

# Uganda Performance Indicators

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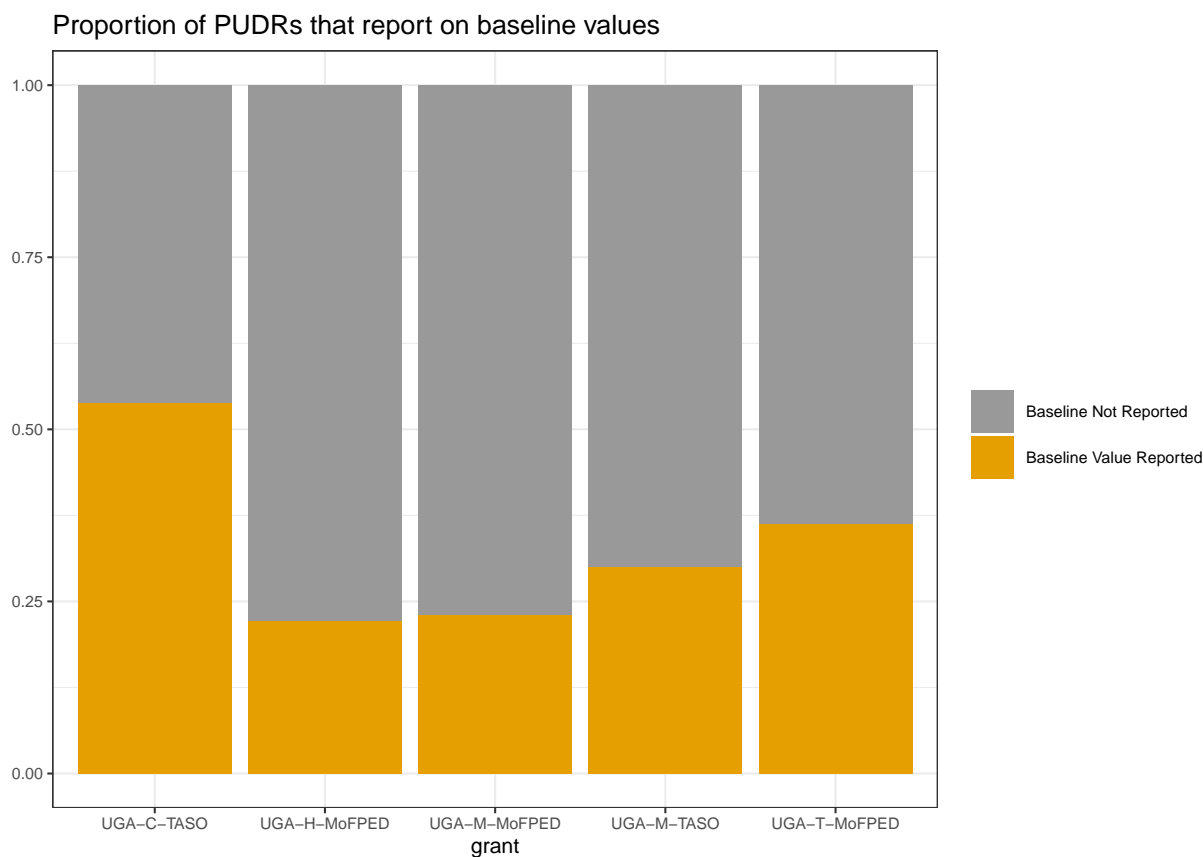
## 1. Introduction

This document highlights the data completeness, data sources, and changes over time for Outcome Indicators in Uganda. Data for indicators all came from the latest available Progress Update and Disbursement Request forms (PUDRs) indicated below:

Most Recent PUDRs available
Final LFA reviewed UGA-M-MoFPED PUDR.xlsx
UGA-M-TASO PUDR Jul-Dec18.xlsx
UGA-H-MoFPED Progress Update Report Jan-Jun 2019.xlsx
LFA Reviewed UGA-C-TASO PE 31Dec18.xlsx
LFA Reviewed UGA-T-MOFPED PE 31 Dec 2019 (10 May 2019).xlsx

