

District governments should leverage the expertise of other organizations for effective implementation

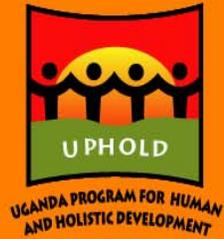
Experiences from Uganda

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Uganda Program for Human and Holistic Development

*Presentation to the 134th Annual APHA Meeting
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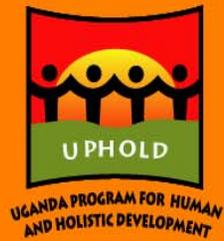




Objectives of Presentation

- To describe the limitations of the Public Healthcare System in Uganda
- To illustrate how Civil Society and Grass-roots Organizations can fill in the gaps in underserved and hard-to-reach areas
- To describe UPHOLD's approach in partnering with these organizations to increase service delivery
- To present illustrative results from this partnership



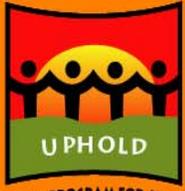


The Public Healthcare System in Uganda...



- **Not well equipped:** lack of some basic equipment and drugs
- **Overcrowded** with limited number of health personnel in attendance
- **Inadequate** since many of the more remote locations having no public health facilities
- **Under utilized** since most of population have expectation of poor service delivery





UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT

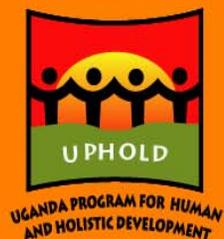


USAID
FROM THE AMERICAN PEOPLE



The Republic of Uganda





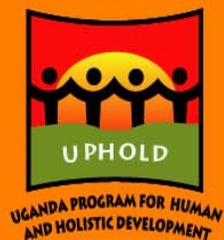
Civil Society Organisations often fill in the gap...

In most hard-to-reach areas, the only health services offered are usually those from Civil Society and other non-governmental organizations

These organizations:

- Fill in critical gaps in service delivery as they can mobilize resources Public facilities may not have access to
- Often have a comparative advantage on community linkages to service delivery
- Usually provides better quality of care compared to public facilities

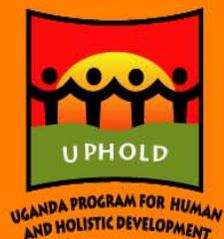




About UPHOLD

- \$96m USAID funded 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
- Partners with civil society and private sector to implement activities

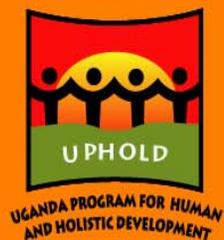




UPHOLD's Family and Community Action Grants Program for CSOs

- Aimed to augment local government implementation efforts
- Request for Applications (RFA) process was competitive and was done based on individual district needs
- Grantee selection process was quite rigorous, multi-sectoral and very transparent
- 625 applications yielded 44 grantees for a total of \$5.2 USD
- Ongoing technical assistance and capacity building was provided to successful grantees to enable them implement



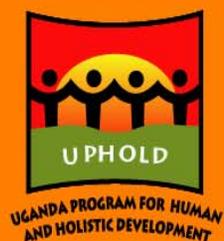


Summary of Granting process

Technical Area	Proposals received	Proposals approved
HIV/AIDS	285	25
Reproductive Health	63	5
Education	106	5
Child Health	137	7
Other*	34	0
Total	625	42

The 42 successful applications were provided with a total of USD 5.1 million in Grants over two years

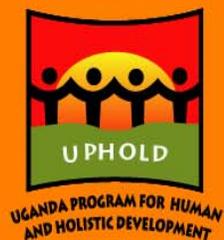




Type of services offered by CSO grantees...

