



THE UGANDA COUNTRY  
COORDINATING MECHANISM  
FOR THE GLOBAL FUND

To Fight AIDS, Tuberculosis & Malaria



*Field Visit to Benedict Medical Centre:  
Enhancing HIV, TB, and Malaria Interventions  
through Community Outreach in Kampala's  
Slum Areas*

# UGANDA CCM JOINT OVERSIGHT VISIT

November 2023

## Acronyms

ACP	AIDS Control Programme
CBO	Community Based Organization
CCM	Country Coordinating Mechanism for the Global Fund
CPHL	Central Public Health Laboratories
DHO	District Health Officer
DHT	District Health Team
FCU	Fund Coordination Unit
GoU	Government of Uganda
IP	Implementing Partner
KAPS	Key Affected Populations
LFA	Local Funding Agent
M&E	Monitoring and Evaluation
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance Planning and Economic Development
MoGLSD	Ministry of Gender Labour and Social Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
NDA	National Drug Authority
NFM	New Funding Model
PACE	Programme for Accessible health, Communication and Education
PR	Principal Recipient
TASO	The AIDS Support Organization
USG	United States Government

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## **Executive Summary**

### **Introduction**

Since 2002, the Global Fund has played a crucial role in supporting Uganda's fight against HIV, Tuberculosis (TB), and Malaria. For the 2021-2023 funding cycle, Uganda received substantial allocations amounting to US\$ 339,476,980 for TB/HIV and US\$ 263,024,950 for Malaria. These funds are managed by the Ministry of Finance and Economic Development (MOFPED) and The AIDS Support Organization (TASO) as the Principal Recipients. Additionally, Uganda secured an extra US\$ 126.8 million to address the COVID-19 pandemic's impact on service delivery.

The Uganda Country Coordinating Mechanism (CCM) is responsible for overseeing the implementation of these grants, ensuring adherence to good governance principles. As part of its oversight activities, the CCM conducted a joint field visit to assess the effectiveness of interventions implemented by Benedict Medical Centre (BMC) in partnership with Università Cattolica in Italy, focusing on HIV, TB, and Malaria prevention and treatment in Kampala's slum areas.

### **Scope and Objectives of the Field Visit**

The field visit aimed to review the effectiveness of the community outreach interventions carried out under the BMC project and to identify challenges and opportunities for enhancing these interventions. The visit also focused on understanding the experiences of direct financing Global Fund grant implementers and exploring potential collaborations with development partners to strengthen the community outreach model. Specifically, the objectives were to:

1. Identify and address bottlenecks in strengthening the community outreach model.
2. Understand best practices from the direct financing grant implementers for shared learning.
3. Explore opportunities for collaboration with development partners to improve the outreach model.

### **Methodology**

The site visit was conducted physically, following the CCM Site Visit Manual, to ensure active participation from all stakeholders. A team comprising CCM members, community groups, and civil society networks visited selected sites, including the Kireka and Kisenyi slums in Kampala, where BMC implemented its outreach interventions. The visit included debrief

meetings with site representatives, PRs, and SRs, and the findings were subsequently reported to the Uganda CCM Board.

## **Key Findings**

The field visit revealed significant improvements in community health awareness and treatment outcomes, particularly for HIV, TB, malaria, and other sexually transmitted diseases (STDs). The outreach model effectively engaged pregnant women, leading to better maternal health outcomes through antenatal care and follow-up services. However, challenges such as the COVID-19 pandemic, human resource shortages, and the complexity of addressing non-communicable diseases (NCDs) were noted. Sustainability remains a key concern, with ongoing support needed to maintain the health improvements achieved.

## **Recommendations**

To address the challenges identified and enhance the effectiveness of the community outreach model, the following recommendations were made:

1. **Resource Allocation:** Increase funding and resources to address high participant turnout and human resource shortages. Expand healthcare services to include NCDs for a more comprehensive approach.
2. **Sustainability Strategies:** Secure long-term funding from donors and partners, and strengthen community engagement in planning and execution to ensure the model's sustainability and scalability.
3. **Outreach Effectiveness:** Expand the outreach model to other vulnerable communities and continue health education initiatives tailored to the needs of different community groups.
4. **Monitoring and Evaluation:** Establish a robust system for tracking long-term health outcomes and use data to inform future interventions and policy decisions.

