



# *Secrets to Success: Local Partner Business Development Best Practices*

Local Partner Meeting  
Wednesday November 16, 2022

*Managing a Seamless Transition from International to Local  
USAID Implementing Partners. The Experience of Uganda  
Protestant Medical Bureau*

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*1 - Uganda Protestant Medical Bureau (UPMB), Kampala*

**OHA 4<sup>th</sup> ANNUAL LOCAL PARTNER MEETING**

*November 2022*

# USAID LSDA - PROGRAM DESCRIPTION

**Goal:** To support the achievement of the Government of Uganda and PEPFAR goals of reaching and maintaining HIV epidemic control and ending AIDS by 2030 by providing managerial, financial and technical assistance to PNFPs including Faith Based and NGO Health Facilities, and CSOs.

## Objectives:

1. New HIV Infections prevented.
2. 95% of Target Populations Living with HIV know their HIV Status.
3. 95% of Target populations Living with HIV are on Treatment.
4. 95% of Target populations on Treatment Have Suppressed Viral Loads.
5. Select PNFPs have institutional capacity to sustain epidemic control & maintenance.

## Coverage

- 57 districts
- 187 Health Facilities
- 34 Sub-granted Facilities
- 3 Consortium members
- 25 CSOs

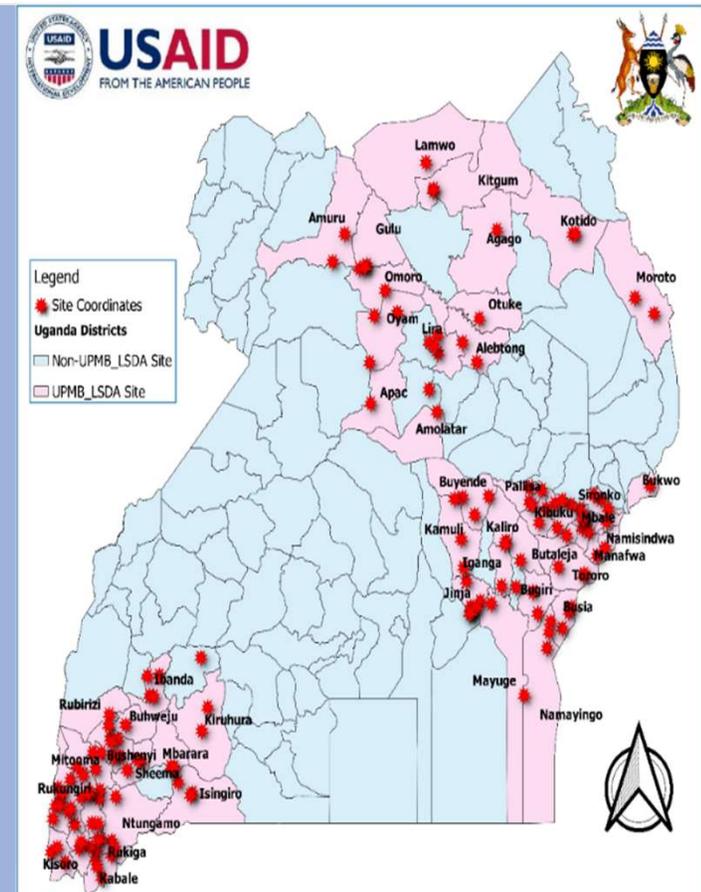
## Total Estimated cost

\$50,000,000

## Life of Project/Timeline

12<sup>th</sup> August 2020-

11<sup>th</sup> August 2025



# Methods

1



Worked closely with  
USAID Mission  
Uganda

*Overall Technical  
Assistance to the Transition  
and system improvement.*

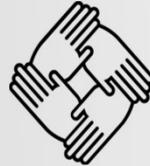
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Engaged the  
Regional (RHITES)  
mechanisms and  
PNFP mother  
structures

*For critical information to  
aid facility entry.*

3



Closely collaborated  
with Ministry of  
Health and host  
local governments

*For policy guidance,  
supervision, training and  
logistical support.*

4



Decisions were  
decentralized to  
health facilities  
with clear guidance  
from LSDA