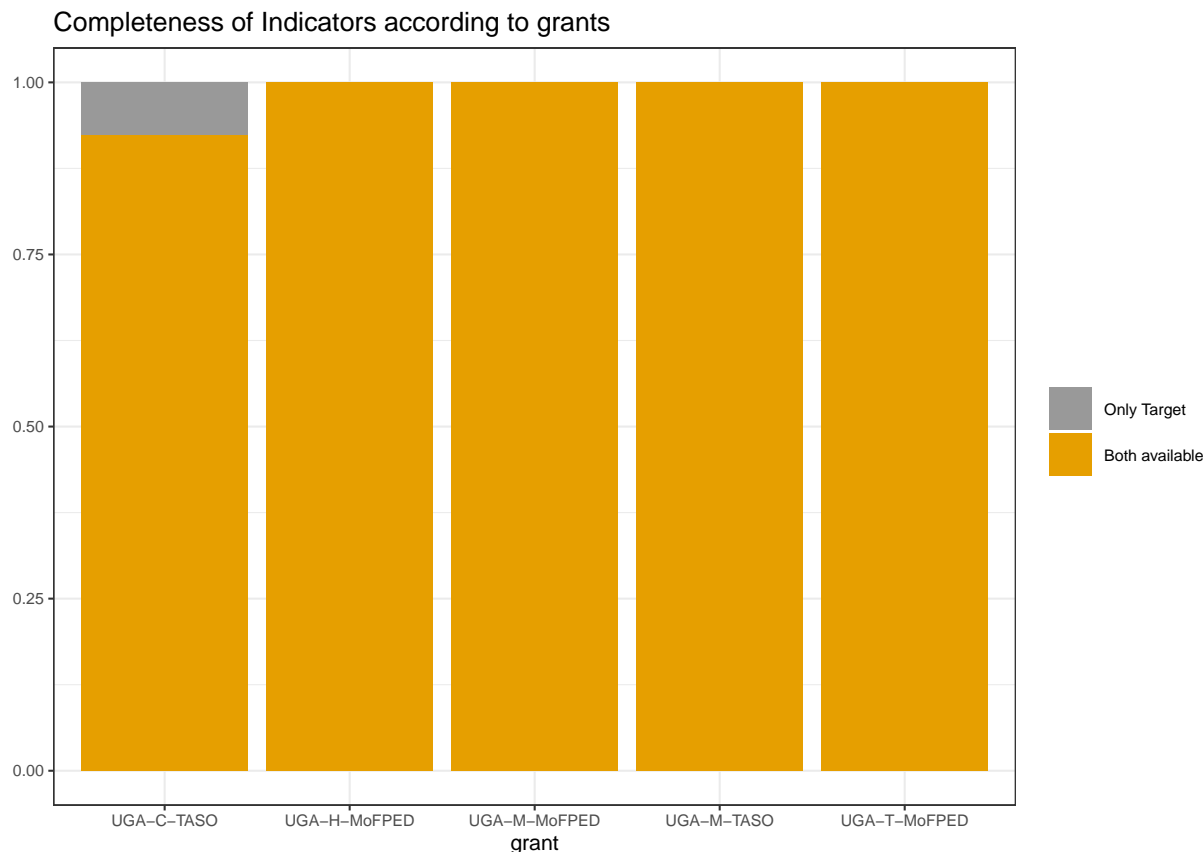
## 2. Data Completeness

For each Outcome Indicator, the grant Principal Recipient (PR) *usually* must establish an indicator “Baseline Value”. This value—when available—can serve as a benchmark for progress reported in subsequent time periods.



Baseline values are available for between 25% to 50% of indicators in the PUDRs.

In order to calculate the achievement of an Outcome Indicator for a given grant, it is necessary to have information on (1) the target that was originally set and (2) the result.



There is a high amount of data completeness across the Uganda grants. The majority of grants reported both a result and a target to measure progress.

### 3. Data Sources

“Data Sources” are listed in the PUDR to indicate where information reported to the global fund came from. Examples of data sources include reports from the disease-specific National Programs, surveys such as the Demographic Health Survey (DHS), and Health Management Information systems such as DHIS2.

In some cases, the source of information used to establish the target of a goal is different from the source used to provide updates on progress. **In Uganda, usually the data sources changed very little between what was used to establish the goal and what was used to provide an update.**

Grant	Indicators	Different Sources between Baseline and Result
UGA-M-MoFPED	13	4
UGA-M-TASO	10	5
UGA-H-MoFPED	9	0
UGA-C-TASO	13	4
UGA-T-MoFPED	11	6

