

Transitioning PEPFAR HIV and TB/HIV Programming to Local Implementing Partners in Uganda: Strategic Approaches and Lessons Learned

USAID-RHITES SW



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Introduction

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), a recognized leader in the global effort to eliminate pediatric AIDS, was the prime implementing partner for the USAID Regional Health Integration to Enhance Services in Southwest Uganda project (USAID RHITES-SW). The USAID RHITES-SW project (2015-2023) improved the availability of, and access to, quality health services in 18 districts and one city in southwest Uganda by strengthening health systems and increasing the adoption of healthy behaviours. The project enhanced health services for an estimated 4,972,100 people in the areas of comprehensive TB and HIV/AIDS, family planning (FP), malaria, nutrition, and maternal, neonatal, and child health (MNCH)¹. This integrated approach aligned with national health priorities and promoted healthy communities in the region.

Priority Technical Areas

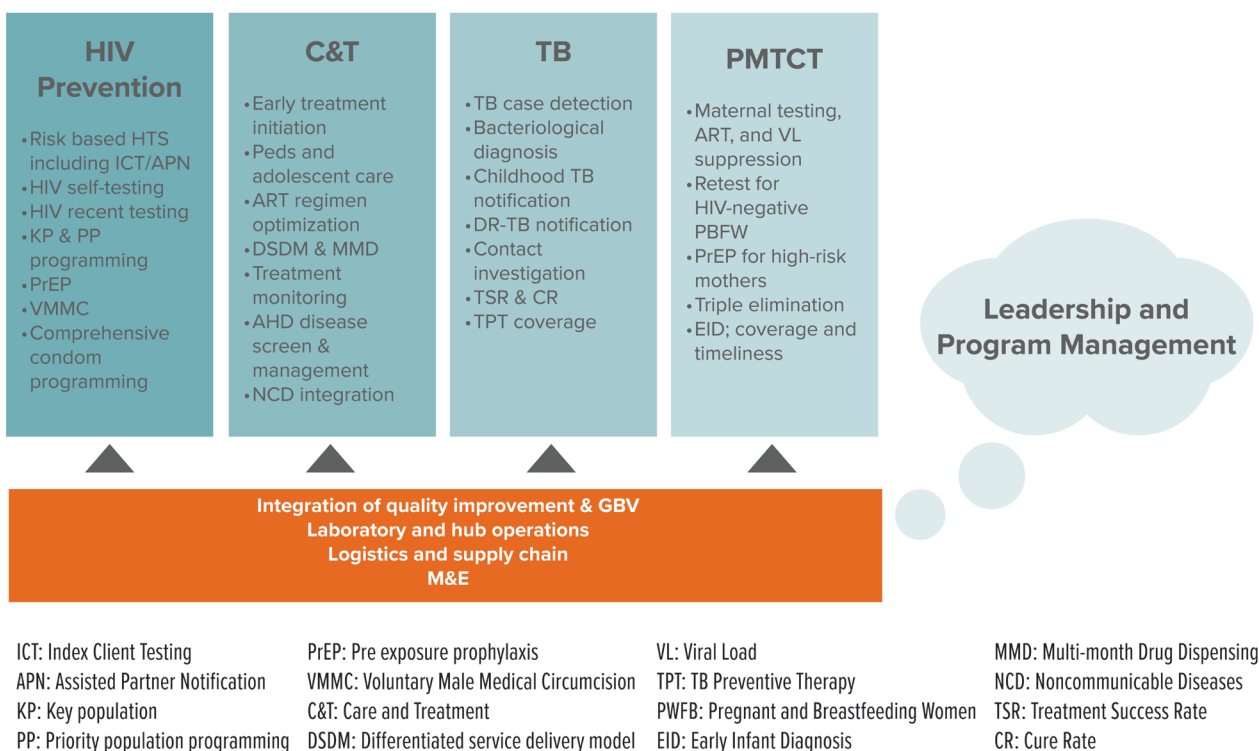


Figure 1: Technical priority areas supported during the transition

In 2018, the United States Government announced a new target for the United States Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), and other agencies that disburse the President's Emergency Plan for AIDS Relief (PEPFAR). Per the new target, 70% of PEPFAR funding was to be directed to local organizations, including partner country governments, by the end of 2020². In October 2020, USAID Uganda started transitioning work from international partners implementing HIV programs to local organizations. EGPAF started the process of transitioning the TB/HIV components of the USAID RHITES-SW project to local service partners. This involved providing above site technical support direct at organizational level, for example MOH and implementing partners. EGPAF's approach ensured continuity of service delivery while empowering local partners to take on more significant lead roles in the ongoing implementation of HIV services. The local partners consisted of the following:

1 Uganda Bureau of Statistics 2021 midyear population estimate. Available on <https://www.ubos.org/explore-statistics/20/>
 2 <https://www.devex.com/news/pepfar-chief-wants-70-percent-indigenous-funding-in-30-months-93118>

Joint Clinical Research Centre (JCRC), covering 12 districts in Ankole: Mbarara, Isingiro, Ntungamo, Bushenyi, Rubirizi, Mitooma, Buhweju, Ibanda, Sheema, Kiruhura, Kazo, and Rwampara districts.

The AIDS Support Organization (TASO), covering six districts in Kigezi: Kisoro, Rubanda, Kabale, Rukiga, Rukungiri, and Kanungu districts.

Uganda Protestant Medical Bureau (UPMB), through the Local Service Delivery Activity (LSDA): covers 77 facilities: 36 are located in the Kigezi region and 41 in the Ankole region.

Mbarara Regional Referral Hospital (MRRH), the United States Government, and Government of Uganda (G2G) implementing mechanism.

Kabale Regional Referral Hospital (KRRH), the United States Government, and Government of Uganda (G2G) implementing mechanism.

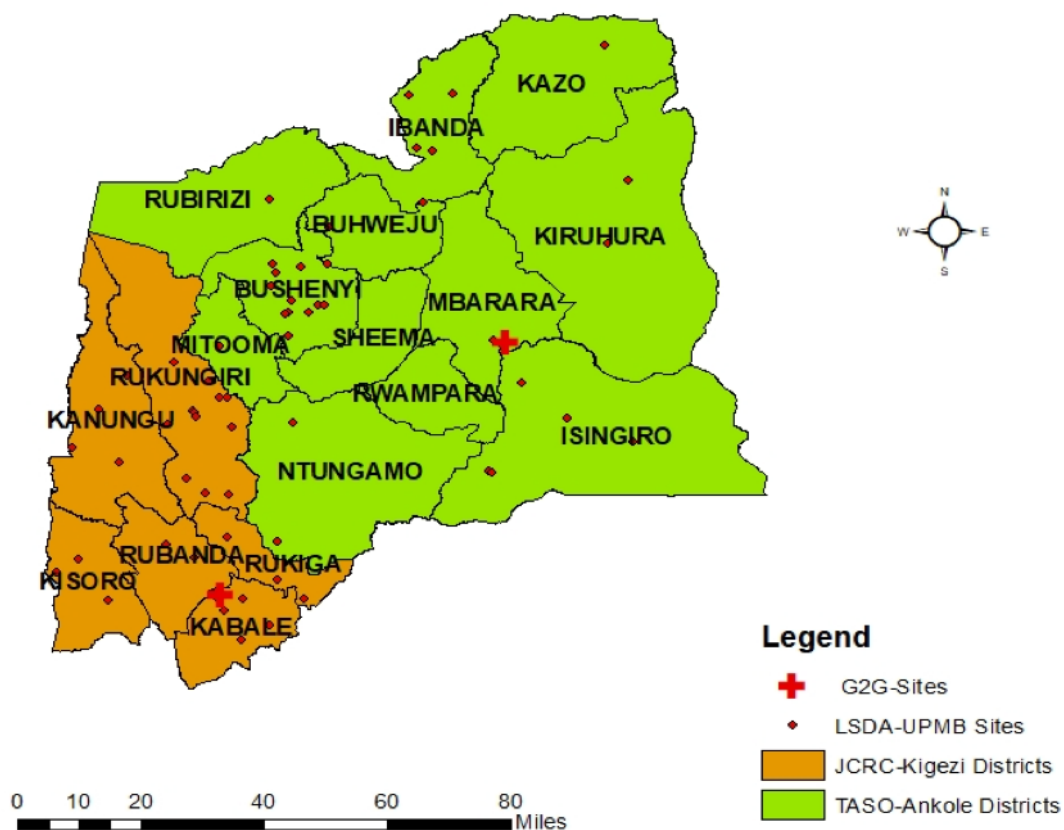


Figure 2: Map of Southwest Uganda showing PEPFAR local partner distribution

Transitioning the project to local partners required a well-defined and collaborative understanding of each stakeholder's role, including beneficiaries, local leaders, and the community. Clearly defining roles led to effective coordination, smooth implementation, and sustainable impact. A phased approach was adopted to ensure that health services and interventions in the region were sustained during the transition.

Strategic Approach for the Transition to Local Partners

The overall strategy aimed to provide time-limited Technical Assistance to ensure a seamless transition to local partners for HIV/AIDS prevention, care, and treatment services. The RHITES-SW team was able to draw on EGPAF's experience from other transitions the Foundation has managed, such as JCRC TREAT (2010), TASO transition (2011), Makerere University Joint AIDS Program (MJAP), Uganda Catholic Medical Bureau (UCMB), UPMB and TASO (2016). EGPAF implemented a phased transition over two years to ensure that USAID sustained progress towards achieving congressional and administration targets.

EGPAF employed the “[Capacity to Impact](#)” approach to build institutional and technical capacities for local partners. “Capacity to Impact” is a results-driven approach that which strengthens local partner capacity to sustainably improve and impact HIV outcomes, while ensuring strong local organization structures.

Through Technical Working Groups (TWGs), EGPAF coordinated with partners and districts to develop and implement seamless transitional plans and tracked progress using institutional and service delivery milestones for the continuity of HIV/AIDS and TB co-infection services within the region.

Key components of the transition included:

- Bridge to transition awards
