

# **Uganda HIV/AIDS Control Project (UACP)**

## **PROJECT SUMMARY, 2001**

### **Background**

Uganda recognizes the need to avert the looming development catastrophe of HIV/AIDS epidemic by scaling up the national response against HIV/AIDS. This can only be achieved through expanding intervention and service coverage to all corners of the country by bringing all potential sectors and actors on board to fight the epidemic. It is also recognized that access to adequate resources has been one of the major obstacles to intensified and sustainable efforts against HIV/AIDS. The Government of Uganda therefore decided to borrow a total of US \$47.5 million from the World Bank for the next five years beginning May 2001. With a government counterpart funding of US \$ 2.5 million, the total Project cost is at US \$ 50 million.

This loan is administered under the Uganda HIV/AIDS Control Project (UACP). UACP has been developed under the aegis of the Multi Country AIDS Program (MAP) of the World Bank. MAP aims at enhancing the struggle against HIV/AIDS in Sub-Saharan Africa through provision of soft loans to implement well designed national HIV/AIDS programmes.

All government ministries, districts, Civil Society Organisations and organized communities will access resources to implement mutually agreed interventions in line with the country's goals stipulated in the National Strategic Framework (NSF) for HIV/AIDS Activities 2000/1-2005/6. UACP is coordinated by the Uganda AIDS Commission (UAC) through the Project Coordination Team (PCT)

### **Project development**

The Project development process, coordinated by UAC from September 2000 to May 2001, was participatory involving key partners from various sectors. A Technical Resource Network (TRN) was constituted drawing together experts from government ministries, faith-based organizations, NGOs, districts and development partners to guide the exercise. Deliberate efforts were made to consult all partners who will participate or benefit from the Project. An NGO Forum was convened several times to solicit input from civil society organizations that carry out the bulk of HIV/AIDS work at grassroots level.

A Town Hall meeting was organized at the end of the World Bank pre-identification and pre-appraisal Mission to reach consensus on the funding level, the project components and project coordination modalities.

The Project was appraised and the credit negotiated between the Government and the World Bank in December 2001. The Parliament of Uganda approved the credit in April 2001. Members of Parliament made tremendous input into the Project implementation

arrangements to ensure maximum utilization of and benefit from the credit. The Bank declared UACP effective from 14th May 2001.

A Project launch workshop is scheduled to take place mid July 2001. A cross-section of stakeholders at national and district levels have been invited to discuss and internalise Project implementation and accountability mechanisms before going into actual implementation.

## **The Uganda AIDS Control Project**

### **Project Purpose and objective**

The purpose of the Project is to scale up the national response to HIV/AIDS especially by:

- Incorporating all sectors including the civil society organizations;
- Sustaining and expanding the on-going interventions and activities; and
- Facilitating greater participation of local communities throughout the country.

The Project supports the goals of the National Strategic Framework for HIV/AIDS Activities, which aim to:

- Reduce further spread of HIV infection;
- Mitigate the health and socio-economic impact of HIV/AIDS at individual, household and community levels; and
- To strengthen the national capacity to respond to the epidemic. Capacity building efforts will target better planning at all levels, improved service delivery for prevention and care to the populace and increased research into the different aspects of the epidemic, treatment and vaccine.

UACP will specifically finance a multi-sectoral response in government ministries, CSOs, faith-based organizations with particular focus on communities

### **Project Components**

The Project will be implemented through existing infrastructure to ensure sustainability and stakeholder ownership. Project initiatives will be implemented at national, district and community levels coordinated by UAC through the PCT.

Central government institutions will be responsible for national and strategic planning, coordination, monitoring and evaluation, development of standards and guidelines, support supervision, capacity building, resource mobilization and disbursement.

The Project recognizes that CSOs, Faith-based Organisations (FBOs) and Community-based Organisations (CBOs) are viable government partners in fighting HIV/AIDS and are thus crucial partners in the implementation of the Project especially at district and community levels. These, in collaboration with district and urban authorities, will be at the forefront of direct service delivery for prevention and mitigation to the populace.

