EVALUATION OF DAN CHURCH AID
HIV/AIDS PROGRAMME 2006-2009

Final Report

Romano Larry Adupa
Email: larryadupa@yahoo.com
Tel: 256-772409802

Catherine Barasa Asekenye
Email: asekenyecp@yahoo.co.uk
Tel: 0779-652831

David Kawesa Kisitu
Email: dkkisitu@yahoo.co.uk
Tel: 0712-684090

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ACRONYMS

ADP  AIDS Development Partners
AIDS  Acquired Immune Deficiency Syndrome
ANPPCAN  African Network for Prevention and Protection of Children against Abuse and Neglect
ART  Anti Retroviral Therapy
BCC  Behavior Change Communication
CBO  Community Based Organization
CCFU  Cross-Cultural Foundation of Uganda
CHH  Child Headed Household
CIPA  Community Initiative for the prevention of HIV/AIDS in Uganda
COU  Church of Uganda
CSF  Civil Society Fund
CSO  Civil Society Organization
DAC  District AIDS Committee
DANIDA  Danish International Development Agency
DAT  District HIV/AIDS Technical Committee
DCA  DanChurch Aid
DHAC  District HIV/AIDS Committee
ELCT  Evangelical Lutheran Church in Tanzania
FBO  Faith Based Organisation
GBV  Gender Based Violence
GFATM  Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV  Human Immune Virus
HNU  Health Need Uganda
HPAC  HIV/AIDS Programme Advisory Committee
HQ  Headquarter
HSSP  Health Sector Strategic Plan
IDP  Internally Displaced People
IEC  Information, Education and Communication
KADP  Karamoja Agro- Pastoral Development Project
KZACP  Kagera Zone AIDS Control Programme
LCCB  Local Community Capacity Building
LWF  Lutheran World Relief
M&E  Monitoring and Evaluation
MACA  Multi-sectoral AIDS Control Approach
MAP  The World Bank, Multi-country AIDS programme for Africa.
MARP  Most at Risk People
MDG  Millennium Development Goal
MOES  Ministry of Education and Sports
MOH  Ministry of Health
MOLG  Ministry of Local Government
MOU  Memorandum of Understanding
MTCT  Mother To Child Transmission
NGO  Non-governmental Organization
NPAP  National Priority Action Plan
NSF  National Strategic Framework
NSP  National Strategic Plan
OI  Opportunistic Infection
OVC  Orphans and Vulnerable Children
PC  Partnership Committee
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>PEAP</td>
<td>Poverty Eradication Action Plan</td>
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<tr>
<td>PEPFAR</td>
<td>Presidential Emergency Plan for AIDS Relief</td>
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<tr>
<td>PIASCY</td>
<td>Presidential Initiative on communicating to young about HIV/AIDS</td>
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<tr>
<td>PLWHIA</td>
<td>People Living with HIV/AIDS</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PO</td>
<td>Programme Officer</td>
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<td>POZIDEP</td>
<td>Pokot Zonal Integrated Development Programme</td>
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<td>PS</td>
<td>Political Space</td>
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<td>PTA</td>
<td>Programme Technical Advisor</td>
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<tr>
<td>RACA</td>
<td>Rakai Counsellors Association</td>
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<td>RACOBAO</td>
<td>Rakai Community Based AIDS Organization</td>
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<td>RACOBAP</td>
<td>Rakai Community Based AIDS Project</td>
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<td>RACT</td>
<td>Rakai Children’s Trust</td>
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<td>RANASO</td>
<td>Rakai Network of AIDS Support Organisations</td>
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<tr>
<td>RFA</td>
<td>Request for Application</td>
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<tr>
<td>RR</td>
<td>Regional Representative</td>
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<td>SC</td>
<td>Steering Committee</td>
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<td>SCE</td>
<td>Self-Coordinating Entity</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>STI</td>
<td>Sexually transmitted infections</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TEDDO</td>
<td>Teso Dioceses Development Office</td>
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<td>TPO</td>
<td>Trans-cultural Psychosocial Organization (Uganda)</td>
</tr>
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<td>UAC</td>
<td>The Uganda AIDS Commission</td>
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<td>UCCA</td>
<td>Uganda Community Change Agent</td>
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<td>UHRC</td>
<td>Uganda Human Rights Commission</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAIDS</td>
<td>United Nations AIDS Program</td>
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<td>UNASO</td>
<td>Uganda Network of AIDS Support Organizations</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
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<td>UPE</td>
<td>Universal Primary Education</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>USE</td>
<td>Universal Secondary Education</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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EXECUTIVE SUMMARY

DanChurchAid (DCA) Global gives development assistance in Political Space, Food security, Access to basic social services, Humanitarian Mine Action, and Humanitarian work. The DCA Great Lakes Office covers four countries, Uganda, Burundi, Tanzania and Rwanda (for the latter, there are no ongoing activities). The (DCA) Uganda HIV/AIDS programme supports partners’ work in Uganda and North-western Tanzania.

Purpose: This evaluation was commissioned to provide relevant information for formulating the next course of action in DCA’s support in the fight against HIV/AIDS. The specific objectives of the evaluation were to assess the relevance of the current Uganda HIV/AIDS Programme to the current context, the National HIV/AIDS Strategic Framework and to the existing concerns of the rights holders, DCA partners, donors, DCA and other stakeholders assess the progress of the programme in meeting the objectives and to make evidence based recommendations to improve the next programme phase 2010-2013.

Methodology: The evaluation used a matrix of questions provided in the Terms of Reference and based on evaluation criteria of relevance, effectiveness, efficiency, and sustainability. An inception report was produced and discussed with DCA. A team of three people (including a female consultant) undertook secondary data collection which was followed by a field visit to the two regions in Uganda where the program is being implemented. In the field key information interviews were held

Main Findings:

Relevance: The context analysis was found to have been broad, covering a wide range of proximate and distal health factors affecting the communities nationally and at programme area level; reference was made to existing Government policy frameworks on HIV/AIDS in both Uganda and Tanzania. The selection of geographic areas was also found to be strategic and still remains relevant as the prevalence and vulnerability to HIV infection in the programme areas still pose a significant threat to the people. The targeted beneficiaries interviewed also indicated that the program remains relevant to-date.

In promoting rights based approach, the advantages of using existing structures of duty bearers in government, community and religious organizations was taken cognizance of in the design and implementation.

In designing the support of DCA for the period 2006/09, it was found that there was also a shift from project to programme mode. However, to-date, there is still an inadequate understanding of the programme approach.

There was limited evidence of cohesion, synergy and complementarily among partners generally in the delivery of various programmes. Regarding synergy between HIV/AIDS programme and other DCA programmes, it was found that at the regional offices, there is the project committee which brings together the programme officers for all the DCA programmes in the region. Synergy between HIV/AIDS programme partners and other donor funded programmes have been through district coordination, indirect support by DCA, implementation of joint activities, sharing roles in areas of comparative advantage, and resource mobilization.
**Effectiveness:** DCA support has contributed to improved access to services but on a low scale compared to the demand for services within the communities served. In respect to economic empowerment, efforts across the programme area were evident with priority focus on supporting communities mainly in agricultural production and rearing of livestock. There were also clear efforts to support orphans and vulnerable children attain vocational skills to be able to earn income and reduce vulnerability and dependency on charity.

Regarding stigma and discrimination among religious leaders, it was found that no partner has been recruited to implement this component as envisaged in the programme in Uganda. However, in Tanzania, KZACP has done a commendable job on this component.

Studies have been carried out in order to generate relevant and up-to-date information on human rights in the programme areas. Efforts were also made to provide services and mitigate the impact of gender based violence among the communities in Teso/Karamoja area in north eastern Uganda. Overall, however, as much as awareness about legal and human rights has been raised, access to justices is still limited and expensive.

The programme has supported capacity building of the partners using different approaches. Thus, DCA Headquarters/Regional Office conducted training for partners while individual partners were also able to carry out their own capacity building activities like training.

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Evidence to show that the support provided by DCA is having a significant impact on the lives of the beneficiaries was given. On the other hand there were some few instances where the programme has had a negative impact, though to a limited extent.

It was found that DCA has provided support to partners that are disadvantaged or serve areas which are marginalized. Thus, DCA maintains a long relationship with the partners. DCA also uses the Step 0-5 procedure for screening potential partners and their proposals. The proposals are reviewed by the Project Appraisal Committee for recommendation to the Regional Representative for funding.
It is also found that in most programme areas effort has been focused on raising community understanding of their rights and the extent to which these relate to the responsibilities of duty bearers. Overall, however, there is still a glaring gap between rights holders and duty bearers. On the other hand, strong and meaningful partnerships with relevant stakeholders in advocacy is limited both at national and district levels.

Efficiency and Management: It was found that there was a continuous increase in transfer of funds from DKK 3.3m in 2006 to DKK 6.2 in 2008; at the time of the evaluation, the transfer for 2009 had reached DKK 1.9m. However, most of the funds for the programme were earmarked for different implementing partners before the programme started or were even carried forward from previous commitments.

The consultants also found that compared to other funding agencies, the DCA was reportedly having a comparative advantage in dealing with partners that facilitates programme implementation. Similarly, there were some positive attributes of culture that have helped programme implementation. On the other hand, in a number of instances, the programme mobilized the communities to go for services (that the DCA HIV/AIDS Programme is not designed to provide) but the services were not there, thus undermining the rights based approach. RBA is empowerment to demand for services, and community mobilization assumes that services are available but not being utilized.

The programme had a logframe and itinerary for reviews and evaluation. In this regard, it was found that the recommendations that were made during the programme review of 2007 have been followed. Support visits were made to the partners and annual reports produced by the programme. The management of the programme by the DCA Regional Office was good. Thus, the HPAC was found to be a very innovative platform for information sharing and peer learning.

Sustainability: The programme has made very significant steps in order to ensure that the beneficiaries continue to get the services accordingly. These steps included capacity building, mobilization of resources, utilizing/strengthen existing structures etc. However, some factors that might affect sustainability of the impact of the program were also identified; these include poverty, increasing spread of HIV infection, increasing number of OVCs but with limited education support, declining volunteerism, corruption and negative cultural norms.

Recommendations:

Relevance

- The HIV/AIDS Programme be moved forward into Phase II and aligned with the Regional Strategy period of 2005-2012.

- DCA needs to re-orient staff and partners on implications of the shift made from project to programme mode in delivering aid to the region.

- There is need for emphasizing the importance of partnership by including it in the contract as an activity on its own with measurable indicators.

- The Regional DCA programme needs to continue with support for the activities in Rakai/Kagera region but with a special focus on fishing communities in zone.

Effectiveness
Guidance for proposal development need to be revised and made simple and clear.

The component on the programme on prevention should be scaled up through strategic IEC based on local evidence and use of new approaches (e.g. circumcision)

The programme needs to have deliberate campaigns that focus on the relationship between livelihood, alcohol, SGBV and HIV/AIDS.

Education support for OVCs needs to be looked at vis-à-vis the contribution of government through universal primary and secondary education policies so that the programme provides gap filling where and synergy necessary.

The deepening of the Rights Based and Gender Equality approach should be a top strategic priority through, among others, supporting the position of RB staff at Regional Office; capacity building of partners and duty bearers; aligning the plans and budgets of partners to RBA; allocation of resources for enhancing utilization of skills and structures put in place; engaging partners at national and local levels in advocacy and policy dialogues; ensuring that DCA partners lead the process of social accountability to the beneficiaries / rights holders.

DCA needs to prioritize national and district level advocacy for RBA through existing structures.

There is need to include provision of disseminating the relevant policies to the communities.

DCA Regional Office should engage seriously in advocacy about human rights especially at the national level; this is a role that could be played by the steering committee.

There is need to emphasize community approach to increasing access to services rather than individual approach; the use of group approach to economic empowerment where the group’s opportunities are turned to economic assets and productive resources should be emphasized.

The programme should come out with its capacity building plan which is based on the needs of the partners. Thereafter, DCA needs to monitor and evaluate the impact of (international, regional, national and partner initiated) training efforts, how the skills acquired by partners are cascaded to the colleagues and utilized; the findings should then be used for improving the capacity building interventions.

The programme should facilitate the development of community capacities to plan, mobilize resources, implementing and monitor HIV/AIDS response within the context of RBA taking cognizance of gender.

DCA needs to establish a database on all the capacity building trainings carried out by the programme; this should include all trainings including those originating from DCA headquarters, regional office and individual partners.

Efficiency and Management

DCA should allocate resources up-front based on cascading logic from goal through objectives to activities to be carried out before identifying who the implementers are rather than the opposite as is today (i.e. Refrain from operating project and programme modes in resource allocation).
• To the extent possible, resources should be mobilized and pooled together rather than earmarking them.

• Contracts should be aligned and restricted to the lifespan of the HIV/AIDS programme at any one time so that activities, budgets, outputs, reviews, monitoring and evaluation indicators etc are all in the context of the same time frame and goal of the programme. Some bridge funding could be provided to partners as necessary while the new programme is being worked out so that thereafter, all contracts are rationalized to operate within the programme timeframe only.

• Efficiency of most projects under implementation need close assessment for cost effectiveness.

• There is need to improve communication and information sharing among DCA partners and with other stakeholders.

• PME needs to be strengthened through better proposal development procedures; sourcing out mentoring and technical support for proposal writing; increasing support supervision; developing annual corporate operational plan that can be disaggregated by programme, objective, district, partner etc; ensure baseline data is in place; having a functional computerized management information system and also an ME system to back-up qualitative programme related data reporting.

• The programme should come out with its own reporting format that all partners use every quarter and end of year.

• The profiles of the different organizations need to be compiled and shared. Annually, highlights of the program need to be shared too in form of brochures.

• The DCA Regional Office should explore possibility of establishing a regional steering committee to, among others, provide strategic policy guidance and in-country/region oversight over Regional Representative and partner platforms; ensure synergy and collaboration between DCA programmes and other national interventions; ensure adherence to DCA policies, procedures etc at local level.

Sustainability

• Sustainability and exit interventions should be integrated as key components of each contractual obligations between partner and DCA
CHAPTER I - BACKGROUND

1.1 Introduction

1. DanChurchAid (DCA) Global has five areas in which it gives development assistance. These are Political Space, Food security, Access to basic social services, Humanitarian Mine Action, and Humanitarian work. The DCA Great Lakes Office covers four countries, Uganda, Burundi, Tanzania and Rwanda (for the latter, there are no ongoing activities). In Tanzania DCA has supported HIV/AIDS intervention in Kagera since 1991.

2. DCA started working in Uganda since 1979 through relief support to Karamoja. However, it was not until 2004 that DCA Uganda Country office was established as part of a decentralisation process following a shift towards a programme approach by DCA Global in 2001. Currently, DCA Uganda has two programmes covering three programme types, namely, a Political Space and integrated Food Security programme and the HIV/AIDS programme (under programme type Access to Basic Social Services). It also has a humanitarian response capacity.

3. The (DCA) Uganda HIV/AIDS programme supports partners’ work in Uganda and North-western Tanzania. Specifically, the Programme focuses on Kagera-Rakai and Teso-Karamoja. The Kagera - Rakai region currently includes Rakai and Lyantonde districts in Uganda and Kagera zone (Bukoba, Karagwe, Ukerewe, Shinyanga urban and rural districts) in Tanzania while Teso-Karamoja region currently comprises Katakwi, Amuria, and Nakapiripirit districts. The programme has been implemented since 2006 and is due to end in 2009.

4. This evaluation was commissioned by DCA to provide it and the partners with the relevant information for formulating the next course of action in DCA’s support in the fight against HIV/AIDS in the country as described in the Terms of Reference (Annex I). The specific objectives of the evaluation were
   (i) to assess the relevance of the current Uganda HIV/AIDS Programme to the current context, the National HIV/AIDS Strategic Framework and to the existing concerns of the rights holders, DCA partners, donors, DCA and other stakeholders
   (ii) assess the progress of the programme in meeting the objectives and
   (iii) to make evidence based recommendations to improve the next programme phase 2010-2013.

5. This report has six Chapters. First, the context in which the programme was implemented is presented in the remainder of this Chapter 1 which also includes an overview of the strategies, intervention, budget and management of the programme as was perceived at the design stage; it also states how the evaluation was carried out. Chapters 2, 3, 4 and 5 present the findings under the headings of relevance, effectiveness, efficiency and sustainability respectively. Chapter 6 summarizes the lessons learnt and the general conclusions from the assessment before giving recommendations that DCA may wish to consider as it plans its development assistance for the period 2010-2013.

6. It should be stated up-front that this report did not attempt to document all the individual initiatives carried out by DCA Regional Office and its partners during the period covered by the evaluation. Rather, by giving some few examples to illustrate the achievements, experiences and challenges of the programme, the report has endeavored to be more forward looking in presenting issues and recommendations.
1.2 Context

1.2.1 Political Situation.

7. The political situation in Uganda has calmed down particularly in the north and northeastern part of the country where there had been insurgencies for over 20 years; this has resulted in government disbanding the internal displaced peoples (IDP) camps. However, this also has come with its own challenges in that as people move away from the camps, most return to their homes that are relatively far away from the basic social services making it more difficult for the HIV/AIDS service providers to reach them. The government has launched the Peace, Recovery, Development and Plan for Northern Uganda (PRDP) in 2007; it will cost about $540m to implement during a three year period. In the context of Teso/Karamoja, PRDP\(^1\) is to, among other things, address the situation of armed civilian population and destruction of property through inter-ethnic conflicts with spill over effects in the sub-regions.