- Sustain existing HIV/AIDS interventions
- Sustain non-HIV/AIDS services and health systems strengthening interventions

Bridge to transition awards

EGPAF utilized the Needs Assessment and Prioritization Understanding and Action on Sustainability (NUPAS)³ and/or Organizational Capacity Assessment (OCA) tools to assess its existing local sub-recipients. The assessment findings and recommendations informed tailor-made institutional Capacity Building Action Plans for each local sub-recipient to systematically and strategically address technical, managerial, and institutional capacity gaps within the organization. These detailed plans were used to track the local partners' progress through agreed-upon performance standards and measurable improvements (based on milestones) over time. These plans were integrated into their existing sub-awards, annual work plans, and narrative activity reporting.

Institutional and technical capacity milestones included but were not limited to:

- Management of technical, programmatic, monitoring, and financial aspects of agreements.
- Substantive engagement in assessments, and evaluations from design to results dissemination.
- Ability to conduct an external recipient-contracted audit and develop a risk mitigation plan responsive to any audit findings and recommendations.
- Ability to implement high-quality targeted interventions.

At the end of this period, all the local organization sub-recipients were deemed ready to receive direct funding awards from USAID. EGPAF provided technical assistance to the local organizations in the grant application processes that transitioned them from sub-recipients to prime recipients of USAID funding.

³ <https://www.usaid.gov/sites/default/files/2022-05/303sam.pdf>

Sustain existing HIV/AIDS interventions

Through the USAID RHITES-SW project, EGPAF facilitated the introduction of local partner organizations to their respective district administrative and technical leadership teams. This enabled local organizations to establish relationships with these teams and to begin implementing and progressively take over HIV/AIDS and TB programming in Southwest Uganda.

A Transition Technical Working Group was formed and charged with supporting program coordination to ensure a seamless transition for sustained HIV and TB/HIV response. This included human resources for health, service delivery (laboratory and supply chain management, Strategic Information & Evaluation, pandemic preparedness, and any operational/administrative processes. This working group included local partner Project Directors, Technical Directors, Directors of Monitoring, Evaluation, and Learning; the Chief of Party and Senior Technical Leaders from USAID RHITES-SW; a District Health Officer representative per region; Government to Government coordinators at the regional referral hospitals; and USAID Agreement Officer Representatives (AOR).