Technical Area	No. CSOs
Abstinence only	12
Abstinence & Being faithful only	6
Abstinence, Being Faithful and use of Condoms	8
HIV Counselling and Testing Services	22
Prevention of Mother-to-Child Transmission of HIV	13
Home Based Care Services	12
Community Based Tuberculosis Treatment	12
Offering of Facility Based Services	10
Care and support for Orphans and Other Vulnerable Children	4
Offering of Youth Friendly Services	3
Mitigation of Gender based violence	7





Technical assistance and other support given to CSOs

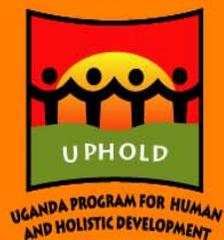
WHERE

- At spas and start up workshops
- At support supervision field visits
- At review meetings

WHAT

- Job aides, service guidelines and tools
- Core functions - Monitoring & Evaluation, Finance, Management
- Cross-cutting technical: Social transformation, BCC, training
- Specific technical – ABC, HCT, PMCT, OVC, HBC, YFS etc

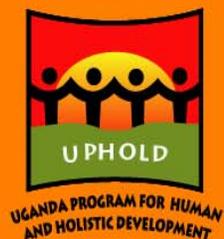




Illustrative Results

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

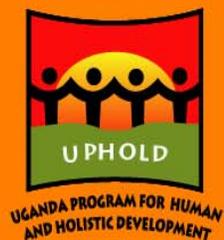
- Began with **14 HCT 2004 (all LG)**
- Needed to rapidly scale up services in order to meet targets agreed upon with stakeholders
- Considered working with more CSOs, because LGs had limitations



Illustrative Results

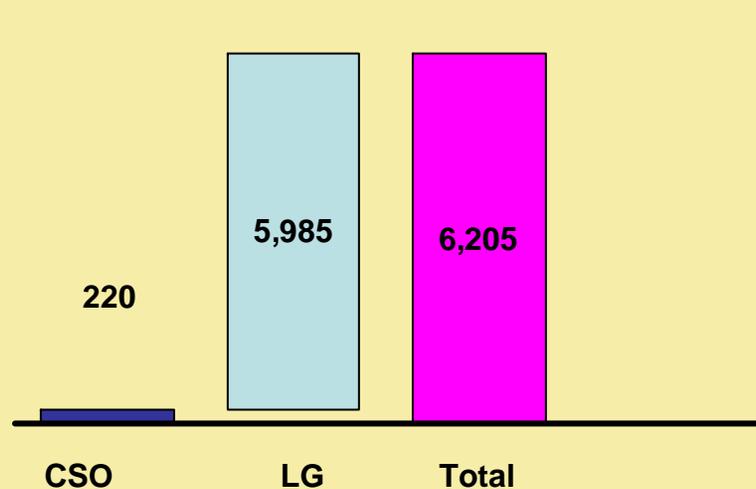
Year \ Partner	2004	2005
LG	09	21
CSO	0	13
TOTAL	09	34

- Began with **6 PMTCT sites in 2004**
- Needed to rapidly scale up services in order to meet targets agreed upon with stakeholders
- Considered working with more CSOs, because LGs had limitations



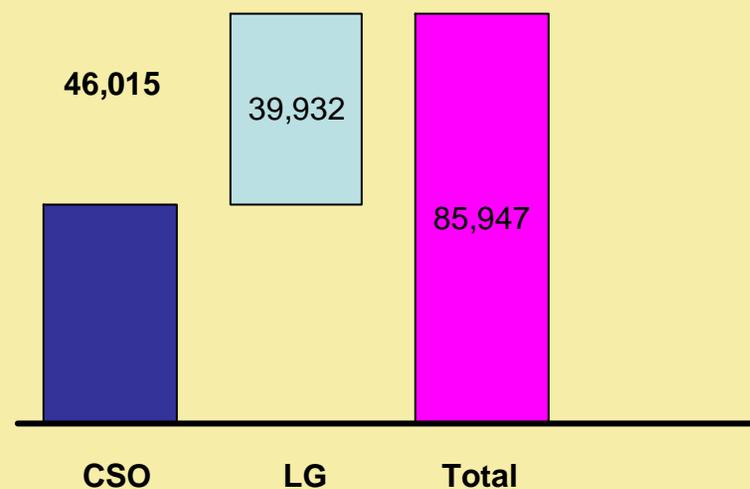
Illustrative Results

2004



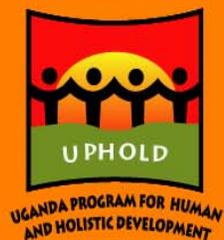
- CSO contribution very minimal in 2004, less than 4% of total
- Public facilities main providers of HCT

