

Uganda AIDS Commission

Mid Term Review of the National Strategic Framework for HIV/AIDS Activities in Uganda (2000/01-2005/06)

**Update 3
November 17, 2003**

Since the first week of November, tremendous progress has been registered in all the 6 thematic areas.

Presentation to the Parliamentarians

The Local Lead Consultant was invited by UNAIDS and UAC to make a presentation to Members of Parliament on November 9, 2003 on the progress of MTR. During the presentation, the Consultant outlined the goals of the NSF and the objectives of the MTR. He shared the methodology with the MPs and invited them to join Technical Working Groups on the basis of their interests and expertise.

Technical Working Groups

The initial fears that members of the TWGs were too busy to attend the meetings have been disapproved. TWG meetings have been taking place as scheduled with high turn up. At least each TWG has so far had 3 meetings. The Ministry of Education and Sports has also started participating in the review with some of the officials joining TWGs. To-date all the key stakeholders are participating in the MTR.

The performance of TWGs is so far impressive. These members drawn from key constituencies and agencies have been very instrumental in a number of ways:

- Helping the Theme Consultants to fine-tune their instruments
- Proposing critical issues to consider in the MTR
- Acting as a source of information for respective themes
- Helping theme Consultants in data collection especially from their organizations

The TWGs will continue meeting until November 27, 2003. Given the short time remaining, some of the TWGs have agreed to meet twice instead of weekly so as to accomplish their planned activities.

Key Informant Interviews

Comprehensive lists of key informants were finalized by TWGs. Key informant interviews are in progress, although theme Consultants are faced with difficulties arising from some KIs failure to honor the appointments. KI interviews will continue through this week with plans to reach most of the partners this week. UAC has agreed to liaise

with respective theme consultants on who to interview with respect to the 6 thematic areas.

District Visits

So far one TWG (Mitigation of Socio-economic Impact, Protection and Legal Rights) has carried out district visits in Masaka/Rakai and Luwero. The rest have been trying to capture district information using available network and structure at head offices based in Kampala. Attempts were made to reach some of the District officials meeting in Mukono, but this was not very much successful.

Key Impressions

As TWGs meet and theme Consultants continue with fieldwork, some impressions are beginning to emerge:

General

- No baseline/reference against which progress is measured. Judgment made is more qualitative and could be subjective
- Current national Strategic Framework has aggregated strategies and activities, and therefore the designed indicators cannot be easily measurable
- Lead agencies indicated in the NSF are not playing their lead roles and some do not seem to be aware of their roles within their mandate.
- Activities are being implemented in all the 6 theme areas although the NSF has not been nationally disseminated/publicized

Theme 1: Prevention, Behavior Change and Advocacy

- Recognition that Prevention activities are on course – a lot has been done
- Less involvement of young peoples programs in the national response

Theme 2: Care and Treatment

- Overall there is good progress on care including support to NGOs and palliative care. However the players (NGOs, CBOs etc) are numerous and it becomes difficult to monitor the range, coverage and quality of care services that are provided by each organization.
- Strengthening of modern and herbal treatment of opportunistic infections still has several gaps. However, there is good progress in TB treatment with considerable improvement of the indicators (treatment success, treatment completion) and reports of TB cases can now be received from all districts.
- Several care options were not included in the NSF. For example the only activity on ARVs is “advocate for subsidy on ARVs”. This activity has been substantially achieved. There is considerable progress in preparation for widespread ARV use in the country.
- Other care options that were not well represented in the NSF include; pediatric HIV care and home-based care. These care models have several gaps that will need to be addressed in a revised NSF.

- Public message on care are not as widespread as those of prevention. This will need attention in a revised Strategic Plan.
- Generally quantifying progress in care is difficult. The indicators will need to be revised to enable routine monitoring and evaluation of care activities.

Theme 3: Mitigation of Socioeconomic Impact, Protection and Legal Rights

- Efforts for mitigation of the socioeconomic impact are rather discrete and basically at family level with limited coverage and capacity
- Not much has been realized through formal programs like CHAI, AIM

Theme 4: Coordination, Management and Institutional Arrangements

- Coordination and M&E are not at the same pace as other theme areas
- Limited coordination of stakeholders in the field
- District focal persons are not performing their functions as stipulated
- District guidelines are yet to be revised and disseminated
- It is becoming increasingly clear as the process of the MTR goes on that UAC is limited in both qualitative and quantitative capacity to coordinate the national response

Theme 5: Monitoring and Evaluation

- Final M&E plan not available hence no standardized M&E Framework
- Limited capacity for M&E at UAC i.e., only two full time staff at UAC in Planning and M&E Directorate
- Plan to operationalize M&E system not in place

Theme 6: Planning, Resource Mobilization

- Although noticeable progress has been made, planning and resource mobilization for HIV/AIDS activities require more effort at the coordination level
- Commendable efforts to comprehensively integrate HIV/AIDS in the revised PEAP
- Joint planning is not practiced; mainstreaming HIV/AIDS in public sector is has not reached the desired level.
- Many districts have separate plans for various donor funded HIV/AIDS programs