## **Conclusion**

The field visit provided valuable insights into the successes and challenges of the community outreach model implemented by BMC in partnership with Università Cattolica. While significant progress has been made in improving community health in Kampala's slums, continued efforts and collaboration are essential to sustaining these achievements and addressing the remaining challenges. The recommendations outlined will guide future actions to strengthen the impact of the Global Fund's investments in Uganda.

## **1.0 Introduction**

The Global Fund is a significant donor to the HIV, Tuberculosis and Malaria response in Uganda. The Global Fund has been investing in the three disease programmes (TB, HIV and Malaria) since 2002.

Under the 2021-2023 funding cycle, the Global Fund allocation to Uganda is US\$ 339,476,980 for TB/HIV and US\$ 263,024,950 for Malaria. These grants are managed by the Ministry of Finance and Economic Development (MOFPED) as a Government/Public Sector Principal Recipient and The AIDS Support Organization (TASO) as a Civil Society Principal Recipient (PR). In addition, the CCM secured an additional 126.8 million US Dollars to support the national response to the COVID-19 pandemic and mitigate its effects on service delivery for HIV/AIDS, Malaria and Tuberculosis.

The Global Fund serves the needs of countries, but diseases don't respect borders. Sometimes the most effective solution is one that brings together several countries or regions. Through multicountry funding, the Global Fund addresses a limited number of key multicountry priorities deemed critical to fulfill the aims of the Global Fund strategy. These catalytic investments complement those made through the allocation methodology. Uganda is implementing some multicountry grants under the following Principal Recipients;

- East, Central and Southern Africa Health Community (ECSA-HC)
- Intergovernmental Authority on Development (IGAD)

Furthermore, the Government of Italy, as part of its support to the Global Fund, dedicates 5% of its contribution to the Global Fund to direct financing of 'synergy initiatives' proposed by Civil Society Organizations, Public Bodies, and Universities selected through a call for proposals. This funding has been received in Uganda through Benedict Medical Centre – Uganda partnering with the Catholic University (Università Cattolica) in Italy.

The Uganda Country Coordinating Mechanism (CCM) seeks to contribute to the successful implementation and oversight of Global Fund programs in the country, following principles of good governance, including accountability, transparency, and fairness.

The CCM therefore undertakes joint oversight field visits with other development partners to follow up on specific issues arising from the progress reports on the implementation of these grants and to enable the CCM to make more informed and evidence based decisions.

### **1.1 Scope of the Site Visit**

The purpose of the field visit was to learn more about and review the effectiveness of the interventions implemented by the project under Benedict Medical Centre – Uganda partnering with the Catholic University (Università Cattolica).

The objective of the field visit was to stimulate the thoughts of the members and partners of the CCM on ways to enhance the implementation of the interventions. In addition to reviewing the effectiveness of the interventions, the visit also looked into the various challenges that the country is facing in strengthening the community outreach model and possible solutions to the challenges.

The field visit also looked into the implementation of the various programs and activities related to the improvement strategies for prevention and clinical management of HIV, TB and Malaria in Uganda especially in slum areas in Kampala.

## **1.2 Objectives of the Oversight Visit**

- i. To identify and understand any bottlenecks/challenges in the strengthening the community outreach model
- ii. To understand the experiences of the direct financing Global Fund grant implementers and identify best practices for shared learning
- iii. To identify opportunities for collaboration with various development partners in response to improving the community outreach model

## **2.0 Methodology of the Oversight Visit**

The location of the joint site field visit has been selected based on the need for the CCM to understand the achievements and challenges faced by the direct financing Global Fund grant implementers in Uganda.

BMC is the local partner and implementer of the direct financing Global Fund grants supported by the Italian Agency for Development Cooperation with Università Cattolica as the Principal Recipient. The goal of the project was to tackle the diffusion of HIV, TB and Malaria in the slum areas of Kireka and Kisenyi through the fulfilment of community outreach interventions, that involved at the same time tests, treatments and prevention lessons. Following the community outreaches by the project, female patients received further treatments at Benedict Medical Centre (BMC), a member of the Uganda Catholic Medical Bureau and one of the main partner of the project. BMC, aside from organising and carrying out the community outreaches, focused prominently on Elimination of Mother to Child Transmission (e-MTCT) of HIV in the target population captured by the project through the activities carried out in the slum areas.

