



The AIDS CARE and TREATMENT (ACT) Program
UGANDA CATHOLIC MEDICAL BUREAU
Uganda Episcopal Conference

March 2014

PRESENTATION AT THE INDUCTION OF THE HEALTH COMMISSION

By

Ronald Kamara

Outline

- Background
- Target Health care facilities (HCF)
- Goal & Objectives
- Key outputs
- Implementation Strategies
- Progress to date
- Challenges

Background

- UEC was granted a five year PEPFAR grant, through CDC commencing Sept 2012 up 2017.
- ACT is sequel to AIDS Relief-Uganda, a Track 1.0 Care and Treatment program that was transitioned to the UEC
- AIDS Care and Treatment (ACT) Program initially targeted/inherited 12 HCFs.
- 7 additional facilities have been brought on board since 2012

Target HCFs under ACT Program

4

- Dr Ambrosoli Memorial Hospital- Kalongo
- St Mary's hospital Lacor
- Pope Paul Memorial Hospital Aber
- St. Joseph's Hospital Kitgum
- St Raphael of St Francis Nsambya
- St Francis Hospital Nyenga
- Kamwokya Christian Caring Community
- Nkozi Hospital
- Villa Maria Hospital
- St Daniel Hospital Comboni Kyamuhunga
- Kasanga Primary Health Care III
- Holy Family Virika Hospital

- Naggalama Hospital
- Kisubi Hospital
- Lubaga Hospital
- Angal Hospital
- Kitovu Hospital
- Bishop Asili Hospital
- St Anthony Tororo

Goal and objectives of ACT

Goal: High quality, accessible HIV services are provided in a strengthened and integrated health care system

Objectives:

- i) Healthcare facilities provide quality HIV prevention services that promote & safeguard the health of targeted communities.
- ii) Healthcare facilities equitably provide quality HIV care, support and treatment services to targeted communities.
- iii) Strengthened Health Systems provide quality and integrated HIV services

Program Design

- Underpinned by use of UEC systems
- Tripartite arrangement amongst 3 departments of the UEC in line with their respective mandates
 - i. UCMB (*Lead*)
 - ii. HIV/AIDS Department (*Ancillary services*)
 - iii. Finance (*Grants management, finance and compliance*)

Program Components

- **Prevention**

- HCT
- SMC
- Abstinence and being faithful
- eMTCT

- **Care, Support & Treatment**

- TB/HIV
- Orphans and vulnerable children
- Care for opportunistic infections
- ART for children & adults

Components.....

- **Health Systems Strengthening**
 - Lab support including (2 lab hub operations)
 - Strategic Information
 - Including infrastructural support (remodeling of clinics, lab, pharmacies, new equipment esp. lab, transport means, SMC equipment)
- **Other Support Services**
 - Grants management (guidelines, sub-award agreements)
 - Finance and compliance (capacity building, adherence to donor regulations, systems support e.g soft way deployment)

Support to Health Facilities

- Sub granting to supported sites
- Funds support;
 - Personnel costs (approx 540 staffs, 50-70% of the grant)
 - Procurement of drugs for opportunistic infection
 - Procurement of some lab reagents & other consumables
 - Program area costs (OVC, SMC, PMTCT, HCT, TB/HIV)
 - Facilitation of community workers/community structures
 - Operational costs like fuel, vehicle maintenance, office space, amenities, office expenses.

ACT Implementation Strategy

- ✓ Build in-house capacity at Uganda Catholic Secretariat to support HCFs to deliver comprehensive services.
- ✓ Sub granting
- ✓ Strengthen and expand on use of the Satellite health units and outreaches to reach the deserving rural poor.
- ✓ Support HCFs to provide HIV and other health services in an integrated manner.

