

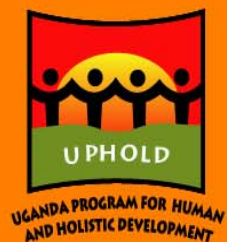


Harnessing Civil Society Scale-up HIV/AIDS Interventions: Experiences from Uganda

*Presentation for the Annual Scientific Conference, Makerere University
Medical School and IPH*

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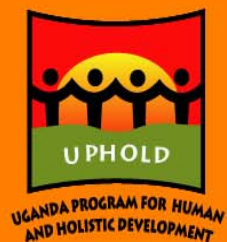




About UPHOLD - I

- GoU-USAID five-year bilateral project (Oct. 2002- Sept 2007) with GoU
- Currently operating in 34 districts (up from 20), covering 42% Uganda's population (~ 11.6m people)
- Supports interventions in three areas of **Education, Health** and **HIV/AIDS** through an integrated approach

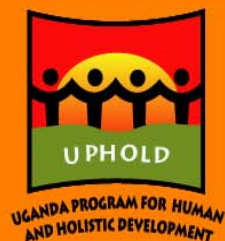




About UPHOLD -II

- UPHOLD works with :
 - Local Government s
 - Civil Society Organizations (CSOs)
 - Direct programmatic technical assistance to both types of partners



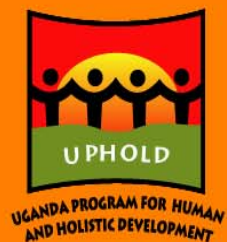


Background-I

- Uganda's is considered to be successful in reversing the trend of HIV/AIDS
- HIV sero-prevalence in Uganda in 1990 was about 15% among adults 15-49 years old
- HIV prevalence in 2004/5 among the same population was 6.4%

(Source: MOH & ORC MACRO 2004-2005)



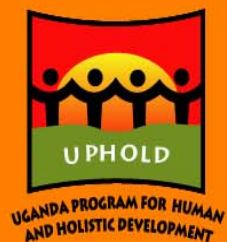


Background- II

- However access to HIV/AIDS prevention and care services is still not universal
- The percentage of adults tested for HIV in 2004/5 was 11% for men and 13% for women
- 79% HIV+ Ugandans want to know, but do not know their HIV status
- Increasing accessibility to HIV/AIDS services to reduce prevalence is therefore vital

(Source: Ministry of Health, ORC Macro, 2006)





UPHOLD Approach-I

Promotion of partnerships paramount:

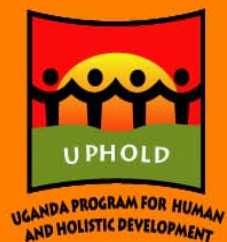
- Work with Ministry of Health, Local Governments to identify facilities and areas of operation for UPHOLD support
- Use a competitive grant process to identify CSOs to implement HIV/AIDS services
- Districts participated in selection of CSOs





Intervention –I

- Began with 14 HCT and 6 PMTCT sites in 2004 (all LG)
- Needed to rapidly scale up services in order to meet targets agreed upon with stakeholders
- Considered working with more CSOs, because LGs had limitations



Intervention- II

Rationale for working with CSOs:

- Strong links with communities
- Motivated to take on innovations e.g. seen later with FLEP regarding door to door HCT
- Bureaucracy levels are low
- Staff readily available for capacity building



