

UGANDA Responsibility Matrix 2019 COVER SHEET

1.0 Introduction

The **HIV/AIDS Responsibility Matrix (RM) 2019** is a new tool added to PEPFAR's 2 years-biannual Sustainability Index and Dashboard (SID) and serves as a baseline assessment of the functional responsibilities of the three major funding components of the HIV response: PEPFAR, the Global Fund for AIDS, TB and Malaria (GFATM), and the Government of Uganda (GOU). It focuses on the distribution of HIV-related activities and responsibilities, and asks the major stakeholders to rate themselves as either primary, secondary, nominal or having no responsibility. The group evaluated each section based on the guidance, and with the measure that if a partner stopped supporting the program, it would either cease or decline markedly. The group agreed that the overall goal is for GOU to ultimately have primary responsibility for Service Delivery, and for Strategy Formulation and Planning and increased responsibility for Non-Service Delivery; with secondary or nominal inputs over time by external funders PEPFAR and Global Fund. The group recognized that achieving sustainability will take time, and valued the discussions around the RM which indicated areas that need increased effort for sustainability.

2.0 The RM Process

The RM 2019 was highly participatory and completed by a small, but inclusive group of stakeholders spearheaded by the PEPFAR Coordinator, co-facilitated by the UNAIDS Uganda team, with the GF, Ministry of Health and Ministry of Finance, Planning and Economic Development. The RM tool was drafted as part of a two-day SID workshop, with several follow up meetings and virtual engagement, and finalized in a plenary session, on September 12th, 2019.

3.0 Service Delivery, Non-Service Delivery Assistance and Strategy Formulation and Planning

3.1 The GOU scored itself as having primary responsibility in Strategy Formulation/Planning and Service Delivery, with secondary responsibility in many cases in Non-Service Delivery. PEPFAR scored secondary in Strategy Formulation and Service delivery, with 95% of the non-service delivery considered primary, as the program has significant technical assistance support. PEPFAR continued to score primary in a number of other elements, including linkage/retention and adherence, male circumcision, key and priority populations, and OVC. PEPFAR also provides significant commodities, training and supervision. GFATM has primary support for most commodities except male circumcision and reagents, laboratory and secondary or nominal support in many programmatic areas.

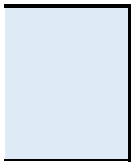
4.0 Contact

For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Uganda, please contact Amy Cunningham; PEPFAR Country Coordinator at CunninghamA@state.gov