### **National level initiatives**

At the national level, the project will support initiatives consistent with the mandates of the respective sectors/ministries as inscribed in the Project Appraisal Document guided by the NSF 2000/1-2005/6. In line with decentralization policy, the bulk of Project implementation activities will be carried out at district and lower levels. National level initiatives will primarily focus on the following areas:

- National planning, policy review and formulation
- Advocacy, promotion and awareness activities
- Prevention and mitigation in the workplace
- Safe blood supply
- Multidisciplinary research
- Provision of technical support to districts
- Monitoring and evaluation
- Capacity building

National level activities will be implemented by government ministries, CSOs, FBOs, Associations and the Private Sector.

Proposals in line with the Project objectives should be developed by any interested partner and submitted to the PCT for review and approval by the Technical Resource Network (TRN) that is comprised of members from various sectors and Organizations. To promote mainstreaming of HIV/AIDS in government planning and budgeting processes, proposals from ministries should be drawn from the overall sector development strategies.

### **Involvement of CSOs at national level**

CSOs of regional (cutting across several districts) and national nature including FBOs, NGOs, PHA networks and private business sector organizations can be:

- Contracted directly by UAC/PCT to implement Project activities at national level. In this case, such CSOs develop and submit their sub-projects to PCT for appraisal and approval;
- Contracted by government ministries to implement activities in the sector workplans especially where CSOs have comparative advantages. Respective ministries solicit for and evaluate proposals from CSOs of known capacity in specific areas.

In either case, the PCT will prepare guidelines for eligible national level CSOs to guide participation.

### **Roles of Uganda AIDS Commission**

The Uganda AIDS Commission will coordinate the Project within the overall national HIV/AIDS Programme will particular focus on:

- Ensuring that the Project keeps within the national multi-sectoral strategy;
- Ensuring participation of all critical sectors and institutions;
- Guiding coordination efforts and promoting linkages between stakeholders at national, district and lower levels;
- Mobilizing technical and financial resources for the Project and overall national programme;
- Advising on relevant policies and strategies; and
- Keeping government, stakeholders and the public informed about the progress of the Project.

Through a Stakeholder Network the majority of the partners will be represented to discuss Project implementation and coverage and highlight their concerns. A Project Steering Committee comprising of Permanent Secretaries and chief executive officers of selected CSOs, chaired by the PS Office of the President will monitor project implementation, seek and address solutions to pertinent problems and advise on policies and other relevant matters.

### **Procurement**

Procurement of large ticket items will be done centrally by the PCT in collaboration with relevant technical sectors. This will ensure quality while avoiding duplication of efforts and resources. For the purposes of the Project, these items include condoms, drugs for opportunistic infections and STDs; HIV test kits; laboratory, communication and transport equipment. These will be distributed throughout the country. A total of \$20m out of the \$25m for the national level initiatives, has been earmarked for this activity. Procurement of locally available items will be carried out by implementing partners using the Project procurement guidelines.

### **District Initiatives**

These will be based on an integrated district multi-sectoral HIV/AIDS work plan. District activities will be developed in the various areas of:

Community sensitisation and awareness through information, education and communication (IEC) activities e.g. drama and printing of information materials in local languages;

- Advocacy activities targeting specific groups e.g. women and youth councils

- Sensitization on specific cultural practices
- Training of health workers and traditional healers on infection control and patient management
- Patient home care activities
- Sensitization of leaders and communities on individual and property rights
- Promotion of awareness and provision of voluntary counselling (VCT) and testing and prevention of mother to child transmission (MTCT) services
- Strengthening DOTs initiative of TB patient management
- Clinical management of STDs and HIV/AIDS
- Undertaking field extension work in prevention and mitigation
- Community awareness for HIV/AIDS activities
- Maintaining an HIV/AIDS information system
- Monitoring and evaluation
- technical support and supervision of activities at lower levels

### **Implementation arrangements at district level**

The Chief Administrative Officer (CAO) shoulders the overall responsibility of the Project at the district. Each CAO has been requested to select, among the existing district staff, a District Project Focal Person (DFP) who will coordinate Project activities on behalf of the CAO.

The District HIV/AIDS Committee (DHAC), a sub-committee to be established under the District Technical Planning Committee (DTPC) will be responsible for the planning, implementation and coordination of all HIV/AIDS activities including UACP activities at district level.

Under the guidance of the DHAC, the district HIV/AIDS integrated workplan will be developed with the input of all technical departments and participation of all key partners in the district. Lead district departments or CSOs will be identified to spearhead implementation of the various activities. The plan will go through the normal approval process at the district to solicit the input and blessing of the district political leadership.