8. When the programme was designed in 2006, there were only 56 districts. Since then, however, new districts have been created mainly for political reasons disguised as ‘taking services closer to the people’; to-date they are more than 80 and discussions are on-going to increase them to 101 by the next financial year. In the programme area, new districts include Lyantonde (from Rakai) and Amuria (from Katakwi). These new districts imply that new HIV/AIDS related structures have to be created (e.g. District HIV/AIDS Committees, District AIDS Task forces and duty bearers).

9. At the national and country wide level, the country is preparing for national presidential, parliamentary and local council elections. Experience has shown that (a) during these elections, numerous activities take place that pre-dispose the population to HIV infection (b) most elected office bearers and politicians spend increasingly more of their time in campaigns rather than provision of services for which they were elected or assigned (c) over 50% of the elected positions are filled by new people. These require HIV/AIDS related programmes on the ground to devote some of their time in orienting these new office bearers on not only the basics of HIV/AIDS epidemic but also on their individual programs.

10. For Tanzania, the country has enjoyed peaceful political stability and development, though surrounded by conflict prone neighbours, and has hosted the largest refugee population in Africa. Tanzania has peacefully changed presidents four times, through election. This peaceful change of leadership has meant that Tanzania is one of Africa’s politically most stable and peaceful countries. The country is emerging as a leading multiparty democracy, though the change of leadership has never been from one political party to another. The country is becoming a regional force in peace negotiations and creation of stability among its neighbours and has also effectively managed delicate issues of political divisions in the semi autonomous island of Zanzibar.

\(^1\) In general, the objectives of PRDP are (a) to consolidate State Authority (through Cessation of armed hostilities; Establishment of law and order and enhancement of protection; Enhancing the functionality of judicial and legal services; and Strengthening of local government presence and effectiveness); (b) to Rebuild and empower of communities (through improving conditions and quality of life of the displaced persons; Returning and reintegrating displaced populations; Initiating community rehabilitation and recovery activities in all communities; and Provision of services and protection of vulnerable groups); (c) to Revitalize the economy (through Re-activating the productive sectors – with a focus on agriculture; Rehabilitation of critical infrastructure – roads, bridges and energy; Strengthening Land and Urban Planning and Management; and Reinforcing mechanisms for sound management of environment and natural resources); and (d) to enhance peace building and reconciliation (through Increasing access to information and media; Expanding access to trauma counseling services; and Reinforcing mechanisms for local intra/inter communal conflict resolution).
11. In the recent past, the country has started experiencing disasters of varying degrees. In 2007, the country had devastating earth tremors/quakes, floods, cholera outbreaks, drought which further compounded food insecurity and health problems leading to death. Half a million hectares of land are cleared annually resulting in desertification and increased rural - urban migration.

1.2.2 HIV/AIDS in Context of National Poverty Eradication Strategy

12. The country has been using Poverty Eradication Action Plan (PEAP) as its overarching comprehensive development strategy for guiding public action to eradicate poverty. It is against the PEAP that all government policies and development programmes at national and local levels have been developed. The current PEAP 2005/06-2008/09 is however due to be replaced by the National Development Plan. In PEAP, HIV/AIDS is treated as a cross-cutting concern among the five pillars of the plan, namely, Economic management; Production, competitiveness and incomes; Security, conflict-resolution and disaster-management; Good governance; and Human development.

13. The DCA HIV/AIDS programme under evaluation was developed on the basis of the priorities set in the National Strategic Framework 2000/01-2005/6. The NSF has since been replaced by the National Strategic Plan (NSP) 2007/8-2011/12 which is focusing on enhancing universal access to three thematic priority service areas namely, prevention, care and treatment and social support; the fourth area of the NSP is on strengthening service delivery systems and structures in the country in order to ensure quality, equity and timely service provision. In order to operationalize the NSP, a National Priority Action Plan 2008/09-2009/10 has been developed and disseminated to all districts. The NPAP serves as (a) a guide to implementing partners in developing their own annual plans aligned to the NSP (b) a guide to development partners to align their international support to national priorities (c) an instrument to assist the country in mobilization and allocation of resources to the national response (d) an instrument for Uganda AIDS Commission (UAC) and partners to monitor implementation of the national response. Furthermore, in support of the NSP implementation, Uganda AIDS Commission has also developed a Performance Measurement and Management Plan (PMMP) and an accompanying operations manual in order to support the monitoring and evaluation of the NSP.

14. In Tanzania, the National Poverty Reduction Strategy, Mkututa, provides the national policy framework for the country’s development programmes and promotion of growth and poverty reduction. It identifies three clusters, namely (i) growth and reduction of income poverty, (ii) improvement in the quality of life and social well being and (iii) governance and accountability. It is under the cluster for improvement in quality of life and social well being that the National Multi Sectoral HIV/AIDS Framework was developed. The DCA HIV programme is part of the implementation of the national Multi Sectoral HIV/AIDS framework.

1.2.3 International Context

15. In the last one year, there has been a global financial crunch which has resulted in slowing down economic growth. In Uganda and Tanzania has also been affected. The extent that this will affect resource allocation for HIV/AIDS is the near future is still unclear.

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1.3 Programme Strategy and Interventions

16. This section provides an outline of how the programme was developed, its interventions and the budget for the programme. It therefore provides the basis for the assessment of relevance, effectiveness, efficiency and that is presented in sections.

1.3.1 Programme Strategy

17. The HIV/AIDS Programme is the framework for DCA’s support and interventions during the period 2006/09 covered by the evaluation. It replaced a situation in which DCA’s support was based on projects identified between DCA and a partner. Thus, there were consultations and discussions facilitated by a consultant provided by DCA. Consequently, the target groups were identified as youths aged 10 to 24 years, especially women; orphans and Persons living with HIV and AIDS (PLWHAs).

18. Although the rights based commitment policy, HIV/AIDS and gender equality policies of DCA were only approved in 2007 one year after the programme had started, the development of this HIV/AIDS programme was, nonetheless, guided by the intention of DCA to move away from needs based approach to rights based approach with gender equality perspective.

1.3.2 Programme Interventions

19. This sub-section presents what the HIV/AIDS programme had planned to address. Thus, in the period under review, the programme focused on five interventions areas, namely, access to basic services, economic and social empowerment, reduction of stigma and discrimination in faith based institutions (FBIs), protection by the law and capacity building.

20. Access to basic services included activities related to provision of HIV/AIDS/STI information; Life skills training; Mobilisation and training of voluntary groups and clubs for Behavioural Formation and Change Communication; Improvement of basic social services (such as orphan and girl education, income generation, VCT, and basic social services for vulnerable rights holders IDP camps); Community and home-based services; Educational and material support to orphans and girls; Parents and teachers awareness; Training in nutrition and education in nutritious food preparation and support; Improved houses, water tank, and kitchen and latrine construction; and Capacity building and support for duty bearers; and negotiating with district and sub-county local governments to continuously identify what is working and the barriers to providing quality services.

21. Economic and social empowerment was to address the following interventions. Awareness in property and economic rights, in economic agreements, rights to services and will writing; Para-legal training and legal support to vulnerable rights holders (incl. follow-up support to strengthen Para-legal trainees and processes); Economic and property rights awareness, training and support to strengthen local councils, traditional cultural and religious leaders to promote economic rights and justice; and Mobilising young people and PLWHAs families for economic activities and small business skills training.

22. In order to influence and actively involve religious leaders to advocate for non discrimination and stigma against PLHWAs and their families, the main interventions that had been planned included consulting with partners on exploring working with religious leaders/institutions; working with faith-based partners to reduce stigma and discrimination; collaborating and networking with religious leaders in promoting the rights of HIV/AIDS affected children and women; strengthening religious leaders living with HIV/AIDS groups; mobilising PLWHAs for networking and advocacy against discrimination activities.
23. Under protection by the law, the programme planned to conduct awareness training on children and women’s rights for elected local and traditional leaders; conduct assessment of opportunities and barriers to rights holders access to social and legal justice; provide legal literacy training for communities; establish paralegal services in the local areas with linkages to service providers where necessary; form groups for networking and legal redress activities.

24. The last area that the program was to focus on was on strengthening the capacity of DCA and partners to respond effectively to reduce HIV transmission and to manage the social, political and economic effects of AIDS. This was to be through carrying out of baseline assessments of capacities of partners, training of DCA staff and partners in management, RBA, gender, advocacy and impact monitoring and evaluation.

1.4 Programme Budget

25. According to the programme document, it was planned that the resources available for the programme would increase from 5.5 DKK million in 2006 to 9.0 DKK million in 2009. Against this, the component on service delivery was allocated an average of 1.8 DKK million per year while that on economic empowerment had an increase from 1.7m DKK to 2.1m DKK between the period. However, to emphasize the shift in focus from needs to human rights based approach, the resources allocated for the component on protection by law was more than doubled as it increased from 1.6m DKK in 2006 to 3.7m DKK in 2009.

![Figure 1.1: Budgetary Allocations for the Programme, 2006-2009](image)

Figure 1.1: Budgetary Allocations for the Programme, 2006-2009

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5 Figures were computed from allocations to individual partner based on data obtained from DCA.
1.5 Programme Management

26. The Uganda Office was turned into a regional office, the Great Lakes Office, in February 2006. Thus, within this office, the Regional Representative (RR) oversees the (i) Programme Officers that are in-charge of the five areas of assistance supported by DCA, namely, HIV/AIDS, Political Space, Food Security, Disaster Preparedness and Humanitarian Assistance (ii) Finance and Administration Officer that is in-charge of the support staff including drivers, IT officer and assistant finance officer. The RR is also in charge of the Fundraising and Procurement officer, interns that may visit the office. Currently, the position of program coordinator has been established in order to take care of the day to day management of the programme officers.

1.6 Methodology

27. This evaluation was carried out in three phases, namely, inception phase, field data collection phase and analysis and reporting phase. In the inception phase, the consultants were recruited and subsequently they reviewed, in addition to the terms of reference, some documentation at DCA. The phase ended with an inception note that was discussed with DCA accordingly. Information about the evaluation was shared and arrangements for field visits were made with the participants who were attending the PME training workshop at Entebbe. In the filed data collection phase, the consultants conducted key informant interviews in Kampala; focused group discussions were also held in Kampala, Katakwi, Rakai and Lyantonde districts with partners and groups of beneficiaries (Annex II).

Table: Partners that were selected for field visit during the evaluation exercise

<table>
<thead>
<tr>
<th>REGION</th>
<th>DISTRICT</th>
<th>PROJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>TESO</td>
<td>Katakwi</td>
<td>LWF DM Orphans’ project</td>
</tr>
<tr>
<td></td>
<td>Katakwi</td>
<td>TPO (U)</td>
</tr>
<tr>
<td></td>
<td>Katakwi/Soroti</td>
<td>Health Need Uganda</td>
</tr>
<tr>
<td>RAKAI</td>
<td>Rakai</td>
<td>RACA</td>
</tr>
<tr>
<td></td>
<td>Kyotera</td>
<td>CIPA</td>
</tr>
<tr>
<td></td>
<td>Lyantonde</td>
<td>RACOBAO</td>
</tr>
<tr>
<td>TANZANIA</td>
<td>Kagera</td>
<td>KZACP</td>
</tr>
</tbody>
</table>

28. Thus, in general interviews were held with the selected project coordinators while group discussion were with the leadership and staff of the different partner organisation. Interviews were also held with political leaders including the Chairperson, Production Secretary and Social Services Secretary; among the district technical planning team, efforts were made to interview the District HIV/AIDS Focal Point Person, District Community Development Officer and District Production Officer – Extension. Regarding the civil society, arrangements were also made for the consultants to discuss with representatives of PLWHA organization, farmers organization and religious bodies in the visited district. The lead consultant also had opportunity to meet with the Programme Officer for the DCA programme in Malawi and a representative of Christian Aid during the conference held in Uganda.

29. In the third phase, the consultants documented their findings according to the agreed set of questions that were earlier on agreed upon with DCA. The team leader consolidated these findings and made a power point presentation to DCA staff. This was followed by two other presentations to DCA.

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executive and staff and also to the HPAC. In all cases where presentations of the findings were made, there was a feedback from the partners which were accordingly integrated into the report.
CHAPTER II – RELEVANCE

2.1 Was the context analysis relevant and appropriate?

2.1.1 Context in relation to HIV/AIDS

30. The context analysis was broad; covering a wide range of proximate and distal health factors affecting the communities nationally and at programme area level. Reference was made to existing Government policy frameworks including the NSP, the minimum health care package and related ongoing programmes. Specific focus on the implementation of the Information, Education and Communication (IEC), Behavioural Change communication (BCC) and life skills approaches with related challenges ranging from unavailability of condoms and limited access to basic services like HCT across the programme areas and limited coordination among programmes were also highlighted. In terms of target beneficiary populations, the DCA programme focuses on vulnerable groups, like orphans, young people, women and PLWA and most at risk populations like fishing communities, all with emphasis to remote areas.

31. The selection of geographic areas was also strategic and still remains relevant because in central region the prevalence of HIV/AIDS is high at 8.5%; in the Teso/Karamoja area, the prevalence is low at 3.5% but (i) there are few organizations providing HIV/AIDS related services there (ii) the communities are at a higher risk due to presence of large number of armed forces and (iii) increased mobility of people due to disbandment of the camps and return of peace. In this context, while the national strategy changed from the NSF (against which the programme was designed) to the National Strategic Plan (NSP), the focus of the national response have remained basically the same i.e. prevention, treatment, care and support in addition to systems development. Indeed, the recent Mode of Transmission study\(^7\) conducted recently indicated that the factors fuelling HIV transmission are (a) risk factors such as Multiple sexual partnerships; Discordance and non-disclosure; Unprotected Sex (Lack of condom use); Presence of STIs esp. HSV-2 and Intact foreskin (b) drivers of the epidemic viz socio-cultural factors including marriage and family values; Education, poverty and wealth; Low status of women and girls; Governance and civil unrest; Human rights, Stigma and discrimination; and Inequity in access to services. The HIV/AIDS program was designed to address these issues.

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Figure 2.1: HIV Prevalence in Uganda, 2005

32. The Mode of Transmission study alluded to above also noted that Commercial Sex Workers and clients; Conflict affected IDPs and other migrant groups; Fishing communities and Uniformed Services are among the most at risk groups while Orphans and Vulnerable Children, Adolescents and Young People and Women and Girls are the vulnerable populations. Once again, these groups were identified by the programme as relevant target groups to be addressed, hence the content analysis and the programme remain relevant even under the new strategy and in the context of new empirical evidence.

33. In the Kagera programme the foundation of DCA support is based on the thematic areas of the National HIV/AIDS Policy as well as the multi sectoral HIV/AIDS Policy. These include HIV Prevention, Support to PLWHAs, care and treatment, social support of orphans, gender mainstreaming, human rights advocacy particularly for widows and OVCs and stigma and discrimination. Thus, the programme was responding to nationally identified geographic and programmatic areas of concern.

34. From the perspective of the targeted beneficiaries, the context of the programme as was at the design stage still remains valid. Thus, Aryebi PLWHA Group supported by HNU stated that “Our priority needs include drugs, skills and inputs for agricultural production, skills in business and entrepreneurship for self reliance; we also need to be trained in drama so that we can communicate more effectively about HIV/AIDS and our situation to the other members of the community. Training in human rights approach (HRA) is also good”.

35. The above notwithstanding, however, the programme focus appears to be silent on how to target men who are the source of infection and gender based violence and how their behaviour can be influenced to positively impact on the vulnerability of the population groups targeted by the DCA. This is true
of the fishing communities in Rakai/Kagera area on the one hand and for the men in the Teso sub-region where there is a lot gender based violence.

2.1.2 Context in relation to Rights Based Approach and Gender Inequality

36. The contextual assessment elaborated on the importance of promoting the rights based approach. Thus, in adopting and promoting the rights based approach for sustained advocacy and empowerment, it highlights the disadvantaged position of women generally within the communities and cultural settings. Vulnerabilities caused by poverty, food insecurity, high prevalence of HIV and AIDS in the communities, limited availability and access of services were also analyzed.

37. In promoting rights based approach, the advantages of using existing structures of duty bearers in government, community and religious organizations was taken cognizance of in the design.

38. The perception of the partners was that the DCA headquarters came with the RBA and Gender Equality concepts which the implementing partners lacked a common understanding of yet limited training and necessary empowerment were made thus resulting in some kind of ‘confusion’. Consequently, to-date, one big challenge is how to manage the new relationship with government as the partners shift from playing a complementary role in service delivery to advocacy for fulfilment of rights and demand for quality services from government.

39. It is also of value to note that the context analysis did not go into detail to analyse the traditional gender division of labour and implications for women’s and men's most critical practical needs. This was also highlighted in the gender audit as a gap. Through the use of community participatory socio economic and gender analysis tools, identification of the factors that need to be addressed in community empowerment as well as effective approaches and interventions could have benefited the programme design.

2.2 What has been the added value of DCA and the programme approach?

2.2.1 Value Addition of DCA Support

40. The objectives of the DCA HIV/AIDS programme are comprehensive, inter-related and focusing on the HIV/AIDS thematic issues as well as the development and socio-economic factors that impact on HIV/AIDS prevention and impact mitigation. Thus, the focus on increasing access to basic services like formal education through scholarships and vocational training is a key empowerment strategy to young people that provides them with life skills for development and HIV prevention. Mobilisation of young people for economic empowerment and increased access to productive resources is a key strategy that will engage the young people productively and prevent them from high risk behavioural, which would increase their vulnerability to HIV infection. Hence, there is considerable value addition to the youths through this programme.

41. The emphasis of the right based approach is another strength of the programme. It is believed that the empowerment of the communities to demand for their rights and entitlement will make leaders accountable and be able to deliver on their mandates. In this way the beneficiary population will gradually realise development and positive impact on HIV prevention and AIDS mitigation.

42. Against the above background, a significant part of the communities served are extremely vulnerable, hard to reach and underserved communities. Most development work has over the years been concentrated in accessible communities with relatively reasonable coverage of programmes. It was found that in all districts visited, DCA has addressed critical aspects of livelihood as well as
significantly delivered HIV/AIDS interventions where the need is greatest. In the Kagera programme, Karagwe, Muleeaa and Ngara are examples of areas that had very limited support and the main HIV/AIDS work in these areas was supported by DCA. This is highly commendable because in some of these areas, the DCA partner was the sole provider of HIV/AIDS related services to the people.

43. Another value addition of DCA’s support is that the approach to gender and rights through this programme has on the overall improved visibility of the central role that these cross cutting issues play in attaining broader development goal. Thus, DCA’s supported interventions for empowerment and improvement of the communities to demand for their rights and services is beginning to introduce a noticeable shift in community development from a purely service provision approach towards a balanced approach that nurtures accountability and transparency between the communities served and the government service providers or duty bearers.

2.2.2 Value Addition of Programme approach

44. In designing the support of DCA for the period 2006/09, another important shift was from project to programme mode. Thus, the name of the support was “HIV/AIDS Programme 2006-2009”. A number of benefits were expected to accrue from this transition. However, during the period covered so far, this has been realized to a limited extent as highlighted below.

45. Among the staff of DCA and partners, there is considerable variation in the understanding of the definition, components, planning, implementation, monitoring and evaluation of programmes compared to projects. In this regard, for instance, support to KZACP has been continuous since 1991 viz 1991-1996 (phase I) Budget Tshs 32.6m; 1997-2001 (phase II) Budget Tshs 826.1m; 2002-2004 (phase III) Budget Tshs483. 5m; 2005-2007 (phase IV) Budget Tshs 995.1 (only 825m is granted). Thus, KZACP funding within the context of this programme started pre-programme phase. Calling it Phase IV when it is within a new HIV/AIDS Programme is not only a misnomer but also creates confusion in the shift from project to programme approach.

46. In terms of resource mobilization, there is no difference between modus operandi between the past project approach and current programme approach because each organization is still taken as a project. Indeed, some organizations have been contracted several times within the period. There have been no efforts for partners to jointly design and implement a district programme to ensure comprehensive coverage. On the other hand, during this programme approach period, there is limited linkage between the organizations to realize the programme results in the same geographic area; HNU works on HIV/AIDS, care and support to OVCs and TPO works on gender based violence and there is no linkage between the two at planning and implementation levels. In the region, for instance, efforts to link two or more organizations to develop one proposal in response to DANIDA Innovative Funds for HIV/AIDS was unsuccessful; the development of a joint proposal by ANPPCAN and TPO also on Pokot failed. It appears that partners seem to come together mainly because of DCAs effort, but on their own, they do not link with each other.

47. In the recent past, however, there has been some efforts towards enhancing cooperation and collaboration among partners. For instance, a memorandum of understanding was signed to this effect between RACOBAMO and RACA.

2.3 Has there been synergy, cohesion and complementarity between the projects in the programme?

48. There is very limited evidence of cohesion, synergy and complementarily among partners generally in the delivery of various programmes. In this regard, it was noted earlier that there has been limited linkage between the organizations to realize the programme results in the same geographic area. In
addition to this, in some cases, there is even limited or no synergy and complementarily among the projects implemented by the DCA partners in different sub-counties within a district. For instance, as shown in the table below, RACA, CIPA and RACOBAL projects in the Rakai – Kagera region have their objectives almost the same and delivering similar interventions to the DCA programme target group but with operations in different areas/sub counties. These projects are independent of each other and, and no partner has a comparative advantage over the other in the provision of a particular services. Consequently, having different geographical coverage implies that beneficiary populations are not able to enjoy wide range or comprehensive package of HIV/AIDS prevention, cares, mitigation and other social economic services. There is therefore no cross referral of target beneficiaries from one partner to the other.

### Table 2.1: Similarities in Objectives of two Partners operating in same district/region

<table>
<thead>
<tr>
<th>RACA Objectives</th>
<th>CIPA Objectives</th>
<th>RACOBAL: Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased knowledge on HIV/AIDS dynamics among students in secondary schools and youth out of school to achieve behavioural change</td>
<td>Increase access to HIV/AIDS prevention information by fishing and board line communities, especially young people, PLWHA and women.</td>
<td>Promoting responsible health behaviour that prevents HIV infection among women, children living alone and youth aged 10 – 24 years</td>
</tr>
<tr>
<td>Increased access to psycho-socio, health and economic support by HIV/AIDS infected and affected individuals, families and groups (CHH, PLWHA, OVCs and FHH).</td>
<td>To improve the social economic live hood including food security of the most disadvantaged households</td>
<td>Ensure increased access to quality health care and services including ART, and psycho social support among the most vulnerable PLHIV and CHH</td>
</tr>
<tr>
<td>Youth in and out of school are empowered to address the pandemic due to increased promotion of positive cultural practices and gender.</td>
<td>To increase access to justice for women and OVCs through provision legal first aid in two sub counties, Kyebe and Kakuuto</td>
<td>Ensure that HIV and AIDS affected children, youth and women enjoy their political, social and economic rights in their communities</td>
</tr>
<tr>
<td>A conducive environment where the rights of vulnerable people are observed and protected. (CHH,PLWHA, Widows and OVCs)</td>
<td>To strengthen the capacity of project staff, community mobilizes, paralegals and other stakeholders to implement and monitor project activities</td>
<td>Ensure that HIV and AIDS affected households have improved food security.</td>
</tr>
</tbody>
</table>

49. Against the above background, however, the establishment of HIV/AIDS Programme Advisory Committee (HPAC) has been very instrumental in making the partners share information and research findings, field and operational experiences. In this regard, the Rakai-Lyantonde and Teso-Karamoja regional clustering of (especially the leadership of) partners was formed in 2008 to strengthen coordination and collaboration among partners operating in one geographic region. In future, if appropriate terms of reference are developed for guiding the regional clusters and shared through such forums then there could be a significant improvement in efforts towards synergy, cohesion and complementarity in programme delivery. Furthermore, the recently concluded training in Planning, Monitoring and Evaluation (PME) has offered opportunity for the programme to ensure that in future an annual work plan for the programme that integrates the individual partner work plans and targets are developed in order to guide implementation and performance monitoring. When such a work plan exists, it will also ease sharing information about the contribution of DCA at all levels.

### 2.4 Has there been synergy with other DCA programmes and the effort of other funding agencies in the country?

50. DCA upholds the principle of building synergy within supported programmes and with other organizations funded by various development agencies. This is highlighted below.
2.4.1 Synergy between HIV/AIDS programme and other DCA programmes

51. At the regional offices, there is the project committee which brings together the programme officers for all the DCA programmes in the region. They review and recommend proposals for approval. In addition, in 2009, programme committee meetings were instituted in 2009 for reviewing different programmes by DCA officials. In this aspect, it is assumed that through this approach, synergy between the programmes is taking place at this level.

52. At capacity building level, there was an advocacy training for 28 representatives of DCA partners funded under political space, HIV/AIDS programme and 5 staff of DCA8. However this could further be enhanced especially with regard to the rights based approach. The Peace programme is implementing a participatory community monitoring approach, which empowers rights holders to monitor development programmes, and ensure that their rights and entailments are realised, as specified by policy and project being monitored. The wealth of experience which the peace programme has in the promotion of the rights based approach, could greatly benefit the HIV/AIDS programme, if the synergy between the two programmes is further enhanced.

53. Regarding collaboration at project development, in March 2007 PT1 and PT4 jointly developed the Children’s calendar project for Pokot.

54. DCA also hosted the bi-annual meeting of the Danish NGO Forum in April 20069, June 08 and in September 09.

55. Against the above background, it was found that political space programme of DCA is being implemented in the districts of Katakwi (Uganda Debt Network, COU/TEDDO), Moroto (KADP, Uganda Land Alliance) and Bushenyi (SSD, UJCC, KADP); but there is no synergy between the two groups. The programmes are not talking to each other and sharing experiences except for the programme officers. This precludes mutual and experiential learning. For instance, UDN has a lot of experience in community monitoring which could be quite useful in RBA.

2.4.2 Synergy between HIV/AIDS Programme and other Donor funded programmes

56. Synergy between HIV/AIDS programme partners and other donor funded programmes have been through district coordination, indirect support by DCA, implementation of joint activities, sharing roles in areas of comparative advantage, and resource mobilization. These are discussed below.

57. District level coordination: In the majority of cases, although the partners might have participated in district planning meetings, each partner to a large extent determined the scope and coverage of services without necessarily considering already existing programmes in place. In this regard, it was mentioned by some district officials that there was limited transparency in sharing information regarding project details, resources available and their utilisation. There was no evidence to show that there is a linkage between the support by DCA to the individual partners and the strategic plans for HIV/AIDS for the districts in which they were operating.

58. Indirect support by DCA. The DCA programme support to some partners caters for administration and management, transport, office accommodation, as well as office furniture and equipments in addition to the technical support and capacity building which DCA provides as part of the programme support.

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8 DCA Great Lakes Region Office Bi-Annual Report July-December 2006.
When partners mobilise resources from other donors/development partners, they use the same office infrastructure, and management and administration support from DCA to facilitate implementation of programmes funded by other sources. In addition, the capacity building by DCA, in the areas of proposal writing, M&E, and advocacy, has provided skills which the partners do not use only in the context of DCA funded activities but also for those funded by other development partners.

59. Joint activities: A four-day orphan youth camp was held in December 2008\textsuperscript{10}, and was conducted in partnership with Youth Alive, a partner organization specializing in youth and HIV and AIDS issues in secondary schools, co-facilitated by Right to Play, an organization specializing in communication with children through sports and games. On the other hand, CIPA\textsuperscript{11} was contracted by the Rakai District Administration to give support supervision to community groups that had received funds to implement Community HIV/AIDS led Initiatives in Lwamaggwa, Kacheera, Kyalulangira, Kakuuto and Kyebe sub counties under the World Bank funded Multi-Country AIDS programme (MAP); in all 30 groups were given support supervision on activity implementation and making proper accountability of funds received.

60. Sharing roles: The sharing of information from studies conducted with support from DCA has led to various discussions and commitment to work in Pokot and advocacy on social injustices against women and children in Pokot. UNICEF has since supported a social protection project implemented by TPO in selected sub-counties of Pokot;

61. DCA does not provide anti-retroviral therapy (ART) to its clients. However, because government through its health facilities in the program areas and the other development partners through their grantees are able to provide drugs for PLWHAs, prevention of mother to child transmission (PMTCT), opportunistic infections (OIs) and sexually transmitted infections (STIs), the partners of DCA have been able to mobilize the communities and their clients to access these services. In this regard, it is pertinent to note that USAID through PEPFAR is the major funder of ART in the country and it is through this that the PLWHAs in the programme area are receiving ART drugs. This is a commendable synergy.

62. Similarly, in the context of the principle of three\textsuperscript{12} one’s that Uganda subscribes to, Irish Aid is supporting coordination of HIV/AIDS activities in the districts. Thus, Ireland Aid is providing support to MOLG\textsuperscript{13} for operationalizing the principles at the district level by availing, among others, many opportunities for DCA partners to link up with local governments and other HIV/AIDS implementing partners in the districts through (a) the district AIDS committee activities (b) quarterly regional consultative meetings between Decentralized Response Self-coordinating entity of the AIDS Partnership and local governments and (c) the annual District AIDS Partnership Forum. All these are avenues for promoting synergy and complementarity among HIV/AIDS programmes that DCA partners have not taken advantage of to-date. On the other hand, the absence of DCA in national level forums for coordination\textsuperscript{14} (e.g. Self-coordinating Entity for International NGOs and


\textsuperscript{12} The three one’s principles in the context of Uganda advocates for the country to have one coordinating mechanism (Uganda AIDS Commission), one plan (NSP) and one monitoring and evaluation system (PMMP) to which all stakeholders in the response to HIV/AIDS at a given level contribute


\textsuperscript{14} UAC has established the Partnership mechanism at the national level for coordination; this includes the Partnership Forum, the Partnership Committee (PC) and Self Coordination Committees (SCE). There are 12 SCEs
Self-coordinating entity for development partners) is also apparent. This negates sharing of information on challenges, experiences from the field (i.e. DCA implementing partners) to the decision makers.

63. Provision of additional funds for implementation: When the suspension of Global Funds to Fight AIDS, Tuberculosis and Malaria (GFATM) was lifted, there was a call for proposals under Round 7. In the context of HIV/AIDS and with reference to the programme districts in Teso and Rakai, the proposals of some partners already being funded by DCA were approved for funding. It is therefore clear that, if nurtured properly, GFATM activities in these areas will have synergy with those of DCA as is shown in the table below.

Table 2.2: NGOs whose proposals were integrated into GFATM Round 7 Proposals for implementation in same districts of DCA partners

<table>
<thead>
<tr>
<th>Type of NGO</th>
<th>Name of NGO</th>
<th>Project Focus</th>
<th>Districts of Implementation</th>
<th>Funding Level (Shs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National NGO</td>
<td>Uganda</td>
<td>Integration of HIV/AIDS Services into Midwives’ Mainstream Maternal and Child Health Services</td>
<td>Kampala, Masaka, Rakai and Wakiso</td>
<td>390,215,000</td>
</tr>
<tr>
<td></td>
<td>Private Midwives Association</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uganda Cares</td>
<td>Strengthening HIV/STI Prevention, Care, Treatment in Uganda Cares Implementation Sites</td>
<td>Rakai, Lyantonde, Kampala and Soroti</td>
<td>851,901,000</td>
</tr>
<tr>
<td>International NGO</td>
<td>Self Help Development International Uganda</td>
<td>Livelihood for the rural poor through agriculture and mainstreaming PLWHAs into rural development initiatives</td>
<td>Katakwi and Kamuli</td>
<td>600,037,500</td>
</tr>
</tbody>
</table>


64. In addition to the above, DCA partners were also successful with support from the Regional Office in mobilizing funds from the Civil Society Fund as is shown in the table below.

Table 2.3: Resources Mobilized by Different Organizations in DCA from Civil Society Fund in 2008.

<table>
<thead>
<tr>
<th>DISTRICT</th>
<th>ORGANIZATION</th>
<th>PROJECT NAME</th>
<th>AMOUNT (SHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV PREVENTION ACTIVITIES</td>
<td>Rural community support for PLWHAs and awareness for increased information dissemination on HIV/AIDS &amp; STDs</td>
<td>49,445,025</td>
</tr>
<tr>
<td>Amuria</td>
<td>Orungo Youth Integrated Development Organisation (OYIDO)</td>
<td>Lyantonde HIV/AIDS Partnership Project</td>
<td>54,094,800</td>
</tr>
<tr>
<td>Lyantonde</td>
<td>Rakai Community Based AIDS Organization</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

each of which is a cluster of stakeholders with similar areas of interest. The SCEs include Ministries of Government, Parliament, United Nations (UN) and Bilateral Funding agencies, National NGOs, International NGOs, Private Sector, FBOs, PHA Networks, Decentralized response, Research, Academia and Science, Young People, and Media. An SCE is supposed to share information, plan and coordinate issues within its constituency. The PC brings together representatives of the SCEs and basically plays an advisory role to the UAC and all its partners. The HIV/AIDS Partnership Forum meets once a year and it brings together all members of the SCEs and district representatives to review progress and set priorities for the next year.
Rakai AIDS Information Network (RAIN) | Rakai HIV/AIDS Community Based Partnership Project (RAHICOBAP) | 400,000,000
---|---|---
Rural Community Strategy for Development | Integrated Community-Based Approach for HIV/AIDS Prevention, Amongst the High risk groups in Kakuuto county | 42,219,028

**OVC SUPPORTED ACTIVITIES**

<table>
<thead>
<tr>
<th>Area</th>
<th>Organization</th>
<th>Activity Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katakwi</td>
<td>Lutheran World Federation</td>
<td>Enhancing good livelihoods and advocacy for OVC</td>
<td>227,508,200</td>
</tr>
<tr>
<td>Nakapiripirit</td>
<td>Friends of Christ Revival Ministries (FOC-REV M)</td>
<td>Promoting an integrated and comprehensive OVC Service delivery in Nakapiripirit</td>
<td>204,517,950</td>
</tr>
<tr>
<td>Rakai</td>
<td>Rakai Counselor's Association (RACA)</td>
<td>The Rakai Orphans and other vulnerable Hope Project</td>
<td>294,516,495</td>
</tr>
</tbody>
</table>


65. Despite the above efforts for synergy, it was noted during field visit that currently, most discussions between DCA partners with other NGOs in the districts is at personal level rather than institutional level and there is also some element of competition among NGOs. A member of PAG-KIDO in Katakwi stated that “We have good relationship at personal level but there is no synergy or collaboration between our two programmes because TPO deals with psycho-social support while we deal with income generation. When we met in one village, in Okuda sub-county, I found TPO already sensitizing the group of people I had gone to meet. I had to wait and when they finished with TPO, I started with them afresh as TPO left the venue.” The National Agricultural Advisory Services (NAADS) is not actively engaging the HIV/AIDS groups (e.g. PLWHA groups established by DCA programme.

2.5 In what way does the programme strategy contribute to the strategic goals of DCA?

66. The regional strategy for DCA in the Great Lakes Region is focused on addressing issues of access to land and productive resources and sexual gender based violence which are affecting all the four countries of the region in one way or the other. The strategic approach for addressing the two issues is through regional mechanisms and activities particularly advocacy, sharing information/experiences, competence development and designing and implementing regional projects and subsequently regional programmes.

67. The programme strategy is designed to implement the DCA Regional Strategy above. In this regard, it is appropriate to note that the HIV/AIDS programme is under the overall development objective of DCA. Besides, the areas of interventions of the programme are consistent with the Great Lakes Region strategy. Hence, by the programme generating (a) empirical evidence through research undertaken by partners (b) information from experiences in implementation of the programme and (c) discussions on policies and challenges that affect the programme, the DCA programme has a lot to offer towards the strategic goals of DCA to be shared within and beyond the Great Lakes Region.

2.6 Does the intervention comply with international Standards?

68. Although the rights based approach adopted by partners is largely in line with global provisions in this respect, interventions in Uganda still need to be adapted to suit existing socio economic, cultural and systems capacities to respond in the programme areas. There appears to be some mismatch between availability services and the empowerment model being delivered i.e. when the communities are...

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empowered to demand for their rights through access to services from duty bearers, they are quite often frustrated to find there is none. In this regard, it is necessary for the program to try a two pronged approach where capacity to deliver is addressed on the one hand and empowerment of communities to access and utilise services is developed concurrently on the other hand.
CHAPTER III – EFFECTIVENESS

3.1 How effective has the programme been in terms of achieving its stated objectives?

69.Before the findings on effectiveness of the programme is presented, it is appropriate to reflect on when the implementers or partners were contracted to carry out the activities and also on the monitoring tools that were in place.

70.Regarding partners, data from DCA office indicate that while some partners (e.g. RACT, RACA, LWF-RACOBAP and ELCT) continued with their activities that existed before the programme started, others (e.g. ELCT, LWF-RACOBAP, LWF-Orphans, CIPA, CCFU and TPO) will have their activities continue beyond the programme period. Secondly, partners such as LWF-HIV/AIDS, UCAA and POZIDEP whose funding ended within the programme period have not had new contracts in place. Finally, the partners whose major focus were on rights based approach and gender perspective have been operational only since the third quarter of 2007. Some partners like Vision Terudo, COUPDR and PACANET have not been given any contract despite the long relationship that has been cultivated between DCA and them.

Figure 3.1: Sequence in Contracting Partners to implement the HIV/AIDS Programme

71.In order to present information on achievements, secondary data from partners reports are essential. It will also suffice to state that it was not the intention that this section makes reference to all the partners and achievements made rather some examples are given to illustrate various points. It was found that the partners have been providing mainly descriptive reports with limited information on quantified outputs and impact of their respective projects. Besides, although the programme had a logframe, there was no baseline data collected on the relevant indicators. Nonetheless, as presented below, there has been significant contribution in service delivery in relation to HIV/AIDS but relatively less on rights, social and economic empowerment and access to justice.
3.1.1 Achievements under Objective 1: Access to Basic Services

72. DCA support has contributed to improved access to services but on a low scale compared to the demand for services within the communities served. As discussed below, a few orphans and vulnerable children have accessed formal education, some have accessed vocational training. On the other hand, community level support for food production through improved access of planting materials and related extension support through government structures was made. Despite this efforts, there were unforeseen climatic changes beyond the control of the programme, affecting production levels and in some cases escalating food insecurity in many parts of the programme area in northeastern Uganda.

73. HIV Prevention: The interventions for HIV prevention have been mainly sensitisations, Information, Education and Communication (IEC), Behavioural Change Communication (BCC) and (IEC) and life skills. These have been implemented in Kagera, Rakai, Lyantonde and the Teso region. For instance, CIPA has trained a total of 430 (217 female and 213 male) young people in Kakuuto and Kyebe sub counties in Rakai District, to raise their awareness and knowledge about HIV/AIDS prevention and management. In Tanzania, KZACP in 2006 and 2007 trained (a) 269 youth groups in age group 10-14 years on basic facts about HIV/AIDS, peer pressure, effects of unwanted pregnancy, adolescence, risky places, life skills, high risky behaviour, healthy life styles and prevention on HIV transmission (b) 224 groups old youths in school and 107 youth groups out of school in the age group 15-19 years on hopes, future expectations, risk assessment, behavioural communication, abstinence, criminal abortion, forced sex etc.

74. The major challenge is that the DCA HIV/AIDS Programme strategy did not package HIV prevention interventions and services that would constitute the basic social services for which the target groups should have increased access. As a result, there was no evidence of a defined HIV prevention minimum package, which has been implemented. The delivery strategy has largely been one time sensitisation of the community, with no follow up actions. In the fishing communities like Kasensero, and in Lyantonde where commercial sex work is on the increase, such sensitisations will have limited effect on the target groups. Given the high level of awareness of HIV/AIDS, the strategies should be more of the interpersonal (person-to-person) approach and cohort (group) approach, to be able to promote personal and self defined values that can impact on risk behavioural for HIV infection.

75. HIV/AIDS Care and Mitigation: The major interventions for care and mitigation have mainly been HIV/AIDS counselling and psychosocial support. In Lyantonde and Rakai, RACOBAO volunteer AIDS counsellors were trained; hence, a total of 198 (96 female) volunteer AIDS counsellors were able to offer psychosocial support to 9,002 (5,496 females) people, 1,042 (732 female) PLHA, 478 (281 female) Child Headed Households (CHH) and 69 (44 female) new clients. The Volunteer AIDS counsellors also supported 1,132 people to access Voluntary HIV counselling and testing where 939 actually tested their sero status and 674 PLHIV were referred for treatment of opportunistic infections at health centres and district Hospitals. Out of the 619 PLHIV that were educated, 132 wrote their wills. In addition, 1,576 home visits and 231 awareness meetings on HIV and AIDS were conducted by counsellors attracting of over 5,000 people throughout the year. Through RACA, the DCA funded programme has also supported 8 health centre II and III to provide psycho-socio, and health support to HIV/AIDS infected and affected individuals, families and groups (ie CHH, PLWHAs, Orphans and female Headed households). KZACP has carried out home based case while CIPA, RACA, RACOBAO have health out reaches. Thus, the DCA 2008 report indicated that “CIPA, RACA and RACOBAO established and or supported outreach services especially VCT and ART services which many PLHIV were not able to access due to distance. The projects provided transport and in some cases allowances to enable Government staff to reach out to remote areas in Rakai and
Lyantonde” and “KZACP counsellors attached to health centres neighbouring the target communities provided treatment and other related care and psycho-social support services.”

76. Education Support: The support for education has focused on sponsoring the orphans for secondary and vocational training. In Teso region, LWF is supporting 112 OVC (56 girls and 56 boys) to access secondary education. RACA has also supported 84 pupils to access primary education, 38 for secondary education and 3 for technical and vocational training in Rakai on the other hand, RACOBAO has supported 77 Secondary school (39 male & 38 female) & 105 vocational (male 63, 42 female) students while KZACP supported 996 Primary, secondary and tertiary (514 female, 482 male) students.

77. The major challenge with the education support is that the sponsorship strategy provides limited access to education. Only few are selected and for the majority, education remains a dream. A community or development approach of supporting identified schools in a given sub county to develop and provide quality education, could have a greater impact on improving access to education at community level, considering that there is Universal Primary Education (UPE) and Universal Secondary Education (USE)/Universal Post Primary Education and Training (UPPET) funded by government. Currently all sponsored students in Katakwi are sent to Soroti due to absence of a secondary school that could provide reasonable quality of education in the district.

78. Food Security and Nutrition: Food security and nutrition has focused on supporting female, and child headed households with OVCs and PLWHA with inputs to improve their farm level production. In Rakai and Lyantonde districts RACOBAO focused on improving agricultural skills for better production and yields targeting groups that provide support to children and widow headed households. The areas for skills building have included local poultry management, goat management, integrated pest management, and banana management using organic farming principles. In addition, RACOBAO has also supported and organised community groups engaged in agriculture into cooperatives, to strengthen their collective ability for saving, credit and marketing opportunities.

79. In Katakwi, LWF has supported 84 households of sponsored children each with planting materials, farm tools and local female goats. LWF has also trained guardians and orphans in improved agriculture and goat rearing. On the other hand, HNU helped PLWHA household to develop kitchen gardens to supplement food in the household. However the gardens were affected by drought in Teso region.

80. The major challenge is that subsistence farming upon which these clients rely on is vulnerable and dependant on the weather conditions. Indeed, in the Teso region, the support for agriculture was greatly affected by the drought conditions and floods that hit the area very badly. This situation is compounded poor health status, poverty, lack of appropriate time and labour saving techniques and technologies especially among HIV/AIDS affected households. Also, in general, the food stuffs provided by KZACP, RACA and RACOBAO was not sustainable and other more sustainable solutions will need to be devised for the new projects.

81. Household/home improvement: RACOBAO constructed 10 mud, wattle iron sheets roofed houses benefiting children headed households and widows. In addition, 60 pit latrines have also been constructed by RACOBA to improve the hygiene and sanitation situation among orphans and widows. RACOBAO has also constructed 25 simple water collection tanks of 4000 litres each for children.

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living alone and widows, enabling over 80 family members to have accesses to safe and easily accessible water.

3.1.2 Achievements under Objective 2: Economic and Social Empowerment

82. In respect to economic empowerment, efforts across the programme area were evident with priority focus on supporting communities mainly in agricultural production and rearing of livestock. In Katakwi for example a family had made significant strides in improving household livelihood and assets beginning with a breeding goat and gradually attaining higher value livestock like cattle over time. However the overall challenge was the climatic conditions that affected production levels and demoralised enthusiastic families. There were combined efforts with local governments in some areas to educate farmers on food security measures as well as improve their potential to identify viable income generation activities.

83. There were clear efforts to support orphans and vulnerable children attain vocational skills to be able to earn income and reduce vulnerability and dependency on charity. Through CIPA, for instance, a total of 11 (6 six girls and 5 boys) are being supported for apprenticeship and vocational training. RACOBAO has also supported 115 (52 female) trainees from Rakai and Lyantonde to be trained in vocational skills at St Noa Mawagali vocational centre Lyantonde. 64 trainees completed their course and were awarded certificates. Another 55 (20 female) trainees have completed the two year training course in carpentry and joinery, brick laying and concrete practice and mechanics. HNU trained 10 orphans in tailoring in the last 2 years and currently another batch of 10 are being trained. RACA volunteers also had training by Uganda Change Agents Association.

84. In Tanzania, in 2007 for example, 340 families were supported with different resources reaching 699 people; 258 community leaders were mobilized to sensitize members in close vicinity for community contribution and as a result, 996 community members were mobilized and able to support orphans, widows and PLWHAs through contribution of T Shs 12,069,350/= in cash and in kind support for orphans, widows and PLWHAs.

85. Against the above background, however, it could not be determined whether or not this training and apprenticeship would necessarily reduce the vulnerability of the orphans particularly given the selection of skills /enterprises vis a vis the socio economic situation pertaining. Tailoring for example appeared very limiting in terms of opportunities for earning reasonable income because of competition from traders in second hand clothes that could be relatively cheaper.

86. In view of the social empowerment aspects, by placing the rights advocates within the communities, the rights based approach has to some extent enlightened communities on human rights. Despite the evident limited capacity of the rights advocates met, it was clear that cases that would have gone unattended before had gained prominence as a result of DCA partner activities. The most significant being the follow up of victims and cases of GBV in Katakwi and the deliberate engagement of law enforcement agents in performing their duties following targeted training. It was clear however that social empowerment should go hand in hand with quality service availability and provision.

3.1.3 Achievements under Objective 3: Reduction of Stigma and Discrimination in FBIs

87. The DCA report for 2008 indicated that through KZACP (i) 50 religious leaders involved in consultation and training initiatives in Karagwe Diocese and (ii) a KANARELA counselling centre for religious leaders was been established (iii) the area covered by activities of the network of religious leaders infected and affected by HIV/AIDS expanded to include the other two Dioceses (North Western and East of lake Victoria) and over 30 religious leaders in Karagwe Diocese (district) have
accessed relevant HIV/AIDS services e.g. testing, counselling and treatment due to the confidence they have gained from the various meetings and trainings they have attained (iv) a counselling centre for religious leaders (some of them worked as volunteer counsellors) was established at Karagwe (v) 50 Religious leaders living with HIV/AIDS are accepted and are active in the various units of the church and congregations in Karagwe.

88. In Uganda, to-date, no partner has been recruited to implement this component as envisaged in the programme. However, in 2008 UNARELA and Friends of Canon Gideon held discussions with partners (36 participants) on the need to engage religious leaders in advocating against stigma and discrimination. UNARELA is developing a proposal towards this. In the meantime, RACA has so far facilitated and empowered 11 religious youth groups to address the epidemic through promotion of positive cultural practices and gender. CIPA targeted 20 religious leaders of the different denominations to formulate strategies for addressing the challenge of stigma and discrimination; training was done by UNERELA. At a higher level, it will be necessary for DCA office to approach the Inter-religious Council of Uganda (IRCU) to facilitate the selection of one or more of their religious coordinating bodies under the Catholic Church, Uganda Muslim Supreme Council, Seventh Day Adventists, Church of Uganda, Orthodox Church and Pentecostal Churches to implement this component of the programme.

3.1.4 Achievements under Objective 4: Protection by Law

89. Although not much has been done in Uganda on this objective, efforts were made to generate the necessary information to support planning relevant interventions for implementation under this objective. For instance, in 2008, the Cross Cultural Foundation of Uganda (CCFU) had, with support from DCA carried out research and documented on how positive aspects of culture have been used by CSOs and other institutions in the fight against HIV/AIDS in Uganda. This report was discussed in a one day workshop on “Harnessing Cultural Resources in the Fight against HIV/AIDS”. DCA also supported ANPPCAN and TPO that carried out an assessment of the vulnerabilities of women and girls in Pokot to abuse and exploitation with the view of identifying opportunities and barriers that hinder their access to social justice. One the other hand, in 2009, TPO and ANPPCAN in carrying out a study on “Women and Children’s Rights in the Context of Insecurity and HIV/AIDS” in Katakwi and Amuria districts of north eastern Uganda. The information generated in all these studies (a) give direction and areas that DCA partners and other stakeholders need to address in the context of gender, culture and insecurity (b) is a very invaluable resource for planning the next phase of the programme and also for sharing with other countries in the Great Lakes region.

90. Through TPO and HNU, efforts were also made to provide services and mitigate the impact of gender based violence. First, community support structures based on local council system have been established/strengthened through training. Secondly, services have been provided as is shown in the figure below for TPO. The DCA 2008 reported that “TPO supported Health centre staff and community structures through awareness raising and training to enable them support SGBV survivors and to prevent and to respond to SGBV cases. The health centres provide treatment but also liaise with the Police and local councils. The local councils refer SGBV cases to Police. They also intervene

in domestic violence cases. KZACP counsellors attached to health centres neighbouring the target communities provided treatment and other related care and psycho-social support services.”

Figure 3.2: Services provided to clients by TPO

91. In the figure, out of 5,459 people that accessed information on SGBV, human rights and legal framework work, over 52% were females. On the other hand, out of the 102 clients that accessed emotional support, problem solving and referral information over 90% were cases of rape, defilement and other forms of GBV which were satisfactorily handled by TPO. The community support structures, police, health units and the schools referred 48 clients for support to TPO out of which 25% were cases of defilement, rape and domestic violence which were supported with emergency health care i.e. treatment of injuries, VCT and emergency contraceptives and the others were dealt with through psychosocial counselling. As a result of the TPO’s work, 5 cases of defilement that had been concealed were also revived and the culprits were brought to book. This is in addition to the case of a 13 year girl who had been defiled by a relative; this case was re-activated and those involved in concealing information faced the law.

92. In Rakai District, CIPA has trained 2 paralegals per parish in Kyebe and Kakuuto sub counties to promote increased access to justices for women and OVCs through provision of legal first aid. According to CIPA, to date, a total of 2000 women and OVCs have been reached by the Paralegals for first aid legal services.

93. It should be noted that in Tanzania, this component was spearheaded by KZACP and it was quite successful due to the effectiveness of the administrative structures and the relative peace, law and order prevailing in Tanzania.

94. Overall, as much as awareness about legal and human rights has been raised, access to justices is still limited and expensive. The major challenge is with the dispensing of justices. The weak investigative capacity and logistical limitations makes it difficult to ensure that justice is delivered. Nationally every judicial year that passes the backlog of court cases increase. These limitations of the judicial system present the greatest obstacles for the vulnerable groups to access justices.

95. The challenge however is that much as TPO has endeavored to implement through and build the capacity of established institutions, the districts have not taken initiatives to provide the required
services. As a result the mitigation and management of gender based violence continues to be considered as service that is delivered by TPO. In this regard, it was reported that in some cases, TPO was seen as a lone player in advocating for the rights of SGBV survivors.

96. At the regional level, it should be noted that the DCA helped FECLAMA to mobilize support in order to have a bill on gender based violence to be passed in Burundi.