HIV/AIDS Responsibility Matrix				Legend				
Country: Uganda				Primary=Primary responsibility for/contribution to element				
Epidemic Type: Generalized				Secondary=Secondary responsibility for element (i.e., doesn't lead, but offers substantial level of support)				
Income Level: Low Income				Nominal=Contributes to this effort, but offers a nominal/marginal level of support				
PEPFAR Categorization: Long-Term Strategy				None=No responsibility/level of support				
FUNCTIONAL ELEMENTS	DIMENSIONS							
	SERVICE DELIVERY ¹			NON-SERVICE DELIVERY ASSISTANCE ²			STRATEGY FORMULATION AND PLANNING ³	
	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt. & IPs	PEPFAR & PEPFAR IPs	GFATM & GFATM IPs	Host Govt.	PEPFAR
Programs								
Care and Treatment	Primary	Secondary	Nominal	Secondary	Primary	Primary	Primary	Secondary
Clinical Interventions	Primary	Secondary	Nominal	Primary	Primary	Secondary	Primary	Secondary
Laboratory	Primary	Secondary	Secondary	Secondary	Primary	Nominal	Primary	Secondary
Linkage, Retention, Adherence	Primary	Primary	Secondary	Secondary	Primary	Nominal	Primary	Secondary
TB-HIV	Primary	Secondary	Nominal	Primary	Primary	Primary	Primary	Secondary
HIV Testing Services	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Secondary
Prevention	Primary	Secondary	Secondary	Secondary	Primary	Secondary	Primary	Secondary
Prevention of Mother-To-Child Transmission	Primary	Secondary	Secondary	Primary	Primary	Nominal	Primary	Secondary
Male Circumcision	Primary	Primary	Nominal	Secondary	Primary	Nominal	Primary	Primary
Other Biomedical Prevention	Primary	Primary	Nominal	Secondary	Primary	Secondary	Primary	Primary
Key and Priority Populations	Primary	Primary	Secondary	Secondary	Primary	Primary	Primary	Primary
Orphans and Vulnerable Children	Primary	Primary	Nominal	Primary	Primary	Nominal	Primary	Secondary
Commodities								
Condoms	Primary	Secondary	Primary	Secondary	Secondary	Primary	Primary	Secondary
Male Circumcision Kits and Supplies	Primary	Primary	Nominal	Secondary	Primary	Nominal	Primary	Secondary
Rapid Test Kits	Primary	Secondary	Secondary	Secondary	Secondary	Primary	Primary	Secondary
Antiretroviral Drugs	Primary	Secondary	Secondary	Nominal	Secondary	Primary	Primary	Secondary
Other Essential Drugs	Primary	Secondary	Secondary	Secondary	Secondary	Primary	Primary	Secondary
CD4	Primary	Secondary	Nominal	Nominal	Secondary	Primary	Primary	Secondary
Viral Load	Primary	Primary	Nominal	Secondary	Primary	Nominal	Primary	Secondary
Reagents and Supplies	Primary	Secondary	Secondary	Nominal	Secondary	Primary	Primary	Secondary
Health Equipment	Primary	Secondary	Nominal	Secondary	Primary	Secondary	Primary	Secondary
PSM Costs	Primary	Secondary	Secondary	Secondary	Secondary	Primary	Primary	Secondary
Health Workforce								
Service Delivery Personnel: Facility-level staff total								
Salary and Benefits	Primary	Secondary	Nominal	Secondary	Primary	Nominal	Primary	Secondary
Salary Top-Ups	None	None	None	None	None	None	None	None
Training and Supervision	Secondary	Primary	Secondary	Secondary	Primary	Secondary	Primary	Secondary
Non-Service Delivery Personnel: Facility-level staff total								
Salary and Benefits	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary
Salary Top-Ups	None	None	None	None	None	None	None	None
Training and Supervision	Primary	Secondary	Nominal	Primary	Secondary	Nominal	Primary	Secondary
Community Health Workers/Lay Cadres staff number								
Salary and Benefits	Primary	Secondary	Secondary	Secondary	Primary	Secondary	Primary	Secondary
Salary Top-Ups	None	None	Secondary	None	Secondary	Secondary	Primary	Secondary
Training and Supervision	Primary	Primary	Secondary	Primary	Secondary	Secondary	Primary	Secondary
Secondment Staff number	47185*	8,653 **	0***					
Above Site (Systems)								
Health Workforce				Secondary	Primary	Secondary	Primary	Secondary
Governance				Primary	Secondary	Nominal	Primary	Secondary
Institutional and Organizational Development				Primary	Secondary	Nominal	Primary	Secondary
Health Financing				Secondary	Primary	Secondary	Primary	Secondary
Health Management Information Systems				Primary	Nominal	Secondary	Primary	Secondary
Supply Chain Systems				Secondary	Primary	Primary	Primary	Secondary
Laboratory Systems				Secondary	Primary	Secondary	Primary	Primary
Other Systems Support				Secondary	Primary	Primary	Primary	Primary
Disease Surveillance				Primary	Primary	Secondary	Primary	Secondary
Strategic Information								
Monitoring and Evaluation	Primary	Secondary	Secondary	Primary	Secondary	Secondary	Primary	Primary
Surveys and Surveillance	Primary	Primary	Nominal	Primary	Primary	Secondary	Secondary	Primary
Research and Other Surveys	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary
Program Implementation, Management, and Support								
At the Implementation Level	Primary	Primary	Secondary	Primary	Primary	Secondary	Primary	Primary
At the Donor Level	Primary	Primary	Primary	Primary	Primary	Primary	Primary	Primary

Definitional guidance for dimension categories:

1. Service Delivery - Activities that involve direct contact with patients; or direct involvement in this activity.
2. Non-Service Delivery Assistance - Advice, training, etc. provided to ensure service is successful.
3. Strategy Formulation and Planning - Higher level oversight and strategic management that provides vision, guides programs, and works to ensure success of service and/or technical assistance.



ID PLANNING³

GFATM

Nominal
Nominal
Nominal
Secondary
Nominal
Secondary
Secondary
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Secondary
Nominal
Secondary
Primary

	PEPFAR Seconded staff	PEPFAR Project staff (Site level)	PEPFAR Project staff (above-Site level)	CPHL	Global Fund (all absorbed)
Total HWs	845	7,628	97	83	344