Ongoing technical support to local organizations supported their ability to attain and sustain epidemic control through the following approaches: 1) continue implementing a district-based integrated package of quality HIV/AIDS and TB services in the public sector; 2) provide comprehensive technical support through training, coaching, and mentorship to targeted facilities to enhance the delivery of quality HIV and TB services at facility and community levels.

During the initial three months of this transition phase, our primary focus was to meticulously develop and enhance collaborative work plans and budgets. We crafted an approach to ensure the comprehensive inclusion of all essential activities and to establish a seamless synergy between local partners and EGPAF. This alignment and integration within the work plans played a pivotal role in mitigating the potential risks of service interruption arising from unfunded critical activities.

The second quarter involved operationalizing the transition through conducting joint district entry meetings and joint district operational planning meetings for each district. More than 550 participants included DHOs and all other relevant implementing partners in the respective district. To ensure program stability and service continuity, no new strategies were introduced at this stage. The “District Approach,” an efficient methodology for implementing integrated health programming, was introduced to counterparts in the local organizations and followed up with mentoring and coaching to master essential techniques. The local partners and districts continued to implement activities and service packages that had been initiated by EGPAF. Service area Technical Working Groups (TWGs) composed of staff from the local partners and EGPAF were created to refine technical support strategies for each key area and make sure there were no gaps in services. Joint site visits/reviews and joint district performance reviews were done and focused on sites with a high volume of clients and sites that contributed the largest (80%) proportion of performance gaps. “EGPAF’s technical advisors led local partners in processes aimed at determining programmatic gaps and devising improvement strategies based on lessons learned.”

The third phase of the transition, implemented in quarters three and four, focused on supporting the local partners to begin developing and implementing their technical strategies. Joint performance reviews provided an opportunity to build capacity for data-driven programming and inform local partner efforts to develop new technical service delivery strategies. After identifying performance gaps, EGPAF implemented Continuous Quality Improvement and Program Optimization Approaches to test new interventions in the 16 technical areas before eventual scale-up.

Sustain non-HIV/AIDs services and health systems strengthening interventions

In order to ensure continuity of service delivery during the transition, we needed to provide effective support for all health systems components to continue during the transition to local partners. EGPAF progressively transitioned site-level staff in phases. The Counsellors and Peer Educators were transitioned to local partners within the first six months. Those providing laboratory support (sample transporters) and health management information systems support (data clerks) were transitioned later. This guaranteed the continuation of quality HIV care services, despite the ongoing changes at the strategic level of the program. Our technical assistance was also focused on building local partner capacity for effective data management using Health Information Systems (HIS) and Electronic Records Management (EMR) to collect and utilize quality health data. For the management of Electronic Medical Records (EMR) systems, local partners were supported to implement and maintain EMR systems in health facilities, manage data entry and retrieval, and ensure the security and privacy of patient health information. This sustained ability to effectively implement monitoring and evaluation frameworks helped track the progress of the transition and monitor programmatic outcomes, including any shocks that may have resulted from the transition to local partners.

The health systems components and related services that we monitored included:

- Human resources for health, including training of trainers
- District coordination and performance review meetings
- Electronic Medical Records (EMR) systems expansion
- HIV/TB laboratory hubs and sample transportation network
- HIV/TB medicines, commodity security and management
- Coordination of regional quality improvement initiatives

