

Increasing HIV/AIDS service utilization through public-private partnerships: Experiences from rural Uganda

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Introduction

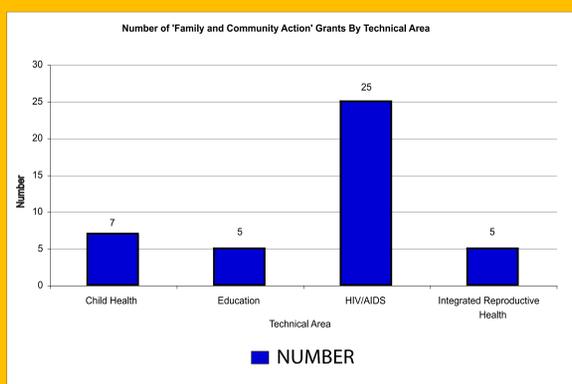
- Despite remarkable success in reversing the trend of the HIV/AIDS epidemic in Uganda (from a high 18% prevalence among the general population in 1992 to 6.4% today²) access to prevention and care is still far from universal and is concentrated mainly in the urban areas
- A study done in 2005 showed that coverage of HIV counseling and testing services at sub-county level was 30% while that of prevention of mother-to-child transmission of HIV (PMTCT) was 9%³
- Current data also shows that for the past three years, HIV prevalence in the general population has stagnated at between 6-6.5%⁴
- There is need to increase accessibility to services especially in the rural areas in order to further reduce HIV prevalence – engaging civil society organizations (CSOs) is one way of achieving this.

Description

- John Snow Incorporated with funding from USAID implements the Uganda Program for Human and Holistic Development (UPHOLD) – a five year bilateral project with the Government of Uganda
- In 2004, UPHOLD launched an innovative and competitive grants application program to offer funding and technical support to CSOs
- The Family and Community Action Grants were intended to foster achievement of results that promote quality and effective use of services in the areas of HIV/AIDS, child and reproductive health as well as education
- Of the 625 applications received as part of this program, 25 lead CSOs in partnership with 46 grassroots organizations were awarded approx. 1.5m USD to implement HIV/AIDS related activities in 12 districts
- Of the 20 lead CSOs, 20 either directly provide or promote HIV counseling and testing (HCT) and 11 provide or promote PMTCT
- Other activities carried out by CSOs include promotion of the ABC strategy, support to orphans and other vulnerable children and provision of palliative care and psychosocial support to AIDS patients
- Throughout the one-year grant period, UPHOLD continually provided technical support and capacity building to the CSOs particularly in the areas of program implementation, monitoring and evaluation as well as financial accountability

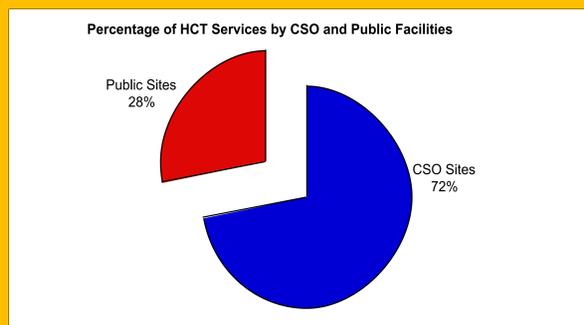
Lessons Learned

- As a result of CSO involvement, the number of sites providing HCT increased from 32 in October 2004 to 119 (including outreaches) by end of 2005
- CSOs supported sites now contribute more than two thirds of results for those receiving HCT services
- Through CSO activities, services have been brought to previously hard-to-reach but vulnerable populations including people in internally displaced persons camps and fishing communities
- From the period October 2004 to October 2005:
 - ▶ There was a three fold increase in the number of clients accessing HCT and receiving results (from 17,342 to 56,389)
 - ▶ The number of pregnant women accessing PMTCT services increased eight fold from 924 to 7,331
 - ▶ Clients received palliative care increased twenty fold from 2,700 to 48,401



- One CSO in its area of operation managed to increase HCT uptake fourfold in a period of two months by using an innovative approach of home based counseling and testing
- Results have been so satisfactory that 96% of the CSO grantees have been recommended for an additional year of funding

Figure 2 shows the contribution by CSOs to HCT results for the period Oct 2005-March 2006



Of the 63,844 clients who received HCT and results during Oct 2005-March 2006, 72% (45, 848) were served at sites run by CSOs and 28% (17,996) were served in public health facilities

Conclusions

- CSOs are a viable platform that should be utilized to increase accessibility to HIV/AIDS services particularly in hard-to-reach populations and rural areas
- Fostering of public-private partnerships whereby CSOs can provide some service aspects (e.g., community mobilization) and public facilities can provide personnel and supplies can greatly improve service utilization
- CSOs often need technical assistance and capacity building in areas such as fiscal management and monitoring and evaluation if results are to be guaranteed
- Utilization of innovative methods by CSOs such as home based counseling and testing, grass roots mobilization through relevant community drama and the implementation of outreach programs in hard-to-reach areas have further contributed to the achievement of results

Literature Cited

- ¹ Health Policy Statement 2005/06. Ministry of Health Uganda
- ² HIV/AIDS Country Situation Updates. Ministry of Health, 2005
- ³ National HIV/AIDS Mapping Survey, March 2005
- ⁴ Uganda HIV/AIDS Sero-Behavioural Survey 2004/05. Ministry of Health, Uganda

Acknowledgments

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For further information

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