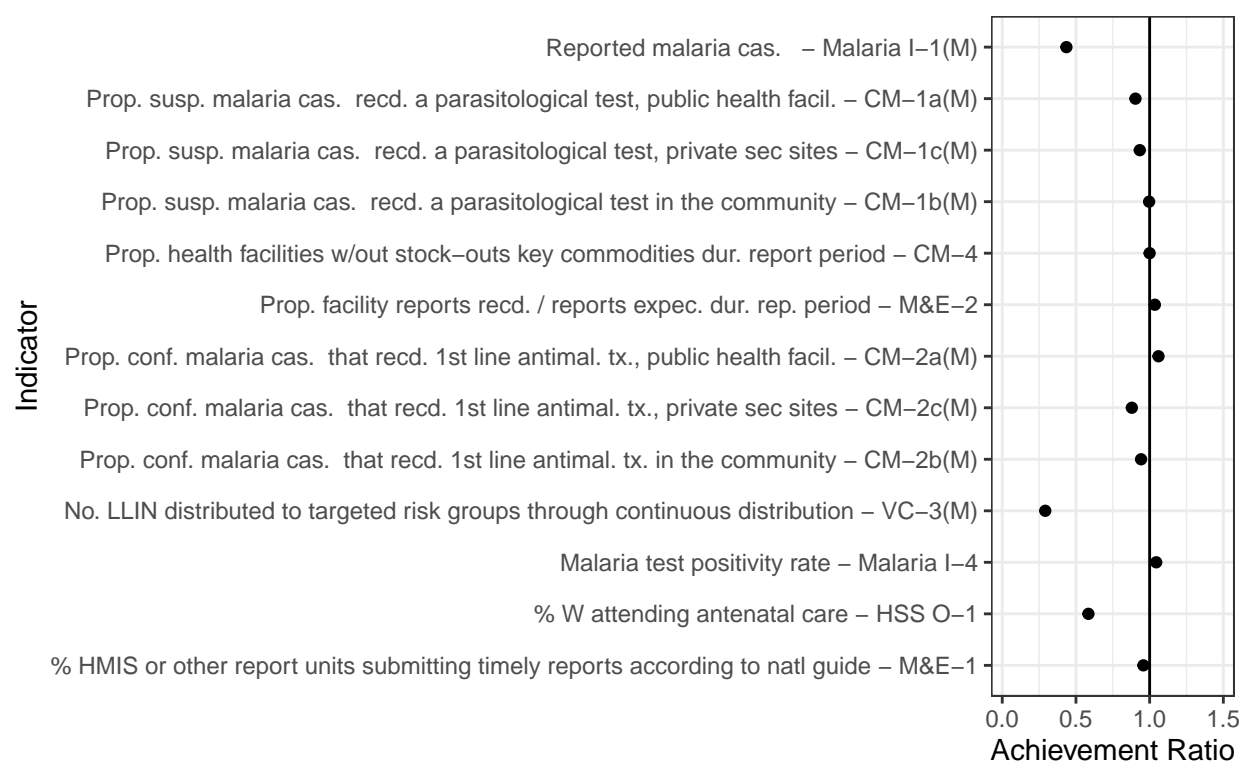
When data sources did change as in the case of the UGA-M-TASO and UGA-T-MoFPED

grants, the original data sources were mostly survey data or annual reports while results were obtained through the country's Health Management Information System (HMIS).

#### 4. Grant Results based on most recent PUDRs

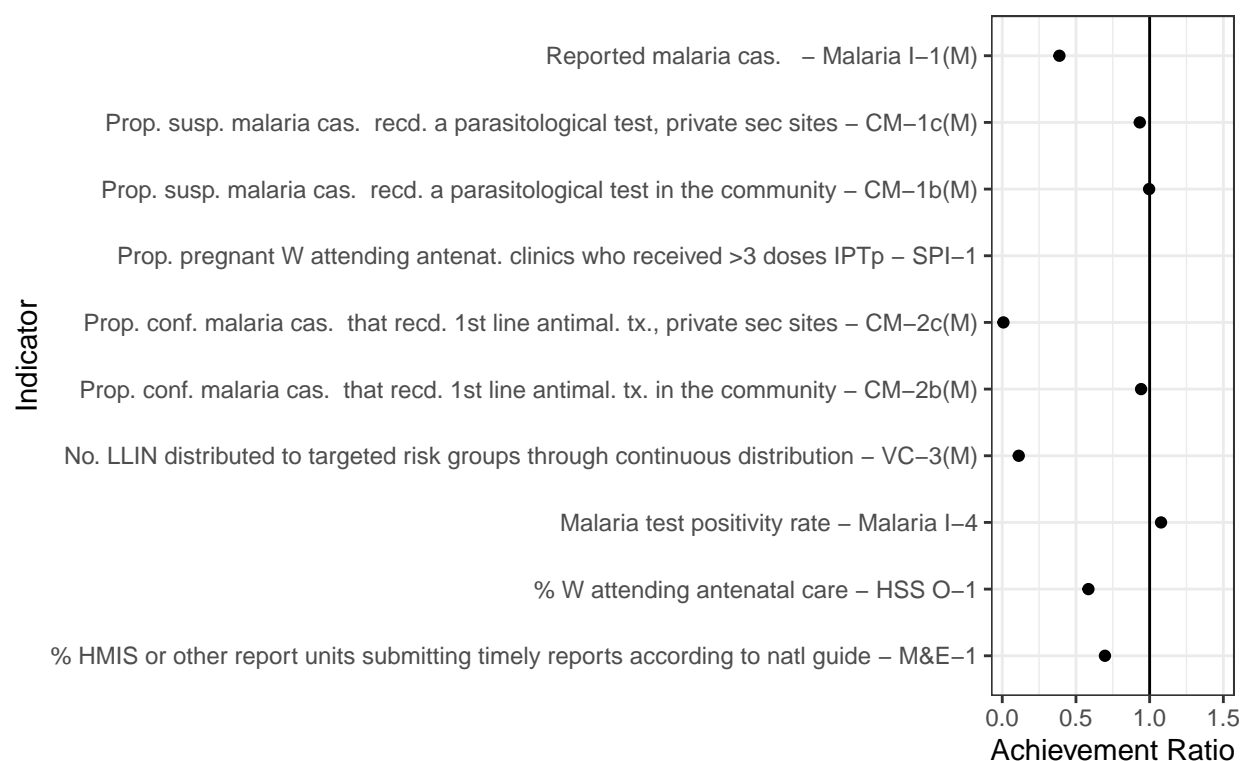
The "Achievement Ratio" is calculated in the PUDR to understand how close to the original target the Outcome Indicator result is. A value of 1.0 or greater means that the Indicator's goal has been met or exceeded.