2005



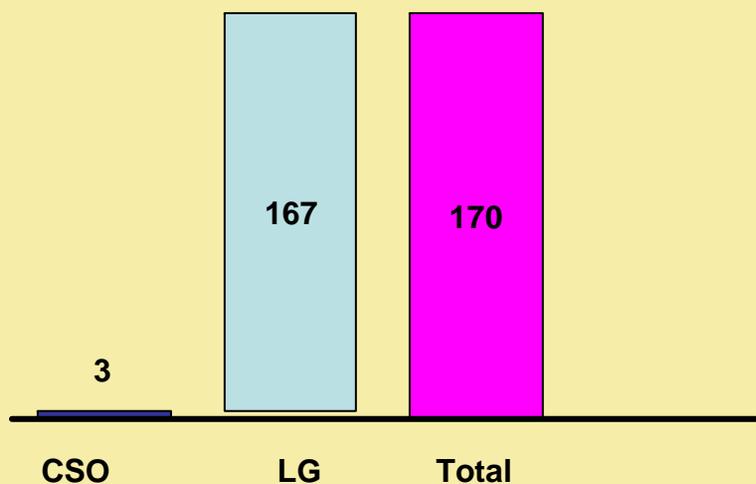
- CSO contribution now significant (53% of total)
- Overall HCT figures increased significantly in 2005





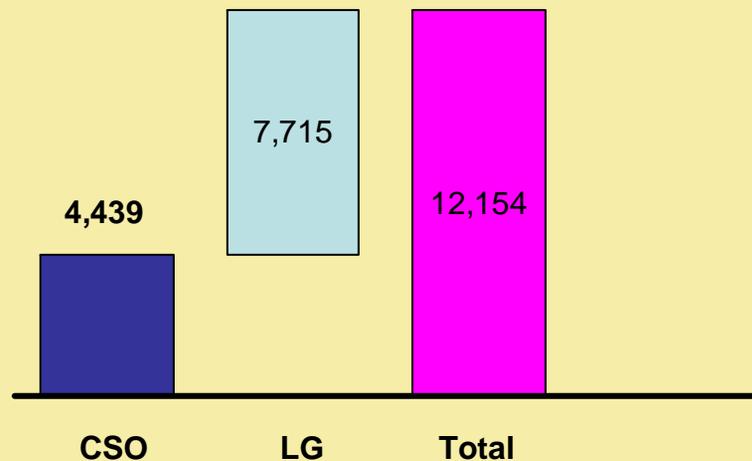
Illustrative Results

2004



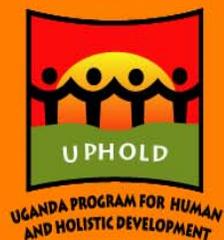
- CSO contribution less than 2% of total
- Overall PMTCT results not much

2005



- CSO contribution increased to 37%
- Overall however, CSO contribution in PMTCT compared to HCT

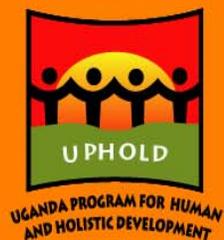




Other 'non-quantitative' achievements have also been realized...

- CSO mobilization increase HCT and PMTCT at public sites
- Reached the hard to reach and other at risk populations
 - Fishing communities
 - 'Boda Boda' Motorcycle Taxis
 - Internally Displaced Peoples camps

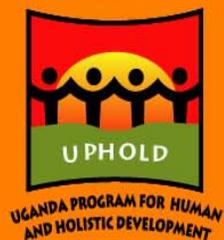




Conclusions

- Partnering with CSOs helped increase accessibility to services
- Matching community mobilization with service availability is important for service uptake
- Districts are beginning to appreciate CSO contributions

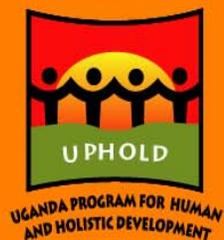




Challenges

- 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

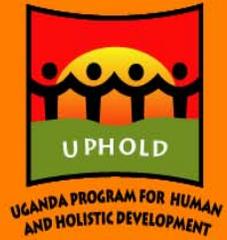




Recommendations

- To increase access to much needed services, the potential of civil society organizations should be harnessed
- 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)





Acknowledgements

- CSOs
- Ministry of Health, Uganda
- USAID
- Other Implementing Partners

