

Do decentralized HIV coordination mechanisms work? Lessons from East Central Uganda

Authors: *E. Babu*¹, R.Kabugo², F. Kyomukama² T.Odong¹,

¹JSI Research & Training Institute, Inc. (JSI)/Strengthening TB and HIV&AIDS Responses in East Central Uganda (STAR-EC), ²Uganda AIDS Commission

Issue

Despite the fact that Uganda adopted the District HIV&AIDS Coordination mechanism in 2002 as a means of streamlining HIV&AIDS coordination activities at all local government levels, there has not been significant support received from any of these structures to coordinate HIV activities in their respective districts as they have largely been dysfunctional.

Description

The Strengthening TB and HIV&AIDS Responses in East Central Uganda Program (STAR-EC), a USAID supported program in partnership with the Uganda AIDS Commission (UAC) carried out an assessment of HIV&AIDS coordination in the East Central region of Uganda, to provide basis for the program support towards strengthening decentralized service delivery systems, networks and referrals. 120 Key informant interviews and 12 focus group discussions were held in six districts with members of district, town council and sub counties. This assessment was conducted in November 2009.



Kaliro District officials during the STAR-EC supported orientation workshop on national coordination guidelines conducted by the Uganda AIDS Commission

Among key findings; only one district out of six that had projects from donors supporting HIV coordination were active compared to those that had no donor project and only relied on Government funding. Although all districts had appointed an HIV focal person, their impact at the time of this assessment was limited. No minimum standards or scope of work existed for this position and there were no concrete terms of reference for their work. Their work is part time and therefore no adequate time was allocated to HIV activity coordination.

All the six districts lacked sustainability strategies and were not applying the monitoring and evaluation framework developed by the Uganda AIDS Commission.

Although four out of six districts had allocated funds for HIV coordination in their development plans, most of these funds were not released by the end of the previous financial year.



Kamuli District HIV coordination mechanism assessment feedback meeting conducted by the Uganda AIDS Commission

Lessons Learned

- Well facilitated District HIV Coordination mechanisms can be effective in reaching decentralized communities with well coordinated HIV services.
- Lack of minimum standards for District HIV focal persons affects the performance of coordination structures.

Way Forward

The Government of Uganda should develop and implement a sustainable capacity building plan for the District HIV&AIDS coordination structures. There is need for the Global community to review and integrate Coordination mechanisms between government and other stakeholders in order to foster private public partnerships for the fight against HIV&AIDS.