##### 4.1 Malaria Grants



Source: Final LFA reviewed UGA-M-MoFPED PUDR.xlsx

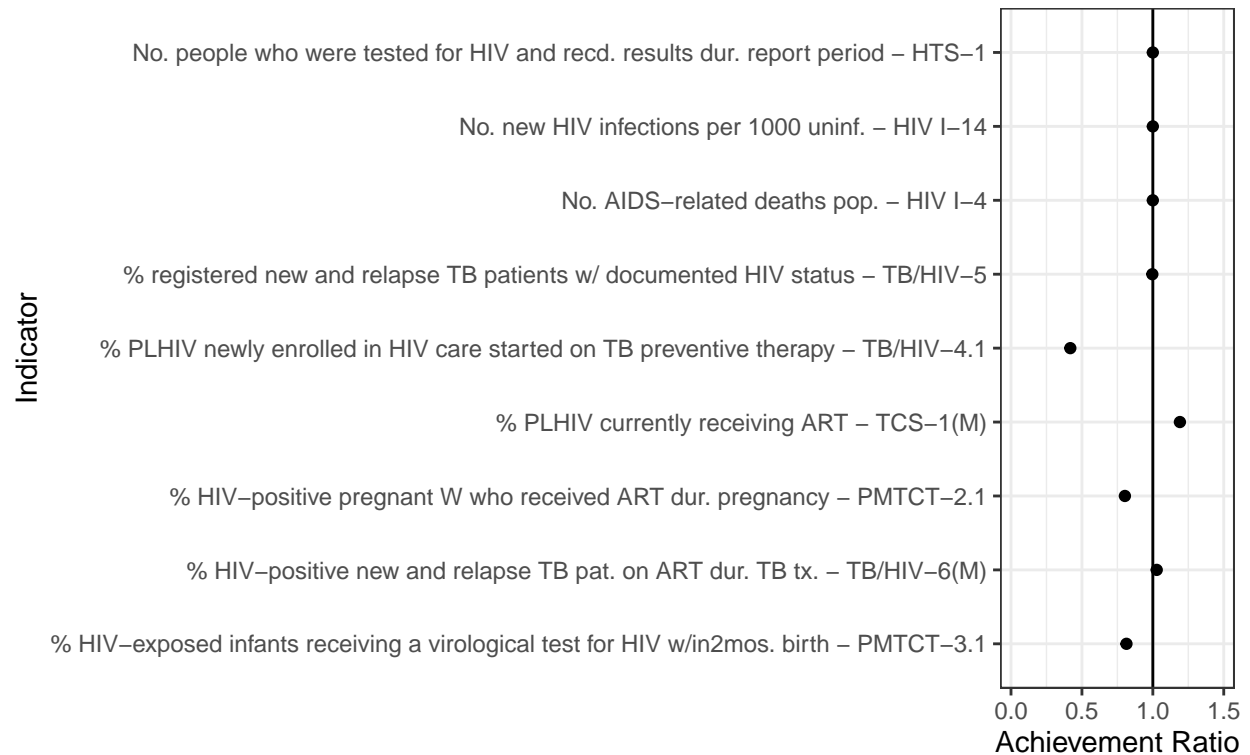
A drop in reported malaria cases has meant that the indicator for this value (I-1(M)) has actually far exceeded its targets (in this case an achievement ratio below 1 indicates that the goal has been met or exceeded.) The indicators further from their original goals are the number of long-lasting insecticidal treated nets (LLIN) distributed and the proportion of women attending antenatal care.