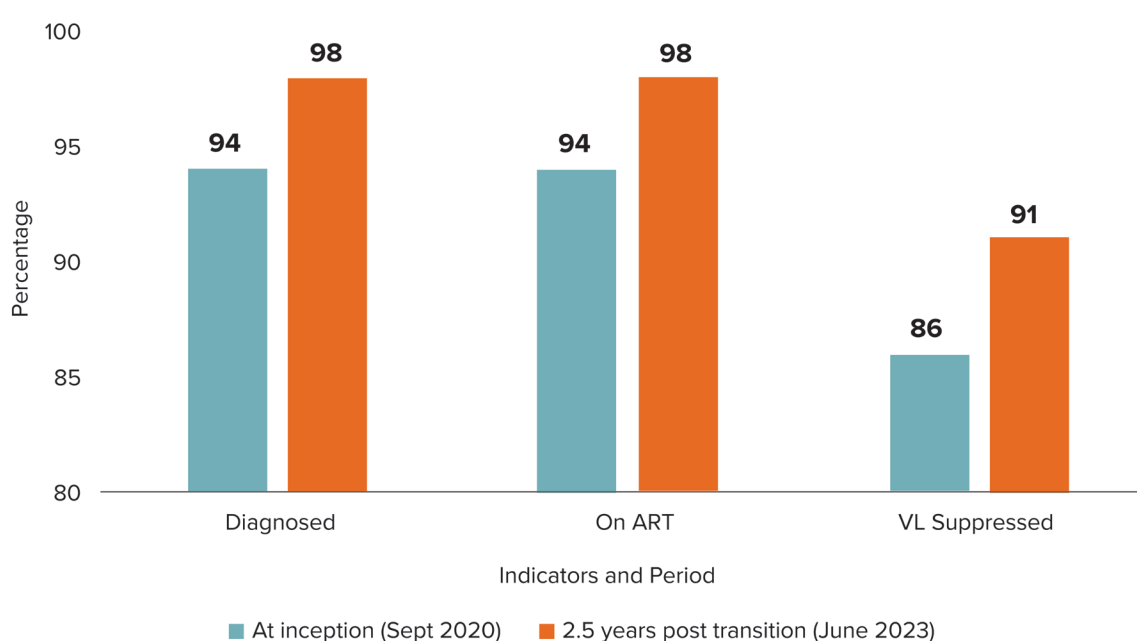


Figure 3: Population level 95–95–95 cascade two and a half years of post-transition

The progress on the 95–95–95 cascade provides a basic evaluation of local partner performance during the first two years of transition. Based on the data in Table 1, we can conclude that EGPAF effectively supported the local partners to sustain the performance of service areas after transition. EGPAF could attribute these results to an effective technical assistance model.

Key Success Factors

- Pre-transition preparatory meetings and assessments were conducted to develop work plans and assess the sub-grantees and partners to identify any existing programmatic, technical, managerial, human resources, and administrative gaps that needed to be addressed. These assessments informed the resource requirements and helped determine the suitability of the partner or sub-partner for the project. By conducting thorough evaluations using standardized project management and monitoring tools, EGPAF ensured that the selected partners had the necessary capabilities to effectively contribute to the project's goals and objectives.
- Introductory meetings with governmental and civil society stakeholders played a crucial role in the transition process by creating an enabling environment for joint planning and execution of tasks. EGPAF worked closely with the local partners and sub-partners to facilitate productive district entry meetings with various stakeholders, such as District Health Offices and civil society organizations, including PLHIV (people living with HIV) networks. These meetings provided an opportunity to explain the transition of PEPFAR support from EGPAF to local partners and to clarify the roles and responsibilities of all stakeholders. District leadership was kept regularly updated on the progress and plans.
- Strategic stewardship of the transition process was overseen by high-level transition teams coordinated by EGPAF. EGPAF, TASO, and JCRC established teams comprised of senior-level directors to jointly implement and track the transition. The strong working relationships allowed for quick decision making and prompt resolution of challenges during the transition process.
- Adopting a collegial and non-competitive partnership with TASO and JCRC during the transition process facilitated EGPAF's ability to provide strong technical assistance. This created an environment in which transition was implemented with pragmatism, optimism, and an open-minded attitude to addressing challenges. This shared commitment to succeed exemplified the power of working together towards a common goal.
- By adopting a coaching approach during the transition process, we were able to provide capacity building tailored to the local organizations. For instance, during district entry meetings, partners were coached on the conduct of such meetings. This included discussing how to engage with district leadership, USAID cost principles and how they relate to activities with the local governments, and ensuring compliance with relevant guidelines. Through technical and program management coaching, EGPAF ensured that their local partner counterparts had the necessary skills and information to navigate various aspects of the transition. This in turn empowered the partners to confidently carry out their responsibilities while adhering to the required guidelines and regulations.