*Built confidence and  
ownership of the project  
among PNFPs*

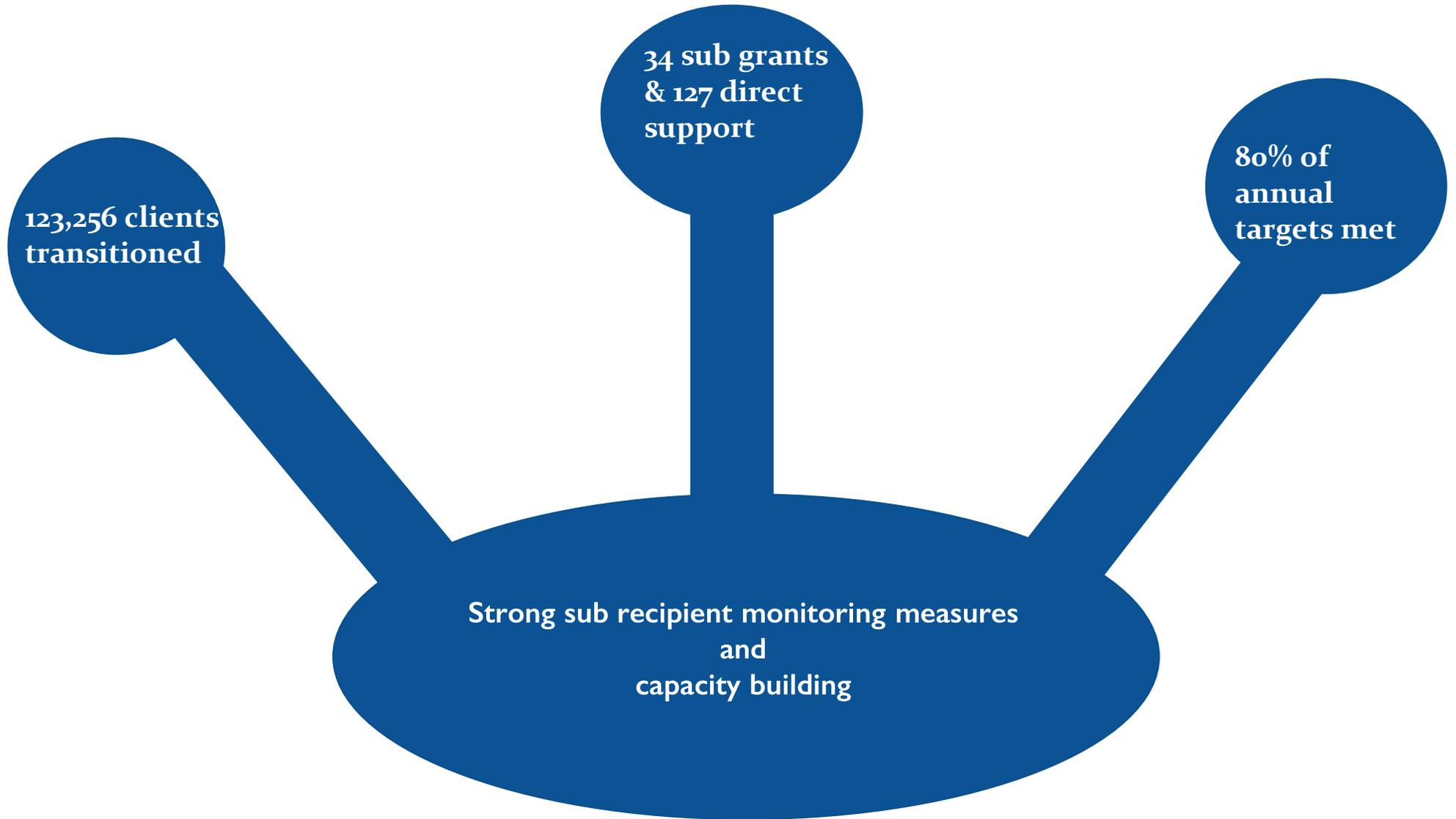
5



Issuance of LOAs  
and strengthening  
internal systems

*Timely flow of funds and  
establishment of regional  
offices*

# RESULTS



# Challenges:

<b>CHALLENGES/BARRIERS</b>	<b>MITIGATION/ADAPTATION</b>
<i>Threat of COVID 19 with record of H/W deaths.</i>	<i>Strict compliance with SOPs for COVID 19 prevention, Resilience and commitment</i>
<i>Preparations to kick start timely implementation</i>	<i>Issuance of LOAs as pre-award and NUPAS assessments were being conducted.</i>
<i>Increased cost of implementation due to the COVID 19 pandemic</i>	<i>Leveraging on community structures</i>
<b>LSDA design – Mainly funding HRH to implement activities</b>	<b>Adopted resource optimization and integration of activities</b>
<b>Risk of having 80% of funds in Subgrantees</b>	<b>Strict Financial control measures and capacity building</b>

