URC at AIDS 2024 22–26 July

case study

LOCALIZATION AND SCALING UP IN UGANDA: HIV TESTING AND CARE

URC shares five learnings for sustainable transition and capacity-building with local partners

HIV, UGANDA, AND URC

Uganda was suffering from the global HIV crisis.

Twenty years ago, life expectancy at birth shrank to 45 years because of the HIV/AIDS epidemic. Today, life expectancy in Uganda is 63 years, an achievement made possible by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program's success in HIV testing and care, supported by USAID, other donors, and implementing partners, such as URC.

PEPFAR's ultimate goal was the transition of HIV technical assistance to local partners and supporting the quality of access to HIV services.

In Uganda, over 99% of our staff is local

In 2020, USAID/Uganda began rolling out their localization strategy, which mandated that 70% of funding and HIV/AIDS funding programs be transitioned to local partners. In line with USAID's vision for localizing services to enhance local capacity and sustainability, direct facility-level support for health services transitioned to district governments and USAID local partners, beginning with HIV/AIDS services in September 2021.

URC led two USAID activities known as the Regional Health Integration to Enhance Services in East Central and North, Acholi as part of the localization strategy. We took a bidimensional implementation approach in Uganda – increasing access to health services while improving key health systems that directly support service delivery.

BIDIMENSIONAL CAPACITY BUILDING

There are many strong, well-established local organizations in Uganda ready to implement PEPFAR. Others only need support as they introduce new roles and responsibilities for HIV services and program management. Then there are some organizations that need substantive capacity building in technical services, administration, financial services, and leadership.

We had four desired results for transitioning these HIV/AIDS programs from international bodies to local Ugandan partners:

1. Quality, targeted, high-yield, facility-based HIV testing and counseling services provided at scale.
2. All diagnosed people living with HIV are promptly initiated on treatment.
3. All diagnosed people living with HIV on treatment achieve viral suppression.
4. Target districts have the institutional capacity to sustain epidemic control and maintain the response.

Capacity to respond to the country's HIV/AIDS epidemic was restricted by inadequate skills among health workers, overwhelmed infrastructure, a limited workforce for addressing the complex needs of people living with HIV (PLHIV), and weak linkages for task sharing between communities and facilities.

A health worker from URC's partner organization in Uganda counsels an HIV client.

SUSTAINABLE SERVICES

URC supported local health services to provide HIV testing at health facilities and in communities. In 2023, this transition and localization successfully demonstrated sustained participation in testing and treatment.

		Number of people tested for HIV	Number of people currently on treatment	% of people on treatment that are virally suppressed
ACHOLI SUB-REGION	FY21*	**164,633**	FY21 * **46,544**	FY21 * **93.7%**
	FY22	**162,011**	FY22 **46,409**	FY22 **91.0%**
	FY23	**212,980**	FY23 **43,215**	FY23 **92.0%**
EAST CENTRAL	FY21 *	**344,973**	FY21 * **62,127**	FY21 * **95%**
	FY22	**362,008**	FY22 **64,128**	FY22 **94%**
	FY23	**413,474**	FY23 **67,289**	FY23 **96%**

*FY21 was Pre-transition

URC's approach to health care prioritizes local growth, leadership, solutions, and sustainable change to achieve project goals, and to surpass these goals once our involvement ends. While delivering health care solutions, we build local capacity to deliver the same services.

SCALING UP COMPETENCIES

The overarching objective of transitioning this program from global to local was to build capacity. To succeed, each PEPFAR goal needed to be broken down into actionable, measurable tasks through collaboration and joint planning.

URC knows the process of localization requires building the capacity of project teams, workplan development, and providing above-site technical support.

In our work with over 90 countries, we have developed guidelines for scaling up:

- Scale up the competencies of health providers in delivering integrated health care
- Ensure service quality and compliance with policies and guidelines
- Strengthen facility and community systems that support services
- Develop lasting partnerships with districts and communities
- Ensure accountability for resources and results
- Build transparency and trust that ultimately amplify community motivation to access and utilize health services

A staff member from URC's partner organization sensitizes client-led ART delivery groups.

LEARNING TO UNLOCK LOCAL RESOURCES

URC has learned that working through local systems offers immense opportunities for harnessing resources in terms of physical and social infrastructure – and most importantly, for unlocking the skills, commitment, and motivation of local people to participate in improving their own health.

Accessing local resources requires respect and relationship building. We worked with many local organizations in Uganda, and we are sharing what led to our most successful partnerships.