“They have left us in a very good position to continue the work we have done together.” – Dr. Lawrence Mugumya, JCRC

“Collaboration has been critical in dealing with partners and the local government.” – Dr. Abdallah Nkoyoyo, TASO

Lessons Learned

- Perception of the transition as a joint venture was critical to its success.
 - *“We saw we were all working together so that we could sustain gains that PEPFAR has achieved over the years. If USAID RHITES-SW is to achieve, then the new partner has to achieve.” —Dr. Edward Bitarakwate, Chief of Party, USAID RHITES-SW.*
- EGPAF recognized the importance of prioritizing and engaging district stakeholders from the early stages of the transition. The importance of district stakeholders, EGPAF prioritized their engagement from the early stages of the transition. As soon as the transition was confirmed, EGPAF promptly involved key district stakeholders, especially the District Health Team and the Chief Administrative Officers by ensuring they were continuously updated and informed about the progress of the transition. Open communication and information sharing were key principles upheld by the EGPAF team throughout the transition period.
- The EGPAF team maintained a consistent and ongoing communication strategy to highlight the reputable track records of JCRC and TASO. This proactive communication approach played a significant role in fostering a positive perception that these experienced and trusted partners were up to the task.
- EGPAF dedicated sufficient time (one year) to planning and actively collaborating with JCRC and TASO. The EGPAF team provided technical assistance to JCRC and TASO in preparing their respective funding applications, enhancing their writing skills, and aligning their goals with PEPFAR priorities. This collaborative approach resulted in strong and compelling applications, and the subsequent development of comprehensive plans that optimally aligned with aspirations of the districts after the awards were made. A step-by-step transition process allows for adjustments and refinements to be made along the way and ensures a successful outcome.
- Joint site visits between the EGPAF team and incoming partners to conduct coaching and mentorship provided opportunities to further enhance and build the confidence of district stakeholders and healthcare workers, and to minimize misgivings. Gradually transitioning site-support roles allows the partners to develop a deep understanding of the programs they will support before fully taking on tasks within their technical, managerial, and financial capacities.
- Team restructuring was an inevitable component of the transition process, and it often involved challenges. EGPAF restructured the existing technical assistance teams to align with new assignments during the transition. This required a careful evaluation of individual skill sets and matching them to the tasks at hand. The proactive management of these new teams was necessary to shorten the transition to highly performing teams that are adapted to their new roles.
- Program management support is as crucial as technical support. In addition to providing technical assistance, considerable effort was dedicated to program management. Recognizing that it was not possible to foresee all potential risks, both EGPAF and the local organizations maintained an open and responsive approach, addressing any operational gaps or challenges as they arose. Synchronizing ways of working and establishing common operating principles was crucial to the transition process. Different teams and partners brought different approaches and practices, and as such, it was important to ensure alignment and create a shared understanding. This holistic approach ensured that all aspects of the transition were effectively addressed, fostering a smooth and successful transfer of responsibilities to the local partners.

- Technical working groups act as a clearing house and provide opportunities for partner-to-partner learning. Collaboratively, the EGPAF team and local partners identified key skill sets from both sides and formed these groups. Weekly meetings were conducted within these technical working groups, allowing partners to exchange insights regarding performance in specific technical areas. They discussed what was effective, identified areas requiring improvement, and shared approaches for various activities. Moreover, these technical working groups transitioned to providing on-site coaching and support at facilities, working jointly to assist in the smooth onboarding of JCRC and TASO.
- Ensuring the presence of key individuals in the right positions at the right time was crucial during the transition process. Incoming partners needed to identify and assign key personnel in relevant roles to facilitate effective collaboration. For instance, while the EGPAF team had a specific role in supporting systems like the laboratory and supply chain, TASO needed focal points to actively participate in related discussions and provide valuable input. Having these key individuals available from the beginning was essential for smooth collaboration and decision-making. By involving the right people with relevant expertise, the transition process could progress successfully, contributing to its overall success.
- In addition to staff and programmatic changes, it was essential to coordinate the timely transition of site-level tools, equipment, vehicles, and other non-financial resources that were required to maintain operational efficiency and continuity during the transition period. Transitioning resources was one component of ensuring the overall success of the transition process.
- Weekly, monthly, and quarterly technical and administrative review meetings were important for close monitoring, supportive supervision, and learning from shared experiences, and these meetings empowered local partners to take on greater responsibility.