Source: UGA-M-TASO PUDR Jul-Dec18.xlsx

The lowest-achieving indicators in the UGA-M-TASO grant (not already reported in the previous malaria grant above) are related to antimalarial treatment in private sector sites and the timely reporting of HMIS-reporting sites.

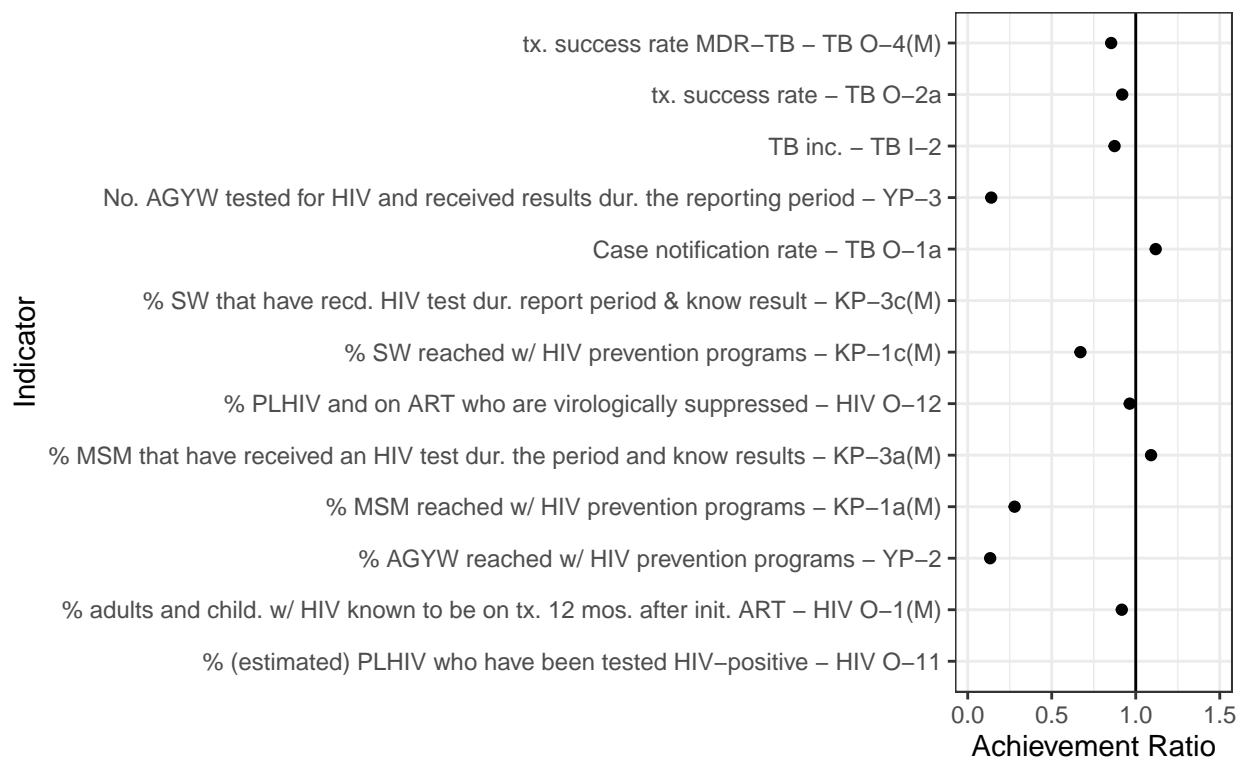
## 4.2 HIV



Source: UGA–H–MoFPED Progress Update Report Jan–Jun 2019.xlsx

More than half of UGA-H-MoFPED indicators are meeting or exceeding their targets. The indicator furthest from its target relates to TB preventive therapy for people living with HIV.