3.1.5 Achievements under Objective 5: Capacity Building

97. The programme document underscored the importance of having competent partners for implementation. Accordingly, it noted that priority cross-cutting issues among partners would be identified and appropriate training/capacity building plan developed and implemented. This would be in addition to addressing the capacity gaps in RBA, impact monitoring and evaluation and advocacy that had been already identified among DCA staff and partners.

98. It was found that a needs assessment was not carried out to guide capacity building efforts. However, many trainings were undertaken by the regional office and headquarters. For instance, training was conducted (a) on RBA in Ethiopia for partners including LWF (2), RACA (1), DCA staff (CD, FP, Finance person); Advocacy training was carried out by PACT-USA and partners of Political space and HIV/AIDS attended (e) Child Rights and Legislation Training was carried out for PT4 partners. More recently, DCA office has conducted a PME training for its partners and RBA training for its staff with technical support from Tanzania DCA and DCA Headquarters in Copenhagen. Individual partners were also supported through specific training viz RACABOA had training by Uganda Child Rights NGO network on proposal writing in 2007. With the Steps 0-5 in place, the capacity gaps of an individual partner is identified so that appropriate action can be arranged to improve on it. However, according to the DCA report for 200820, it was noted that there was need for more sharing with partners the DCA Policies and formats for planning, implementing and monitoring projects e.g. Programme Steps 0 – 5 etc.

99. In 2007 there was, for instance, trainings in advocacy for staff of RACIAP while in 2008 there were trainings in strengthening staff capacity in mainstreaming RBA for RACIAP staff and in RBA for KZACP staff. At the beginning of the programme and through the use of Steps 0-5, DCA identified that there were capacity gaps in areas such as gender sensitive planning, gender disaggregation of data, impact oriented PME, documentation and reporting21. Training has been slow in addressing these issues. In this regard, recently in August there has been a training in Planning, monitoring and evaluation for the partners and also a training in RBA for DCA staff. Training in Gender and Human Rights for Teso and Karamoja partners has not yet been done. On the other hand, culture has been identified as an important constraint in the delivery of human rights, particularly to women; accordingly, the HPAC of April 2009 noted that there would be two module training on culture in 2010.

100. DCA provided two types of training activities in relation to procurement. The first training was a general sensitization for all the partners in October 2007 on matters related to procurement under the programme. Following this, there was another training for a few partners that had project proposals with bulk procurement (i.e. above US$10,000).

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101. The programme has also sponsored partners to attend international conferences, for instance, two partners (KZACP and RACOBAP) and DCA Programme Officer attended the International AIDS Conference ICASA in 2006 at Toronto, Canada. When participants return, they are requested to make presentations to other partners during an HPAC meeting. DCA and some of its partners also attended a conference on Global Race to SAVE Lives from HIV and AIDS Conference held in Uganda in 2009 at Colline Hotel Mukono. The conference noted that ‘SAVE’ is a better, more accurate and less stigmatizing message for HIV and AIDS prevention than ‘ABC’ (i.e. Abstinence, Being Faithful and Condom use). SAVE is an acronym for Safe practices (A+B+C+PMTCT+Safe blood + Circumcision, Safe injections, vaccine development etc), Access to treatment (for OIs, STIs; ARVs, non-intoxication, nutrition, erectile dysfunctioning), Voluntary, routine and stigma free counselling and testing, Empowering of children, young people, women, men, families, communities and national living with or vulnerable to HIV and AIDS (economically, socially, spiritually, educationally, culturally, psychologically etc).

102. In addition to the above capacity building efforts from DCA, the partners themselves also conducted their own capacity building activities or requested DCA to provide the training. For instance, RACIAP requested for training their staff in Advocacy and mainstreaming RBA in programme work and also regular technical support in financial management; CIPA also had a training in economic and property rights for staff and paralegals in 2008.

103. It is clear from the above that DCA did not come up with a capacity building plan with a proper schedule for training based on the identified needs of the partners that were already in place by 2006. Secondly, documentation of all the capacity building interventions has been very weak with no inventory of all training efforts by DCA and its partners in place.

104. Because there is no clear capacity building plan of the programme, it was found that there is usually no criteria for selection of trainees. Consequently, quite often, the same people are sent by the partners for training and when they return, they neither cascade the training to their colleagues nor share the highlights of their trainings with other staff members. Besides, in most cases, it was difficult to find out the relative impact of the training on the participants as there was no mechanism in place to monitor how the skills acquired are utilized.

3.2 What are the most significant positive/negative changes/benefits that are attributable to the programme?

3.2.1 Significant positive benefits attributable to the programme

105. The support provided by DCA is having a significant impact on the lives of the beneficiaries. For instance, in Katakwi DCA support is accessed by populations way out of the urban centre bordering Karamoja, also hard to reach and vulnerable to poverty. Households in this area have benefited from child education support programmes as well as food security, nutrition education particularly for HIV positive members of the community and home hygiene education. To illustrate this impact, a Aryebi PLWHA group in Ngar in Katakwi was established in 2007 with support from Health Need Uganda (HNU); to-date it has 20 members consisting of 15 women and 5 men. Problems identified by the members at the time was rampant stigmatization in the camps; widespread denial of positive HIV test results leading to domestic violence; difficulties in dealing with discordant results; self-stigma resulting in poor adherence to taking drugs; poor feeding for members. The beneficiary perspective is
that “HNU has trained us in individual counselling and support; trained us in human rights activities and we have a member who is a human rights advocate; helped us to register as a PHA group and also to establish a revolving fund; made it possible for us to establish kitchen gardens to supplement our food and nutrition”.

106. The emphasis of the programme on targeting the remote areas is also another positive attribute. Reaching areas such as like Kasensero landing site in Rakai district, where the only Health Centre II can reportedly go for 8 months without basic STI drugs and yet it is one of the priority needs in the area.

107. The focus on developing and building the capacity of NGO to fulfil their mandate is also a positive aspect of the programme. Quite often, the NGOs that work in such remote areas are small and under resourced. They have capacity limitations and yet they are faced with many challenges. The support for their institutional strengthening therefore, is a pre-requisite for effective implementation of programme interventions. DCA has been providing this support and as a result, some of the partners have been able to utilize the skills and mobilize resources from elsewhere.

108. The long term partnership approach of the programme is also another good benefit. It has enabled the partners to grow and build their capacity for effective delivery of their mandate.

3.2.1 Significant negative changes attributable to the programme

109. There have been some few instances where the programme has had a negative impact, though to a limited extent. For instance one OVC group indicated that “when some of the community members see us the OVCs acquiring skills while their own children are not, they envy us and wish us bad. Some have even threatened us or made us pregnant – in our group, two of us are even pregnant now!”

110. It was noted by HNU that in some cases where the human rights advocates were given bicycles to facilitate their movement within the communities, there was some jealousy from some local leaders, thus affecting smooth harmony and collaborative action on sexual and gender based violence in the area.

3.3 Were the partners selected with clear and transparent criteria and partnerships enhanced by the programme?

111. The partners of the programme fall into two categories, those that were already being funded by DCA in 2005 or before and those that were not. Most of the implementing partners with projects that were being supported by DCA were absorbed into the new 2006/2009 programme. No criteria were defined and used for selection and retention of partners that had a funding relationship with DCA before 2006, only that the organization should already be existing/working in the geographical area of focus. Such organisations had their proposal approved by the Programme Committee consisting of RR, POs (HIV/AIDS, PS and FS), Finance Officials of DCA. The intention of DCA, as expressed by mentioning these organizations specifically in the programme document was to carry forward the policy of DCA of having a long term relationship with a partner and building its capacity appropriately. New partners, on the other hand, were either suggested in the programme document, suggested by existing partners or identified through head hunting were later on sensitized about DCA and the HIV/AIDS programme and supported to write proposals for submission to DCA for appraisal.
112. This evaluation has found that selection of partners through head hunting has a number of issues that arise as the case of UNERELA is presented below to illustrate. In the minutes of Project Committee DCA was of the opinion that UNERELA is a strategic partner that the DCA Great Lakes Region should invest in. This is because UNERELA is part of an international Network for Religious Leaders Living with and Affected by HIV/AIDS. Whether UNERELA, FOCAGIFO or both would implement the project that was to be funded by DCA was unclear. The organizational structure was also equally unclear – it had no accountant apart from having few staff. Based on this, UNERELA proposal was considered a pilot project for implementation between July – December 2009 subsequent to which it would be asked to submit a new proposal for 2010 – 2012.” Getting KDDDS/POZIDEP the local partner in Pokot to successfully write a project proposal has been very challenging too.

113. The use of existing partners in some cases also may not be a panacea. For instance, “LWF Katakwi HIV/AIDS proposal was once again revised by LWF but failed to meet the DCA quality standards and so has been rejected” Further more, it was reported that the proposals of LWF Katakwi HIV/AIDS Project was assessed and rejected because it did not satisfy the review committee When this process of appraisal was on-going, LWF made a decision to discontinue the process.

114. It could be stated that due to relying on existing partners that DCA had an ongoing relationship with, the review of 2007 reported that the programme was facing a very big challenge in shifting partners from service delivery/needs based approach to working from a rights-based and gender equality perspective because some of them were uneasy in engaging in RBGE work as they felt that they would be spoiling people or going against culture. This required a lot of training, mentoring and coaching before the partners could change and adopt the rights based programming as was noted at the end of 2008. Besides, it also reported that “Finding a partner in Uganda with RBA, GE and deeper understanding of faith based institution and HIV/AIDS has been very difficult. Most partners in Uganda have focus on general HIV/AIDS programming while the religious institutions have to-date an outward focus with limited internal mainstreaming of HIV/AIDS in their organizations and activities. A process of capacity building was done first for PACANET who later withdrew suddenly for mistaking rights based approach with promoting homosexuality. A similar capacity building process is now on-going with FOCAGIFO and UNARELA and the final draft will be submitted and assessed”.

3.4 Has the programme facilitated access between the rights-holders and duty bearers?

115. It is found that in most programme areas effort has been focused on raising community understanding of their rights and the extent to which these relate to the responsibilities of duty bearers. Overall there is still a glaring gap between rights holders and duty bearers. The inability of the existing systems to respond to needed services due to shortfalls in human resources and required facilities pauses a challenge to the realisation of the desired equilibrium between the two. The risk of conflict too cannot be underestimated between rights holders and duty bearers in a majority of cases. In an environment of poverty and scarcity or absence of basic services, the service providers tend to hold the key to people’s needs. Thus the rights holders who happen to access a service consider it a privilege other than a right. In such a situation, the duty bearer remains a ‘King” with no respect to the rights holders. As a result, in practice duty bearers are not accountable to the rights holders. They are only accountable to the person who releases the financial resources to them.

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Thus, the rights based approach although a necessary and effective vehicle for development has been introduced within an environment where it has not been well understood and internalised by other development partners including government systems. It therefore has very limited support and faces a challenge competing with a heavily needs based driven development approach by most partners in the programme area.

3.5 Has the programme enabled the partner’s and DCA’s advocacy work with other relevant actors?

Strong and meaningful partnerships with relevant stakeholders is limited both at national and district levels. Networking particularly with CSOs operating within the same programme area is evolving and has potential to become stronger and beneficial. The Kagera region which has been operational for a longer time has achieved strong partnership through meaningful engagement of the church and other existing CSOs as reported. In a limited way however some DCA supported organisations have engaged with district local governments in planning and sharing responsibilities for service delivery. In Katakwi the district production team supported food security related work by DCA partners and in the same programme area the district had made steps to come up with standard Memorandum of Understanding to harmonise coordination and collaboration with all district CSO partners. TPO is a member of the district committee on child protection. On the other hand, in Rakai, partners are members of two local networks, namely, RANASO and FONRAD. RACA is also a member of the district health planning team. Unfortunately there is evidence that DCA partners have not effectively used the opportunity of being on the district policy organs to advocate for vulnerability issues and for impacting on the policy and planning decisions at district level. The challenge is that DCA partners attend such policy forum, without evidence based and documented position and agenda which they are going to put forward. In this way they are dis-empowered to have meaningful engagement with the district leadership.

At the national level, DCA joined the UN clusters on FGM and Gender Based Violence; they have among other things, reviewed GBV implementation plan for the Greater North (Northern Uganda) and also reviewed the National GBV training manual sponsored by DSW (German Foundation for World Population. This has enriched the existing knowledge about what is being done by various players in the Karamoja region and also about the national level interventions on FGM and SGBV (DCA Annual Report 2008). TPO and HNU are also members of the UN Clusters on child protection at the district level in Katawi. The recent presentation of the research findings on women and children in Teso/Karamoja sub-region generated a lot of very valuable discussions and recommendations for TPO, DCA, MOGLSD and other partners and donors to look into in the context of Teso/Karamoja.

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CHAPTER IV – EFFICIENCY AND MANAGEMENT

4.1 Has the programme approach been a cost-effective way to implement the development assistance?

119. It was found that there was a continuous increase in transfer of funds from DKK 3.3m in 2006 to DKK 6.2 in 2008; at the time of the evaluation, the transfer for 2009 had reached DKK 1.9m. Thus, in the period, a total of DKK 17.4m had been disbursed for HIV/AIDS activities by the programme. As can be seen from the figure below, over 81% of the funds between 2006 and 2009 was provided through DANIDA Framework arrangements. The balance was realized from private contributions from Denmark and through Paris Collections.

Figure 4.1: Transfer of Funds under the DCA funded HIV/AIDS Programme 2006-2009

120. It was found that most of the funds for the programme were earmarked for different implementing partners before the programme started or were even carried forward from previous commitments. In this regard, there was also a disproportionate allocation of funds to some organizations and objectives. For instance, resources for LWF-RACOBAP and KZACP account for over 50% of overall programme funds. Thus, the project mode approach in resource allocation continued throughout the life of the programme. This situation could be characterized as ‘fitting existing projects into the programme’ rather than the program first identifying what needs to be done (with clear indicators) and thereafter contacting eligible partners to implement within the time frame of the programme.

121. As a consequence of the above, some partners have resources allocated to them with supporting contracts well beyond the current life of the programme. Although the criteria used is not known, one possible contributing factor is the long time spent in reviewing proposals of partners.

122. In general however, based on the findings, a major concern in efficiency arises from selection of partners. Thus, the process of writing the proposal is very long and not cost effective.
123. It is also appropriate to note that there appears to be elements of inefficiency in resource allocation and use. This is illustrated below with an example from HNU. The HNU project provides fees of 40,000/= per month for each orphan over a period of six months. In 2007, and 2008, five OVCs were trained; the current third batch of OVC consists of seven youths. Training takes place on all week days between 8.00am and 3.00pm. However, because of hunger and lack of essential materials (such as sanitary pads for girls), absenteeism is common; the female youths and those that are heads of households have additional burden of looking for food and other basic necessities for their siblings. These are not factored into the support for these young people.

124. It was also noted that some partners that had potential to implement more work were given limited funds viz HNU and TPO; they have been asking for more funds to expand the scope and coverage of the projects. The reason for this low volume of funding to them was that they were taken on an experimental basis as they were new partners to DCA. On the other hand, some partners like Vision Terudo have stayed out for too long without funds on the basis that they are not to be funded; this has however appear not to have been communicated clearly to the Vision Terudo.

4.2 What major factors affected (impeded/facilitated) implementation, performance and achievements?

4.2.1 Factors that positively affected the programme

125. Comparative advantage of DCA: Compared to other funding agencies, the DCA partners reported that DCA has a comparative advantage in dealing with partners that facilitates programme implementation. First, it is a sure source of funding for a partner it has contracted. Secondly, DCA allows organizations to use their own rules and procedures in the management of the funds which are given to them bi-annually; thus, DCA only monitors them against their own rules and procedures. Thirdly, DCA neither interferes with the internal management of the partner organizations nor does it question the relationship between the partners with other networks. Consequently, DCA has a good name among its partners, beneficiaries and duty bearers. These helped to preclude any encumbrances that could affect implementation of the programme.

126. Culture: It was found that there were some positive attributes of culture that have helped programme implementation. For instance, CIPA incorporated cultural leaders as mobilizers and role models to increase community ownership of interventions in their work while RACA used the aunties “Ssenga’s and Kojjas” to fight HIV/AIDS in Rakai.

4.2.1 Negative factors that affected the programme

127. Natural hazards. The floods of 2007 and drought of 2009 have affected the food production and security in the Teso-Karamoja regions negatively. Besides, it is being forecast that there will be a relatively heavy rains over a long period of time covering the whole in the entire country. This will once again affect food production and availability particularly in the eastern part of the country and more so for PLWHA. In particular, it is worthy to note that PLWHA on ART were particularly affected since the programme did not have an emergency fund to respond to the effects of famine due to floods and drought. During the field visit, the consultants were informed that this started to affect the capacity of some PLWHA to adhere to drugs.

128. Delay in release of funds: The delay in the release of funds to some partners also negatively affected some of the programme partners. For example CIPA reportedly went for four months without funding and thus programme activities were affected. Similarly, it was reported that some LWF students had to miss a term because funds were released late.
129. Rights Based and Gender Equality Approach: Many of the partner of DCA that had been carried forward from previous engagements that preceded the inception of HIV/AIDS Programme had very little experience and understanding of rights based and gender equality approach; rather they were resourceful in provision of services based on needs. Consequently, there was a slow uptake of the shift from needs to rights based approach. This considerably affected the pace at which some of the new partner projects were approved by the Project Committee. Indeed, some partners gave up any further review/improvement of their proposals.

