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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OHA 4th ANNUAL LOCAL PARTNER MEETING

November 2022
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
12th August 2020 - 11th August 2025
Methods

1. Worked closely with USAID Mission Uganda
   - Overall Technical Assistance to the Transition and system improvement.

2. 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

123,256 clients transitioned

34 sub grants & 127 direct support

80% of annual targets met

Strong sub recipient monitoring measures and capacity building
### Challenges:

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

4th 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, Tetratech, 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)

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

- **Low Access to Infrastructures**
- **Ecological Difficulties**
- **High # Refugees**
- **MOBILE PEOPLE IDPS**
- **Uniquely High TB/HIV Hot spot**
- **23% Children Denied Basic Services**
- **GB V stigma and discrimination**
- **Very Hot Weather**
- **Low Quality of Schooling**
- **HTPs: GBV; DEFOJODE**
- **HIV PREVALENCE**
  - High % of PLHIV
  - Child Marriage (with early child sex abuses) of 47%
  - 75% Rural Inhabitants

**HARDEST TO REACH REGION**
- Very Hot Weather
- Suffering from food shortage
- Suffering from information on treatment
- Low Treatment Access to HIV+ Children
- High HIV Prevalence of young girls (9%)

**Emerging Difficulties**
- Ecological Difficulties
- Misperceptions: on Condom use, etc

**Distance to health facilities**
- 50%+ Young People
- Lowest HIV Treatment Access to HIV+ Children
- Health System Low Capacity

**Low Quality of Schooling**
- Low Access to Infrastructures
- 75% Rural Inhabitants

**Key Question led to HPPC Creation was: how does LIAE uphold its existing high performance to the new USAID/LON & prime assignment in such problem context?**
1. Cast and mainstream the HPPC idea and spirit. \textit{(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!