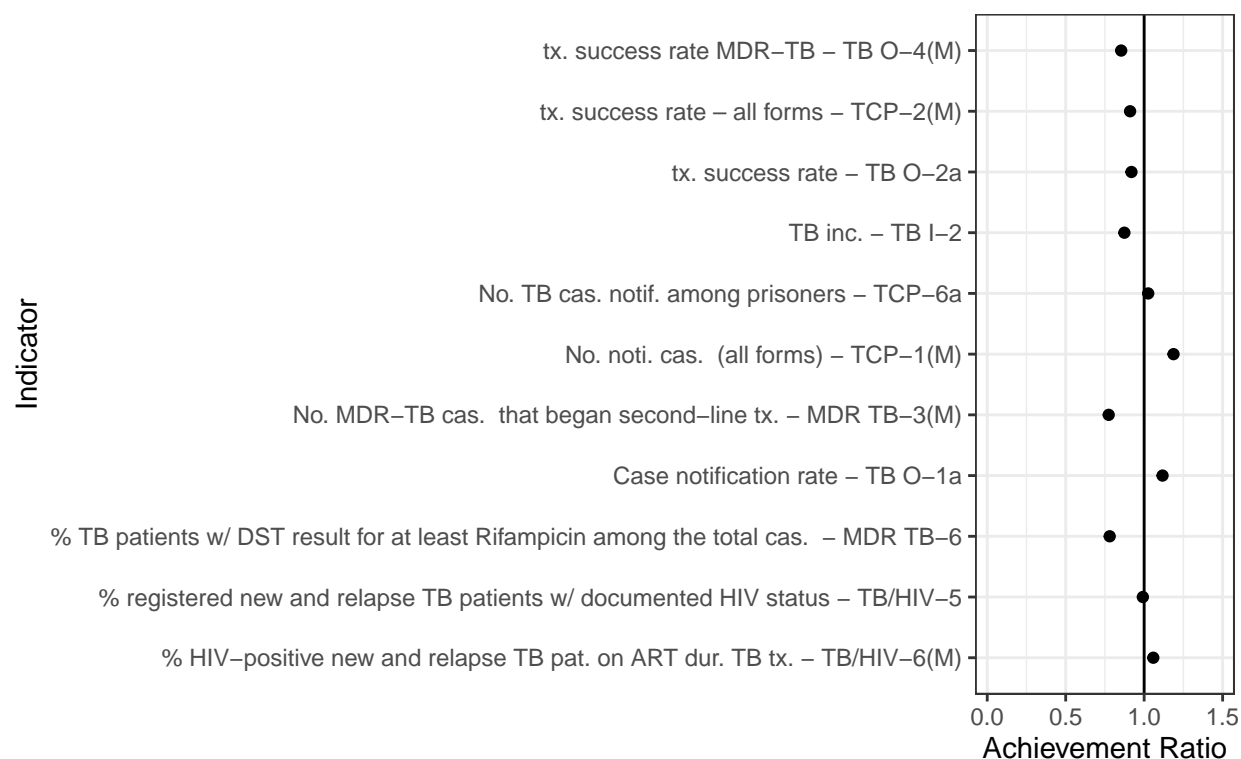
### 4.3 Combined Grant



Source: LFA Reviewed UGA-C-TASO PE 31Dec18.xlsx

The main TB indicators in the UGA-C-TASO grant are exceeding or close to meeting their targets, but those relating to specific sub-populations are further from their goals. These include: adolescent girls and young women (AGYW), men who have sex with men (MSM), and sex workers (SW).

## 4.4 TB Grant



Source: LFA Reviewed UGA-T-MoFPED PE 31 Dec 2019 (10 May 2019).xlsx

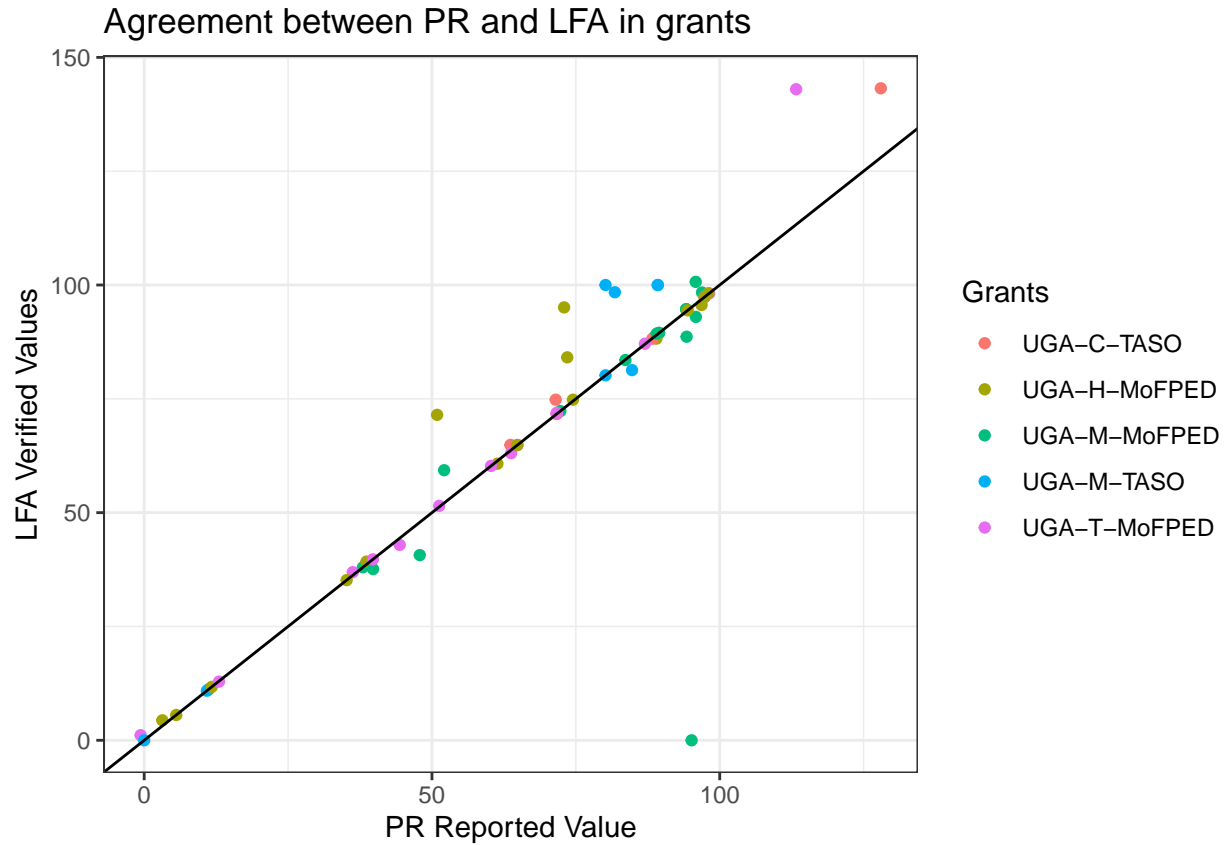
Most of the indicators reported for the UGA-T-MoFPED grant are close to their targets. Treatment for MDR-TB and Rifampicin drug-susceptibility testing were the furthest from their goals, but not by a large amount.