130. Lack of services. In a number of instances, the programme mobilized the communities to go for services (that the DCA HIV/AIDS Programme is not designed to provide) but the services were not there, thus undermining the rights based approach. RBA is empowerment to demand for services, and community mobilization assumes that services are available but not being utilized. Where services are lacking, the communities should be empowered to demand for their rights. In this regard, KEPLWA a local NGO in Katakwi indicated that “Needs and Rights Based approaches need to be integrated. For instance, in addition to advocacy, information and knowledge about rights, services should be available and accessible to the rights holder. Institutions of government that provide these services should therefore be in place and accessible.”

131. Falsehood Advocacy through Prayers: It was also reported that there are some people who sell fake drugs or herbs to the unsuspecting clients from the communities where DCA programme is being implemented. On the other hand, there are also some Pentecostal churches that advocate for healing from AIDS or avoiding HIV infection through prayers and fasting\(^{28}\) instead of medically proven approaches.

132. In Teso/Karamoja, there is an increased level of security agents (Anti stock Theft Unit, Police, local militia etc); there is also an increase in number of people carrying business within the sub-region and between the sub-region with other parts of the country. There is thus a lot of mobility which predisposes people to HIV infection.

4.3 To what extent was the programme managed and implemented in compliance with DCA policies?

133. DCA policies were encapsulated in the HIV/AIDS programme document during the design stage. Thus, the RBGE approaches guided the development of the programme. Similarly, identification of partners in the programme document are a reflection of compliance with the DCA corporate policy of dealing with partners for implementation of its activities.

134. The first Regional Programme Officer was expeditiously brought on board in February 2006. This helped to start the activities of the programme as planned. The replacement of this official with an experienced Regional Representative expedited implementation of the program further. Secondly, the recruitment and retention (throughout the programme implementation period) of a local programme officer with lots of experience in the national response to HIV/AIDS was another asset to the programme at an early start.

135. In the context of planning, the regional office used the DCA partnership strategy in the process of identifying potential partners. To make this a reality, quite often the office had to guide, mentor and support the partners in developing the proposals.

136. The DCA office also was able to identify gaps in capacity of the partners and accordingly arrange for training. On the other hand, it also responded positively to the capacity gaps identified by members of HPAC.

137. It was noted that DCA does not impose any report formats on the partners but instead allows them to use their own format. Once again, this was in compliance with the DCA corporate policy of playing a peripheral role while providing development assistance to partners.

138. In the eyes of the public, DCA has been playing a peripheral role in the implementation of its funded programme because (a) the logo is hardly known or seen (b) supervisory field visit are few and far in between. This was seen to be inadequate for enhancing the much needed advocacy for rights based approach. In any case, DCA neither participates in ADPs SCE nor the International NGOs Self Coordinating Entity of Uganda AIDS Commission; records also show that it has never participated in the Partnership Forum and Joint Annual AIDS Review of Uganda AIDS Commission.

4.4 To what extent did monitoring provide management with sufficient information for following progress towards the desired results?

139. The programme document had a Logframe analysis (LFA) which was to guide in monitoring and reporting on the programme objectives, activities and outputs at partner and at DCA level. Accordingly, the PO and other DCA staff were to make at least two field visits annually to each partner to monitor the progress of their implementation. At partner level, each was to produce progress reports for presentation to DCA and also for discussions at the HPAC meetings. A programme mid-term review was also provided for at the end of the second year 2007 and programme evaluation in 2009. HPAC meetings would be held twice a year but an evaluation would be carried out for each project before it ends.

140. It was good to note that the recommendations that were made during the programme review of 2007 have been followed. For instance, (a) KZACP and CIPA have targeted some of their efforts on fishing communities especially the fishermen (b) training has been carried out by DCA in order to build the capacity of partners in various areas (c) HIV/AIDS policy related research has been carried out by ANPPCAN and TPO on women and children in Pokot and Katakwi and the findings have been disseminated in a workshop held in Kampala.

141. In the annual report of 2008 it was reported that “Not all partners could be visited two times in the year although those developing proposal (e.g. POZIDEP, RACA, KZACP, RACOBAO and CIPA) were visited more times than those who were implementing already. The programme officer indicated that more time was spent on programme and project administrative work including project development. Besides, capacity of the partners in proposal development and writing was also a hindrance because we spent quite some time on reviewing/revisiting the same project proposals and also helping them to understand RB programming. This was particularly important for partners serving remote hard to reach communities.

142. DCA endeavoured to carry out support visits with the Regional Representative, programme officer and/or finance officer going as a team of at least two people. Despite this, however, it was also reported by many partners that there was a weak support supervision to partners because PO is alone at the HQs and because he is very busy, it is difficult for him to find time. On the other hand, efforts were made by the finance people to (i) visit the partners and (ii) provide them external support in financial management using a local consultant.
143. A close look at the annual reports also indicated that the management was responsive to the issues raised. For instance, based on the report of 2006\textsuperscript{29}, (a) orphans supported by LWF\textsuperscript{30} who under the terms of the programme would not be eligible to access services once they were 15 years and above were allowed to continue receiving support even when they became older than 15 years, (b) information, education and communication on HIV/AIDS which used to be for only beneficiary orphans was extended to the other students in school and those out-of a school where orphans lived (c) management agreed that in case of drops outs, replacement of these drop outs students could be made only with girls in order to increase their enrolment (d) the coverage of the orphan support project was allowed by management to increase from 4 to 12 sub-counties within the districts where LWF works.

144. It was found that the writing of the Programme Annual Report remains the responsibility of the Programme Officer; but partners are invited to contribute materials for inclusion in the report. This has helped the partners to also own the contents of the reports. In this regard, DCA has also indicated that it does not dictate on the reporting format for its partners instead they only provide guidance.

4.5 Is DCA effective in managing the programme?

145. As stated earlier in Section 1, the programme was housed at the DCA Great Lakes Regional Office with a RR and PO; other officers serve all other DCA programmes. The team provided funds to the partners bi-annually and partners given flexibility to use with minimum interference thereafter in the way the funds were used.

146. In addition to the regional staff, from time to time, DCA officials from Copenhagen visited the HIV/AIDS programme in order to monitor and give technical support to the regional office and partners as presented below.

147. It will suffice at this point to mention only a few of the external stakeholders that visited the programme. Thus, DCA board member and Treasure visited the country and was able to reach LWF Katakwi and Bukonzo East Branch of UCAA in February 2006; a journalist also visited LWF Orphans project and LWF RACBAP in April 2006\textsuperscript{31}. There was also a finance monitoring visit by the Finance Controller from Copenhagen in the same year and to KZACP from in 2007 and 2008. Other visitors to the program during the period included fundraisers such as Karstendam that have been coming every year, Born in Africa and ladies from “Fisk Danish Shops”.

148. The Programme Technical Advisor (PTA) continued to give advice to the RR whenever necessary. In addition to that, the PTA also lead the team which conducted the mid-term review of the programme in 2007.

149. In addition to the above, DCA also encouraged the partners to visit the regional office in case they had any issues especially those relating to management and also for updates whenever they deemed it necessary or while they were around in Kampala for one activity or another.

150. Against the above background, it was clear that DCA tended to play a peripheral role in implementation of the programme activities, leaving the partners to run their activities as deemed fit.


\textsuperscript{31} DCA Great Lakes Region Office Bi-Annual Report July-December 2006.
Although this approach may be good, it none the less has the inherent lack of advocacy from the funder which is usually necessary!

4.6 To what extent did partners have decision-making power in planning and implementation of programme?

151. In the programme design, there was provision for the establishment of a HIV Programme Advisory Committee (HPAC) which was to consist of DCA Uganda Office and program officers from supported partner NGOs; HPAC was to meet every 6 months for the purpose of sharing experiences, reflecting on strategic approaches of the programme, assessing progress made, identifying relevant cross-cutting and joint activities in order to enrich improve partners knowledge base, promote good practices and enhance accountability. This was an innovative approach in providing for participatory decision-making in a programme. The first HPAC meeting was held in October 2006 and thereafter two were held in each year 2007 and 2008; so far one had been held in 2009 but with another planned for October. Based on a sample of 2 lists of attendance that were available, attendance has been good at an average of 25 participants per meeting; participants in each meeting came from 14 organizations. While 41% of participants have been women, Figure 4.2 below shows that 65% of the participants have been partners that came from organizations that were already contracted to carry out implementation. On the other hand, DCA staff contributed only 10% of the participants. HPAC also had potential non-funded partners attending the meetings.
HPAC has been able to achieve what it was set to do. It has been a forum in which sensitization has taken place (e.g. on Male circumcision, Children’s rights, Financial management, Monitoring and evaluation, PME. Good governance, Human rights and HIV/AIDS, HIV/AIDS related stigma and discrimination, HIV/AIDS in the work place), experience shared (those of partners from Uganda and outside, like Malawi HPAC experience), progress on projects of each member present at an HPAC meeting (e.g. HNU, CIPA), dissemination of findings from researches commissioned by DCA (e.g. Social justice amidst complex realities the case of Pokot Women and Children in North Eastern Uganda), dissemination of findings from partner studies (e.g. baseline studies by KZACP, RACA, RACOBAP, LWF Katakwi) and sharing information from international conferences (e.g. Mexico 2008 International AIDS Conference). Some organizations/institutions were from time to time involved in facilitating the platform meetings; this has included Uganda Human Rights Commission, Uganda Cares, The Right to Play and Community Development Resource Network.

As a result of the above, constructive advice has been given to partners and to DCA. For instance, it was reported that “.. the team that attended the Bukoba meeting for their very critical peer-appraisal of ELCT-KZACP to the extent that their brief observations and recommendations during the field visit had been in agreement with the End of the ELCT-KZACP Project IV External evaluation that followed a month later”.

Training needs have also been identified and carried out (e.g. PME for all partners. They were also involved in developing the TOR for the evaluation of the programme. HPAC has also extended its scope of work to include participatory writing of the annual report rather than leaving it to the DCA officials.

HPAC has been able to consolidate decision making by even decentralizing it. Thus, it has established regional cluster/network of partners and elected a coordinator to enhance the work of the network in each region (RACOBRO for Rakia-Kagera) and LWF Katakwi (Teso-Karamoja). Besides, it was agreed by the members that HPAC meetings rotate among partners.

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Thus, it can be stated that the partnership platform is useful in enabling partners to develop networks, share information, learn and plan together. Besides, it is also a useful mechanism for demanding accountability by peers and generating constructive criticisms and learning lessons for improvement. Electing rotational chairpersons after one year by partners also enhanced opportunities for responsibility and ownership of the mechanism; similarly, rotation of meeting venues increased opportunities for learning and exposure to various interventions challenges from different partners operating in diverse geographical and programmatic areas.

Against the above however, it was also clear that the Partnership Platform (PP) for HIV/AIDS and that for PS meet differently. While the consultants understand that it is not the intention for the platforms to have a decision making role, the consultants feel that DCA decisions across all its programmes at the field level need to be guided and enriched if experienced stakeholders that are external to the programme management/implementation and are in-country were involved in it.

The consultants were informed that in Malawi where there is also a HPAC (which was developed based on the experience acquired from a peer visit to Bukoba where the HPAC meeting was taking place), in addition to focusing on the typical review concerns viz planned activities, achievements, challenges and way forward, the Malawi team developed a checklist based on the principles of RBA, gender mainstreaming, programme objectives and sustainability for partners to use whenever they visited the project of a partner for review. Malawi also put in place a regional joint PP for implementers on the three programmes HIV/AIDS, Food Security and Political Space.

The HPAC in Malawi also develops its own annual work plan. Besides, the Chair of HPAC whose tenure of office is two years, is mandated to call for press conference to inform the public about activities of DCA in the country from time to time. The members of the PP wanted more power to critically review the activities of the partners and recommend to DCA whether funding should be continued or not to an organization.

It is also apparent that HPAC and the Programme Technical Advisor (that is based in Copenhagen) both play advisory roles. This leaves policy decisions to be at the discretion of the RR. While the RR may be very objective in decision making with technical backstopping from the programme officers and project approval committee, as suggested in a paragraph above, it is none the less good to have a decision making body so that the RR only implements. In this regard, it is good to note that the Civil Society Fund (contributed to by development partners) has management structures and a Steering Committee to handle policy issues. Similarly, PEPFAR also has a Steering Committee with the USA Embassy as the management agency. GFATM also has the Country Coordination Mechanism (constituted by the Health Policy Advisory Committee of Ministry of Health and the Partnership Committee of Uganda AIDS Commission) as its policy organ in-country.
CHAPTER V – SUSTAINABILITY

5.1 Are the benefits from the programme likely to continue after the finalization of the programme?

161. The programme has made very significant steps in order to ensure that the beneficiaries continue to get the services accordingly. This steps included capacity building, mobilization of resources, utilizing/strengthen existing structures etc.

162. Capacity building: Various carders of people among staff of partners and local governments have been trained in RBGE approaches and HIV/AIDS. Some partners also had their organizational development capacity strengthened.

163. In terms of mobilizing resources, partners have been encouraged to solicit for funds from other sources. Indeed, some partners have already been successful in getting funds from CSF\textsuperscript{33}, GFATM, UNICEF and other donor agencies/programmes. To illustrate, as noted in Chapter 2, DCA provided technical support consequently Rakai Community Based AIDS Organization successfully responded to the call for proposals from the CSF and was given a grant of Shs 54 million for carrying out prevention activities in the Lyantonde district as a lead agency. Similarly, Lutheran World Federation was also provided Shs 227.5m by the CSF for enhancing good livelihoods and advocacy for OVC in Katakwi district. Health Need Uganda in collaboration with Soroti Catholic Diocese Development Organization (SOCADIDO) was also given Shs 398,134,590 by CSF for scaling up HIV Prevention among young people, adults in marriage or long-term sexual relations and selected high-risk population groups in seven sub-counties in Amuria, Buksedea, Kaberamaido, Katakwi, Kumi and Soroti districts of Teso sub-region.

164. Against the above background however, there are other factors that might affect sustainability of the impact of the program. These include poverty, increasing spread of HIV infection, increasing number of OVCs but with limited education support, declining volunteerism, corruption and negative cultural norms.

165. Poverty under minds access to services: Although poverty has continued to decline in Uganda from 51% to 39% between 1992 and 2006, it was reported that 10 of the worst-off ethnic groups are from the north and northeastern Uganda. In particular, the Karimojong are the worst-off among the worst as it ranked last at position 24; Iteso were ranked 22\textsuperscript{34}.

166. Prevalence of HIV/AIDS is aggravating the situation. To-date, it is it is estimated that about 135,000 get infected annually with HIV. On the other hand, while only about 50% of those eligible for ART treatment access the drugs, USAID which is the major funder for this intervention has indicated that it will only continue at the current level of funding up to 2013. This means that many people that might have been mobilized by the programme may not be able to access these drugs in future if other sources of funds for ART are not forthcoming.

167. Education support depends on donors: Support of orphans’ education is likely also to be in the balance. For instance, when the ISBRO funds come to an end in 2010, the future of orphans on this scheme will be precarious. In any case, DCA in general does not fund students beyond six years of


secondary education, meaning that orphans who qualify and are admitted for education at tertiary institutions of learning will not be able to make it unless the students find other organizations to give them grants or loans which is not easy.

168. Volunteerism is unsustainable: Although many people have been volunteering to give services to orphans and those affected by GBV, human rights advocacy and paralegals, it is clear that because of rampant poverty, many of them expected/received some token remuneration from the project. When this will not be forthcoming at the end of the programme, sustaining such non-monetary motivation may be a big challenge. In 2008, the Programme annual report indicated that in providing support for OVCs and child headed households, “community participation was very minimal.... this was because even labour was paid for by the project”. The evaluation of KZACP in 2007 also noted the inadequate optimisation of community capacities.

169. Corruption and culture: Instances of corruption tendencies were alleged to be occurring among duty bearers. In particular, it was alleged that in some cases survivors of GBV and those deprived of their rights have had to pay money in order to get justice. On the other hand, cultural concerns have tended to make cases to be settled outside the court because of poverty, fear of sending the offending relative, spouse or village mate to (life/long term) imprisonment and/or death penalty. Consequently, some cases are settled outside court but with money as a medium of resolution of the case. Currently, the partners have been very active in following such cases, but when the program comes to an end, it may be difficult to sustain.

5.2 What are the prospects and conditions for future sustainability of the programme?

170. There are some pending laws/polices that are likely to affect the sustainability of the programme results. These include the pending HIV/AIDS Bill, Domestic Relations Bill, NGO Bill, Lands Bill etc. For instance the HIV/AIDS Bill\(^\text{35}\) (a) by making most of the offences in the Bill crimes, the victims will not benefit much in going to seek justice although in most cases, many would have suffered damage that a criminal tribunal cannot repay (b) limits counselling services to a trained counsellor, yet there are no counsellors on the ground to provide the services while at the same time negating limiting the participation of PLHIV (and other experienced persons) in the fight against HIV which is contrary to the MIPA (Meaningful Involvement of People living with HIV and AIDS) principles.

171. Insecurity. In Karamoja/Teso area, although the disarmament programme is ongoing, the communities in Teso and the region in general still continue to experience instances of cattle rustling/stealing and inharmonious co-existence which is associated with violence, rape, etc.

172. Elections: In 2011 Uganda will hold national (presidential, parliamentary) and local (local councillors). In this regard, although elections are an important component of democratic governance which allows the citizens to demonstrate their rights to chose who to govern them, in Uganda elections usually bring on board new politicians and leaders (who constitute about 70% of the positions); this requires continuous sensitization and capacity building at different levels in HIV/AIDS, human rights and gender concerns. In any case, the creation of new administrative units (which is the prerogative of the Parliament as provided for in the Constitution) which is still continuing also has similar implications and hence impact on plans and budgets for HIV/AIDS of the NGOs currently working in the project area.

