



District-led Planning Process

Goal and Outcomes

Since June 1, 2014, NASTAD has been working to build capacity of CDC Uganda, Uganda Ministry of Health (MoH), and District Health Officers to support, plan for and implement district-led HIV programming (DLP). Our focus is to capacitate the National Partnership Support Teams (NPSTs) to monitor the collaboration and performance of district health teams and their U.S.-funded implementing partners.

The proposed outcomes of this project include:

- Development of a district-led programming toolkit to be used by NPSTs to support district-led and data-driven programming
- Design and implementation of a training to build the capacity of NPSTs, and district health officers to effectively use the district-led programming toolkit
- Institutionalization of district-led programming by providing supportive supervision and mentorship to NPSTs as they use the toolkit with district IPs and district health teams.

Strategy and Approach Used

NASTAD seeks opportunities to promote and leverage successful health systems strengthening interventions implemented by partner ministries of health across its entire program, and is leveraging both the Evidence-Based Planning Toolkit and the Applied Leadership Development Program currently being implemented by the Botswana Ministry of Local Government and Rural Development to support its District AIDS Coordinating offices in this work. Consequently, NASTAD brings to this partnership a technical

Uganda



assistance team whose members not only bring skills and experiences in state-level HIV program leadership and management, evidence-based HIV planning, and monitoring and evaluation, but who have also worked closely with the Botswana MLGRD in the past.

NASTAD is implementing its work in Uganda in close collaboration with the CDC Health Systems Strengthening (HSS) Team, the Uganda Ministry of Health, ICF International, and the Uganda AIDS Commission.

Results

To date, NASTAD has:

- Supported pilot of draft district-led planning tools and developed recommendations for establishment of NPSTs and initial terms of reference (April 2014)
- Modified tools and materials needed to monitor district health team performance (minimum standards) and provided guidance and instruction for setting district priorities (district-led planning toolkit) (May 2014 and ongoing)
- Prepared and delivered orientation for NPSTs on Terms of Reference and initial district-led programming tools (July 2014)
- Drafted assessment tools to identify baseline skills, competencies and effectiveness of the NPSTs and of MoH NPST management capacity (Aug 2014)
- Drafted M&E framework to measure process indicators related to NPST performance (Aug 2014)

Summary of Outcomes and Impact

Since NASTAD only initiated work in Uganda in April 2014, impact cannot yet be observed. However, NASTAD has successfully contributed to the development of the structure for DLP and provided orientation for the NPSTs to their new role and DLP overall.

To that end, NASTAD is currently actively engaged with the MoH and providing resources (financial) for implementation and supportive supervision, including support in convening and managing the NPSTs (ongoing).

NASTAD's hypothesis is that by promoting and building district capacity to take the leadership role in local target-setting and identifying priorities, sustained improvement in service delivery and management of the health systems will be observed.



NASTAD facilitating district-led evidence-based planning in Uganda.

This work was supported by the cooperative agreement #U2GPS001617 from the U.S. Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC.