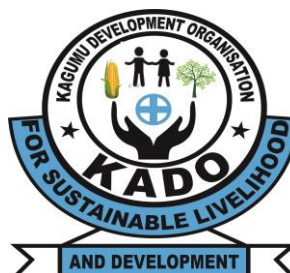


# **KAGUMU DEVELOPMENT ORGANIZATION (KADO)**

**P.O BOX 260, PALLISA**



## **PROJECT GRANT CLOSURE REPORT**

**PROJECT: MALARIA NEW FUNDING MODEL PROJECT 2015-2017**

**FUNDER: GLOBAL FUND FOR MALARIA**

**PRINCIPLE RECIPIENT: THE AIDS SUPPORT ORGANISATION (TASO)**



**FEB, 2018**

**COMPILED BY:**

**Yonah Nduga**

**Project Officer**

**APPROVED BY:**

**Namwoyo Samson**

**Executive Director**

## Table of Contents

ACKNOWLEDGEMENT .....	3
EXECUTIVE SUMMARY .....	4
INTRODUCTION .....	5
PROJECT GOALS AND SPECIFIC OBJECTIVES .....	5
Goals .....	5
Specific Objectives .....	5
PROJECT ACTIVITIES .....	6
IMPLEMENTED PROJECT ACTIVITIES: .....	6
TRAINING OF PRIVATE SECTOR HEALTH WORKERS IN IMM (INTEGRATED MALARIA MANAGEMENT) .....	6
TRAINING OF PRIVATE SECTOR HEALTH WORKERS IN HMIS (HEALTH MANAGEMENT INFORMATION SYSTEM) .....	7
TRAINING TEACHERS AND STUDENTS ON MALARIA PREVENTION SKILLS .....	9
ADVOCACY CAMPAIGN BY DISTRICT TECHNOCRATS ON MALARIA PREVENTION .....	10
DISTRIBUTION OF LONG LASTING INSECTICIDES TREATED NETS (LLINS) .....	11
COMMUNITY SOCIAL MOBILIZATION- EVENTS .....	12
MONITORING THE DISTRIBUTION OF LONG LASTING INSECTICIDES TREATED MOSQUITO NETS (LLINS) TO CHILDREN LESS THAN 5 YEARS AND PREGNANT MOTHERS AT HEALTH FACILITY LEVEL .....	13
SUPPORT SUPERVISION OF PRIVATE SECTOR HEALTH FACILITIES .....	13
BI-ANNUAL DISTRICT LEVEL MEETINGS WITH THE PRIVATE SECTOR .....	14
DISTRICTS TO MONITOR AND REPORT ON BEHAVIOR CHANGE COMMUNICATION (BCC) .....	15
LESSONS LEARNT .....	16
CHALLENGES ENCOUNTERED .....	17
CONCLUSION .....	17
RECOMMENDATIONS .....	17

## **ACKNOWLEDGEMENT**

Kagumu Development Organization acknowledges Global Fund for the financial support to the Government of Uganda to fight malaria which has claimed many lives of people and leading to poor standards of living in the most vulnerable communities.

KADO further acknowledges The Aids Support Organization (TASO) the principal recipient of Global Fund in Uganda for the Grant management and technical support to KADO as a Sub Recipient of Global Fund that enabled the realization of the programme objectives.

KADO also thanks the District Local Governments of Pallisa, Kibuku, Budaka, Butaleja, Iganga, Namutumba, Kaliro, Luuka, Buyende, Kamuli and Mayuge for their contribution and effective involvement in the implementation of the programme particularly through provision of staff, trainings, mobilization, supervision, monitoring and evaluation of the project.

Appreciation further goes to Pilgrim Africa for the financial and technical support to implement Integrated Community Case Management of malaria (ICCM) in Pallisa district.

Lastly, appreciation goes to the Board of Directors for the good policies and regulations and KADO staff for their commitment to the Project and Organizational activities that facilitated the realization of the project success and report writing.

## **EXECUTIVE SUMMARY**

This is a grants closure report for Malaria New Funding Model programme funded by TASO-Uganda the Principle recipient of Global Fund for Malaria, HIV/AIDS and TB in partnership with Ministry of Health Uganda.

The implemented activities and their outputs were: 627 teachers & students were equipped with in malaria prevention skills, 273 private sector health workers trained in Integrated Malaria Management (IMM), 198 health workers from the private sector were trained in Health Management Information Systems (HMIS), 451,231 Nets distributed in both PNFP & public health facilities, 72 Support supervision were conducted, 66 Bi-annual meetings conducted, 33 Social Behavior Change Communication (SBCC) conducted, 23 Community Social mobilization events were conducted, LLINs monitoring was done and 11 Advocacy campaigns (1 per district) were conducted as well. As regards ICCM project, 1052 VHTs were trained in Pallisa district.

This report is disseminated to all stakeholders to inform them on the effectiveness and efficiency of the programme. In addition, the report was meant to facilitate stakeholders to adopt best practices of programme implementation in order to improve on performance of activities of Global Fund in future.

The report is also located on our website [www.kagumudevelopment.org](http://www.kagumudevelopment.org) for the general public consumption.

The report is presented under the following headings; Introduction, Purpose of the Report, Project Activities, Goals and Specific Objectives of the activities, General Work plan, Constraints and Challenges, Lessons Learned, Recommendations, Conclusion and Appendices.

## **INTRODUCTION**

Malaria being the leading cause of illness and death in Uganda, it accounts for 100,000 deaths every year. With the development of new anti- malarial drugs in response to the increasing resistance pattern to the available anti- malarial, guidelines on the management of malaria have kept changing with the latest revision in the guidelines by WHO and adopted by the Uganda ministry of health in 2012, there is need to train private sector health workers on the new guidelines as they are equally highly involved in the management of the epidemic. Busoga Region (Kibuku, Butaleja, Pallisa, Budaka, Namutumba, Kaliro, Iganga, Luuka, Kamuli, Buyende and Mayuge) are one of the districts with the highest prevalence of malaria. The above background is the basis for the need to empower private health workers with the knowledge and skills in Integrated Management of Malaria and Health Information Management System.

However, this report was compiled with support from all stakeholders that include; District officials, project staff, participants of all trainings and facilitators using the information they provided during and after the implementation of project activities.

## **PROJECT GOALS AND SPECIFIC OBJECTIVES**

### ***Goals***

To reduce the spread of malaria in communities

To contribute to the provision of quality disease prevention, care, treatment and support services in Uganda

### **Specific Objectives**

- To create demand for increased uptake of malaria prevention and control intervention
- To equip PFP professionals with knowledge and skills on all aspects of malaria case management and integrated management of malaria
- To justify the beneficiaries of Long Lasting Insecticides treated mosquito Nets (LLINs) and the mode of distribution
- To ensure proper storage of LLINs, allocation of LLINs to various health facilities in Districts and promote districts involvement in monitoring of LLINs distribution
- To reduce malaria infections among pregnant mothers and children
- To enable the Sub recipient to pick the LLINs monthly reporting tools from health facilities
- To enable the Sub recipient give support supervision to the health workers in the distribution of LLINs

- To create awareness about the government malaria prevention programs in the country and in their districts in particular

## PROJECT ACTIVITIES

The following activities were planned for and implemented in the project period;

- Advocacy campaign with district technocrats on malaria prevention
- Training of private sector health workers in IMM
- Training of private sector health workers in HMIS
- Bi-annual district level meeting by the private sector
- Support supervision for the PFPs
- Districts to monitor and report on SBCC
- Planning for the distribution of Long Lasting Insecticides treated mosquito Nets with Districts
- Distribution of Long Lasting Insecticides Treated Nets (LLINs)
- Community Social Mobilization-Drama Shows and School Mobilization Events
- Monitoring of Long Lasting Insecticides treated mosquito Nets (LLINs) distribution at Health Facility Level and tracking of Long Lasting Insecticides treated mosquito Nets (LLINs) distribution at Health Facility Level
- Training of teachers and students on malaria prevention skills
- Training in ICCM in Pallisa district

## IMPLEMENTED PROJECT ACTIVITIES:

### *TRAINING OF PRIVATE SECTOR HEALTH WORKERS IN IMM*(INTEGRATED MALARIA MANAGEMENT)

*Training of Private Sector Health Workers in IMM (Integrated Malaria Management)* was conducted in 11 districts of Busoga Region that includes Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku.

The training was conducted in partnership with the district health offices of the target districts. Participants included Health workers that include clinical officers, nursing officers, midwives, nursing assistants, and enrolled comprehensive nurses among others.

The project targeted to train **273** health workers in the targeted eleven districts of Busoga region.

The trainings were all non-residential for five days each whereby the participants were trained within their own districts. The trainings were facilitated by the Malaria Focal persons, Senior Clinical officers and the District Health Educators of each district.

The training content was concentrated on;

- ❖ Introduction to Malaria
- ❖ Evaluation of a patient with fever
- ❖ Performing and Reading a Malaria RDT
- ❖ Evaluation of a Patient with a Negative Blood Slide or RDT
- ❖ Treatment of uncomplicated malaria
- ❖ Treatment of uncomplicated malaria (Practical Session)
- ❖ Activity-uncomplicated malaria and negative fever management patient cases
- ❖ Management of a patient with severe malaria
- ❖ Management of malaria in pregnancy
- ❖ Severe malaria ward visit and discussion
- ❖ Malaria and HIV and AIDS co-infection
- ❖ Management of fever after malaria treatment
- ❖ Monitoring for drug safety: pharmacovigilance
- ❖ Medical records keeping
- ❖ Medical supply management
- ❖ Practical sessions: Patient Case Studies-uncomplicated and severe malaria



## **TRAINING OF PRIVATE SECTOR HEALTH WORKERS IN HMIS (HEALTH MANAGEMENT INFORMATION SYSTEM)**

A total of **196** Health workers from private for profit health facilities in the target 11 districts of Busoga Region that's to say Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku were trained in HMIS. This project activity was implemented in partnership with the district health offices of the target districts.



The classes of health workers the training included laboratory technicians, Nursing officers, midwives enrolled nurses, comprehensive nurses and clinical officers.

The reason for training of these health workers was to ensure that PNFPs collect data, analyses, document and report to the district HMIS enhance reporting to the national HMIS and facilitate based decision making and planning.

This training was non-residential whereby the participants were trained within their own districts and 18 health workers were trained per district (Totaling to 198 Health workers trained in the project's coverage area.



**Health Workers in a practical session during training on Health Management information system in Kamuli district at malam center LTD**

Health workers from the following private for profit facilities were trained per district:

**Facilities Trained In Pallisa District:** Ebenezer Clinic, African Clinic, Multicare Clinic, Saving Grace Medic Clinic, Sireh Medical centre, A&B Reginar Clinic, St George Clininc, Limigu Med Clinic, Kibale Community Health Centre, Grace Medical Centre, Adong Florence Medidla Centre, Beth Station Medic Clinic And Karith Health Centre III

#### **Facilities Trained In Budaka district**

Budaka General Clinic, Balyebunya Medical Centre, Peace Medical Centre, Iki Iki Dispensary, Kadimikikoli Care Clinic, Community Based Medical Centre, Mutome Medical Centre.

#### **Facilities Trained In Namutumba district**

Kakaire nursing home, st grace clinic, namutumba medical centre, white cross clinic, allied medical centre, cure medical centre, kibike maternity home, lameka community clinic, busiki maternity home, NAD kibukematenity home

#### **Facilities Trained In kibuku District**

Tirinyi Medical Centre, Kasasira Medical Centre, Buseta Medical Center, Bulangira Medical Centre, Njoya Joint Clinic Kasasira, St Catherine Medical Centre, M&K Clinic Tirinyi, Kituti Community Health Centre, Communiy Care Centre-Kadama, Hope Clinic Kadama And Joint Clininc –Tirinyi

#### **Facilities Trained In Butaleja district**



Tambala Medical Clinic, Busolwe Community Clinic, Kiwumulo Day Care Clinic, People's Welfare Clinic, Cure Medical Centre, Busolwe Community Clinic and Family Medical and Day Care.

#### **Facilities Trained In Iganga district**

Home Care Medical Clinic, PATs Medical Centre, Parents Medical Centre, Iganga Lifecare Medical Clinic, Iganga Universal Medical Clinic, Medicare Medical Centre, Mercy Health Centre, Idudi Medical Centre, Ntinda Medical Centre, The People's Clinic, Peak Point Medical Centre and Quick Service Medical Centre.

#### **Facilities Trained In Buyende district**

Glory Medical Clinic, FALCON Clinic, ST. Kizito Medical Centre, Exodus Medical Centre, HICA Uganda Medical Centre, Isabirye Christopher Allied Health Centre, MG Medical Service, ST. Mark Orthopedic Clinic and Odoi Medical Clinic.

#### **Facilities Trained In Kamuli district**

Medical & Eye Care Centre, God Cares Eye & Medical Clinic, Ssenyonjo Health Centre, Mirembe Medical Centre, Family Nursing Home, Kamuli Health Centre, ST. Kizito Medical Centre, Premier Medical Centre, Kasozi Family Clinic, MOFLA Health Care Clinic & Laboratory Services, Kamuli General Clinic and Hope Medical Centre.

**Facilities Trained In Kaliro district:-** Community Health Centre, Dr. Ambrosoli Medical Centre, URHB Kaliro Branch, Kaliro Medical Centre, Mercy Clinic, ST. Moses Clinic, Bulumba Medicare, Locky Maternity Home, Genesis Medical Centre and Dr.Kibirige's Clinic.

#### **Facilities Trained In Mayuge district**

Lameka Community Service, Kwagala Medical Clinic, Kamu-Kamu Domicillary Clinic, JK Pancrass, Nalongo Clinic, Sam Medical Centre, True Image Medical Centre, People's Clinic, Bachi Medical Centre and Mercies Medical Clinic.

#### **Facilities Trained In Luuka district**

Busalamu Maternity Home, Bakuseka Majja Medical Clinic, MEG Medical Centre, Pearl Medical Clinic, Mariam Maternity Centre, Bulanga Medical Centre, Case Medical Centre, Basimakako Domicillary Centre, COARCH Annex Medical Centre, Budooma Medical Clinic, Top Care Clinic and Case Medical Centre.

### ***TRAINING TEACHERS AND STUDENTS ON MALARIA PREVENTIN SKILLS***

This activity took place in the eleven district of Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku. This activity was implemented in partnership with the DHO's and DEO's offices of the target districts. Participants were identified and selected from both government aided and private secondary schools across the target districts.

The aim of this training was to promote dissemination of malaria prevention strategies by teachers and students in secondary schools.

The targeted class size was 30 participants per district. A total of **627 teachers and students** were trained on malaria prevention skills in a one day Non-residential workshop facilitated by the malaria focal persons and the Bio statisticians of each district.



**A senior clinical officer during a session at Budaka Town Council Hall in Budaka district during train teachers and students on**



**The malaria focal person of Pallisa district during a session on train teachers and students on malaria skills at Red Cross hall**

The content of train teachers and students on malaria prevention skills is as follows;

- Facts about what malaria, statistics in Uganda.
- Introduction and causes of malaria
- Transmission and classification of malaria
- Characteristics of Fever
- Supportive treatment
- Malaria in pregnancy
- People at risk of malaria
- How malaria is diagnosed
- Convulsions, Anemia and other preventive measures
- Prevention and control, treatment, vulnerable groups & myths.
- Signs and symptoms of malaria
- Malaria and other co-infections
- Effects of malaria
- Explained the role of Government, donors and districts and schools

### ***ADVOCACY CAMPAIGN BY DISTRICT TECHNOCRATS ON MALARIA PREVENTION***

This activity was carried out in the eleven districts of Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku.

The activity took place in order to create awareness on Global Fund for malaria new funding model programme among local government leaders and technocrats in the country particularly in the above targeted districts.

Meetings were organized and facilitated by KADO and the district officials and 20 participants attended that included the CAO, RDC, DHT, Secretary health, secretary CAO, LCV, LCIII, DISO, DCDO among others. It was one day meeting per district facilitated by the district malaria focal persons, Biostatisticians. And the District Health Officer was the chairperson.

The content of the meeting and advocacy issues were;

- Who is most vulnerable? and myths about malaria
- Discussions of what government officials do in prevention of malaria
- Role of Government, donors and districts in malaria prevention.



### **DISTRIBUTION OF LONG LASTING INSECTICIDES TREATED NETS (LLINS)**

A total of 451,231 nets were distributed in the 11 districts in both PNFP and Public health facilities.

The first batch of Long Lasting Insecticides treated mosquito Nets (LLINs) of 2015 were transported to 11 districts in August under the responsibility of TASO Uganda the Principle Recipient of Global Fund.

The second batch was transported to the 11 districts in the month of May, 2016 under the responsibility of TASO Uganda. KADO was responsible for transportation of the LLINs to the target facilities in the eleven districts covered by the projects. LLINs specifically was for distribution to pregnant mothers on their first antenatal visit and children receiving DPT3 injection. .



**A truck loading nets at Butaleja district store before LLINs distribution could take place at the health facilities**

## COMMUNITY SOCIAL MOBILIZATION-EVENTS

This was done in two categories that included;Community drama shows and school sensitization:

### Drama Shows

Drama Show Events were conducted in the districts of Kibuku, Budaka, Pallisa, Butaleja, Namutumba, Iganga, Mayuge, Kaliro, Luuka, Kamuli and Buyende.Drama shows were conducted in trading centers and market places, because the two places comprise of many people.Drama shows were conducted in trading centers and market places, because the two places comprise of many people.The activity was implemented with the help of DHE and VHTs. District Health Teams were among the official

during the drama shows.Messages on malaria prevention and management strategies were disseminated during drama shows. The drama could attract a total of 310 participants per event. Drama groups were identified and contracted to perform the dramas. At the end of the performance, questions were posed to the community and each successful person would get a KADO t-shirt. A total of 35,113 people received malaria prevention messages during community drama shows.



**A drama event being conducted on malaria prevention in Kaliro district at Kaliro trading center**

**School Mobilization Events**School Mobilization Events were conducted in 11 districts. Schools were visited and a total of 41,403 Students received malaria prevention messages.



**The KADO Officer (Centre) and the district malaria focal person of Mayuge district speaking to students during a school mobilization event**



**A Student of Magada S.S-Namutumba District presenting a drama embedded with malaria prevention messages on malaria during School Mobilization Event.**



The District Health Educators were in charge of identifying the schools to be visited, notifying the school administrations about the activity and identifying a facilitator. A lecture method was used to sensitize the students about the prevention and control of Malaria, HIV/AIDS and TB. School Mobilization events were conducted in selected schools by the DHO's offices. Officers from KADO reached the schools with a representative from the DHO's offices and the schools assembles the students either in halls or under a tree with the school premises and thus the message was passed on

### ***MONITORING THE DISTRIBUTION OF LONG LASTING INSECTICIDES TREATED MOSQUITO NETS (LLINS) TO CHILDREN LESS THAN 5 YEARS AND PREGNANT MOTHERS AT HEALTH FACILITY LEVEL***

This was done to health facilities that received LLINs in the eleven districts of; Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku

This was done to ascertain utilization of LLINs, collect LLINs reports and challenges faced by health unit in reporting LLINs distribution to DHMIS<sub>2</sub>. This monitoring was carried out with the help of district health officials in all districts. 11 visits.

During the monitoring exercise, many challenges were identified that includes; high transfer of trained health workers on LLINs distribution. Even the trained staff didn't take initiatives to orient other staff on LLINs DISTRIBUTION re trained on LLINs distribution. This therefore calls for retraining of health workers in health facilities that are lacking trained staff.



***District officials interacting with health workers during LLINs monitoring exercise in Kaliro district***

### **SUPPORT SUPERVISION OF PRIVATE SECTOR HEALTH FACILITIES**

This activity was conducted to ascertain whether the trained health workers were putting into practice what they were trained in and to share experiences and best practices following Integrated Malaria Management training (IMM), Health Management Information System (HMIS) training, LLINs distribution at health facilities in all the eleven districts of Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku. This was majorly done at the PFP health facilities to establish the quality and visits were made across all the districts utilizing the ministry of health supervision HMIS tool. This was implemented by KADO in partnership with the District Malaria Focal Persons and the Biostatisticians standard of health service delivery in private health units. Seventy two (72) Health workers benefited from the support supervision exercise in a way that this helped to address gaps that health workers were facing hence improving on the standards of services rendered to clients. *All these 72 visits* were achieved at the end of the project life

The activity was successfully done within the stipulated period of time



**District officials during support supervision exercise in Namutumba district**



**District officials interacting with health during a support supervision exercise**

### **Key identified during Support supervision visits:**

- ✓ 20% of the PFP facilities were reporting in HMIS
- ✓ 65% of the PFP facilities offer ANC Services
- ✓ RDT use was too minimal at about 15%
- ✓ 55% of PFPs offer basic Laboratory services
- ✓ 05% of the PFPs have minutes filed

### ***BI-ANNUAL DISTRICT LEVEL MEETINGS WITH THE PRIVATE SECTOR***

This was conducted to share lessons learnt from the support supervision exercise in each district. The lesson learnt from this support supervision exercise is that this activity could improve on the service provision and also share with stakeholders the general findings of the support supervision exercises and support supervision on behavior change communication (SBCC) held. This helped to strengthen on their weak areas. Sixty six (66) meetings were targeted in the whole project area, health workers from private for profit health facilities were met to discuss challenges and achievements registered during implementation of the activity and this helped to boost their capacity to work because action points and resolutions were reached during the meeting which helped them get resolutions to their faced challenges in service delivery at their clinics.