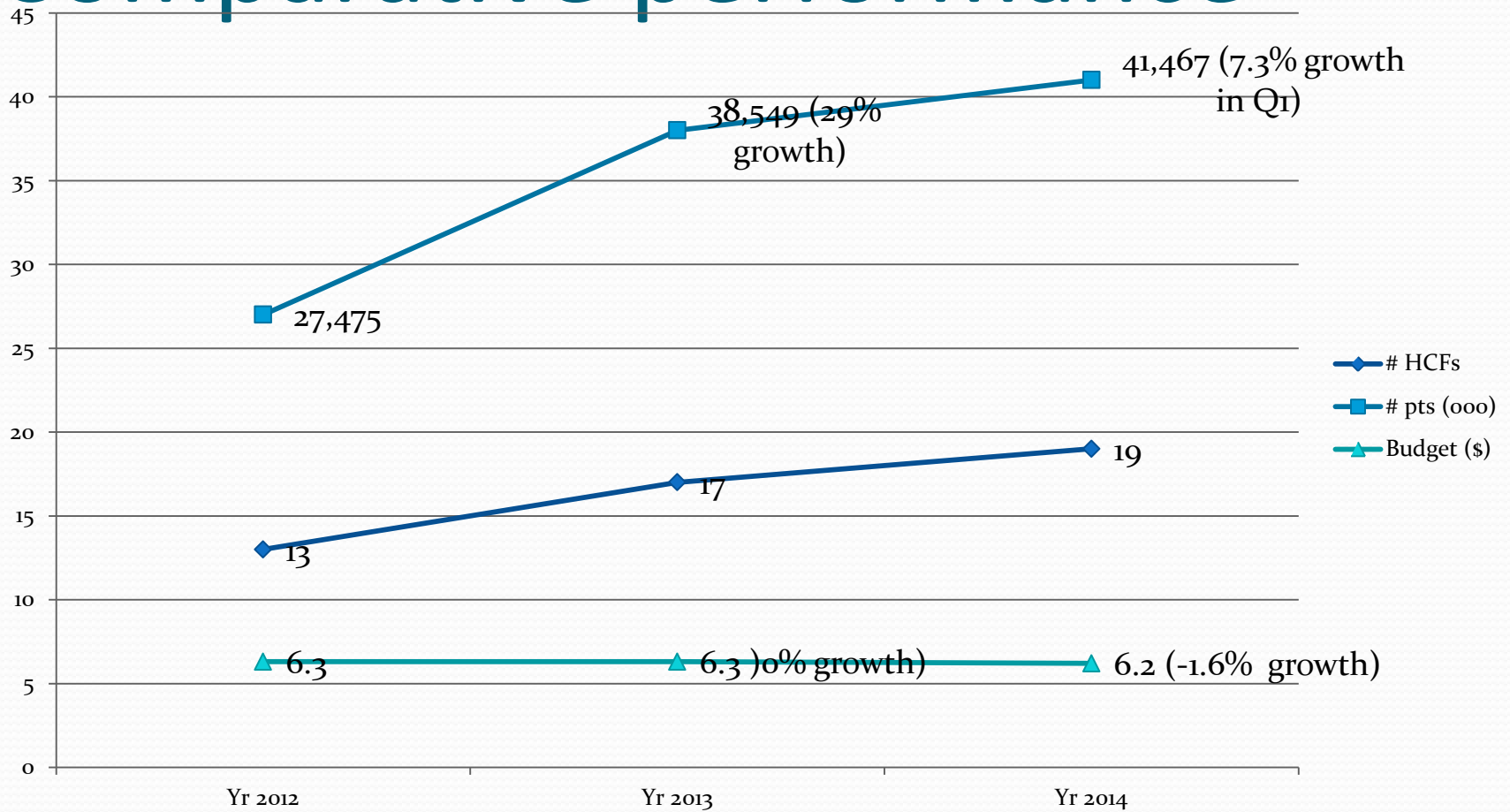
Strategies

- ✓ Align with the National Systems in terms of M & E, LMIS, and continue to use standard treatment guidelines of MOH.
- ✓ Work with Medical Access Uganda Ltd to coordinate delivery of key commodities : Testing kits, SMC kits, cotrim and lab reagents
- ✓ Community system strengthening to increase demand and utilization of health services.
- ✓ Work with MOH, and other institutions for quality service delivery.

Strategies

- Occasional infrastructure support.
- Technical Assistance : Support supervision, training and mentorship
- Wrap around services : Cervical cancer screening and testing.
- Contribution towards UEC management systems : Procurement, manpower, accounting software, physical infrastructure improvement

Comparative performance



Target Vs outputs-current FY

Program area	Target (19 HCFs)	Status (Dec 2013)	% status
Current ART	45,000	41,447	92
Naïve	9,554	1,918	20
SMC	20,845	7,297	35
Option B+	3,000	318	11
OVC	6,385	3,700	58
AB	6,344	1,921	30
HCT	110,361	30,840	28

Summary of current period budget

Object class	Amounts (USD)	Budget %
Salaries & wages	983,325	15.82
Fringe benefits	202,607	3.26
Equipment	17,400	0.28
Supplies	105,850	1.70
Travel	102,512	1.65
Other direct costs	428,774	6.90
Contractual costs	4,373,320	70.38
Totals	6,213,787	100.00

Grants ,Finance and Compliance Arrangements

- UEC receives annual targets from CDC
- They are distributed across the supported facilities
- HCF submit annual work plans and budgets
- Sub awards are made to each of the facilities upon signing an agreement with UEC
- Quarterly Funds disbursements
- Subsequent disbursements after verification and liquidation of expenses
- Follow USG Cost principles : Allowable, Allocable and Reasonable

Future Plans

- Rolling out new treatment guidelines
- Activating lab hub in Kalongo
- Lobby for additional resources to support expansion drive
- Solicit additional resources to finance unfunded/underfunded prevention activities
- Keep track of other PEPFAR funding mechanisms in Uganda : Note that that can support RCC services