## 5. Agreement between PR, LFA

After each PUDR is submitted by the PR, the LFA will verify the results reported on the Indicators. In some cases they may revise the original values provided by the PR.

The most recent LFA-verified PUDRs for this analysis include the following:

LFA Verified PUDR Files
Final LFA reviewed UGA-M-MoFPED PUDR.xlsx
Final LFA reviewed UGA-M-TASO PUDR 2 Oct 2018.xlsx
LFA Reviewed UGA-H-MoFPED PUDR PE 31 Dec 18 (10 May 19).xlsx
LFA Reviewed UGA-C-TASO PE 31Dec18.xlsx
LFA Reviewed UGA-T-MOFPED PE 31 Dec 2019 (10 May 2019).xlsx



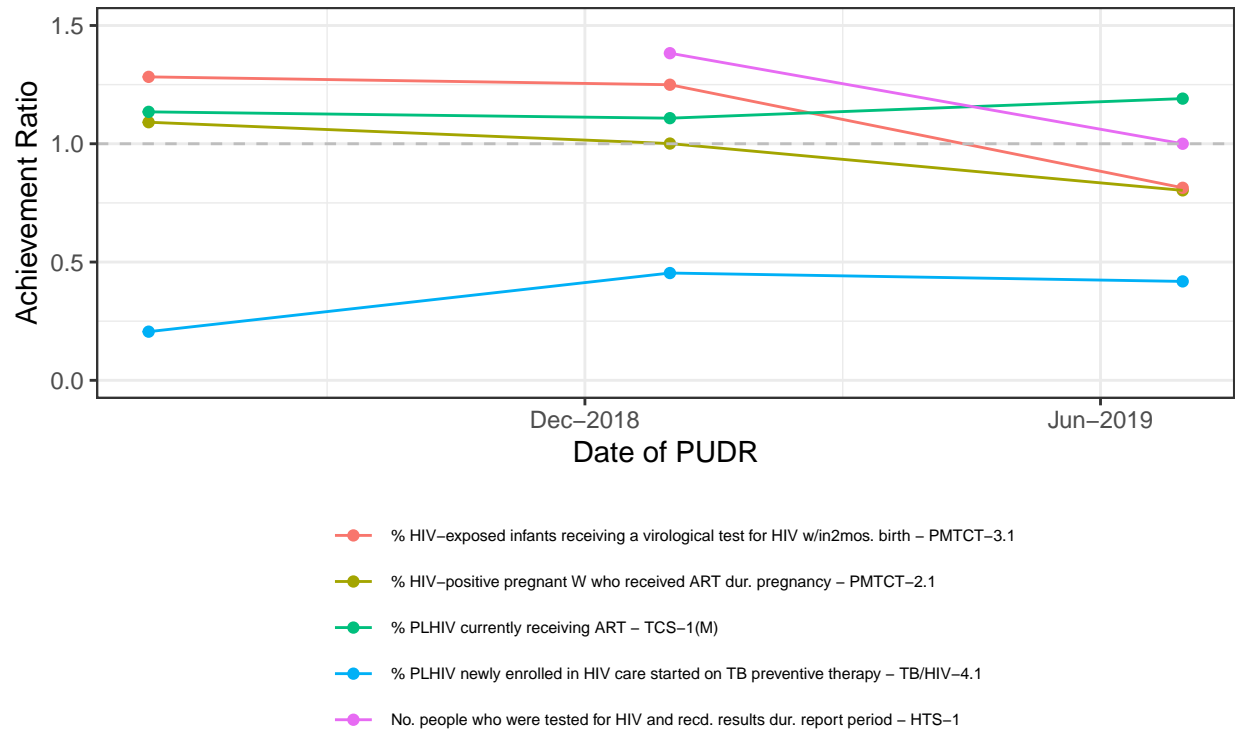
In general, there were few instances where the GF LFA had to change the results reported by the PRs. In the few instances where it did happen, the LFA usually would increase the values that the PR reported.