LEARNING 1: **CLEAR TIMELINES**

It is imperative to craft and share a detailed transition plan with clear timelines and milestones. Sharing information should involve key people such as subcontractors and vendors, local governments, and individual contributors, plus processes like regular and quarterly meetings, training programs, staff terminations/transitions, inventory, and other program activities.

Sharing a clear timeline results in:

- Progress tracking and accountability
- Better resource allocation
- Improved communication
- Timely decision-making

An HIV client self-tests to confirm their current HIV status.

LEARNING 2: **FLEXIBILITY**

A flexible budget allows for unanticipated costs, risk mitigation, and delayed or inadequate funding.

Flexible fix 1: Unforeseen circumstances delayed implementation of planned activities; URC developed and implemented catch-up plans to meet program milestones.

Flexible fix 2: Inadequate funding during the transition posed a risk to matching the scale of services; some technical advisors stayed on the URC payroll, USAID was notified, and local partners received more funds in FY23.

LEARNING 3: **COMMUNICATE, COMMUNICATE, COMMUNICATE**

Understanding who you need to speak with and when is key to maintaining clear and open communication. Communicate before, during, and after conversations and meetings, and always follow up on agreed commitments.

Schedule regular communication with:

- Stakeholders, like USAID, URC home office, and project and local partners
- Heads of local organizations and communities
- Human resources
- The communities you serve

A lab worker prepares a blood sample for HIV testing.

LEARNING 4: **TRACK YOUR DATA**

Monitor and evaluate the information you collect. Regular data collection and analysis are essential in assessing the impact of interventions and transitions, identifying knowledge gaps, and informing evidence-based decisions.

Quality data is important at all levels of decision-making, helping:

- Track progress in transition coordination meetings with stakeholders
- Provide detailed information through formal and informal engagements
- Manage the supply chain, such as forecasting, ordering, and procuring stocks of HIV test kits and other supplies; redistribution of supplies and supporting health facilities in making emergency orders.

Data challenge 1: The absence of a unique identifier in the Ugandan health system has posed challenges to monitoring HIV testing services (HTS) and treatment services performance in the region. As Dr. Lwevola, Technical Advisor HIV Care and Treatment, cautions, "Not documented, not done."

Data challenge 2: There is often inadequate documentation of quality improvement (QI) work at health facilities. To mitigate this, district QI focal persons have been engaged and assigned to ensure correct documentation and data use while they are mentoring at health facilities.

LEARNING 5: **COMMIT TO SUSTAINABILITY**

A smooth, successful transition demands a win-win attitude and ongoing cooperation. Collaboration on post-program sustainability planning involves identifying mechanisms to ensure continuation of services, local capacity growth, and successful integration of project elements into routine health systems.

In Uganda, many URC staff were transitioned to local partner projects to facilitate scaling up of local services. Local partners continue to provide these services:

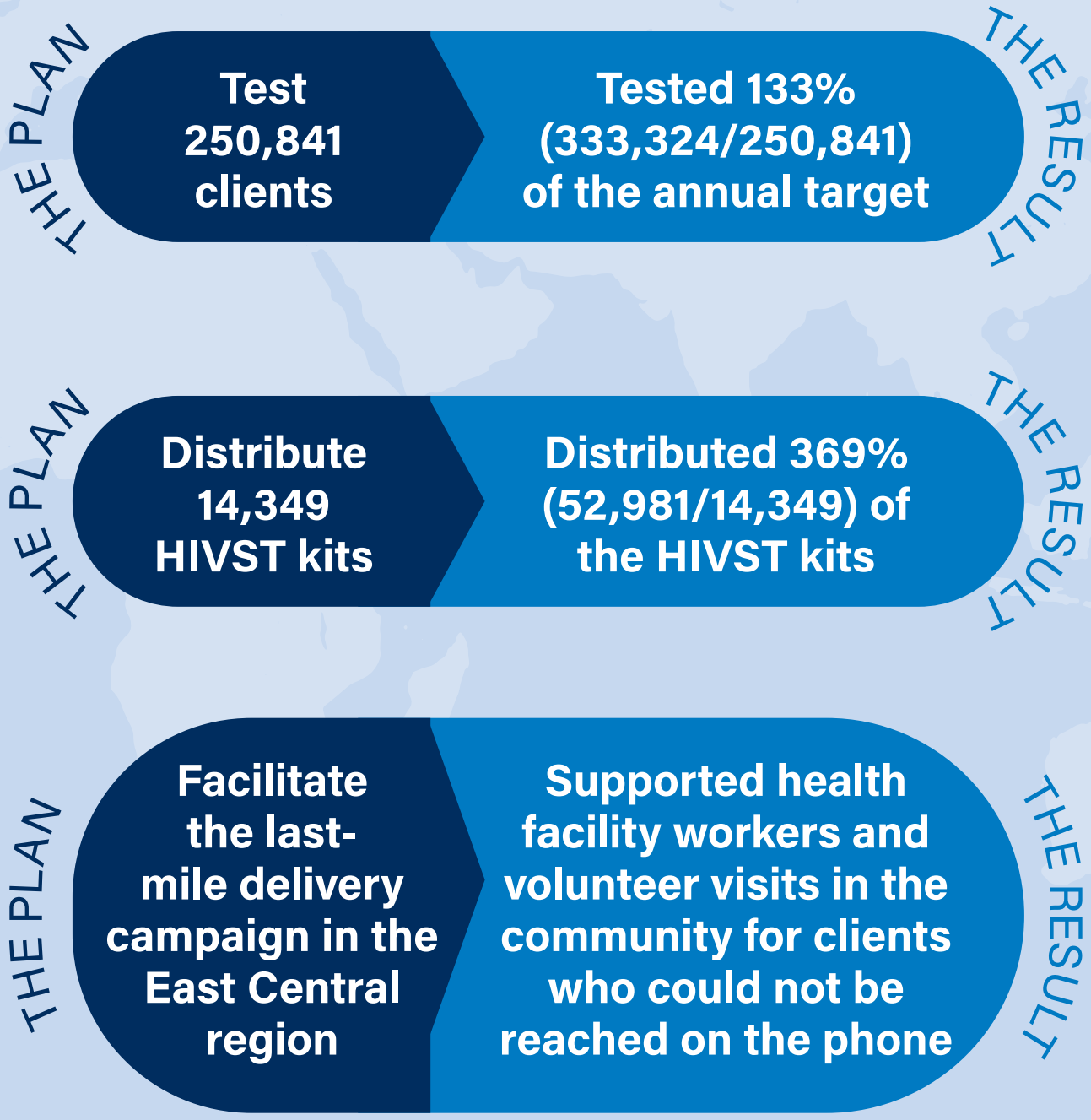
- Above-site technical assistance to sustain quality HIV services
- Mentorship and coaching, supportive supervision
- Performance reviews, data quality audits, data-driven programming to provide targeted interventions, and pilot interventions for scaling up
- Sharing experience and lessons, in addition to organizing training and capacity building activities
- Continuous adaptation to meet evolving regional and contextual needs

URC has found that maximizing the power of local resources requires deliberate effort from stakeholders at all levels. Ongoing effort is required to improve financing for local government health services, streamline the supply chain for key health commodities, and bridge human resource gaps for critical groups within health facilities.

GO LOCAL

Our work in Uganda to localize and scale up HIV testing and care continues. Unlocking local resources has been key. Committing to clear timelines, flexible budgets, communication, tracking data, and sustainability planning made meeting and exceeding PEPFAR transition goals possible.

URC's localization work in Uganda intentionally coincided with the national drive to scale up proven high-impact HIV interventions. Together, we worked to improve collaboration between the public and private sectors to ensure accessible, affordable, and sustainable care for these communities.



URC'S UGANDA TRANSITION PARTNERS

URC successfully transitioned HIV and AIDS service delivery to USAID-funded projects led by The AIDS Support Organization (TASO), in Acholi, and the Makerere Joint AIDS Programs (MJAP), in East Central Uganda.

We have a long history of working with local Ugandan organizations, including Communication for Development Foundation Uganda (CDFU), Youth Alive Uganda, Gulu Women Economic Development and Globalization (GWED-G), and the Infectious Diseases Institute (IDI).

WORKING WITH URC

URC has helped countries in Africa, Asia, Eastern Europe, and Latin and North America implement programs to create better health outcomes for underserved and vulnerable populations. We work with local health care providers, community leaders, patient advocates, and government officials to identify gaps in service delivery processes and develop and scale up best practices to achieve sustainable improvements.

URC's HIV work aims to:

- Improve the quality, availability, and consistency of HIV testing and treatment
- Prevent HIV transmission, including reducing the stigma for getting tested and seeking treatment
- Conduct research that helps us to carry out the most effective programs possible

If you share our approach and values, let's talk about scaling up HIV health services.

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On the cover: A health worker providing HIV test counseling to a patient receiving care at Jinja Regional Referral Hospital