The implementation of the site visit was guided by the CCM Site Visit Manual. The visit was conducted physically to ensure optimized participation. A voluntarily selected team of CCM members and other partners including community groups and civil society networks visited the selected site. The CCM Secretariat ensured the team was balanced and composed of members selected based on availability, expertise and various stakeholders.

De-brief meetings with the representatives, management and officials of the Sites, the PRs and the SRs, as well as with representatives of target groups were held during the field visits by agreement with the interviewees.

After the CCM Site Visit, the Visiting Team drafted a report to the Uganda CCM Board as well as a short summary report to share the CCM's oversight findings & recommendations. The Chairpersons of the CCM Committees reviewed the reports and made necessary recommendations to the Uganda CCM through the CCM Executive Committee; and also sent feedback to the visited Sites, PRs and the SRs.

### **3.0 Oversight Visit Findings and Recommendations**

Agenzia Italiana per la Cooperazione allo Sviluppo (AICS) has a headquarters in Rome, one in Florence and 19 offices abroad for monitoring implementation and field analysis of development needs of partner countries. The lead office for Uganda is in Nairobi, Kenya.

It is a public institution linked to the Italian Ministry of Foreign Affairs and is guided by the basic principles of transparency, management and monitoring of EU funds and major international organizations.

The Community Outreach project has been financed thanks the call for grants "5% Global Fund". Through "Technical Support Spending" the Agency uses the 5% of its contribution to the Global Fund to finance organizations to fight AIDS, malaria and TB.

The initiatives funded under this Call should contribute to the achievement of the strategic goals of the Global Fund:

- Maximize the impact against HIV, tuberculosis, and malaria
- Build resilient and sustainable health systems
- Promote and protect human rights and gender equality
- Provide technical support to Country Coordination Mechanisms (CCMs)

The prevention and clinical management of HIV, tuberculosis and malaria cannot be addressed without activating an intervention that has a systematic approach, bringing together complementary skills and diversified tools.

The project is the result of a close collaboration between the Università Cattolica del Sacro Cuore (UCSC), which has extensive experience in medical training, research and clinical care; the Fondazione Italia Uganda Onlus (FIU), with which it has worked for over a decade; and the Benedict Medical Centre (BMC), which operates in the area thanks to the commitment of local medical and nursing staff.

The BMC has several years of experience in organizing community outreach and, since 2017, has specifically targeted the population of the Kireka and Kisenyi slums (with an estimated population of about 60,000) in Nakawa Division.

The Community Outreaches conducted in 2019 identified the need to develop a community intervention model capable of strengthening the preventive and clinical management and treatment of HIV, TB and malaria in response to the health vulnerability observed in the communities.

This objective was pursued through the active involvement of the Village Health Teams (VHT), who, as community agents, are key figures in the outreach model, being the first channel of access to care for the population.

The Community Outreach (CO) model is based on community mobilization. It's possible thanks to the involvement of the Village Health Teams (VHT), which go door-to-door in the slums to mobilize the target population.

The CO takes place in the poorest area of Kampala, where a field hospital for screening, diagnosis and primary care is set up. The activity is organized into a recruitment phase, a training phase and a diagnostic testing phase. All positive cases are linked to care for treatment and counselling, and negative cases are followed up at 6 and 12 months

Through the model, the project was able to:

- i. Increase the knowledge of the people of Kireka and Kisenyi communities about their health status and prevention
- ii. Increase the number of women suffering from STDs, malaria and TB receiving appropriate treatment
- iii. Maintain care through follow-up and regular visits

### **3.1 Oversight Visit Findings**

#### **Health Impact and Outreach Success:**

- The Community Outreach model significantly improved the awareness of health conditions, particularly regarding the transmission and prevention of HIV, TB, malaria, and other STDs among the target population.
- A substantial number of women (63%) were pregnant, indicating a high engagement of expectant mothers in the community outreaches. The project successfully provided antenatal care and follow-up services to these women, leading to better maternal health outcomes.
- The outreach efforts resulted in the early detection and treatment of several conditions, including HIV, TB, malaria, Hepatitis B, and syphilis. The testing rates

showed a notable positive rate, especially for HIV and malaria, which highlights the importance of continuous screening.

