Stakeholder Engagement for Local Service Delivery
Monday, February 11, 2019
8:00 am - 12:00 pm
The Learning Hub, Ggaba Road, Nsambya, Kampala

I. **Patricia Mengech, Office of Health and HIV**
Introduction of the Session and Participants

II. **Admir Serifovic, Office of Acquisition and Assistance, USAID/Uganda**
- Feb 22 is the new deadline for responses to the Request for Information (RFI)
- Answers to questions are forthcoming
- This procurement will be listed on the next USAID/Uganda Business Forecast
- Prime awardees may consider bringing on sub-awardees that can cover all USAID regions
- All prime awardees must comply with the definition of "Local Partner" as defined in the RFI by the Office of the Global AIDS Coordinator

III. **Avery Oulette, Sr. Learning Advisor, USAID/Uganda**
Facilitated Engagement Notes

Station 1: HIV Prevention

1.1 How can private health entities contribute to ACHIEVING awareness and prevention across Ugandan population

- Work with local communities/through existing activities
- Engage in planning
- Behavior Change Communication
- ABC
- Engage with religious leaders
- Use of technology/social media
- Translate materials into local languages
- Target young women and older men for targeted testing
- Use of non-traditional platforms (religious institutions, soccer, etc) to convey messaging
- Focus on middle age men and lower/middle income brackets

Themes that emerged from discussion: connecting the dots outside of the clinical setting; know your population; what do we need to do differently.

1.2 How can private health entities contribute to MAINTAINING awareness and prevention across the Ugandan population

- PREP
- Fill GOU/public sector

- Advocate for reversal of policies/laws that criminalize HIV+ people
- Community mobilization/HH partnerships
- Advocacy to reverse unhelpful laws.policies
- Village work/local languages
- (More debate on HIV laws and how they impact an individual's willingness to be tested)
- Scale PREP
- Target counseling/testing to key pops
- Intensify index partner notifications for all partners in care
- Advocate for woman-empowered preventative methods.
- Data analysis of hotspots
- Utilize local resources
- Sustainability in advocacy approaches
- Understand drop-off points/close them
- Collaboration with local orgs
- Continuously working through communities/religious leaders
- Advocacy for budget at local levels
- Integrate messaging into religious orgs, out of school groups, schools, etc.
- National papers (newspaper stories), integrate in missing media including alt news sources
- Advocacy for GOU budgeting
- Ensure no stockouts
- Build capacity
- Stronger engagements with PLHIV to strengthen care and prevention
- Regional planning and coordination among actors
- Data driven approaches
- Sustain/retain advocacy
- Continue use of media to disseminate info in all languages
- Maintaining youth/community orgs
- Data driven approaches
- Invest resources
- Strengthen community referral networks
- Tackle GBV
- Economic empowerment

1.3 What TECHNICAL AND INSTITUTIONAL CAPACITY would enhance Private health entities in contributing to sustaining goals?

- Skills building in collaboration and advocacy
- Training in programming and concept development
- Counseling capacity development
- Improving capacity to understand and may populations/service points
- IT support/funding
- Financial control and risk management
- Leadership and governance training

- Support to staffing/governance
- governance/resource mobilizatioN
- Networking
- Capacity development to develop integrated package
- Programs that target men
- Focus on interventions that really work: PREP, VMMC, TASP
- Build advocacy skills
- Econ empowerment
- Programs that target men: men should be approached at places of work for testing.
- Business development training.

Station 2: HIV Testing (The first “95” goal)

2.1 How can private health entities contribute to ACHIEVING the goal of 95% of People with HIV who know their status

- Assisted Partner Notification
- Long Term Follow Up
- Child testing at household level
- Community focal people
- Targeted services for men
- Establish peer mechanisms
- Intensify APN in Ante-Natal Care
- Self testing
- Use adolescent support groups
- Information for specific groups for men
- GBV reduction and engaging men
- Community systems strengthening
- eReferral system
- CSO linkages
- Breaking Human rights barriers
- Local strategies to identify high risk
- APN using religious leaders
- Self testing promotion and key populations
- Male engagements
- Creating men and child friendly
- Addressing mental health needs
- Attitude counseling to address “men’s ego”
- Services for disabled people
- Stigma reduction
- Engagement of Local Government Structures
- Scaling up self-testing
- Bridging the distance between GOU health facilities and communities

- Community-based outreach and social network mapping and follow up in partnership w CBOs
- Innovations - not copy from public sector - serve small communities and allow for concentration
- Effective community programming can be better done by
- The NGOS work in a decentralized manner and can reach communities directly using primary associative structures and ensure that programs are sustainable in communities
- NGOs can reach men and young girls from 9 - 14s, also capacity to reach KP/PPs
- Integration between other health interventions (ie: Malaria)
- NGOs can be creative and use drama and rights-based approaches to accessing services, especially in KP/PP communities
- NGOs can engage with more creative communications materials
- NGOs are better placed to address stigma via community based structures
- One stop model for HIV/TB co infection - improved referral network
- Encourage religious leaders to send people for testing using appropriate religious texts
- Use community structures to identify high risk demographics that have not participated in testing (hidden demographics)
- Community dialogues and community level advocacy

2.2 How can private health entities contribute to MAINTAINING the goal of 95% of People with HIV who know their status

- Increase government funding
- Fast track AIDS trust fund
- CSOs intensify advocacy
- Community engagement in response
- Private Public Partnerships
- Improve counseling capacity to
- Improve supply chain management
- Local resource mobilization
- Community health systems strengthening
- Strengthening VHTs, Peer networks, civil society at grassroots, churches
- Integrating routine monitoring
- Improve Building community sharing platforms in addressing stigma and discrimination
- Intensified follow up of lost cases
- National unique identifier
- Implementation research about what works
- Integration of services to other government services (HTC integration)
- Sustainable supply chain systems
- Improving coordination among NGO actors
- Supportive supervision of testing locations
- Use of data to guide decision making
- Strong collaboration with public sector
- Empowering communities to advocate for themselves

- Support Supervision from local government
- Differentiating service delivery to address unique needs
- Patient support groups and patient led peer groups
- Regional contact with target populations
- Improved relationships with sub-populations and micro targeting and continued engagement with those groups
- Continued advocacy and reminders to keep knowledge flowing
- Keeping track of hot spots and early warning systems
- Continuous community engagement
- Training of religious leaders to remind people to test
- Monitoring and evaluating the work that is done and sharing the findings

2.3 What TECHNICAL AND INSTITUTIONAL CAPACITY would enhance Private health entities in contributing to sustaining goals?

- Advocacy skills for resource mobilization
- Technical competency skills
- Mentoring institutions based on capacity gaps
- More training and capacity building through mentorships
- Data management and improved M&E capacity
- Strengthen governance of NGOS
- Strengthen leadership
- Enhancing institutional skills: management and planning
- Having stable leadership and management
- Timely and adequate funding
- Capacity to maintain equipment and systems that have been built
- Capacity for operationalizing initiatives and leveraging initiatives like health insurance and user fees
- Training and knowledge management - CSO
- Strengthening supervision
- Skills transfer
- Institutional systems should establish organizations that can exist beyond HIV
- Networking and leveraging other opportunities with other sectors
- Paradigm shift for NGOs from philanthropy and charity to business
- Joint planning with NGOs and Government entities
- Improved financial management
- instill a “value for money” culture
- Establish internal control systems and human resource capacity systems
- NGOs have a unique relationship with government and local government than international implementers
- Local organizations with strong and sustainable local systems may offer a cost savings to the donors at a time when funding is going down for PEPFAR
- Ability to reach key populations

- The NGOS will need to better collaborate and coordinate with one another and the government
- NGOs want additional capacity building
- Need support to scale up systems that are currently working on a smaller scale
- Expand data collection and analysis skills
- Institutions need continuous capacity building to retain links to community structures
- Ability to wean off donor funding
- Confidence to engage with local government
- Support to raise funds locally

Station 3: HIV Treatment and Adherence (The second and third "95" goals)