## 6. Results Over Time

The tables below highlights how indicators available in the three most recent PUDRs have changed over time for each of the grants.

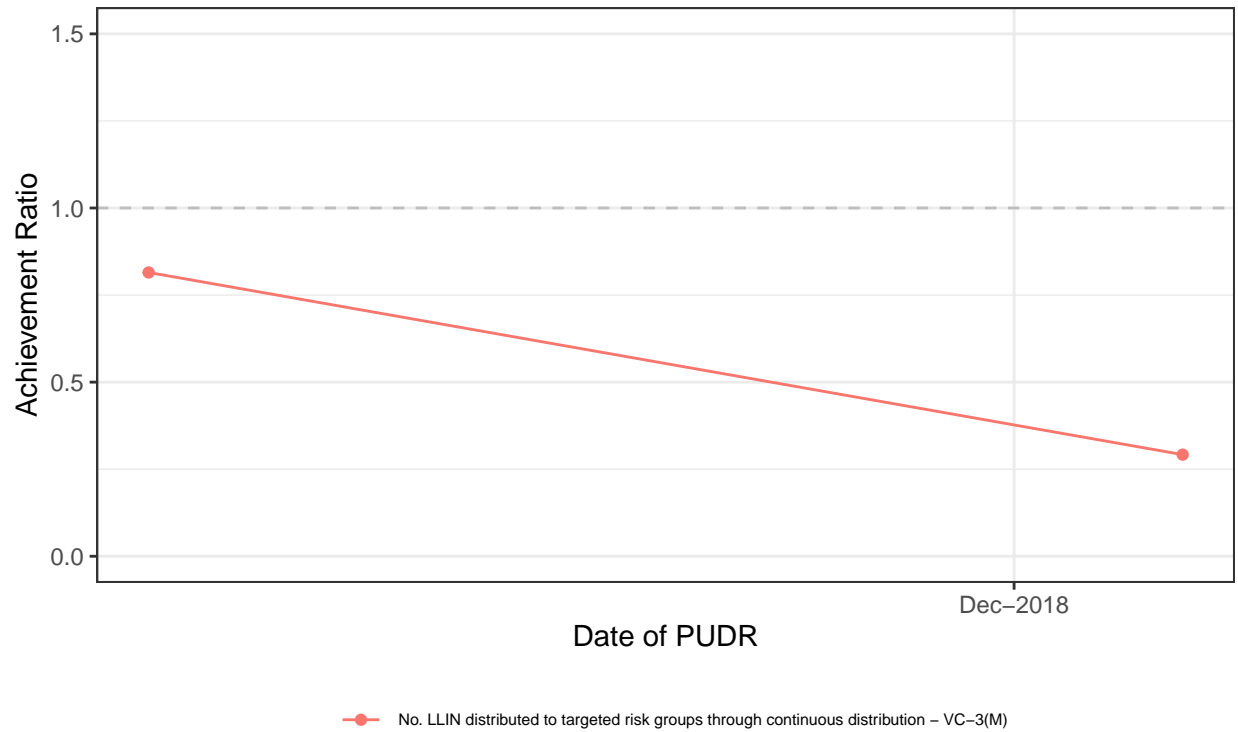


## UGA-H-MoFPED Performance Over Time



In general, indicator results in the UGA-H-MoFPED grant have remained very stable over the past few semesters. TB-preventive treatment for people living with HIV (PLHIV) has continuously been the lowest-achieving indicator in the past few reporting time periods.

### UGA-M-MoFPED Performance Over Time



The only indicator for the UGA-M-MoFPED grant with multiple time-points is number of LLIN nets distributed. This indicator has not reached its goals within the past few semesters.