173. Dependency on donor funds: The CSOs in this country depend predominantly on donor funds. In particular, the partners that have been funded hardly generated any funds from government of Uganda, the population etc. In any case, the local governments’ revenues in the areas where they operate are meagre compared to what they used to realize when they were collecting the graduated poll taxes. This requires that the socio-political and economic environment remain conducive for these development partners to continue to support the NGOs otherwise their programmes will stop.

174. Women and Children’s rights abused: In general, physical abuse against women and children in rampant at about 66% in homes, 30% in communities, 6% while fetching water, 6% at school and 1.3% while grazing cattle. Sexual abuse against girls, defilement, early and forced marriages for earning a living even at tender ages are very common as men have limited source of livelihood. Widows and (orphaned) girls are most vulnerable and prone to sexual abuse; but in general, women and children have no control over their bodies as far as sexuality is concerned.

175. Negative cultures: In general, GBV cases are linked to drug and alcohol abuse; in this regard, women’s sexual desires are not frequently met by their husbands who are usually drunk with alcohol. When solving conflicts locally, the elders who are predominantly men are biased against women. Against this background, there are no deliberate programmes to address this concern.

176. New generation of challenges: To-date modernization is exposing the youths to different types of information that they would not have accessed in the past. Radio, TV entertainment programmes and internet usually are among the top culprits in driving the western norm of modernization that may affect how the youths perceive the cultural values of their communities.

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CHAPTER VI – LESSONS LEARNT AND RECOMMENDATIONS

6.1 Lessons Learnt

177. Joint planning between local governments and DCA partners ensures ownership, builds trust and a basis for synergy and supports delivery for common goals. While it was clear that some partners have not yet attained sufficient trust and collaboration with local governments and other partners in the programme area, a few had attained excellent collaboration with the local government and this largely enabled successful delivery of programmes. Partnership was clearly based on common results framework and complementarity. Transparency and mutual accountability is critical.

178. Although the RBA can be desirable in attaining development objectives, in DCA supported areas, it still remains unclear and misunderstood by partners. Thus, a number of partners perceived that the introduction of RBA was top down rather than bottom up. Different actors within the same programme area (including district actors) had varied understanding and approaches creating unnecessary competition and a lack of cohesion in approach within the same target population. This was coupled with very limited dialogue with the Uganda Human Rights Commission representatives within the programme areas. The situation in Kagera however seems different with more harmonised engagement of various stakeholders and capacity building around RBA more pronounced.

179. RBA is a process whose outcomes are long term. It requires mind set change from all stakeholders (rights holders, duty bearers and leaders). It also requires consensus from major actors at national, district and community levels, both public and civil society, to ensure attainment of the same goal. It needs to be promoted using the dialogue approach, to avoid being misunderstood to be anti-government.

180. For capacity building to be effective, it should be followed up with institutional mentorship between more experienced partners and those just emerging. A number of new partners have limited experience and core competencies that would largely benefit from institutional support in aspects that are critical for the attainment of efficiency.

181. Culture is a good weapon in the fight against HIV/AIDS although most people have tended to look at it from the negative perspective as part of the problem rather than solution. Culture is important from two contexts, namely, culture as a resource (in which case cultural resource persons such as clan leaders, grannies, aunties, etc can be lobbied as allies and partners in mass mobilization, information, education and communication in local languages) and culture as a source of knowledge which is usually available with resource persons including traditional healers for guiding the behaviors of a community. Thus, a cultural approach which is cheap, effective and sustainable, offers a wider range of opportunities in responding to the epidemic provided (a) cultural resources and knowledge are put to good use (b) culture is taken as dynamic not static.

6.1.2 Challenges

182. The HIV/AIDS program was based on NSF but now NSP is in place. Secondly, the NSP has been annualized into an annual National Priority Action Plan (NPAP); it is against the NPAP that each district and stakeholder is supposed to align its response. With many districts mushrooming and few with their own annualized priority action plan aligned to the national one, it remains a big challenge as to how Uganda will implement its priorities.
183. The existing mismatch between availability of services and community empowerment through RBA is a challenge that undermines realisation of desired outcomes. Duty bearers in some cases are perceived as bosses on the one hand while on the other rights holders can not demand services that are nonexistent or always lacking.

184. Evidence based implementation is still a challenge. It was clear that commendable efforts for capacity building were ongoing, however, necessary skills were still largely lacking among partners to delivery. Aspects such as gender analysis, rights based approach, using evidence based prevention approaches were clearly limited. Rights based advocates in some areas had no clue about their scope of work and how this relates to existing structure and law enforcement procedures. It was apparent that they could risk abating justice to those who badly need it by trying to handle serious offences at community level.

185. Knowledge of Policies, Standards and the law by the partners is still a challenge to the RBA. The RBA must be based on national policies and standards to which the government has committed itself to attain. Partners were for example promoting the right to quality education, without knowing what constitutes quality education in the Ugandan context. The same also applied to access to quality health care services. It is therefore important for partners to have a full understanding of the policies and standards for which rights are being promoted and interpreted in the context of the local situation. These policies and laws that are being focused must be made available to the local communities in a format that they can understand. But, to-date, this is not the case. Thus, in the absence of local district libraries, it is difficult for anybody in the rural area to access these policies and laws that impact on them.

186. Support supervision was considered very limited from the Regional Office to the partners and therefore limiting the opportunities of learning by doing and benefits accruing from continuous capacity development.

187. In dealing with OVCs, support for life skills should not only address training in one enterprise, but should be more comprehensive and include support for immediate needs of the participants and empowerment through information, education and communication on HIV/AIDS, reproductive health, rights, business and entrepreneurship skills etc. Learning does not take place on an empty stomach or when a learner is mentally concerned with more pressing personal or domestic needs!

188. There is un-met need among the pastoralists in the cattle corridor covering Rakai and Kyotera; because of their semi-nomadic lifestyle, it is difficult for them to access services at the present moment. Further more, there is still need for the program to focus on the fishing communities around Rakai/Kagera. The findings indicated that members of this community tend to engage in risky behaviours that easily predispose them to HIV infection; the men have disposable income that they derive from fishing on a regular basis and hence are able to easily exchange sex for cash.

189. There is need for all the DCA regional programmes to be linked up at the policy level where issues to do with policies, strategies, harmonization, synergy and complementarity among themselves and with other national programmes as envisaged in the PEAP (and in future, National Development Plan) can be discussed and appropriate decisions reached and are binding to DCA and its constituent programmes and implementers.

6.2 Recommendations

Relevance
190. The HIV/AIDS Programme be moved forward into Phase II and aligned with the Regional Strategy period of 2005-2012. Accordingly, there should be a smooth ending of Phase I with a pre-defined extension period for partners as necessary while Phase II is being designed.

191. The Phase II of the programme should take cognizance of the more recent studies that have been carried out by DCA and other partners e.g. in Uganda, Mode of Transmission Study, Macro-economic impact studies etc. Thus, DCA should take cognizance of the priorities set in the NPAP and accordingly ensure that the projects of the partners are aligned to the NPAP and district plans.

192. DCA needs to re-orient staff and partners on implications of the shift made from project to programme mode in delivering aid to the region.

193. The regional office needs to develop/adapt corporate policies for enhancing implementation viz partner, beneficiary selection, retention and separation procedures; performance based granting vs long term commitment with partners; strategy for synergy across programmes, partners, etc (e.g. MOU); development of strategy for local resource mobilization.

194. There is need for emphasizing the importance of partnership by including it in the contract as an activity on its own with measurable indicators. To support this further, DCA should demand an MOU between a partner and each of the districts. DCA should ensure that partners play an active role in the existing structures within each district such as (DACs, NGO networks) for sharing information.

195. The Regional DCA programme needs to continue with support for the activities in Rakai/Kagera region because (i) there is a lot of movement and interaction between the communities in the two areas (ii) as Uganda is strengthening the sea route via Dar es Salaam. The communities here live in islands that are usually difficult to access and hence there are few service providers there. In Uganda for example SSese islands in Kalangala district is highly underserved. There is also need to deal with communities on both sides of the border. Instead of what has been funded to-date, this support however should be with a special focus on fishing communities in Rakai/Kagera zone.

Effectiveness

196. Guidance for proposal development need to be revised and made simple and clear. These should be well disseminated and not just shared. The process of proposal writing needs to be evaluated and support measures adopted including mentorship, proposal development workshops or provision of TA to support inexperienced partners. This should be coupled with shared transparent partner identification processes to reduce mistrust and suspicion. Overall the proposal development and approval process can be improved if the steps are documented and supported by capacity building.

197. The component on the programme on prevention should be scaled up through strategic IEC based on local evidence and use of new approaches (e.g. circumcision)

198. The programme needs to have deliberate campaigns that focus on the relationship between livelihood, alcohol, SGBV and HIV/AIDS. Special attention needs to be put on men in the context of gender based violence, multiple concurrent sexual partners and discordance in families and long term relationships.

199. As provision of ART becomes more and more costly to the nation, prevention interventions need to be scaled up through; strategic information, education and communication; introduction of new approaches such as male circumcisions. There will be need to promote ‘SAVE’ as a better, more accurate and less stigmatizing message for HIV and AIDS prevention than ‘ABC’ (i.e. Abstinence, Being Faithful and Condom use).
200. Education support for OVCs needs to be looked at vis-à-vis the contribution of government through universal primary and secondary education policies so that the programme provides gap filling where and synergy necessary.

201. The deepening of the Rights Based and Gender Equality approach should be a top strategic priority through, among others, support the position of RB staff at Regional Office; capacity building of partners and duty bearers; aligning the plans and budgets of partners to RBA; allocation of resources for enhancing utilization of skills and structures put in place; engaging partners at national and local levels in advocacy and policy dialogues; ensuring that DCA partners lead the process of social accountability to the beneficiaries / rights holders.

202. DCA needs to prioritize national and district level advocacy for RBA through existing structures. This will improve visibility and prominence of RBA on the development agenda within the country and ease implementation by partners in the districts. Currently it is “a lonely voice out there” going through hurdles to be heard and understood. This should be coupled by increased advocacy for improved service delivery across the areas of support.

203. Policies that relate to the rights and responsibilities of rights holders and bearers are not disseminated to the communities, or when disseminated are not in the language and format that the people can easily follow. There is need to include provision of disseminating the relevant policies to the communities.

204. Rights based approach at the district and community level presupposes that there are national level interventions/institutions that tackle critical issues/concerns for enabling service delivery and policy implementation to be implemented and monitored at the lower levels. This requires DCA Regional Office to engage seriously in advocacy about human rights especially at the national; this is a role that could be played by the steering committee.

205. There is need to emphasize community approach to increasing access to services rather than individual approach; the use of group approach to economic empowerment where the group’s opportunities are turned to economic assets and productive resources should be emphasized.

206. The programme should come out with its capacity building plan which is based on the needs of the partners. Thereafter, DCA needs to monitor and evaluate the impact of (international, regional, national and partner initiated) training efforts, how the skills acquired by partners are cascaded to the colleagues and utilized; the findings should then be used for improving the capacity building interventions.

207. The programme should facilitate the development of community capacities to plan, mobilize resources, implementing and monitor HIV/AIDS response within the context of RBA taking cognizance of gender.

208. DCA needs to establish a database on all the capacity building trainings carried out by the programme; this should include all trainings including those originating from DCA headquarters, regional office and individual partners.

Efficiency and Management

209. DCA should allocate resources up-front based on cascading logic from goal through objectives to activities to be carried out before identifying who the implementers are rather than the opposite as is today (i.e. Refrain from operating project and programme modes in resource allocation).
210. To the extent possible, resources should be mobilized and pooled together rather than earmarking them.

211. Contracts should be aligned and restricted to the lifespan of the HIV/AIDS programme at any one time so that activities, budgets, outputs, reviews, monitoring and evaluation indicators etc are all in the context of the same time frame and goal of the programme. Some bridge funding could be provided to partners as necessary while the new programme is being worked out so that thereafter, all contracts are rationalized to operate within the programme timeframe only.

212. Efficiency of most projects under implementation need close assessment for cost effectiveness. In a number of cases the cost of reaching a very limited number of beneficiaries in the communities was clearly far more than the actual support delivered. Innovative approaches for community support need to be explored and these could include limiting coverage and expanding intensity/scale for the attainment of viable outcomes. Otherwise spreading too thin enhances operational costs without associated attainment of desired results.

213. There is need to improve communication and information sharing among DCA partners and with other stakeholders. A strategy for building alliances and strengthening collaboration with other stakeholders within the communities served and particularly with district local government partners needs to be well thought through in the subsequent programme support period. Vertical delivery of programmes could have short term gains without any longer term opportunities for sustainability. This needs to be addressed. Partners should buy into existing priorities by design with a view of strengthening service delivery, coverage and promoting transparency and accountability. In any case, the existing structures within each district such as (DACs, NGO networks) need to be exploited for sharing information.

214. PME needs to be strengthened through better proposal development procedures; sourcing out mentoring and technical support for proposal writing; increasing support supervision; developing annual corporate operational plan that can be disaggregated by programme, objective, district, partner etc; ensure baseline data is in place; having a functional computerized management information system and also an ME system to back-up qualitative programme related data reporting.

215. The programme should come out with its own reporting format that all partners use every quarter and end of year.

216. The profiles of the different organizations need to be compiled and shared. Annually, highlights of the program need to be shared too in form of brochures.

217. The two regional network of partners established need to have clear TOR and work plan so that their performance can be easily assessed from time to time.

218. The DCA Regional Office should explore possibility of establishing a regional steering committee to, among others, provide strategic policy guidance and in-country/region oversight over Regional Representative and partner platforms; ensure synergy and collaboration between DCA programmes and other national interventions; ensure adherence to DCA policies, procedures etc at local level.

**Sustainability**

219. Sustainability and exit interventions should be integrated as key components of each contractual obligations between partner and DCA
ANNEX I – TERMS OF REFERENCE

24.06.09

1st draft Terms of Reference (TORs)


Introduction

These are Terms of Reference (ToR) for Consultancy to evaluate the DCA Uganda HIV/AIDS Programme 2006 – 2009; under Programme Type 4 (PT 4): HIV and AIDS.

The TORs was developed jointly by DCA, HQ and the DCA Uganda HIV/AIDS Programme Advisory Committee. The DCA Uganda HIV/AIDS Programme was developed in 2005 through a participatory process involving a consultant, DCA and the then existing DCA partners who were already involved in HIV/AIDS work. These were namely LWF Uganda HQs, LWF Katakwi, LWF RACOBAP, RACT, ELCT-KZACP, RACA, KADP and Church of Uganda PDR.

a). About DanChurchAid

DanChurchAid was established in 1922 and is today one of the major Danish humanitarian non governmental organisation (NGO). It is a faith-based and ecumenical, non missionary organisation working with local partners, international networks, churches, and secular civil society organisations to assist the poorest of the poor through relief and development aid in more than 30 countries in Africa, Asia, Central America, the middle east and Eastern Europe. For more information please visit our website: www.dca.dk

b). DanChurchAid in Uganda:

DCA Uganda has a long history in the geographical area which includes Kagera (in north-western Tanzania), Rakai, Teso and Karamoja (in Uganda). DCA support to projects in Tanzania dates as far back as the 1960s and in Uganda since 1979 and begun in Karamoja under the Church of Uganda through the Lutheran World Federation. DCA has also supported HIV/AIDS interventions in Kagera and Rakai since 1991 and since 1992 respectively. The DCA support has included relief, peace initiatives, and water and livestock development activities in Karamoja. DCA also supported relief, water and sanitation activities in Teso implemented by Lutheran World Federation (LWF) as well as emergency and humanitarian support to Internally Displaced Persons in the Teso area through Teso Dioceses Development Office (TEDDO) in 2003. However, DCA support to HIV/AIDS interventions in Karamoja and Teso is relatively new.

1. Background:

The DCA Kampala office was established in 2004 and was a result of the decentralisation process by DCA and it followed the 2001 shift towards a programme approach. The office has grown from a Uganda Country Office to become a Regional Office for the Great Lakes Region that includes Uganda, Tanzania and Burundi (as well as Rwanda). The Great Lakes Regional Office (portfolio) includes three Programme types namely Integrated Political Space & Food security, Access to basic social services (HIV/AIDS) and Humanitarian work. These programmes were developed based on a Context analysis.
The (DCA) Uganda HIV/AIDS programme supports partner work in Uganda and North-western Tanzania, specifically Kagera zone. Initially, the programme included Kagera in Tanzania as a regional extension because of the geographical proximity, the long history and continued DCA funding of the Evangelical Lutheran Church in Tanzania (ELCT) Kagera AIDS Control Project. The Programme focuses on Kagera-Rakai and Teso-Karamoja. The Kagera - Rakai region includes Rakai and Lyantonde districts in Uganda and Kagera zone in Tanzania (Bukoba, Karagwe, Ukerewe, Shinyanga Urban & Rural districts), Teso-Karamoja comprises Katakwi, Amuria, and Nakapiripirit districts. Karamoja and Teso are among the poorest and least developed in Uganda. The programme area has an estimated total population of about 3,265,692 people (2005) targeting Young People, OVCs and People Living with HIV/AIDS. The duty bearers include central and local Government officials.