### **Challenges Faced:**

- The COVID-19 pandemic significantly disrupted the project, limiting access to target communities and leading to the cancellation of several missions.
- Human resource shortages and the high turn-up of participants, particularly pregnant women, posed challenges to providing adequate services.
- Disease conditions outside the primary focus (HIV, TB, and malaria) such as NCDs and other STIs, added complexity to the healthcare needs of the community.

### **Maternal Care:**

- A dedicated package for pregnant women was introduced, which included comprehensive screenings such as urinalysis, blood group testing, diabetes screening, and HPV testing.
- Emergency care was successfully provided during outreach events, with cases managed effectively on-site, demonstrating the project's capacity to handle acute health issues in a community setting.

### **Sustainability Concerns:**

- The project highlighted significant health service needs among vulnerable communities. However, sustainability remains a key concern, with ongoing support required to maintain the health improvements achieved.

## **3.2 Oversight Visit Recommendations**

### **Enhancing Resource Allocation:**

- **Increase Funding and Resources:** To address the challenges of high participant turnout and human resource shortages, it is recommended to increase funding for additional staffing, training, and logistical support.
- **Focus on Comprehensive Healthcare:** Expand the scope of healthcare services to include non-communicable diseases (NCDs) and other prevalent conditions in the community, ensuring a more holistic approach to community health.

### **Sustainability Strategies:**

- **Long-term Funding:** Secure continuous funding from donors and partners to sustain the outreach programs. Consider establishing a dedicated fund to support ongoing community health initiatives.
- **Community Engagement:** Strengthen the involvement of local health teams and community members in the planning and execution of outreach programs to ensure the sustainability and scalability of the model.

### **Improving Outreach Effectiveness:**

- **Expand Outreach Areas:** Given the success in the Kireka and Kisenyi slums, it is recommended to expand the outreach model to other vulnerable communities within Kampala and surrounding areas.
- **Health Education:** Continue and enhance health education initiatives, particularly focusing on prevention and early detection. Tailor the education programs to address the specific needs of different community groups, including pregnant women, youth, and the elderly.

### **Monitoring and Evaluation:**

- **Regular Follow-ups:** Establish a robust monitoring and evaluation system to track the long-term health outcomes of participants. Conduct follow-ups at 6 and 12 months to assess the effectiveness of interventions and make necessary adjustments.
- **Data-Driven Decision Making:** Utilize data collected from outreach programs to inform future interventions and policy decisions, ensuring that resources are directed towards the most pressing health needs.

## 5.0 Annexes

### Annex 1: List of CCM Participants

No.	Name	Constituency/Institution
1.	Ms. Salome Atim (Team Leader)	POC Chairperson
2.	Mr. Moses Mulindwa	Key Affected Populations
3.	Mr. Muhammed Kabaale	MoFPED
4.	Dr. Jackson Bitarabeho	National NGOs
5.	Dr. Christine Ogwang	Private Sector
6.	Mr. Micheal Senyonga	Youth
7.	Ms. Allen Kuteesa	Persons affected by TB
8.	Mr. Paulo Kyama	MoFPED
9.	Mr. Henry Mutebe	CCM Secretariat
10.	Ms. Mary Tinkamanyire	CCM Secretariat
11.	Ms. Caroline Ainomuhangi	CCM Secretariat

### Annex 2: Activity Program/Agenda

No.	Time	Agenda Item	Responsibility Centre
1.	9:30 a.m. – 9:35 a.m.	Arrival and Registration	CCM Secretariat
2.	9:35 a.m. – 9:40 a.m.	Opening Prayer	Volunteer
3.	9:40 a.m. – 9:45 a.m.	Introductions	All
4.	9:45 a.m. – 9:50 a.m.	Welcome Remarks and purpose of meeting	POC Chairperson
5.	9:50 a.m. – 10:10 a.m.	Presentation from Benedict Medical Centre (BMC) on implementation of Global Fund grants	Benedict Medical Centre (BMC)
6.	10:10 a.m. – 10:20 a.m.	Discussion and Way Forward	All
7.	10:20 a.m. – 10:50 a.m.	Tour of the facility/community	Benedict Medical Centre (BMC)
8.	10:50 a.m. - 11:00 a.m.	Departure	All