### **CSOs involvement at district level**

- Some CSOs will be co-opted on the District HIV/AIDS Committee (DHAC) to oversee Project coordination and implementation,
- some CSOs will be requested to participate in the development of the district HIV/AIDS integrated workplan;
- CSOs can be contracted to implement some of the identified activities in the district workplan
- A district can opt to contract a CSO to assist in mobilizing communities to develop their proposals. Such a CSO is referred to as a Lead NGO.

Basic criteria for selection of CSOs at district level will among other characteristics include good reputation, technical capacity, transparency, level of activities among others. CSOs will need to work closely with the CAO and the DFP for effective Project implementation.

The Project will cover all the districts of the country but might start in a few in the first year as others develop comprehensive plans.

### **Community-led HIV/AIDS Initiatives (CHAIs)**

This is the most significant feature of the Project. The focus of this sub component is to mobilize and organize communities to react to HIV/AIDS, demand for and/or manage the relevant services. This initiative positions community needs into the fore of service provision to promote delivery of demand driven services while demystifying the belief that the fight against HIV/AIDS is the sole responsibility of health and community workers.

The objective of CHAI is to empower communities to develop, implement and manage HIV/AIDS interventions through participatory processes. The focus is to promote community understanding of the gravity of the problem and ownership of HIV/AIDS efforts. The Project will mobilize and assist communities to develop relevant HIV/AIDS subprojects and facilitate their implementation

This initiative will mostly benefit formal and Informal community groups; Civil Society Organizations (CSOs) addressing HIV/AIDS; and specific target population groups e.g. AIDS orphans, widows, PHAs, etc.

According to the CHAI sub-component, a community shall be defined as a group of people having a common interest or need related to HIV/AIDS that they wish to address collectively. Irrespective of rural or urban location, such a community should be homogeneous with ongoing interaction around which a common response to the epidemic shall evolve. For example, a group of women who come together to seek ways of addressing the orphan problem in their community or PHAs who come together to advocate for increased access to care and support services.

For the purposes of the Project, such a community shall be represented by a CSO to which residents subscribe or a gender-balanced community project committee (CPC). A CPC is selected or elected in a participatory manner to represent that specific community. Where there is adequate capacity the community through the CPC then develops a proposal outlining activities for funding taking into account the prevailing problems, technical capacity and existing infrastructure at that level. Mobilized communities which lack capacity for planning and implementation can contract CSOs to perform these tasks on their behalf.

Community proposals will be submitted to the District for appraisal and approval. This will involve verifying the existence of an organized community, the existence of

adequate capacity to implement and account and the eligibility of the priority activities in the proposal.

**The eligible activities for funding under CHAI will include:**

- Local information, education and communication activities like drama
- Orphan welfare including educational and material support
- Home care and psychosocial support including community counselling and spiritual care
- Traditional treatment of opportunistic infections including herbal treatment
- Information on STDs and prevention of mother-to-child transmission
- Safer sex education including condom storage and distribution
- Community mobilization and advocacy for voluntary counselling and testing (VCT and AIDS care).

The Project has prepared relevant simple manuals and guidelines to guide CHAI implementation. These and other information about the Project will be disseminated widely at the beginning of Project implementation in July 2001.

**Linkages with other programmes**

Attempts are being made to harmonize the Project initiatives especially the CHAI component with other on-going programmes in communities to avoid confusion and duplication of efforts. The CHAI will in particular compliment the global District Response Initiative (DRI) being implemented by UNICEF in selected districts. Both DRI and the CHAI sub-component focus on building community capacity to respond to the epidemic but apply different approaches. It is therefore rational to harmonize all community initiatives so as to promote benefit from common messages by the communities.

**Conclusion**

It is envisaged that UACP will expand on the scope and coverage of interventions in preventing the spread of HIV and mitigating the health, social and economic impact of the epidemic. Stakeholders and general public are urged to participate in planning and monitoring Project activities especially at district and lower levels. UAC at national level and CAOs at district level should be consulted for further information on UACP.

For more information, please contact the Project Coordinator at [uacp@infocom.co.ug](mailto:uacp@infocom.co.ug)