# Recommendations

*Meaningful collaboration – Peer to Peer*

*Standard Operating Procedures for transition*

*Capacity building for local partners in managing US government funds*

*More awards should be given to Local Organizations so that the health systems are strengthened*





# Local Solutions in a Bloom Mode

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4<sup>th</sup> Annual Local Partner Meeting,

Johannesburg South Africa

November 14-17, 2022

Marlene Gay, CFET SA

# CFET's Profile

- **Created on** October 1st, 1988
- **For profit organization**
- **Mission:** Empower and develop local skills necessary for communities to take charge of their development options
- **Vision:** A Haiti where communities are in charge of their own development options
- **Headquarters:** Rue Richard Jules # 15, Delmas 75, Port-au-Prince
- **Our clients**—Government agencies, bilateral and multinational agencies, foundations, international NGOs, and commercial organizations
- **Services:** Support projects and organizations in Human Resources Management; Capacity Development;
- **Experienced with USAID:** Subcontractor to various USAID projects, MSI, implementing KONEKTE Project, Tetrattech, Lokal Plus and DAI implementing the WATSAN, RTI implementing GERE.
- **Technical assistance from USAID:** 2 OCA assessments and a 5-year strategic plan (Konbit Project); Preparedness to become a Prime Implementor (HLP-Health Leadership Project)

# LOCAL SOLUTION PREPAREDNESS: The Health Leadership Project (HLP) - 2019-2021

## Project goals

- Objective 1: Build GOH Capacity to Lead and Finance the Health Sector
- Objective 2: Improve GOH Planning and Oversight of the Health Workforce
- Prime Implementor: MSH (Management Science for Health)
- Sub-contractor: CFET

## Setting the stage

- 1. Factors to take into consideration legally:** Registration with the Ministry of Commerce; Payment of taxes on a regular basis; Board of directors as mandated by law
- 2. Factors to take into consideration at the Organization level**
  - Obtaining the approval of CFET's Board of Directors
  - Assigning a Project Manager to lead the process,
  - Establishing clear counterpart between the two organizations;
  - Regular briefing the beneficiary organization on the capacity development approach.

# Local solution preparedness: Getting there?

2019-2021

## The capacity-building process

- The assessment tool, the “OSCAR” (Organizational Synthesis of Capacity Assessments for Award Readiness),
- Continuous Assessments to measure progress using the OSCAR tool every 6 months
- Project & Financial Management: Worked with CFET’s counterparts to update and develop some management procedures such as: Travel Procedures (update); Sub-contract Management (develop); Inventory Procedures (update) and M&E Procedures (Develop)
- Governance: Work with CFET’s Board of Directors to develop: Strategic Communication Plan, Succession Plan, Contingency Plan and Board of Directors’ Management Manual.

## Structural Changes within the Organizational Chart

- Creation of 3 Key positions: Procurement Officer, HR Manager, Internal Auditor
- Recruitment for 2 key positions: Procurement Officer and an HR Manager
- Replace the Technical Director with an Operation Director

# Local solution preparedness: Getting there?

2019-2021

## New Management Practices at Organizational level

- Reorganize HR department and HR record keeping
- Timesheets for all employees
- Travel procedures
- New procurement procedures
- Key performance indicators were developed in order to assure technical quality of our work

The transition period - Health Leadership Project/Human resource for Health (HLP/HRH) April 1, 2022 – October 31, 2024

## Six month into implementation

- All major documents HLP-HRH project management documents have been discussed with counterparts at MSSP and validated by USAID Mission in Haiti.
- Staff is completed and Workplan is being implemented
- All required contractual requirements are being met in a timely manner
- MSH is serving as CFET's Coach & Mentor to assure effectiveness of HLP while anchoring the ability of CFET to contribute independently.



Questions?



