Sembabule	Kaliro Kamuli Mayuge
Total = 15 districts	3	7	5

# Did the EOI process result in a biased selection of districts?

➤ ANOVA and Students t-test to examine differences between districts that:

1. Did not submit an EOI
2. Submitted an EOI
3. Submitted an EOI and did not meet eligibility criteria
4. Submitted an EOI and did meet eligibility criteria
5. Submitted an EOI and were selected
6. Submitted an EOI and were not selected

# Variables

1. Population size
2. # People per health facility
3. # People per health worker
4. Unmet need for Family Planning (%)
5. Child Immunization Coverage (%)
6. Total Fertility Rate
7. Contraceptive Prevalence Rate among married women
8. # Participants at pre-submission meetings with districts
9. Infant Mortality Rate
10. HIV Prevalence
11. % Pregnant women who received at least 2 IPT
12. Ranking of districts by MOH League Tables

# Results

- No differences between selected and not selected districts
- Districts that had submitted an EOI but were ineligible, had smaller populations ( $p=0.04$ ) and lower contraceptive prevalence rates ( $p<0.01$ )

# Conclusions

- Doing things differently was welcomed
- Selection based on motivation works
- EOIs form basis for performance-based MOUs
- Partnership between IP, MOH and Donor give legitimacy and transparency
- But...Will this lead to better results?