This context analysis includes Uganda and Tanzania which are the two countries where the first AIDS cases were diagnosed in 1982 (Rakai in Uganda) and 1983 (Kagera in Tanzania). Uganda was one of the hardest hit by the AIDS epidemic. However, in both countries, until recently, there has been a marked reduction in new infections achieved by a mixture of methods, including abstinence, fidelity and condom use. Despite this dramatic decrease in HIV prevalence, the residual level is still significant associated with risks of transmission and long-term morbidity and mortality. Both countries continue to be profoundly affected by the social, psychosocial and economic consequences of AIDS. In Uganda over a million have already died from HIV disease and also new infections continue to appear. The numbers of OVCs as a result of HIV/AIDS continue to soar in both Tanzania and Uganda with most of them being cared for by surviving grandparents.

Sexual transmission continues to be registered as the the primary mode of infection and accounts for 75-80% of new infections. Sexual relations and cultural practices define variations in the risk to HIV infection, the incidence and prevalence of HIV/AIDS. The risk is aggravated by gender inequalities and sexual practices such as early sexual initiation, having multiple sexual partners, polygamy, casual sexual relations, violent sexual intercourse and sex for exchange. Sexual Gender Based Violence is another mode of transmission. Poverty, and violence (civil conflict and wars), gender inequality, and lack of or limited access to health-care services and education, unemployment, and poor housing conditions, are among the factors aggravate the situation of HIV transmission and limit the ability of individuals and families (especially women) to cope with the effects of HIV and AIDS. Non sexual HIV transmission which accounts for 20% of HIV infection includes MTCT, blood transfusion, fluids and blood contamination and unsterilized instruments as well as accidents. Although Uganda is regarded as a success story in the prevention and management of the disease, new challenges have emerged and the prevalence rate and the related social economic impact are still high.

The impact of AIDS continues to affect many sectors. Adult mortality increased considerably in recent years due to HIV/AIDS and AIDS is still considered one of the major causes of death among adults. There is a rapidly increasing proportion of children under 15 years who are orphans. Both countries, Uganda and Tanzania are continuing to implement multi-sectoral actions to reduce HIV prevalence and to mitigate HIV/AIDS impact. New groups at highest risk of HIV/AIDS include displaced and returning communities, pastoralists and fishing communities and communities surrounded by mines and military camps.

Stigma and discrimination remains a major problem limiting the access to relevant HIV/AIDS services, especially in faith based institutions whose condemnation of PLHIV is based on moral perspectives. Also to a greater extent, the limited understanding of human rights aggravates the plight of PLHIV and their families. Increased awareness about HIV/AIDS transmission, and prevention, human rights and gender inequalities awareness, introduction of ARVs and the increasing number of counselling and testing centres have improved
the situation and led to more people increasingly being able to access testing, care and treatment and support services.

**The programme Goal**
The vulnerable groups, especially young people (in particular female aged 10 – 24), orphans and PLWHAs are able to claim and increasingly achieve fulfilment of their rights resulting in reduction of their vulnerability to HIV/AIDS.

**Programme has five immediate objectives as follows:**

- **a)** The vulnerable poor young people, orphans and PLWHAs have increased access to quality basic social services and have improved quality food at household level.
- **b)** The vulnerable poor young people (10-24) and PLWHAs have increased access, ownership and control over productive resources and are engaging in non risky income generating activities.
- **c)** Faith based organizations are pro-active in advocating for reduced stigma and non discrimination of PLWHAs and their families and for increased protection of young people:
- **d)** The vulnerable poor young people (10-24), orphans and PLWHAs have increased access to justice against abusive cultural and social practices and sexual exploitation.
- **e)** HIV/AIDS competence of partners and DCA staff to respond effectively to reduce HIV transmission and alleviating AIDS social and economic effects increased.

DCA Programme Partners in the Great Lakes Region programme include the Evangelical Lutheran Church in Tanzania (ELCT) Kagera AIDS Control Project, RACA (Rakai Councillors Association), Rakai Community Based AIDS Organisation (RACOBAO), Community Initiative for the Prevention of HIV/AIDS, Lutheran World Federation, Health Need Uganda, Trans-cultural psychosocial Organisation, Uganda Network for Religious Leaders, Cross-cultural Foundation Of Uganda, Church of Uganda Karamoja Diocese are some of DCA’s partner who are responsible for the operations of their projects under this programme.

The partners have focused on HIV/AIDS prevention, care, support and treatment as well as the mitigation of effects although previously the intervention were needs based focused. Currently there has been more emphasis and capacity building towards gender equality and rights based programming by DCA. Much emphasis has been put unto behavioural change some of which has been successful especially among young people. Advocacy, however, remains peripheral inspite of the training and mentoring by DCA. At least about 60% prefer to stay away from advocacy work because of fears of insecurity that their projects may be forced to close by government. Some of the work has focused basically on material support for orphans and PLHIV, providing improved housing, and kitchens, improved sanitation, educational support, human rights awareness, and advocacy against negative cultural practices especially among fishing and pastoral communities. The most significant harmful practice which is the main focus of the programme is the female genital mutilation. Some of the partners are also involved in social and economic empowerment (especially enabling PLHIV and Orphans to access economic and property rights) to address injustices of poverty and inheritance.

Some achievements in the programme are:
- Contributed to the reduction of HIV prevalence in Kagera and Rakai regions
- Acquisition and maintenance of new programme partners engaged in new things such as SGBV.
- Supported partners in building their knowledge in Human Rights and Gender equality issues.
- Built capacity of partners in rights based programming
- Enhanced the capacity of partners to engage in advocacy related work in HIV/AIDS
- Initiated programmes in North Eastern Uganda ie. Teso and Nakapiripirit.
- Engaged in awareness about Pokot Uganda ie. Teso and Nakapiripirit. It would be good to have a section here of perceived main achievements in terms of change not activities. It would also be good to stress where there has been limited progress i.e in addressing faith based org.

Challenges:

Partners ability to adapt the rights based approach and advocacy strategy has been slow given their original mandates. They focused on supplementing government efforts and feel threatened if they are to engage government to fulfill their obligations. It has not been easy to find a partner/s with the willingness to implement a project on faith based advocacy against HIV/AIDS stigma and discrimination. This has been because most partner experience focuses on the laity not on the clergy. Most faith based institutions have established outward looking HIV/AIDS interventions for their congregations. The partners’ capacity in proposal writing, reporting and financial management has been wanting and in some cases delayed project approvals. There has been a cautious pace at which to engage the partner in Karamoja although the issue at hand (FGM) calls for urgency. There is also a misconception that Rakai and Lyantonde districts are overserviced as far as HIV/AIDS is concerned.

Some of the main concerns by partners and DCA are limited PME capacity and the need to have impact oriented planning and reporting. A plan is in place to address this.

Previous Programme reviews and evaluations:
In November 2007 DCA carried out a participatory gender and rights audit (PGRA) of the DCA Kampala Office and concurrently a review of the HIV and AIDS programme. The two reports will be available for reference.

2. Purpose and evaluation objective
The overall purpose of the programme evaluation is to: “assess the effectiveness of the programme to reduce transmission of HIV/AIDS and to mitigate the AIDS impact in line with the National Strategic frameworks for HIV/AIDS in both Uganda and Tanzania”. The results from this evaluation should inform the next phase of the programme and therefore recommendations should be used for improving the future programme design and implementation.

Objectives of the evaluation:
- Assess the relevance of the current Great Lakes HIV/AIDS Programme to the current context, the National HIV/AIDS Strategic Framework and to the existing concerns of the rights holders, DCA partners, Donors, DCA and other stakeholders.
- Assess the progress of the programme in meeting the objectives
• Make evidence based recommendations to improve the next programme phase 2010-2013.

3. Scope:
The evaluation shall include, but not necessarily be limited to the following aspects: the country contexts of Uganda and Tanzania, programme strategy (design) and impact, collaborative partnerships, institutional and organisational capacity, involvement of stakeholders, relevance of interventions, and identifying enabling and hampering factors to the programme.
The achievements of outcome against objectives and indicators as set out in the programme.
The evaluation will assess the relevance of the projects i.e. their contribution to the programme objectives and indicators. It will also assess the relevance and effectiveness of cross cutting activites especially capacity building, partner platforms and any joint advocacy efforts or any other joint events. The evaluation will visit a sample of partner projects in the geographical area namely Karamoja, Teso (Katakwi), Rakai and Lyantonde districts as well as the Kagera zone (Bukoba, Mwanza, Shinyanga and Karagwe).

The evaluation will also make recommendations on the regional Gender Based Violence aspects in the regional strategy??? Why that is not part of the PT 4 as far as I know?

4. Key issues:
This section is a list of issues that the evaluation team has to look at. These issues include the partners’ inputs which were sought through the Partner Platforms. The issues are organised in questions and sub questions. The questions should be addressed, while the sub questions are examples of how to unfold the questions, but can be down prioritised or changed with others.

Relevance:
Here the key question is to what extent is the programme strategy relevant to the need identified? Especially related to the structural causes of rights violations in the given context?

Sub questions:
• Was the context analysis relevant and appropriate? Is it still?
• What is the added value of DCA and the programme approach (as opposed to project approach) in this particular programme?
• Is there a relevant and meaningful synergy and cohesion between the projects in the programme? I.e. in what way do the projects complement each other in achieving the programme goals? (Geographically, targeting, thematically, etc.)
• Is there synergy with other DCA programmes in the country, and with the efforts of other funding agencies?
• In what way does the programme strategy contribute to the strategic goals of DCA, particularly Rights based Approach and Gender equity as established in Vision and Plan?
• If the intervention is humanitarian, does it comply with international standards such as international humanitarian and human rights law, the NGO code of conduct, Sphere standards, etc.?

Effectiveness
Key questions:
Key question:
To what extent were the programme objectives achieved at outcome (and if verifiable at impact level?) Why and why not? Are there any unintended results of the programme?
1. **Sub questions:**
   - What are the most significant changes in the lives of the rights holders, their relation to the duty bearers, or the practice of the duty bearers that can be attributed to the programme?
   - How efficient has the programme addressed duty bearers?
   - Did the programme approach enhance impact and focus of DCAs work as envisioned when the transition from project approach was initiated? In what way?
   - Could the same impact have been achieved through project approach?

2) **How have partnerships been enhanced as a result of the programme? (DCA and Partners, partners and rights holders, rights holders and duty bearers, and partners among themselves?**
   **Sub questions:**
   - Were the partners selected with clear and transparent criteria? And how are they involved and what is their decision-making power in the planning and implementation of the programme including the cross cutting activities? Does the Partner Platform fulfil its purpose as identified by the programme?
   - Does DCA deliver an adequate support, particularly with regards to capacity building, to the partners involved in the programme, and is DCA responsive to needs identified by partners? Does the support affect in a positive way the partners’ capacity to implement its projects? Has DCA and the programme approach contributed to the organizational strengthening of the partner? In what way?
   - Do the partners have the right skills to contribute to the achievement of the goals in the programme? And has the programme approach contributed to the effectiveness of the partners? An important part would be the capacity of the partner to influence the processes that the programme aspires to reach at the levels of the rights-holders, and the local and national authorities.
   - Has the programme facilitated the access between the rights-holders and duty bearers? Has it had a positive effect on the relationship between beneficiaries and partners?
   - Has the programme enabled the partner’s and DCA’s advocacy work with other relevant actors, e.g. facilitation of networks?
   - Has the programme stimulated relations between partners in any significant way? Has this in turn had an effect on the programme?

**Efficiency**

**Key question:**

Has the programme approach, in this case, been a cost-efficient way to implement development assistance?

**Sub questions:**

- Could we have achieved the same with fewer resources? Or could we have achieved more results with the same resources?
- What are the overall costs of the programme compared to the number of beneficiaries?
Management
To what extent is the programme management in compliance with DCA programme and cross cutting policies?

Sub questions:
- To what extent were the activities implemented according to relevant DCA policy, especially related to RBA and gender?
- To what extent did the cross cutting activities, particularly the capacity building efforts achieve their objectives? Why and Why not?
- To what extent has the monitoring undertaken in the course of the programme provided management with sufficient information to follow progress towards the desired results? Did management act accordingly?
- Is DCA (Regional Office and HQ) effective managing this particular programme? (Strategic planning, staffing, resource management, monitoring, partnerships, etc.)

Sustainability
- Are the benefits from the programme, especially at rights holders level likely to continue after the finalization of the programme? Why or why not?

Risks and assumptions;
Identify major factors (including assumptions) which have facilitated or impeded programme achievements.
- Assess the adequacy of funding for programme activities/interventions and how this has impacted on the programme.

Hampering factors and recommendations for next programme period.
- Assess major factors affecting implementation and performance;
- Assess the prospects and conditions for future sustainability of programme: January 2010 - December 2013

5. Stakeholder involvement.
Partners have been involved in developing these terms of reference for the Programme evaluation. Partners highlighted specifically the areas of focus for the evaluation and what the final results would be used for. They proposed that since there was another phase of the programme after 2009, then the evaluation should focus on the relevancy related to the current national contexts and also assess the effectiveness of the programme. They also developed a profile for the consultant. Partners will again be involved in the finalisation of the draft TORs, participate in the evaluation process as interviewees or guides, and later after the field mission by the consultants input into the draft report either during the partner platform session where the evaluation team will present their findings and recommendations or and by e-mail comment on the draft report.

6) Method
The evaluation process will include literature review, interviews and field work. A total of five (5) weeks including travel time will be spent on the evaluation exercise. Two (2) weeks will be spent in the DCA and
partner offices, three (3) weeks, a half (½) day on feedback to DCA and one (1) day spent on feedback to the partner platform. The process is expected to be participatory and the evaluators will ensure that confidentiality and dignity of the participants in the evaluation are protected.

**Literature review:**
The evaluators will review the programme documents and make a sample study of the projects. The documents will include the Programme Documents 2006–2009. Other documents to be reviewed will include project proposal documents and budgets, project files covering the period 2006–2009, Annual financial and narrative reports, Audit reports, End of Project reports, Monitoring reports, and Partner Platform reports. The evaluation team may also review some of the documents at the partner organisations. *(8 days)*

**Interviews of DCA staff:**
The evaluation team will also interview key staff at the DCA including DCA HQs, and Kampala office. Among those to be interviewed will include the Programme Type Advisor, the Regional Representative, Programme Officers and the Finance & Administration Officer.

**Field visit:**
The Evaluation team will travel down to selected projects of their choice. Criteria for selection will be developed prior to going to the field. The team will sample Kampala based programme partners, and programme coverage areas. In the field, the evaluation team will visit the geographical areas of Rakai-Kagera, Karamoja and Teso to meet and interview partner staff, rights holders, duty bearers and networks members. The field exercise will take a maximum of three weeks. The exercise is expected to be as participatory as possible using techniques such as PRA, appreciative inquiry, in order that the learning aspect of the evaluation process is enhanced and that stakeholders’ ownership of the exercise has a greater chance of developing. *2.5 weeks*

**Draft report write up and presentation:**
At the end of the literature review and field visits, the evaluation team will compile a draft report and share this with DCA and partner platform members. The evaluation team will provide a brief feedback to DCA and a debriefing workshop later for the partner platform and selected stakeholders. The stakeholders will be selected according to their relevance.

The team will be required to develop an evaluation matrix attached to these TOR to clarify the availability of data. The evaluation matrix will outline each question in the TOR accompanied by indicators and sources of information. This matrix therefore will serve as a data collection guide for the evaluation team.
### ANNEX II – ITINERARY FOR FIELD WORK

**EVALUATION OF DCA HIV/AIDS PROGRAMME**  
**FIELD DATA COLLECTION: ITINERARY AUGUST 24-27, 2009**

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.00</td>
<td><strong>SOROTI:</strong> Health Need (U)</td>
<td>Joint Meeting (HN-U, TPO, LWF)</td>
<td>Team Meeting (KUMI)</td>
<td><strong>LYANTONDE:</strong> RACOB AO</td>
<td>Kyotera: CIPA</td>
</tr>
<tr>
<td>10.30</td>
<td>Travel to Katakwi</td>
<td>Meet Civil Society Leaders</td>
<td>Travel to Ngora</td>
<td>Meet Political Leaders</td>
<td>KYOTERA- Joint Meeting (CIPA, RACA, RACOB AO)</td>
</tr>
<tr>
<td>11.30</td>
<td><strong>KATAKWI:</strong> TPO</td>
<td>Meet Vision Terudo</td>
<td>Meet Technical Leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.00</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH</td>
<td>LUNCH/ Travel to Field</td>
</tr>
<tr>
<td>14.00</td>
<td>LWF</td>
<td>Meet Political Leaders</td>
<td>TRAVEL TO KAMPALA</td>
<td>Meet Civil Society Leaders</td>
<td>Meet Beneficiaries (Men, Women, Youths)</td>
</tr>
<tr>
<td>15.30</td>
<td>Travel to Field</td>
<td>Meet Technical Leaders</td>
<td></td>
<td>Travel to Rakai</td>
<td></td>
</tr>
<tr>
<td>16.00</td>
<td>Meet Beneficiaries (Men, Women, Youths)</td>
<td></td>
<td></td>
<td><strong>RAKAI:</strong> RACA</td>
<td></td>
</tr>
<tr>
<td>17.30</td>
<td>Return to Hotel (KATAKWI)</td>
<td>Travel to Kumi</td>
<td></td>
<td>Travel to Kyotera</td>
<td>Travel to Kampala</td>
</tr>
</tbody>
</table>