The Six (06) meetings per district were achieved in the eleven district by the end of the project in the eleven districts of Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa



**The District MFP speaking to health workers during a session under the bi-annual district level meeting at Malamu center ltd in Kamuli district**

### ***DISTRICTS TO MONITOR AND REPORT ON BEHAVIOR CHANGE COMMUNICATION (BCC)***

The activity targeted those areas where KADO conducted its activities in the eleven districts of; Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku like advocacy campaign by District government officials on malaria prevention and control at the district level, LLINs distribution in health facilities, Social community sensitization events (drama shows on malaria prevention skills) in communities. Thirty three (33) visits were planned target of the project and at the end all these 33 visits were attained at the end of the project life.

The SBCC Supervision team comprised of four people i.e. two district officials from DHO's office, a driver and one coordinator from KADO for the period of two days during the activity implementation that was the district Malaria Focal Person, Health Assistant and the KADO coordinator who moved to the districts and interacted with district officials, went down to the sub county with health assistants who provided information on the drama event, visiting schools and health facilities and also monitored LLINs distribution at health center level. This helped the organization to ascertain whether communities were adopting new behaviors and health habits on malaria prevention since they were sensitized and trained on malaria prevention.



## **KEY ACHIEVEMENTS.**

The HIMS training activity was successfully implemented because 196 out of the planned target of 198 were realized and all PFP facilities trained in HMIS, received tools.

A Target of 627 teachers and students was realized out of the planned target of 630 participants, and were equipped with malaria prevention messages in all the eleven districts.

All advocacy campaign meetings were held successfully in all the eleven districts of Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namutumba, Butaleja, Budaka, Pallisa and Kibuku. The district Local Governments provided maximum support and cooperation that enabled the realization of the project results.

A total of 451,231 (100%) LLINs were successfully distributed to facilities that were offering ANC and Immunization services in both PNFP and Public health facilities. This improved ANC attendance and DPT<sub>3</sub> in the projects' coverage area.

The project empowered PFP facilities through training of the staff, Support supervision, review meetings and supply of HMIS reporting tools. This improved on service delivery in PFPs.

## **LESSONS LEARNT**

It was observed that teachers and students lack adequate knowledge in malaria prevention and control based on the pretest and post test results. Only 627 teachers and students were trained in the eleven districts compared to the big numbers. This therefore calls for more training of teachers and students in malaria prevention and control so as to realize the malaria prevention goals.

Refresher trainings like these really help bring health workers on board especially those of the private sector who hardly get chance to be involved in government programs. However, out of the big numbers of health workers in the PFPs in the project area in Busoga region, only 273 were trained in IMM and 196 in HMIS. Thus these number trained is inadequate as some join Public facilities leaving gaps behind uncovered. Therefore, this calls for continued refresher trainings to cover all health workers in private for profit health facilities to widen their knowledge and skills in Integrated Management of Malaria and in Health Management Information Systems.

Private for profit health facilities provide commendable health services to the community. In Busoga region, 85% of patients seek medical services from PFPs. It was observed that there was limited support supervision of PFPs. In addition, some PFPs are not reporting to DHMIS<sub>2</sub> yet KADO was distributing the reporting tools to them. Hence, DHO's office should frequently provide technical support to PFPs to enhance health service delivery to clients.

A number of mushrooming PFPs are emerging in the projects' coverage area yet they provide services to the community complementing on government effort. Thus there is need for the DHO's office to map out these facilities and support them to register.

## **CHALLENGES ENCOUNTERED**

The project was implemented in partnership with the district health team members who had other official programmes. On several occasions, this delayed the project activities.

Some of the district leaders were unable to turn up on time as they were committed to many other activities within the district. There was also less concentration in the meeting as some officials could come attend for few minutes and then go to attend another meeting.

Late coming of some participants because of the long distances, since the trainings were not residential.

Delayed disbursement of funds by our funders (TASO), thus, this delayed activities' implementation and resulted to refund a lot of unspent funds.

Authority to reallocate funds was not granted to KADO by TASO and delayed activities. Therefore, there is need for TASO to allow the reallocations to some extent by the sub recipients

## **CONCLUSION**

The district supervisory authority should include the PFPs trained by KADO in their routine programs to ensure sustainability and value for money and also to ascertain the level of knowledge gain.

## **RECOMMENDATIONS**

There is need for more funding to support malaria interventions in Uganda hence, project extension.

There should be continued training for private for profit health workers in the district especially in HMIS, IMM, and LLINs distribution among others.

More creation of awareness is required for both Teachers and Students especially in malaria prevention skills.