Intervention-III

29 CSOs supported by UPHOLD to provide or promote HCT/PMTCT Services

Service	No. of CSOs providing service
HCT	10
PMTCT	08
HCT and PMTCT	11
TOTAL	29

Source: UPHOLD Program Records





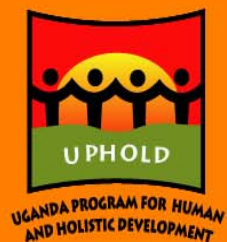
Results - I

HCT Sites Supported by UPHOLD

Partner \ YEAR	2004	2005
LG	32	67
CSO	0	41
TOTAL	32	108

Source: UPHOLD Program Records





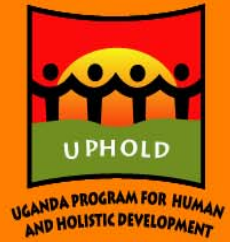
Results - II

PMTCT Sites Supported by UPHOLD

Partner \ Year	2004	2005
LG	09	21
CSO	0	13
TOTAL	09	34

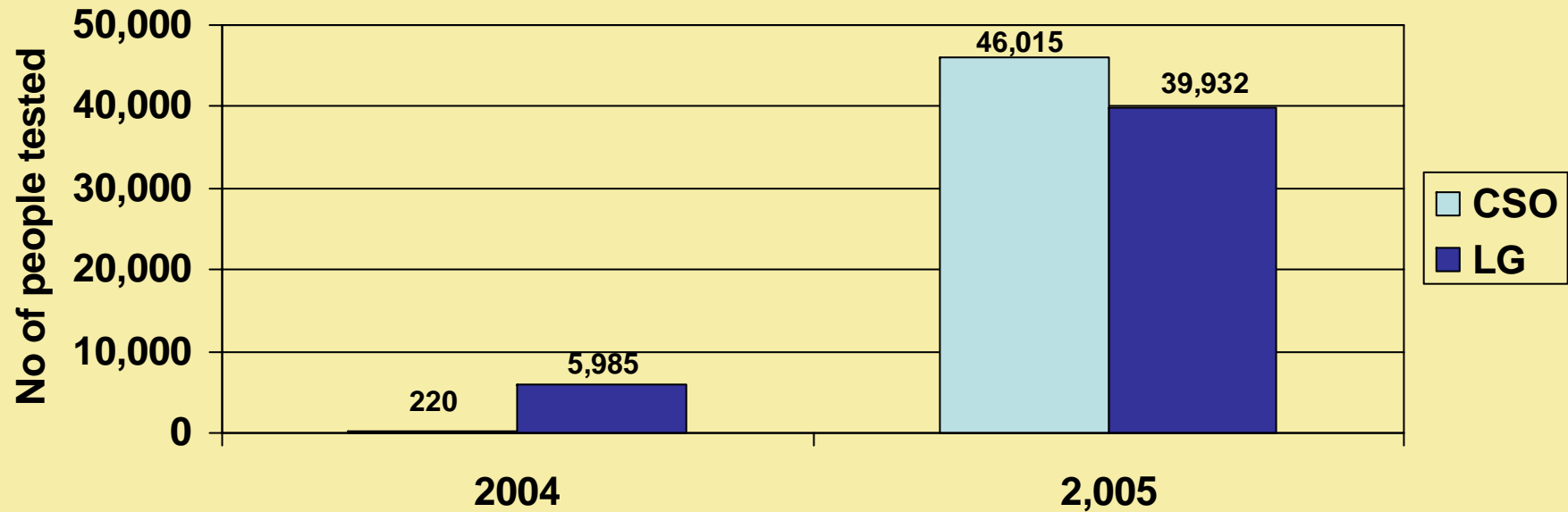
Source: UPHOLD Program Records



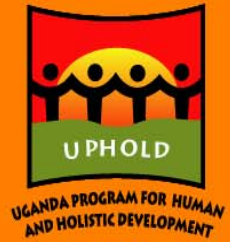


Results - III

HCT Service Uptake

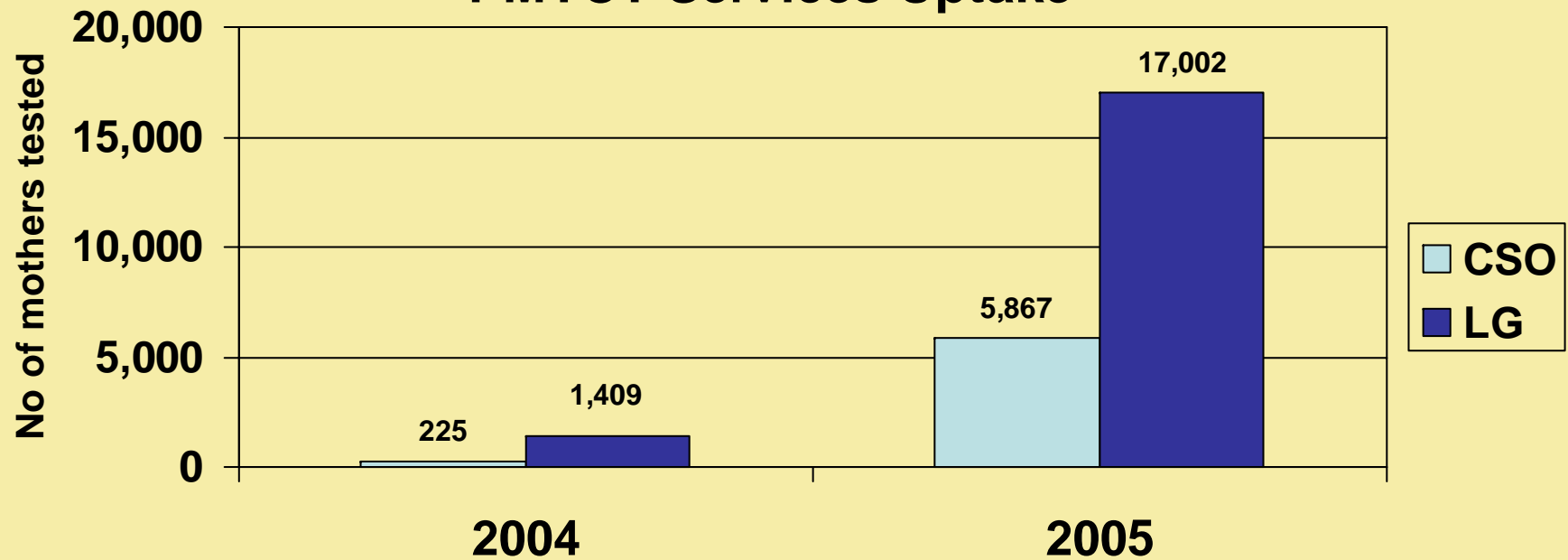


Source: UPHOLD Program Records



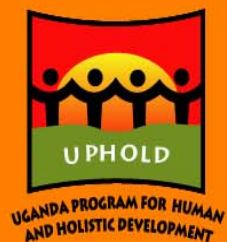
Results -IV

PMTCT Services Uptake



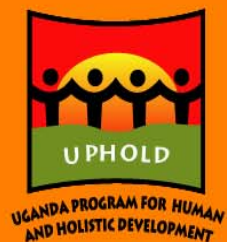
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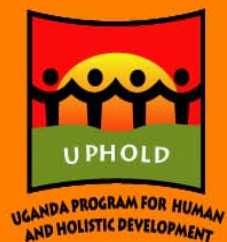
Lessons Learned-I

- Partnering with CSOs helped increase accessibility to services
- Other than increasing the numbers of sites, CSOs reached out to underserved areas including IDP camps and fishing communities



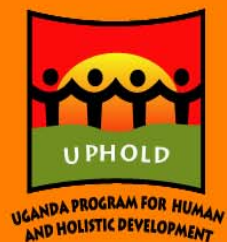
Lessons Learned-III

- Matching community mobilization with service availability is important for service uptake
- Districts are beginning to appreciate CSO contributions



Challenges

- Project life vs building CSO capacities to achieve results
- Competing priorities and interests among CSO founders and staff
- High staff turn over
- Compromised service quality (failure to say 'no' to big client numbers)
- Sustainability



Recommendation

- To increase access to much needed services, the potential of civil society organizations should be harnessed:
 - Service delivery
 - Community mobilization
- A clear strategy and plan for capacity building of CSOs is critical in a project plan
 - This capacity building plan should include a sustainability plan (including proposal writing, fund raising skills) to ensure results are maintained