# Thank You!





# LOVE IN ACTION ETHIOPIA

(LIAE)

**Promoting High HIV Project Performance Management Culture**

**November 2022  
Addis Ababa  
Ethiopia**

# LIAE HAVE BEEN COVERING 497 WOREDAS OF EIGHT REGIONS

LIAE implement USAID funded HIV and OVC care project in Gambella Region mainly targeting OVC; Adolescents (9-14) and PLHIVs

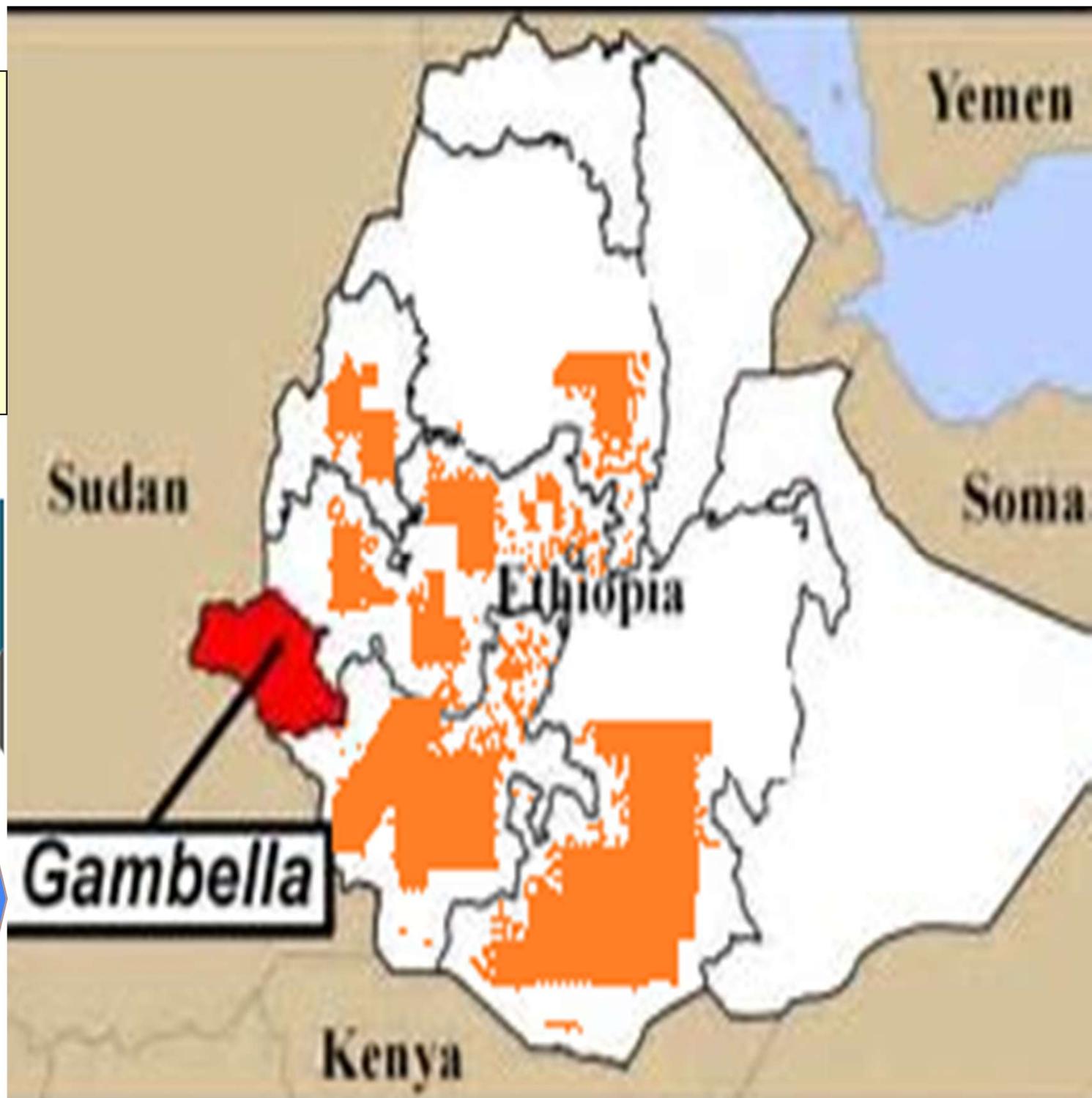
Activity Title: "HIV epidemic control grant for local OVCs services in Gambella region."

