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Technical Brief: Transition to Local Partners

USAID-RHITES SW



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Introduction

The USAID Regional Health Integration to Enhance Services in Southwest Uganda (RHITES-SW) is a USAID cooperative agreement implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) since November 15, 2015. The project provides comprehensive tuberculosis (TB) and HIV/AIDS, family planning (FP), malaria, nutrition, and maternal, neonatal, and child health (MNCH) services in 18 districts and one city in the Southwest region of Uganda. In October 2020, RHITES-SW began transitioning direct service delivery for HIV and TB to local implementing partners. RHITES-SW ensured the sustainability of EGPAF's interventions by using a transitional approach and a smooth handover to local partners and sub-grantees in the region.

EGPAF successfully transitioned HIV and TB direct service delivery across the Southwestern region of Uganda to multiple local partners including Joint Clinical Research Clinic (USAID Local Partner Health Services -Kigezi), the AIDS Support Organization (USAID Local Partner Health Services-Ankole), Uganda Protestant Medical Bureau (Local Service Delivery Activity), and to Government to Government Strengthening Activities at Kabale and Mbarara Regional Referral Hospitals. This was followed by providing routine technical assistance to these partners to ensure that gains along the 95-95-95 cascade were sustained and donor targets met. This transition provides a foundation for the future sustainability and ownership of HIV care and treatment in Uganda. This brief provides an overview of the transition's implementation, successes factors, and achievements.

It is important to understand the roles and responsibilities of all the stakeholders involved in the process, from the program participants and community, administrative, and political leadership, to local partners. EGPAF supported stakeholder engagement at all levels, from the Ministry of Health through the various local governments to the health facilities, ensuring that both technical and geographic scope were clear, and that local partners were adequately supported in their new implementing role.

A Transitional Approach to Implementation

It was important for the local partners and sub-grantees to tap into EGPAF's knowledge, experience and resources during the transition period, and as such, the process below shows the steps undertaken by human resources and through data management.

Implementation process

- **Pre-transition preparatory meetings and assessments:** We developed work plans and assessed subgrantees and partners to establish gaps that needed to be addressed and inform our resource requirements for the project. This allowed us to evaluate the suitability of each potential partner or sub-partner for the project.
- **Introductory meetings:** EGPAF supported the local partners and sub-partners to conduct effective regional and district entry meetings with the various stakeholders during which roles and responsibilities were defined and project scope, budget, and timelines shared.
- **Collaboration in program delivery:** EGPAF staff provided technical support and programming guidance as they handed over each technical intervention (prevention, care and treatment, laboratory, supply chain management and monitoring and evaluation) to the local partners. This included capacity building to address gaps and ensure that the partners learned while taking over implementation. Capacity building included sharing experiences and best practices; making joint technical support visits to health facilities; running continuous data analysis, reviews, and root cause analyses; implementing quality improvement initiatives and collaboratives; and holding site-level trainings.

- **Progress review meetings:** Regular performance and progress review meetings ensured that lessons learned were shared across teams. In the beginning, these meetings were weekly, then after a year, monthly, and in the final phase, quarterly. In this way, the transitional team learned how to run the programs as the implementing partner became less involved in managing the interventions. This approach aimed to ensure that programmatic gains were sustained and targets were achieved.
- **Gradual release of roles and resources:** EGPAF provided technical expertise on project coordination and management of finances to build the capacity of the local partners and sub-partners. This included monitoring and evaluation systems, financial systems, and programming.
- **Joint site visits and mentorship:** EGPAF visited sites together with the transitional partner to further consolidate the capacity built in identifying gaps and providing technical assistance. Sites were selected for joint visits based on performance, to either harvest good practices to be scaled up or to identify gaps to be addressed.

Key Success Factors

- Conducted pre-transition meetings to assess and prepare the partners and sub-partners for implementation and developed customized training modules to address gaps.
- Well-coordinated entry meetings were necessary to introduce partners to stakeholders, including local administrations to build cordial working relationships.
- Accessed available up-to-date and accurate data to inform decision making and optimized the use of resources to improve program implementation.
- Collaborative approaches were used to implement the programs in order to foster sustainability of the interventions.
- Gradual release of resources ensured that the partner taking on the implementation responsibility learned from EGPAF.
- EGPAF transitioned human resources to local partners to ensure retention of institutional knowledge about the project implementation.
- Conducting joint site visits between EGPAF and the local partner for monitoring, evaluation, and mentorship ensured a smooth transition and integration.

Key Achievements

EGPAF successfully transitioned HIV and TB direct service delivery across the Southwestern region of Uganda to multiple local partners including Joint Clinical Research Clinic (USAID Local Partner Health Services -Kigezi), the AIDS Support Organization (USAID Local Partner Health Services-Ankole), Uganda Protestant Medical Bureau (Local Service Delivery Activity), and to Government to Government Strengthening Activities at Kabale and Mbarara Regional Referral Hospitals. This was followed by routine technical assistance to these partners to ensure gains along the 95-95-95 cascade were sustained and donor targets met. This transition provided a foundation for the future sustainability and ownership of HIV prevention, care and treatment program in Uganda.

- Strong working relationships with district and community administration and leadership
“They have left us in a very good position to continue the work we have done together.”
 – Dr. Lawrence Mugumya, Joint Clinical Research Center (JCRC)
- *“Collaboration has been critical in dealing with partners and the local government.”*
 – Dr. Abdallah Nkoyoyo, The AIDS Support Organization (TASO)