3.1 How can private health entities contribute to ACHIEVING the goal of 95% of People with HIV on treatment and virally suppressed

- Supply chain issues
- Clinical capacity increased
- Reducing stigma and discrimination
- Using PLHIV peer learning groups for viral suppression
- Strengths of PNFP is providing family centered care
- PNFPs uniquely located in places where the public presence is absent
- PNFPs ensure confidentiality which reduces stigma and discrimination
- Community links and components support treatment adherence and viral suppression/ economic strengthening activities
- Advocacy for better supply chain and treatment provision
- Working hours in PNFP improve access
- More flexibility in PNFP which can lead to better quality of care

3.2 How can private health entities contribute to MAINTAINING the goal of 95% of People with HIV on treatment and virally suppressed

- Community leaders need to be in charge of the local response to maintain epidemic control. PLHIV forums involved in the HIV/AIDS response
- Take stock of best practices that are working but sustenance still requires funding and for NGO partners need to source alternative funding beyond PEPFAR. What is gov't doing to sustain this how do we get them to take on a larger responsibility?
- We should think of entry points as a business but the profits need to go back into the facility to become more sustainable and subsidize the HIV/AIDS work.
- NGOs have better differentiated care/ service delivery models than the Public sector, more tailored approach more client/ patient centered.
- Better accountability in terms of equipment and drugs management
- Religious structures in communities can support response and human resources
- PNFPs can also support peer groups for PLHIV in the community

- Advocacy for increased allocation by government. NGOs have better advocacy capacity and experience.
- PNFPs can run without additional outside funding if their org capacity is built and mentored. They have resource mobilization capacity and networks that can build sustainability.
- Community health insurance schemes can support sustainability

3.3 What TECHNICAL AND INSTITUTIONAL CAPACITY would enhance Private health entities in contributing to sustaining goals?

- National management of HR
- Business skills and sustainability
- Resource mobilization skills needed
- Training and knowledge management/ data management
- finance admin costs need to be taken into account
- Support in building financial systems to meet international standards.
- The assessments that we (USAID) use are not fit to measure the CBOs and automatically rule them out/ versus/ these are the systems and capacity CBOs need to move onto the next level of quality etc.
- Resource mobilization skills to promote sustainability
- Effective and efficient business and financial skills management. Cost benefit analysis.
- Strengthen technical capacity of community systems for care including para-social workers and community based care (mentor mothers)
- Need sustainable investments/ AIDS trust funds
- Skills in business and social entrepreneurship
- Need to hold government accountable to finance social health insurance
- Quality QMIS is an area where capacity building is needed
- Training board members on governance and leadership
- Human resource management to reduce attrition rates among staff

Synthesis

	Prevention	Know Status	Treatment/ Viral Suppression
Achieve	1) Need to share resources to engage local community structures 2) Scaling up PREP 3) Supply chain 4) Use of technology and social media to spread knowledge and BCC msg..	1) Strengthen community structures and linkages (cultural PLHIV, religious and CBOs) 2) Self testing/ couple testing 3) Men, youth KP + disabled	1) Good community mobilization 2) Synthesis of data + micro-targeting and widening of scope 3) Targeting issues of GBV
Maintain	1) Strengthen PNFP Advocacy for government to provide resources for Prevention + empower communities 2) Data management and gathering to improve program quality 3) Communication	1. Continuous resource mobilization 2. Continuous Quality Assurance 3. Sustainable Facility - Community Linkages	1) Advocacy for increased resources from Government and other stakeholders 2) Granular data for planning and programming 3) Local NGOs have capacity to maintain consistent availability of ARVs - e.g. JMS networks all the way down to the community
Capacity	1) Financial management 2) M+e capacity 3) Training in social mobilization and advocacy	1) Capacity and advocacy to find new cases 2) Capacity building through training and coaching to find new cases 3) Leadership and governance	1) Strengthen corporate governance structures for better HR and FM policies 2) Data mgmt and Usage to link data to programming and interventions for cost effectiveness 3) Knowledge management and training 4) Training board members for corporate governance and leadership