Key Priorities:

HTC:

Care and Treatment:

OVC Mitigation:



# Key Challenges of Gambella Regions



# HPPC IMPLEMENTATION APPROACHES

19

1. Cast and mainstream the HPPC idea and spirit. (**Behaviors and norms**)
2. Organize program managers/leads as HPPC follow up team
3. Regularly conduct JSS or Joint Integrated Supportive Supervisions (JISS)
4. Organize all Key Stakeholders under one command structure based on their relevant responsibilities
5. Incorporate simple micro-planning processes to the projects
6. Implement 'Real-Time Feedback Management' (RFM) to follow project progresses on daily basis.
7. Others

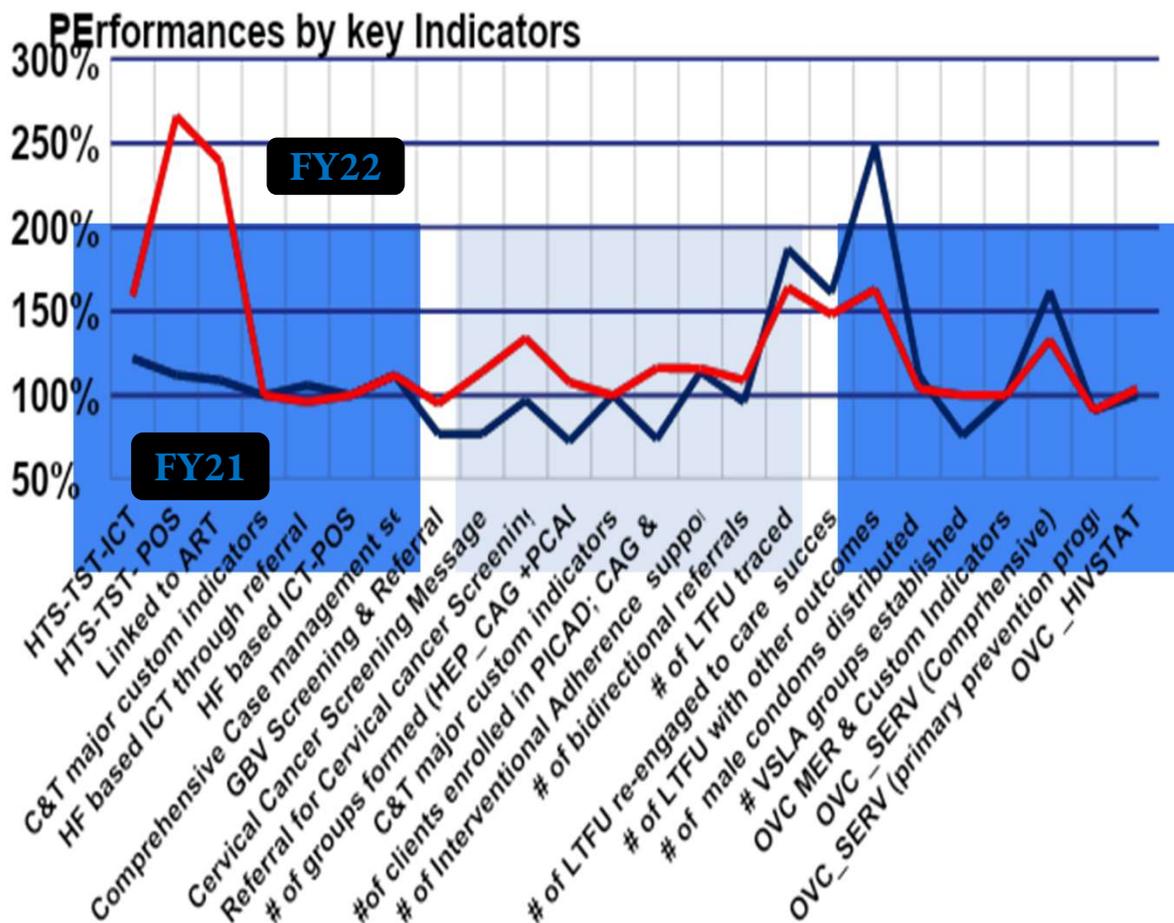
# RESULTS: GENERALLY,



In Fy21,  
Out of the 23 key and custom indicators;  
 ❖ 74% of them are above 100% and  
 ❖ most of the remaining indicators are between 90-99%



In Fy22  
Out of the 21 key and custom indicators;  
 # 80 % of them are above 100% and  
 # 14% are between 90-100% and  
 # 4% are below 90



**Finally,**

LIAE want to prepare standard documents on HPPC development and share the well-articulated experiences with other similar organizations.

**THANK YOU ALL!**