GOU staff (HRH audit report 2018)	Total
47,185	56,182

HIV/AIDS Responsibility Matrix	Supplementary Comments/Notes
Country: Uganda	
Programs	
Care and Treatment	Government is primary because its mandated to provide the service to its population
Clinical Interventions	Much as Government is primary, it has fulfilled this responsibility due to the financial constraints and PEPFAR is primary
Laboratory	Government and PEPFAR are primary.
Linkage, Retention, Adherence	For linkage and retention, GoU is secondary for now (although hopefully changing to primary over the next year or two. Government and PEPFAR are two co- primaries and Global Fund
TB-HIV	government trainers implement the training (with our support) and ACP oversees management of the TA - so in principle they have primary responsibility and not secondary responsibility
HIV Testing Services	Without the partners the Government cannot sustain the service alone. In terms of TA, Capacity building, oversight and disseminating policies
Prevention	PEPFAR and GF are scored Secondary in policy/planning based on the catalytic funding support developing AGYW and HR barriers strategic plans and related coordination activities
Prevention of Mother-To-Child Transmission	Development partner contribution is very significant in providing TA, resources, for the government to fulfill its responsibilities
Male Circumcision	Development partner contribution is very significant in providing TA, resources, for the government to fulfill its responsibilities
Other Biomedical Prevention	Much is its primary responsibility for the Government if PEPFAR pulled out, the service would stager seriously
Key and Priority Populations	government trainers implement the training (with our support) and ACP oversees management of the TA - so in principle they have primary responsibility and not secondary responsibility
Orphans and Vulnerable Children	While the GOU has a system to provide child protection services, the majority of OVC-specific service delivery is carried out, at the household and community level, through PEPFAR's implementing partners, including support provided through para-social workers. It is unlikely that this level of service delivery could currently be sustained in the absence of PEPFAR funding. PEPFAR's OVC strategy/vision calls for the transfer of more service delivery to GOU, while at the same time decreasing demand for services, but we are not yet there.
Commodities	
Condoms	Government and Global Fund are primary whereas PEPFAR is secondary in all the three dimensions
Male Circumcision Kits and Supplies	Government plays an important role its existence in all the three dimensions is secondary.
Rapid Test Kits	Government plays an important role its existence in all the three dimensions is secondary.
Antiretroviral Drugs	ARV policy and planning scored Secondary to GF to reflect their continued support and engagement in national quantification and coordination/QPPU
Other Essential Drugs	GF is Secondary based on significant support for cotrim
CD4	
Viral Load	While Government of Uganda sets the criteria for VL, PEPFAR'S contribution and engagement to service delivery element is very critical because it ensures no stock outs are registered.
Reagents and Supplies	Government is key and primary Development partners provide an enabling environment for the government to fulfill its responsibility
Health Equipment	
PSM Costs	
Health Workforce	
Service Delivery Personnel: Facility-level staff total	
Salary and Benefits	
Salary Top-Ups	"None" for GF and PEPFAR as it is against our policy and we are actually not doing it neither the Ugandan Government
Training and Supervision	
Non-Service Delivery Personnel: Facility-level staff total	
Salary and Benefits	
Salary Top-Ups	"None" for GF and PEPFAR as it is against our policy and we are actually not doing it neither the Ugandan Government
Training and Supervision	
Community Health Workers/Lay Cadres staff number	
Salary and Benefits	There is a five year transition plan that the Government is implementing
Salary Top-Ups	Linkage facilitators are payable by PEPFAR
Training and Supervision	
Secondment Staff number	The 344 staff that are seconded by the GFATM have been absorbed into the GOU payroll. The 54405 is GoU staff total that provide direct HIV related services at National and Subnational Levels and 928 This is the PEPFAR seconded staff at Public and PNPf Facilities. They are recruited through the Public Service (District Service Commission) and are paid at GOU Rate to ease absorption
Above Site (Systems)	In terms of capacity building and payments its entirely the role of the government and donors come in just to support
Health Workforce	In terms of capacity building and payments its entirely the role of the government and donors come in just to support
Governance	
Institutional and Organizational Development	There is no well streamlined structure for this target group
Health Financing	It's the community service providers identified by the government but donors finance the process of building their capacity.
Health Management Information Systems	
Supply Chain Systems	
Laboratory Systems	
Other Systems Support	
Disease Surveillance	
Strategic Information	
Monitoring and Evaluation	The GoU scored primary under SI sub-elements because it chairs the various Technical Working Groups and also plays a vital role in the protocol development of the survey and surveillances yet key in the implementation of the findings and recommendations. PEPFAR is also primary because besides participating in developing protocols and TWG meetings, it heavily funds the biggest proportion of the tasks. GF's support is secondary.
Surveys and Surveillance	The GoU scored primary under SI sub-elements because it chairs the various Technical Working Groups and also plays a vital role in the protocol development of the survey and surveillances yet key in the implementation of the findings and recommendations. PEPFAR is also primary because besides participating in developing protocols and TWG meetings, it heavily funds the biggest proportion of the tasks. GF's support is secondary.
Research and Other Surveys	The GoU scored primary under SI sub-elements because it chairs the various Technical Working Groups and also plays a vital role in the protocol development of the survey and surveillances yet key in the implementation of the findings and recommendations. PEPFAR is also primary because besides participating in developing protocols and TWG meetings, it heavily funds the biggest proportion of the tasks. GF's support is secondary.
Program Implementation, Management, and Support	
At the Implementation Level	At the implementation level, GoU and PEPFAR strategically plan together and appropriate resources for all the dimensions to ensure all key groups are targeted. This is done at equal footing.
At the Donor Level	At the donor level, all the three entities seat together and appropriate resources for all the dimensions. This is done at equal footing.

*These are GoU staff that provide direct HIV related services at National and Subnational Levels.

** This is the total PEPFAR supported staff at Public and PNPf Facilities as well as implementing Partner supported staff. The seconded staff (845 in number) are recruited through the Public Service (District Service Commission) and are paid at GOU Rate to ease absorption

*** All the 344 health workers previously supported by Global Fund have since been absorbed by GOU

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