

EVALUATION REPORT
OF THE
***LINKING LIFE TO POLICIES AND PRACTICES* PROJECT**
FOR
CONCERN UGANDA

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By

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ACRONYMS

AGM	Annual General Meeting
AIDS	Acquired Immune Deficiency Syndrome
AMUNASO	Amuria Network of AIDS Service Organisations
ARC	American Refugee Committee
ART	Antiretroviral Therapy
ARV	Antiretroviral (drugs)
ASO	AIDS Service Organisation
AU	African Union
BMSF	Bristol-Myers Squibb Foundation
CIDI	Community Integrated Development Initiative
CSO	Civil Society Organisation
DAC	District AIDS Committee
DAT	District AIDS Taskforce
DHO	District Health Officer
GoU	Government of Uganda
HCT	HIV Counselling and Testing
HIPAC	Health Insurance Policy Advisory Committee
HIV	Human Immunodeficiency Virus
HR	Human Resources
IDP	Internally Displaced Person
JAR	Joint Annual Review
MACA	Multi sectoral Approach to the Control of AIDS
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MTR	Mid-term Review
NANASO	Nakasongola Network of AIDS Service Organisations
NNGOs	National Non Governmental Organisations
NSP	National HIV Strategic Plan
NUMAT	Northern Uganda Malaria, AIDS and TB Programme
PANASO	Pader Network of AIDS Service Organisations
PEPFAR	The President's Emergency Plan for AIDS Relief
PLHIV	Person/Persons Living with HIV or AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RACPBAP	Rakai Community-based AIDS Project
RANASO	Rakai Network of AIDS Service Organisations
SCE	Self Coordinating Entity
UAC	Ugandan AIDS Commission
UNASO	Uganda Network of AIDS Service Organisations
VEDCO	Volunteer Efforts for Development Concerns
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation
WORUDET	Women and Rural Development Network

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1.0 EXECUTIVE SUMMARY

1.1 Introduction

The evaluation of the three-year UNASO project, *Linking Life to Policies and Practices*, was carried out in February 2012. This project was supported with funding from Bristol-Myers Squibb Foundation (BMSF), Concern Worldwide general donations and Irish Aid.

1.2 The Project

The project was designed for the three-year period, September 2008 to August 2011. Its overall objective was:

To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV & AIDS Strategic Plan, 2007/2008-2011/2012.

The achievement of this overall objective was supported by three specific objectives:

- i) To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.
- ii) To improve the monitoring and reporting capacities of 4 District networks and UNASO secretariat to effectively coordinate civil society sector in HIV/AIDS.
- iii) To influence HIV and AIDS key national actors, (HIPAC, PEPFAR, UAC and Partnership) to be more accountable in governance and management of processes and resources for the benefits of people affected by AIDS.

Expected outcomes:

- Strengthened Civil Society representation in the four districts;
- Changes in policy decision making at district level to ensure improvement and equitable distribution of facilities, resources and drugs;
- Enhanced knowledge management among AIDS Service Organisations with regard to HIV and AIDS policies, strategies and commitments;
- Improved accountability and governance for HIV and AIDS services at national level;
- Improved coordination of the Civil Society sector engaged in HIV and AIDS response and hence reduction in duplication of resources.

The four districts that were targeted for network development and/or strengthening were: Amuria, Nakasongola, Pader and Rakai. District selection was influenced by the fact that these were districts of concentration for Concern Uganda's county programme, and as such would complement Concern's other work and partnerships. In addition, all four districts had higher than average levels of HIV prevalence in Uganda (6.4%), and as such, it was appropriate to strengthen the capacity of both district-level ASOs and Districts Administrations.

1.3 Main Findings

This was a very well-conceived project which provided vital support for the development and/or strengthening of ASO advocacy and capacity building of networks at the district level. Prior to project start-up in Amuria, Nakasongola and Pader, responses to HIV and AIDS were severely hampered by a lack of coordination, understanding, and serious health worker, equipment and consumable shortages and local District Administrations did not have the resources themselves to bridge these gaps. All four districts have HIV prevalence levels that are higher than the 6.4% national average. This left communities in the four target districts unable to withstand the onset of HIV and AIDS. In addition, only strongly organised ASO networks at the district level could support UNASO's advocacy at national-level, both in terms of legitimacy and solid district-level information. Finally, the existence of well-organised, coordinated ASO responses in Concern's districts of concentration also helped to complement Concern Uganda's HIV and AIDS mainstreaming in their core programmes.

Overall, this project had its greatest successes at the district level. **Major successes included:**

- ✓ **Establishing and/or strengthening district networks with robust ASO participation**, e.g. (AMUNASO has 27 members PANASO has 40 members and RANASO has 53 members).
- ✓ **The democratic nature of each network**, all of which hold AGMs, monthly meetings of their elected Executive Committees and quarterly Learning and Knowledge-sharing meetings.
- ✓ **The improvement of HIV and AIDS health services through the networks' active engagement with the District Administrations in each district**. Each network, in collaboration with the district administrations, undertook advocacy and capacity building activities that yielded concrete service-delivery results that included the augmentation of health service personnel, the expansion/strengthening of ARV and HCT service delivery.
- ✓ **In some districts, the District AIDS Committees and/or the District AIDS Taskforces** were activated. In Rakai, Sub-County AIDS Committees were activated.
- ✓ **Mobilising political support for HIV and AIDS district-level responses**. This is evidenced by district, county and sub-county leaders signing the Citizen-Leader Pacts and the participation of political leaders in radio talk shows, World AIDS Day and Candlelight Memorial Service Day activities.
- ✓ **The leveraging of additional HIV and AIDS resources for the districts by the networks**. This was achieved through direct grant applications in the case of Rakai, or liaising with and supporting other donors or NGOs, for example, Mildmay Uganda in Nakasongola.
- ✓ **Active collaboration with Concern Uganda's programmes in the Districts**. Thus, Concern's livelihood partners such as Community Integrated Development Initiative (CIDI), Volunteer Efforts for Development Concerns (VEDCO) and Women and Rural Development Network (WORUDET) became network members, and provided target communities with network-sourced capacity-building on HIV and AIDS issues as well as informed service referrals, following this project's service mapping *Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts, August 2011*.

National-level and regional advocacy undertaken by UNASO was also informed by the establishment and/or strengthening of the four district networks. However, this area tended to suffer from under-reporting by UNASO, so it was difficult to make a considered evaluation of the impact of the project on UNASO's overall advocacy at national level.

The project got off to a slow start. This was partly due to the fact that UNASO was emerging from a governance/accountability crisis which included the hiring of a new Executive Director which obviously affected their capacity in the early stages of the project. In addition, UNASO's capacity to support the four districts was hampered by personnel constraints in the national secretariat. However, in response to the findings of the Mid-Term Review (MTR), strategies were put in place to speed up project delivery (a full-time UNASO staff person, internet connectivity, a revised project results framework and work plan), and for the remainder of the project, demonstrable results were achieved for a relatively modest investment (approximately €80,000 per year) for national and district level activities.

1.4 Conclusions

- ✓ **Without adequate HIV prevention, care and support services in place for Concern's target communities the benefits from livelihood initiatives will be undermined** as the project areas of focus – Amuria, Nakasongola, Pader and Rakai are all districts that have higher-than-national-average HIV prevalence levels. As such, they need to have HIV and AIDS services available. This is because a growing HIV epidemic in a context of poor service delivery will necessarily increase the morbidity and mortality and dependants within those target communities.
- ✓ **This was a well-conceived project that met real and felt needs at district level**. The establishment of district-level networks in Amuria, Nakasongola and Pader was indeed “an idea whose time had come”. This is evidenced by the large number of ASOs who joined and/or continued to support the four networks, the active engagement of the District Administration and the concrete advocacy successes enjoyed in each district. The greatest impacts of this project were felt at the district level, where the networks advocacy successes resulted in concrete benefits for communities at the service delivery level. The Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts, August 2011 was a key district and national-level contribution to the whole project.

- ✓ **The joint funding model of support for this project worked very well.** The value-added of the BMSF technical support contributed in no small part to the success of the project and all stakeholders mentioned their appreciation of the BMSF-supported training, including the technical trainers for: Planning Monitoring & Evaluation, Finance Management; and Community Mobilisation.
- ✓ **There was very nice synergy and collaboration between Concern's livelihood initiatives on the one hand, and support for these district networks, on the other.** Concern's livelihood partners such as CIDI, VEDCO and WORUDET joined the networks and participated actively. In turn, the network members provided referrals, education and support to Concern's livelihood communities.
- ✓ **UNASO's technical knowledge regarding network start up was essential to the new networks' establishment and functioning as legal and democratic entities.** UNASO's published resources provided essential information to support the HIV-related knowledge building of the network members and the communities served. This includes the summary booklet of the HIV and AIDS Policy and Legal Frameworks in Uganda. Core to the successful functioning of the four networks were the project supports provided; Coordinator's salaries, office rent, computers, modems, motor cycles, and support for monthly Executive Committee meetings and quarterly Learning and Knowledge-sharing meetings.
- ✓ **If Concern and UNASO had agreed a reporting framework for the project's quarterly reports, it could have supported a more pro-active engagement by UNASO with the project results framework.**
- ✓ **Greater efficiencies could have been achieved through an initial six-month funding advance** which would have helped the networks to have continuity of funding support, while awaiting their next 3-month tranche. In addition, the project time-frame was too short; especially for the new networks that were starting up in fragile districts with fragile capacity.
- ✓ **The project could have benefited from technical support and/or exchange visits between the more established network, RANASO, and the newly emerging networks; AMUNASO, NANASO and PANASO.**
- ✓ **Project results were slowed down by the management crisis in the UNASO secretariat which coincided with project start-up.** The project design and performance would have been improved by a stronger overall strategy to support the strengthening of the UNASO secretariat capacity. In turn, UNASO would have been better placed to support the development of the networks at district level. In addition, the project suffered from UNASO under-reporting, especially on their national-level advocacy. This reflects UNASO's overall capacity constraints.

1.5 Recommendations

- ✓ In order to avoid discontinuity of support and to maximize returns on investments made, **Concern Uganda should make every effort to ensure continued support for the ASO networks started and/or strengthened under this project.**
- ✓ **Core to sustaining the district networks are the following;** Coordinator's salaries, office rent, computers, modems, motor cycles, and support for monthly Executive Committee meetings and quarterly Learning and Knowledge-sharing meetings. In addition, some ongoing support should be provided by UNASO or Concern Uganda partners on the ground. Note: computers, modems and motorcycles have already been provided by the project to the networks.
- ✓ **Recognizing that without adequate HIV prevention, care and support services in place for Concern's target communities, the benefits from livelihood and other Concern initiatives will be undermined.** Therefore, Concern Uganda, in its districts of concentration, should continue to have its implementing partners participate in the district HIV and AIDS networks. In addition, Concerns implementing partners should continue to engage with ASOs and GoU service providers in their geographic areas of concentration.
- ✓ In future project agreements with project partners, **if there is a results-framework in place, Concern Uganda should agree with the project partner, a reporting format that reflects/reinforces agreed objectives and deliverables.**
- ✓ In future project design, **there should be an alignment between district strategies and the capacity of the partner at national level to provide district-level support.** Where necessary, strategies to support the national secretariat to build the capacity of district networks should be included in project design and implementation.

2.0 INTRODUCTION

The following HIV and AIDS overview for Uganda and the three-year *Linking Life to Policies and Practices* project districts of concentration is intended to provide key background information regarding the context with regard to HIV and AIDS in those areas.

2.1 HIV and AIDS in Uganda

Uganda is experiencing a generalized HIV epidemic with 6.4% of adults and 0.7% of children HIV infected (7.5% of females are infected and 5% of males).¹ Although an estimated 1.1 million Ugandans are HIV positive, only 2 out of every 10 know their HIV status.

Within this overall picture, there are significant gender differences. Approximately 60% of HIV infections in Uganda are in females and 40% are in males. Females are infected younger than males, on average five to ten years.² An examination of HIV prevalence by age reveals that in the 15-19 age range, females are 8.6 times more likely to be infected than males in the same age group (2.6% vs 0.3%). In the 20-24 age bracket, this starts to balance out, and females are 2.6 times more infected than their male age mates (6.6% vs 2.4%). By the 40-44 age range, levels of male infections surpass females (males are 9.3% infected and females are 8.4%).³

Overall, sexual transmission contributes 76% of new HIV infections and mother to child transmission 22%. Within sexual transmission, monogamous relationships account for 43%, multiple partnering for 46%, and commercial sex, their clients and partners of clients contribute 10%.⁴ Women, urban dwellers and residents of the post-conflict northern Uganda region are more disproportionately affected.

On the treatment side, approximately 200,213 Ugandans are receiving antiretroviral drugs (ARV); an estimated 39% of those who need it.⁵ This is according to the latest revised World Health Organization (WHO) guidelines. Less than a fifth of Ugandan children who need ARV are receiving treatment.⁶ Prevention of mother to child transmission (PMTCT) reached approximately 53% of children in need by 2009.⁷

2.2 Regional Differences, HIV and AIDS

In Uganda, there are significant HIV and AIDS regional differences. Amuria District with an estimated population of 288,969 (of whom approximately 18,000 were displaced) had a HIV prevalence of 6.7% in 2009-10, slightly above the national average. Service support in Amuria is limited. Amuria District has one CD4 count machine in a private clinic where ARV is available. Two other clinics are also providing ARV.⁸ In Amuria in 2009, approximately 1.8% of the population in need was accessing ARV.⁹

The population of Pader (and Agago) District in 2009 was 436, 477 with a total of 269,959 people displaced. HIV prevalence was 11%, which is significantly higher than the national average. Approximately 9.8% were on ARV.¹⁰ By 2011, after the establishment of Agago as a separate district, the population of Pader was approximately 200,000. HIV prevalence was estimated to be 8.2% by the District Administration. In August 2011, there were three clinics providing ARV and there were no CD4 count machines in these clinics.¹¹

¹ National HIV & AIDS Strategic Plan, 2007/8-2011/12, Uganda AIDS Commission.

² *Ibid*

³ *Ibid*

⁴ UNGASS COUNTRY PROGRESS REPORT UGANDA, Government of Uganda, March 2010.

⁵ CDC, *Uganda Country Profile*, 2012.

⁶ *HIV and AIDS in Uganda*, AVERT, www.avert.org/aids-uganda.htm.

⁷ *Ibid*

⁸ *A Fact finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts*, Joselyn Bigirwa, for UNASO, August 2011.

⁹ District Profile, *Uganda Consolidated Appeals Process*, 2009

¹⁰ District Profile, *Uganda Consolidated Appeals Process*, *op cit*.

¹¹ *Ibid*.

Rakai District has a mature generalized epidemic. In March 2011, HIV prevalence was 13% of a population of 475,000. This is significantly higher than the national prevalence of 6.4%. There were approximately 45,000 children in the district orphaned by AIDS.¹² In Rakai District, 5 health facilities provide ARV; (two government hospitals, one HC IV,¹³ and two NGO clinics) and ARV outreaches are also conducted to all HC IIs in the district.

HIV prevalence in the districts of Central Uganda, including Nakasongola District – population 163,600 - is estimated at 8.2%.¹⁴ This District has three health facilities that are providing ARV services, one HC IV, one NGO health centre and the Military Hospital. By August 2011, in Nakasongola District, there were approximately 2,000 people living with HIV and AIDS who needed ARV treatment.¹⁵

It is evident from these summary district profiles that there is a real need to strengthen HIV and AIDS prevention, care and support service provision in Amuria, Nakasongola, Pader and Rakai Districts.

2.3 The Government of Uganda's Response

The overall framework that guides the policy and programmatic national response developed by the Uganda AIDS Commission (UAC) is the Multi-sectoral Approach to the Control of AIDS (MACA). This calls for everyone, individually or collectively to fight the epidemic at all levels within their mandates. Currently, the Government of Uganda (GoU) is finalizing a new National HIV and AIDS Strategic Plan to guide Uganda's programmatic response.¹⁶

2.4 Strategy and Project Design

From the above district-level profiles, it can be clearly seen that the level of HIV and AIDS service need, provision and support varies substantially throughout Uganda. In addition, the strength and capacity of civil society to influence and engage decision-makers, policy strategy development and budget allocations both at national and sub-national levels (e.g. district Level) is uneven and limited. This was certainly the case prior to the start-up of the *Linking Life to Policies and Practices* project in September 2008, where the HIV and AIDS-related needs of communities in Concern Uganda's Districts of concentration were – to a large extent – not being met. Thus, the districts of Amuria, Nakasongola, Pader and Rakai had serious HIV and AIDS services gaps which were mirrored by gaps in civil society advocacy and baseline data and studies.

In 2008, therefore, Concern Uganda entered into a three year partnership with the Uganda Network of AIDS Service Organisations to implement a project entitled, *Linking Life to Policies and Practices*.

Uganda Network of AIDS Service Organizations (UNASO) was founded in 1996. It is a network organization that exists to provide coordination, representation and networking among civil society AIDS Service Organizations (ASOs) for enhanced quality HIV and AIDS service delivery.

The **overall objective** of this project was:

To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV & AIDS Strategic Plan, 2007/2008-2011/2012.

There were **three specific objectives**:

- i) To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.

¹² Brief by the District HIV/AIDS Focal Person, Mr. Daniel Mugagga, on 20 February 2012.

¹³ Different levels of Health Centres in Uganda are indicated by HC I, II, III or IV.

¹⁴ UNGASS COUNTRY PROGRESS REPORT UGANDA, *op cit*

¹⁵ *A Fact finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts*, *ob cit*.

¹⁶ *Ibid*

- ii) To improve the monitoring and reporting capacities of 4 District networks and UNASO secretariat to effectively coordinate civil society sector in HIV/AIDS.
- iii) To influence HIV and AIDS key national actors, (HIPAC, PEPFAR, UAC and Partnership) to be more accountable in governance and management of processes and resources for the benefits of people affected by AIDS.

Expected outcomes:

- Strengthened Civil Society representation in the four districts;
- Changes in policy decision making at district level to ensure improvement and equitable distribution of facilities, resources and drugs;
- Enhanced knowledge management among AIDS Service Organisations with regard to HIV and AIDS policies, strategies and commitments;
- Improved accountability and governance for HIV and AIDS services at national level;
- Improved coordination of the Civil Society sector engaged in HIV and AIDS response and hence reduction in duplication of resources.

2.5 Achievement of Project Results

The following **strategies** were adopted in the implementation of the project:

- ✓ Build the capacity of 4 District Networks through training in governance and advocacy, logistical and technical support to engage policy makers and implementers to support ASOs in the delivery of HIV/AIDS services.
- ✓ Support establishing a monitoring and reporting system through training, retooling and technical support to gather and disseminate evidence-based best practices in the core areas of the national strategic plan among key ASOs in the respective 4 Districts.
- ✓ Facilitate national advocacy events and fora through debates, print and electronic media on governance and systems issues that affect delivery of HIV and AIDS services in the country.
- ✓ Strengthening coordination and information-sharing among member ASOs.

3.0 METHODOLOGY

The evaluation consultant – who is a HIV and AIDS and programme design and delivery specialist - was accompanied by Concern Uganda’s former HIV and AIDS Advisor, now Mainstreaming Coordinator. The consultant had overall responsibility for the report. This was informed by information and insights provided by the HIV and AIDS Advisor. The evaluation was conducted using a partnership approach between the evaluation consultant and Concern Uganda staff.

1. Desk phase

This included the review of secondary published and unpublished information on experiences and best practices in HIV and AIDS network development. Such information was identified from online HIV portals such as ELDIS (www.eldis.org) and other HIV/AIDS clearing houses. In addition, the consultant reviewed relevant Concern Worldwide and Concern Uganda documentation. The documents reviewed included programme strategy description, monitoring and evaluation information, and documented project experiences outlining achievements, shortfalls and challenges. This review, alongside primary data collection on practical experiences from project implementation was gathered through the next step described below.

2. Field Work

Primary information was collected from key project stakeholders (UNASO head office staff, network staff and Executive Committee Members, key District Administration personnel, community members and relevant Concern staff on the ground).

Data collection and analysis

As already explained above, the study was undertaken in two complementary components. Below is an outline of the approach to collecting and analysing the required data under each component.

Key informant interviews were conducted in Amuria, Pader and Rakai Districts. In each of these districts, the consultant and the HIV/AIDS Advisor met with the network coordinators and Executive Committee members and appropriate District Administration personnel. In addition, Concern staff was met at district level as well as (where relevant) Concern Uganda’s implementing partners, and health service personnel. These key informant meetings/interviews were guided by data collection tools that were based on the terms of reference, the project results framework and a network assessment framework.

Please note: a field visit was not carried out in Nakasongola because of time constraints. Concern Uganda felt that the Amuria, Pader and Rakai findings combined with a desk review of project documents and interviews with key Concern staff would yield sufficient information to inform a measured and accurate evaluation.

At the national level, two meetings were held with UNASO. These meetings included a UNASO presentation of the project; its original objectives, achievements and challenges and a review of the project results framework. In addition, the evaluator and the Concern HIV/AIDS Advisor, met with Mary Aduka, Irish Aid HIV/AIDS Advisor. The objective of this meeting was to gain insights into UNASO advocacy performance at the national level and the extent to which this advocacy includes and/or is informed by district-specific concerns and information. For the same reasons, attempts were also made to meet with relevant UAC and Global fund personnel. Unfortunately, this was not possible due to the time constraints and commitments of UAC and Global Fund staff. In addition, the consultant met with Concern Uganda national staff.

4.0 FINDINGS

4.1 Problems and Needs (Relevance)

Were the project design and approach appropriate to the situation?

The project design and approach was very appropriate to the situation in the four districts of Amuria, Nakasongola, Pader and Rakai in 2008. Especially for the first three districts, there was a dearth of organizing, focus and support for any health-related responses, including HIV and AIDS. In addition, these districts were trying to cope with higher-than-national-average levels of HIV and at the same time Amuria and Pader had to manage the re-integration of traumatized Internally Displaced Persons (IDPs) back into their community lives. Simultaneously, the GoU at national level also needed to be informed of district-level realities and needs.

The District Administrations were struggling to provide HIV-related support and services, but were constrained by a severe lack of resources, technical knowledge, personnel, and management skills. The establishment of three new networks in Amuria, Nakasongola and Pader and the provision of continuity support for the Rakai network was very timely indeed.

Were the activities of the project consistent with the overall goal and the attainment of its objectives during the entire project cycle?

Absolutely; the establishment and/or strengthening of democratically organised ASO networks at district level was very consistent with the strengthening of civil society capacity to organise and advocate for necessary HIV-related prevention, care, support and impact-mitigation services. UNASO's strategy to support the establishment of democratically-organised networks was very appropriate. Thus, once legally registered, each network held an AGM, elections for the membership of its Executive Committee of the Network and supported monthly meetings of this Executive Committee. In addition, UNASO provided a modest stipend to support full-time Network Coordinators in each district. Finally, the network's quarterly review and planning meetings also provided regular fora for network members to come together at district level to identify their pressing and strategic issues.

In addition, UNASO provided technical support to the network through key materials such as the booklet that summarises HIV-related laws and policies in Uganda. This booklet provided vital information to the ASOs and their communities regarding the policies and legal frameworks protecting their rights.

UNASO's support for regular and public events such as World AIDS Day and the Candlelight Memorial Service Days provided an opportunity for the networks to hold community events, which were co-hosted with the District Administrations. At these public events, the networks could raise issues, provide information and undertake planned advocacy.

One key activity undertaken by UNASO was the mapping of HIV-related available services in each of the four project districts. The information generated provided specific and concrete evidence regarding the HIV and AIDS services gaps in each district. Thus, each network in each district was able to undertake context-specific advocacy with their local governments.

The Radio Talk Shows that were held in each district also provided an excellent forum to reach dispersed low-literate populations with key HIV-related information. They also provided an opportunity to undertake advocacy with local politicians and service providers who collaborated with the networks and participated in their talk shows.

To what extent were the results of the Mid-Term Review (MTR) taken into consideration in the period following the MTR?

Up to September 2010, when the MTR was carried out, the project pace was slow to take off. This was in part due to the fact that the personnel arrangements agreed at project start-up at UNASO (% allocations across a variety of existing positions) did not provide the intensive and focused effort required for supporting the establishment of three district networks from scratch. Also, financial disbursements were slow which slowed

down plans and activities at district level. The networks had not developed annual work plans with clear indicators of success against which they would report. Finally, the networks did not have internet connectivity, and this penalized their capacity to function as well-informed networks that were far from the national capital.

After the MTR, UNASO made certain implementation and support adjustments that greatly enabled each network's performance. For example, UNASO dedicated one staff person, full-time to the support the four networks. This staff person then made quarterly visits to each district, ensured that internet connectivity was established, met with the Coordinators and Executive Committees, reviewed their work plans and was generally available for ongoing support.

This made a huge difference to overall performance, as is evidenced by network reports to UNASO and Concern Uganda's HIV Advisor's network monitoring reports.

Post-MTR, financial disbursements continued to be slow. This was because UNASO released funds for one quarter on the basis of reviewed reports from the previous quarter. No matter how efficient their processes were, there was an inevitable gap (which is now being addressed in Concern Uganda's processes). This could have been circumvented by advancing a six-month tranche at the outset, so that the upcoming quarter was covered while the network was reporting on the previous quarter. As the networks tended to tie their planning to the financial disbursements, their activities tended to have a stop-start quality to them.

Monitoring and evaluation (M&E) continued to be weak. After the MTR, all the networks had received BMSF M&E training. While this was a necessary first step to improve M&E it proved to be insufficient to improve overall performance. The project results framework was revised after the M&E training. However, the networks themselves did not actively engage with the results framework and did not develop annual work plans and indicators to guide their work. Rather, the networks tied their work plans to the quarterly funding disbursements. In addition, UNASO did not work with the networks to develop a reporting framework that would take the project results framework into account or develop annual work plans with each network and agree annual budgets with them in advance. Without this larger "birds eye" view of annual budget allocations and work plans, it was difficult for the networks to feel sufficiently empowered to engage in anything more than short-term quarterly work plans. And without a reporting format that was based on the results framework, it was difficult for the networks to provide more than narrative, activity-based reports.

To what extent did the project contribute to Concern's overall vision and mission?

Concern's vision in Uganda is; "A Uganda where absolute poverty is eliminated and social equity exists". Concern intends to achieve this by "working with and through relevant partners to improve the living standards of people who cannot meet their basic needs by strengthening their capacity to meet these needs and responding to emergency situations".¹⁷

In the borderline subsistence communities of Amuria, Pader and Nakasongola where Concern Uganda currently works, a deep HIV and AIDS epidemic will undermine efforts to meet basic needs and raise living standards. This can be likened to "termites in a house" where – on the surface of things – all may look well, but the whole community existence and infrastructure is being devastated by untreated HIV. The benefits of Concern's livelihood and water and sanitation initiatives, while making progress on their own terms will be diluted by an unsupported HIV and AIDS epidemic, which affects productive adults in their most productive years.

Therefore, this project which was designed to strengthen the capacity of civil society organisations for competent HIV and AIDS service delivery was very well placed to contribute to Concern's overall vision and mission in Uganda, both on its own terms and the synergy which developed between the networks and Concern's other initiatives.

The networks, which, through successful advocacy contributed to increased access to ARV treatment and supported HIV prevention in Concern's areas of operation necessarily contributed to increased longevity among Concern's target communities. In addition, as the capacity of the ASO networks was strengthened in

¹⁷ Terms of Reference, UNASO Evaluation.

each district, there was a natural development of synergy between Concern's livelihood programmes and the networks, whereby they each provided mutual support to the other.

4.2 Achievement of Purpose (Effectiveness)

To what extent were the project objectives achieved?

The project objectives were threefold:

- i) To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.
- ii) To improve the monitoring and reporting capacities of 4 District networks and UNASO secretariat to effectively coordinate civil society sector in HIV/AIDS.
- iii) To influence HIV and AIDS key national actors, (HIPAC, PEPFAR, UAC and Partnership) to be more accountable in governance and management of processes and resources for the benefits of people affected by AIDS.

Objective i) To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.

Among the project's greatest successes was the democratic nature of the networks established and/or supported. By the end of the project period, all four districts had registered and functioning networks. In Amuria, Nakasongola and Pader, this meant establishing these networks from scratch. All four networks held their AGM, had elected Executive Committees that meet monthly and all four networks held quarterly Learning and Knowledge Sharing meetings. Up to the end of the project period, each network had a full-time Coordinator.

District by district, each network had significant success in advocating for improved support. In the new district networks of Amuria, Nakasongola and Pader, the networks fulfilled a felt need for coordination, information-sharing and focus with regard to ASOs. In addition, the establishment of each network was welcomed by the District Administrations, who actively participated in and collaborated on network activities.

The Rakai network, which had been established in 2003, in addition to advocacy regarding the pressing issues of ARV treatment and Health Worker shortages and gender-based violence, also had significant success in accessing funding through the formation of a variety of network member consortia. The following is an outline of some key advocacy successes of each network. For the Amuria and Pader results frameworks, see Annex 3.

Amuria: AMUNASO has 27 member organisations. This network had a number of strategic successes as a result of its advocacy. AMUNASO initiated the development of a District HIV/AIDS Strategic Plan and also encouraged the activation of the District AIDS Committee (DAC) and the District AIDS Taskforce (DAT). AMUNASO also catalysed the formation of the District Service Commission, the district body tasked with recruiting, deploying, promoting and managing health workers. AMUNASO succeeded in getting two additional doctors to Amuria and as a result of their highlighting critical health worker shortages (only 38% of positions filled) also managed to get 73 new positions advertised for the district; the filling of these positions is now subject to a MoH hiring freeze. The District Health Officer has also made commitments to advocate for at least one CD4 count machine for Amuria for government healthcare provision. AMUNASO was also successful in getting a new health facility constructed for each of the sub-counties in Amuria through the North Uganda Social Action Fund.

Through public information events such as the radio talk show series, World AIDS Day and Candlelight Memorial Service Day, AMUNASO contributed to broad-based HIV and AIDS education and raising awareness about a range of issues, including HCT, HIV prevention and the importance of ARV drug adherence. Taking advantage of the general elections in 2011, AMUNASO undertook advocacy with district leaders and in May 2011, succeeded in getting 32 politicians to sign an Amuria Citizen-Leader

Pact. This pact outlined the undertakings of Amuria leaders to improve services at all levels for HIV prevention, care, and support and impact mitigation.

Finally, there was mutual support between Concern's partners on the ground, CIDI and VEDCO and AMUNASO. These partners provided service referral information to their outreach communities and on a number of occasions brought various ASO members to the field to educate their communities.

Nakasongola: With 22 registered member organisations, NANASO has become a "go to" entity in Nakasongola for new HIV and AIDS initiatives. For example, one NGO; Mildmay Uganda entered into a partnership with NANASO in the implementation of a project to support HIV positive children. In addition, Mildmay Uganda is to establish two more ARV clinics in the two sub-counties of Kakooge and Kalungi through the provision of a CD4 county machine. NANASO also initiated and participated in the drafting of the District HIV/AIDS Plan for Nakasongola. This district also advertised for two new clinical officers to improve service provision. Finally, Nakasongola succeeded in having their Citizen-Leader Pact signed.

Pader: PANASO is a network with 40 registered member organisations and covers two districts: Pader and Agago. PANASO's recognition at district level is evidenced by the fact that the District Administration has allocated an office for their use in the District Administration.

PANASO participated in the project Fact Finding study on Selected HIV and AIDS services in Pader and Agago. This study reviewed the status of ARV services in the district, adherence related to clinic distances and problems with alcohol and drugs. Other issues included inadequate staffing, stigma, poor planning and lack of CD4 count machines which are serious factors affecting HIV and AIDS services in Pader. This study provided a strong foundation for PANASO's advocacy work.

Through effective advocacy, PANASO managed to get additional health workers posted to Agago. PANASO also identified and raised the issue of Pader District health service gaps with the MoH who visited Pader. Following that MoH visit, the Permanent Secretary for Health wrote a letter, requesting a written brief on Pader's health service gaps. The PANASO Coordinator and the District Health Officer wrote a letter about the need to upgrade Pader clinics and increase the number of health workers posted to Pader. The District Administration then committed to augmenting the doctor's benefits package (a top up allowance) to enable Pader to attract doctors to the District and has advertised for two more doctors. Unfortunately, the MoH hiring freeze is operational; however, PANASO contributed as much as it can.

The Health Centre in Pajule (a HC IV) had no electricity, but as a result of PANASO advocacy, it was supplied with a transformer. Advocacy was undertaken on behalf of Pader inmates who were not accessing their ARV. PANASO also went on the radio to raise awareness about the right of inmates to access ARV. As a result, it was agreed that there would be a link between the inmates, the Health Centre and the prison in order that they could access their ARV.

Pader District adopted a Citizen-Leader Pact. At a Pact dissemination meeting, 65 politicians attended the PANASO meeting and signed the Pacts. This was followed up through radio talk shows and Candlelight Day Commemorations, PANASO mobilised communities to demand accountability from their leaders and that they implement their Citizen-Leader Pact commitments.

Advocacy for quick intervention on the issue of Nodding Disease was undertaken by PANASO. The MoH and international partners visited Pader in October 2011 to design interventions which included the establishment of a Health Clinic in Lapulcwida. The Chairman of Pader District has agreed to invite neighbouring District Officials from Kitgum, Gulu, Aarnwo, Lira and Agago to petition parliament for a quick intervention on Nodding Disease.

There was active engagement between PANASO and a number of Concern's partners in Pader District; for example VEDCO farmers were trained on HIV and AIDS issues by the PANASO Coordinator. PANASO was contacted for information from potential donors regarding organisations and initiatives to support; e.g. the American Refugee Committee (ARC) and the Northern Uganda Malaria, AIDS and TB (NUMAT) programme. PANASO also participated in an appraisal by Action Aid Uganda.

Rakai: The Rakai network – RANASO – was established in 2003 and has 53 member organisations. This network simultaneously advocates on both short and long term issues. RANASO has been very strategic in leveraging additional resources for HIV and AIDS service support for Rakai District through the formation of a number of consortia. For example, in partnership with Rakai Community-based AIDS Project (RACOBAP) 22 organisations accessed Global Fund support through the Civil Society Fund and 37 organisations accessed Child Fund support.

RANASO achievements include the activation of and participation in the District AIDS Committee as well as the formation of sub-county AIDS committees throughout the district. At that strategic level, RANASO also participated in the development of the Rakai HIV and AIDS Strategic plan and participates in the District Annual Reviews, where plans are laid for the subsequent year.

At the service delivery level, RANASO successfully advocated for district-wide ARV service provision. Initially, ARV services were limited to hospitals and Health Centre IVs and suffered from a shortage of reagents for the CD4 count machines. Now, as a result of RANASO advocacy, ARV distribution points have been established at Health Centre IIIs and IIs and reagents are available. RANASO also contributed to the strengthening of ARV access at health facility level through the re-activation of Health Unit Management Committees, including PLHIV participation.

In addition, RANASO spearheaded advocacy on raising awareness regarding the links between gender-based violence (GBV) and HIV, highlighting the issues raised in the UNASO fact-finding study, e.g. the fact that a lot of women are beaten because of drunkenness, unfaithfulness, and as a disciplinary measure, including when husbands are denied “their conjugal rights” and that HIV can also result in GBV, including child trafficking and children engaging in sex work.¹⁸ RANASO is raising awareness of the ways in which GBV is a driver of HIV. In a variety of public fora they have raised a number of GBV-related issues including the importance of couple testing and the role of men in perpetuating inter-generational sex.

Finally, Rakai District also adopted the Citizen-Leader Pacts. This was signed by 21 political leaders, 23 ASO representatives and 11 citizens and formally adopted by Rakai District council on 23rd February 2012.

Objective ii) To improve the monitoring and reporting capacities of 4 District networks and the UNASO secretariat to effectively coordinate civil society sector in HIV/AIDS.

The achievement of project objectives was the weakest in this area. Following the MTR in September 2010 the project results framework and implementation schedule was revised due to slow take-off and implementation and sketchy reporting from the networks. However, even post MTR, UNASO and the network’s planning was tied to a quarterly funding release schedule and planning and reporting was not based on an annual work plan that was linked to the project results framework. Post-MTR, UNASO’s engagement with the project results framework continued to be limited. While their narrative reports improved following the BMSF M&E training and broadly covered the three major project objectives, the activities reported on are a mixture of inputs and achievements. The end-of-project Results Framework Report submitted by UNASO to Concern Uganda did not reflect the full range of project achievements, and it is fair to say that overall, UNASO’s capacity to build the M&E of the networks was challenged by their own technical understanding and available time. One consequence of this was that the networks and UNASO under-reported on project successes and challenges.

During the evaluation meetings with AMUNASO, PANASO and RANASO it was evident that these networks were unfamiliar with the results framework and the expectations contained therein. None of the networks submitted annual work plans, instead, all the networks tended to tie their work plans to the quarterly funding disbursements and to submit quarterly work plans. Linked to this were the quarterly review and planning meetings where the quarterly work plans were developed.

¹⁸ *A Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts*, by Joselyn Bigirwa for UNASO, August 2011.

Objective iii) To influence HIV and AIDS key national actors, (HIPAC, PEPFAR, UAC and Partnership) to be more accountable in governance and management of processes and resources for the benefits of people affected by AIDS.

It is no doubt true that UNASO's influence and credibility was enhanced by the addition of three functioning district networks to their membership. In addition, their information base was strengthened by the *Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai*, which was completed in August 2011.

However, UNASO achievements in this area suffer from under-reporting. For example, although HIPAC, PEPFAR, UAC and Partnership are explicitly mentioned in Objective iii) hardly a single reference is made to these entities in UNASO's end of project report, or indeed, in the end of project Global Results Framework report. This is not because UNASO has not been undertaking national-level advocacy informed by the information and advocacy that resulted from this *Linking Life to Policies and Practices* project, but their capacity is overwhelmed by their work load and the quality of their reporting suffered as a result.

UNASO played a key role in supporting the Joint Annual Review and MTR of Uganda's National Strategic HIV/AIDS Plan. In this context, UNASO acted as the secretariat for the National NGOs Self-Coordinating Entity (NNGO SCE) and hosted a number of regional meetings to inform these processes. In addition, UNASO sits on the Partnership Committee, which is the part of the Uganda Partnership Coordination mechanism (consisting of the Partnership Forum, the Partnership Committee, 12 Self-Coordinating Entities and the Partnership Fund). The Partnership committee is the backbone of the Partnership mechanism. UNASO's inputs into these fora was informed by the *Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai* as well as the advocacy positions put forward by the four networks.

However, UNASO did not make the link between their national-level advocacy and the information and advocacy positions generated by the four networks supported by the project. And while UNASO's legitimacy was enhanced by additional networks, it is not clear if their advocacy positions were in any way adjusted to reflect the specific realities of Amuria, Nakasongola, Pader and Rakai.

What were the significant factors that led to the achievement or non-achievement of the objectives?

The following are the key factors that led to the achievement of project objectives:

1. The Unmet Needs and Gaps That the New Networks Moved In To Fill.

Amuria, Nakasongola and Pader were new networks in poverty-stricken districts where health care provision for HIV prevention, care, treatment and support was extremely limited. All of these districts (Amuria, Rakai, Nakasongola and Pader) had district level HIV prevalence above the national average of 6.4% (6.7% for Amuria in 2011 and 8% for Pader in 2011). Rakai, with a HIV prevalence of 13% in 2011 continued to be challenged by serious HIV-related health care gaps. The District Administrations in all four districts were facing challenges in coordinating activities, sharing HIV and AIDS information, holding educational events and providing key HIV and AIDS services. The networks provided a welcome focal point for ASO education, coordination and planning. In addition, the networks provided a crucial vehicle for ASOs to speak with one voice on serious matters, such as the critical shortage of doctors and other health personnel, ARV drugs, CD4 count machines, electricity, stigma, etc.

2. The Robust Participation Of ASOs In The District Networks

The membership and participation of ASOs in the networks is robust. This is evidenced by the number of registered ASO members, e.g. Amuria has 27 members, PANASO has 40 members and RANASO has 53 members. In addition, all networks have active Executive Committees and network-organised events enjoy full participation and support. What has been a little challenging for the networks is the payment of membership fees. But this reflects more the degree to which the networks are functioning in environments characterised by extreme poverty as opposed to a lack of support for the networks.

3. Having Full-Time Coordinators To Support The Networks

The full-time Coordinator was an essential lynchpin in the achievements of the four networks. Networks are fragile entities, difficult to get established and to sustain, especially in resource-poor environments. A network is a value-added entity that gives regional and national impact to the activities of ASOs. However, they are not the core-business of the member organisations. As such, the members rely on the network secretariat to lend concrete support and coordination; including hosting meetings, generating minutes, circulating information, liaising with the head office, attending meetings, etc.

4. Supporting Office Rent, Computers, Modems, Motor Cycles, Etc.

Having an office to meet in, and dedicated resources such as a computer, internet connectivity and motor cycles to reach ASOs and communities in their areas of operation were essential supports to the functioning of the networks. Without these, it is difficult to see how communication with the members could be maintained and up-to-date information received on all aspects of HIV and AIDS. The MTR identified the lack of internet connectivity as one of the key factors in the networks underachievement of at the time of the review.

5. Having A Full-Time UNASO Project Officer

After the MTR, UNASO dedicated a full-time Project Officer to support the four project networks. This UNASO Project Officer visited each network on a quarterly basis and this support greatly enhanced the functioning of the networks, both from the point of view of providing technical inputs but also in supporting the smooth flow of information, funds and other supports to the networks.

6. Receiving Technical and Programmatic support from Concern's HIV/AIDS Advisor

Concern's HIV/AIDS Advisor also provided essential technical and programmatic support to UNASO and the networks. Through regular meetings with the UNASO Project Officer and monitoring visits to each of the four networks, the HIV/AIDS Advisor was able to assess and augment project delivery. The Concern Advisor reviewed project narrative and financial reports, and worked with UNASO in strengthening project delivery following the recommendations of the MTR.

7. The Positive Engagement of District Administrations with the Networks.

The District Administrations welcomed the networks and supported their advocacy agendas. The District Administrations jointly planned key events with the networks, such as World AIDS Day and the Candlelight Memorial Service Day. They also participated in the networks Executive Committee meetings and quarterly Review and Planning meetings. In the case of Pader, the District Administration allocated an office for the joint use of PANASO and the people living with HIV and AIDS organisation.

8. The Key Resources Provided By UNASO To The Networks

UNASO provided some key HIV and AIDS resources that were essential to educate network members, including their abridged booklet on key HIV and AIDS Policies and Legal Frameworks in Uganda.

9. The Readiness Of Political Leaders To Engage With & Support The Networks

On the radio talk shows, World Aids Day and Candlelight Memorial Service Day events and the Citizen Leader Pacts, political leaders demonstrated their willingness to participate fully in network events and to support network activities. For example, a large number of political leaders signed the Citizen Leader Pacts; 32 in Amuria District and 65 in Pader District.

10. The Training And Other Supports Provided To The Networks

Through the technical and financial support provided by the BMSF, a number of key inputs were provided to support the networks. These included support for training on Finance Management and Planning, Monitoring and Evaluation, Community Mobilisation, the Fact Finding Study on Selected HIV Services in the Four Districts, radio talk-shows to disseminate the Citizen/Leader pacts, National-level Civil Society Forum (this is where the fact finding study results were disseminated), mentoring and support supervision by UNASO and the monthly Executive Committee meetings. There is no doubt the training provided to the four networks greatly enhanced their capacities. As a result, two networks developed financial policies and manuals and all developed a chart of accounts system. Following the

Monitoring and Evaluation training; UNASO and Concern developed a revised results framework for the project.

11. The Fact That the Networks Proved Their Worth.

As detailed above, all the networks had concrete successes as a result of their advocacy; these included addressing critical health personnel shortages (doctors and/or nurses), getting generators or reagents to support health service provision, decentralizing the delivery of ARV, ensuring that inmates had access to ARVs, accessing additional funding to the districts, challenging stigma at community level, the Citizen Leader Pacts, etc. These successes were very motivating and proved the worth of the networks, to the members, the District Administrations, political leaders and citizens at large.

The following are the key factors that led to the non-achievement of project objectives:

1. UNASO Capacity to Support Network Development

The project over-estimated UNASO's capacity to support the establishment of and/or strengthening of four networks in four geographically separate districts. This was also affected by the UNASO accountability crisis in year one of the project that resulted in the hiring of a new Executive Director. The project design allocated % time allocations across existing 6 UNASO personnel and it was assumed that this would avail sufficient support to the networks. In fact, the MTR concluded that "The UNASO in-house capacity to provide ongoing capacity building to the networks is undermined by the limited human resources at the secretariat". The unfortunate impact of this was that the project got off to a very slow start. Successes became evident after the BMSF technical support to the secretariat and the district-level networks and following the MTR when UNASO allocated one staff person full time to support the four networks.

2. Slow Disbursements from UNASO to the Field

Financial disbursements to the field were slow, even after the MTR. The disbursements were linked to the review of network's quarterly narrative and financial reports, and only when deemed satisfactory by UNASO and Concern, was the next funding tranche released. An initial six month funding advance, or on receipt of the three month report [as opposed to receipt AND verification of the three month report] could have speeded this up.

3. Network Planning Linked to Quarterly Disbursements

Linked to the previous point is the fact that the new networks did not have robust annual work plans. Instead, they tied their activity plans to the quarterly funding cycle. In fact, the networks did not seem to be aware of their annual budget, so it would have been difficult for them to generate an annual work plan and budget allocations. The upshot of this is that the new network activities necessarily had a stop-start quality to them. RANASO annual work plans were more robust.

4. Fragile Capacities in Amuria, Nakasongola and Pader Districts

The three new networks were starting up and operating in contexts of fragile capacity, especially the post-conflict districts of Amuria and Pader, both of which have broken down infrastructure and services. Thus, operating in a context with poor water and electricity supply and transport facilities makes it difficult for networks to get established and to get the traction necessary to have long term impacts.

5. The Timeframe was too short; Especially for New Networks.

The MTR highlighted the slow pace of project start-up and made recommendations to redress. Given this, and the fact that the networks were also coping with the fragile infrastructures mentioned previously, the three-year project timeframe was too short. Ideally, it should have been five years, which would have given the networks a chance to strengthen their establishment and deepen their impact.

6. Poor Reporting By UNASO

From the time of project start-up to the MTR, UNASO narrative reports were thin on detail. After the MTR and BMSF M&E training, there was a significant improvement in UNASO reports, but they continued to suffer from under-reporting of project achievements. This became very clear when comparing PANASO and AMUNASO accounts of their achievements in the evaluation meetings in Pader and Amuria (validated by the District Administrations) against the UNASO reports submitted to

Concern Uganda. UNASO could have supported the networks – and benefited themselves - by designing clear reporting formats that reflected the objectives and outcomes in the project results frameworks. This would have had the dual benefit of helping the networks to report and reminding them of the overall project commitments.

7. Rich, Context-specific Findings Fed into Over-generalised Advocacy

It may be the case that the Fact Finding Study on Selected HIV Services in the four districts informed UNASO advocacy at the national level, or in some of their regional activities. But there is no reflection whatsoever in UNASO reports of the added value of this context-specific information or other issues raised by the four networks. In this instance, there is a strong suspicion that this item suffers from a general under-reporting of national-level advocacy by UNASO and a lack of UNASO capacity to take full advantage of the additional information generated.

Were the delivery mechanisms appropriate?

It was very appropriate to have UNASO involved in providing capacity building support to the networks, especially for the formation of the new networks, as UNASO had clear systems in place to guide the establishment and operation of district networks. However, as previously highlighted, while UNASO had the available knowledge to guide network establishment, the way in which their personnel support was originally conceived in the project design (as a % of existing staff time across a variety of positions) was insufficient to meet the needs of the four networks supported by the project.

In addition, the system of financial disbursement was cumbersome and there was an inevitable gap between the networks' submission of quarterly and financial reports and the release of the upcoming quarter's funds. This led to interrupted project activities and work planning that was linked to quarterly funding release, as opposed to annual work plans.

4.3 Were Resources Converted To Results (Efficiency)

Were the resources used cost-effectively and properly allocated?

Too much time was lost in the first two years of the project, and therefore, resource use was not maximized during that time. However, the successes of the four networks post-MTR proved a very valuable return for a relatively modest investment (costing approximately €20,000 or UGSh/= 12,000,000 per district network per year).¹⁹ Coordinator salaries were quite modest, and therefore, did not necessarily attract senior level personnel who could have contributed to faster start up and more strategic and senior level engagement. Many Executive Committee members of the networks are senior level personnel themselves, and higher salaries would have contributed to a certain parity of seniority between the network Coordinator and the network member representatives. The dedication of a motor bike to each network definitely contributed to supporting communications within the network and enabled the Coordinator to reach member organisations and target communities on site. Likewise, the establishment of internet connectivity in each district for each network greatly enhanced communications and access to critical online resources.

To what extent were activities undertaken as planned?

As already outlined, project activities were somewhat slow to take off, but considerable successes were achieved post-MTR, when a revised results framework, implementation plan and UNASO personnel allocations were put in place. To a great extent, the revised implementation plan was followed by both UNASO and the four networks.

What other means of implementation would have been more efficient for the project?

As stated already, adequate personnel support from UNASO from the project outset would have greatly contributed to effective and efficient implementation of the project. The other option was that Concern

¹⁹ Calculated at the rates operational at project start up, 1 September 2008 and taken from the OANDA currency site.

could have managed the individual networks directly with technical support and inputs provided by UNASO. This would have had the advantage of on-the-spot support from the Concern field offices to the networks (assuming Concern personnel had the time and capacity to provide such support).

The fact that the districts were not geographically contiguous was a challenge. And while the Rakai network was well established, the potential benefits of working with a more established network were not leveraged to support the newly-established networks. Thus, exchange visits between Amuria-Nakasongola-Pader and Rakai could have been arranged for the fledgling networks to learn from the experiences of the more established network. Or technical support visits from RANASO to the new networks could have been arranged.

4.4 Achievement of Wider Effects (Impact)

What were the intended and unintended (positive and negative) outcomes and impact of activities linked to each objective, measured according to the indicators in the log frame?

Overall Objective: *To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV and AIDS Strategic Plan, 2007/2008 – 2011/2012*

Indicator 1, Overall Objective: *Harmonised CSO positions and voices to influence better HIV service delivery by 2011.*

There were a number of positive outcomes achieved. As detailed above, the precursor of harmonised CSO positions – the establishment or strengthening of viable and democratic networks – was achieved in each of the four project districts. The three new networks were formally registered, opened bank accounts, established offices, held their AGMs, elected their Executive Committees and appointed full-time Coordinators. In every case, the establishment or continuation of network activities was met with support and advocacy success. This is because the establishment of the networks met a real need within their districts, whereby a unified, capacity-building entity that would both educate and advocate, contributed to better service delivery on the ground. The fact-finding study on selected HIV services in Pader, Amuria, Nakasongola and Rakai districts provided an objective overview of critical service shortages in all four districts and provided a firm foundation to support national and district-specific advocacy.

The networks achieved the following:

- ✓ In every district, the signing of the Citizen-Leader pacts, whereby CSO leaders, politicians and citizens signed public commitments to improve HIV prevention, care, support and impact mitigation services in every district is one indicator of success of overall objective.
- ✓ The networks developed position papers and advocacy plans regarding various combinations of the following: health service personnel shortages, the absence of CD4 count machines, the need for improved and decentralized ARV service delivery, the need for reagent supplies to support HCT and ARV services.

Indicator 2, Overall Objective: ASO initiatives clearly contributing to the national HIV response.

There is no doubt that the establishment of and strengthening of four district networks contributed to the strength and legitimacy and information-base of UNASO as an umbrella national network. UNASO, as the national voice of ASOs throughout Uganda, is represented in all the key national-level HIV and AIDS committees. The Citizen-Leader Pacts and the position papers emanating from the four districts provide UNASO with concrete, context-specific concerns and priorities that inform their national advocacy work, for example:

- ✓ UNASO played a key role in supporting the Joint Annual Review and MTR of Uganda's National Strategic HIV/AIDS Plan. In this context, UNASO acted as the secretariat for the National NGOs Self-Coordinating Entity and hosted a number of regional meetings to inform these processes.

However, UNASO did not make the link between their national-level advocacy and the information and advocacy positions generated by the four networks supported by the project. And while UNASO's legitimacy was enhanced by additional networks, it is not clear if their advocacy positions were in any way adjusted to reflect the *specific* realities and concerns of Amuria, Nakasongola, Pader and Rakai. As stated already, it is difficult to make an assessment of UNASO's performance in this area, because they have consistently under-reported on the specificity of their advocacy and their successes and the ways in which the establishment and strengthening of the four networks enhanced their performance.

Specific Objective 1: *To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District Level.*

Indicator 1 Specific Objective 1: *Number of issues identified by networks and evidence of engaging duty bearers on the issues.*

Over the course of the project lifetime, there have been a whole variety of issues identified by the networks in the four districts. These include:

- ✓ Health worker shortages and increasing the number of health care workers. AMUNASO succeeded in getting 2 additional doctors allocated to Amuria and 73 new positions advertised, PANASO got additional health workers posted to Agago and an advertisement placed for 2 doctors,
- ✓ The shortage of CD4 count machines and reagents was raised in all four districts. In Amuria, the District Health Officer (DHO) committed to advocate for at least one CD4 count machine for the district. In Nakasongola, through liaison and facilitation with Mildmay Uganda, NANASO supported the establishment of two additional ARV clinics –supported by CD4 count machines - in sub-counties Kakooge and Kalungi. PANASO advocacy enabled inmates, where necessary, to access their ARV. PANASO also succeeded in getting a transformer allocated to Pajule HC IV and as a result that health centre now has electricity supply to support health service provision, including ARV treatment. In Rakai, RANASO successfully advocated for decentralized ARV service provision through the establishment of ARV distribution points at HC III and HC II levels. RANASO successfully advocated for an end to the shortage of the reagents necessary to support ARV services.
- ✓ PANASO advocated for urgent intervention regarding a new disease that was fatal to children; Nodding Disease. As a result, an international team of experts visited Pader, and currently the MoH and WHO are taking steps to understand and treat this new disease that is fatal to children.
- ✓ RANASO has raised the critical issue of the link between GBV, higher-than-average levels of HIV infection in females and the need for gender specific responses along the prevention, care and impact mitigation continuum. The issues raised include domestic violence, drunkenness, unfaithfulness and inter-generational sex.

Indicator 2 Specific Objective 1: *Level of awareness of HIV-related policies and strategies among members of the supported networks.*

One of the issues facing Uganda's HIV and AIDS response is that HIV and AIDS-related policies and legal frameworks are not well-understood at district, county and sub-county levels. This project has made a strong contribution to increasing the level of awareness of HIV-related policies and strategies in the target districts. This has been achieved through a variety of mechanisms, including;

- ✓ The dissemination of UNASO's abridged booklet summarizing Uganda's key policy and legal frameworks pertaining to HIV and AIDS.
- ✓ In every district, broadcasting the 8-week radio programme series on key aspects of HIV and AIDS.
- ✓ Within each network, the holding of quarterly Learning and Knowledge-sharing meetings, whereby technical issues were raised and discussed and information-shared by member organisations about their knowledge and services.
- ✓ On World AIDS Day and Candlelight Memorial Service Days, communities throughout the project districts were educated on HIV prevention, HCT, ARV treatment and available services and supports.

Specific Objective 2: *To improve the monitoring and reporting capacities of 4 District networks and UNASO Secretariat to effectively coordinate civil society sector in HIV/AIDS.*

Indicator 1 Specific Objective 2: *The four networks have functioning Planning, Monitoring and Evaluation Systems.*

Project achievements in this area were the weakest. This reflects the slow project start up and an overall lack of engagement with the project results framework by UNASO and the networks. As previously outlined, the networks planning cycle was tied to the quarterly funding cycle and not to the overall results frameworks within which annual work plans and budgets were constructed.

This also reflects the fact that an assessment of the capacity of UNASO to support all aspects of project delivery was not conducted during project negotiations and design. UNASO would have benefited from sustained technical support in the whole area of Monitoring and Evaluation. And while all parties benefited from the Monitoring and Evaluation training by the BMSF, this training needed to have been accompanied by ongoing technical support to UNASO and the networks to build sustained capacity in this area.

Indicator 2, Specific Objective 2: *Reports from the District Networks and UNASO secretariat reflect results from implemented activities.*

There was a substantial improvement in the quality of reporting after the MTR whereby project narrative reports were submitted under the three overall objective areas. There was also a significant improvement in the actual number of activities being implemented.

However, the specifics of the results framework were not addressed in the quarterly narrative reports and there is no doubt that both UNASO and the district networks would have benefited from the design of an agreed reporting framework that would inform and support the networks on the actual agreed deliveries in the contract between Concern and UNASO.

Specific Objective 3: *To influence HIV and AIDS key national actors, HIPAC, PEPFAR, UAC and Partnership) be more accountable in governance and management of processes and resources for the benefit of people affected by AIDS.*

Indicator 1 Specific Objective 3: *Number of advocacy initiatives by UNASO around national level accountabilities for HIV resources.*

As already mentioned, this item suffers from under-reporting by UNASO and it is difficult to determine the number of advocacy initiatives undertaken around national level accountabilities for HIV resources. In their end-of-project results framework, UNASO identified three:

- ✓ African Union Summit Advocacy Campaigns which included resolutions to the Heads of States regarding civil society concerns and recommendations on health financing.
- ✓ UNASO's inputs into the NGO regional meetings to inform the Joint Annual Review and the review of and planning for the National Strategic Plan
- ✓ The dissemination of the Fact Finding Study among key national and district-level actors, including members of parliament, relevant government ministries, HIV activists and service providers.

Indicator 2 Specific Objective 3: *Evidence of UNASO engagement of key national actors on accountabilities for HIV resources.*

UNASO identified two in their end-of-project results framework:

- ✓ UNASO has been involved in the advocacy campaign around safe motherhood “petition number 16”.
- ✓ UNASO has held national dialogue meetings on Financing of HIV.

What real differences have the project activities made to the beneficiaries?

As a result of this project, a coordinated response to HIV and AIDS issues and needs in the four districts of Amuria, Nakasongola, Pader and Rakai was made possible. In each district, the District Administration

welcomed the networks and their agendas. And in each district, there were concrete improvements in the lives of people and communities living with and affected by HIV and AIDS. These improvements included improved ARV service delivery, either through the addition of health care workers (doctors and nurses), the provision of additional CD4 count machines and reagents, or securing decentralized ARV service provision in HC IIs and HC IIIs.

Linked to the improvements in ARV services has been the active promotion of HCT, whereby community members (couples) have been encouraged to know their HIV status. All the networks have promoted HIV prevention through the radio talk shows, World AIDS Day and Candlelight Memorial Service Day educational events and the active engagement of the networks with Concern livelihood partners (for example, VEDCO, CIDI, and WORUDET). The networks have sought to de-stigmatise HIV, through advocacy for inmates to have access to ARV. Other examples include intervention by PANASO when a young 5-year old HIV positive girl was excluded from playing with her age mates by the other children's parents or challenging negative behaviours such as the removal of the roof of the dwelling of a HIV positive couple.

Finally, the presence of the networks enabled each district to lever additional resources to support the HIV and AIDS response. In Amuria, for example, AMUNASO succeeded in accessing funds for the construction of a new health facility for each of the sub-counties in the district from the North Uganda Social Action Fund. NANASO liaised with Mildmay Uganda, and succeeded in the establishment of two additional ARV clinics in Nakasongola. And Rakai has been extremely successful in forming a variety of consortia to access additional funds from, for example, the Civil Society Fund and Child Fund Uganda.

What lessons can we draw from this project?

The lessons learned from this project are many, and include:

On the Plus Side

- ✓ There was a huge unmet need in the districts without an ASO network. The robust participation of ASOs in the new and already-established networks indicated that these networks were indeed, “an idea whose time had come”.
- ✓ The extent to which there was constructive collaboration between the District Administrations and the networks is also evidence of the unmet needs that the networks filled and the ways in which the networks actively supported and facilitated the work of these resource-constrained District Administrations.
- ✓ Because of the needs the networks filled and their concrete successes on the ground, a relatively small investment by Concern Uganda yielded substantial results.
- ✓ Each network succeeded in bringing concrete value-added to the meeting the HIV prevention, care and support needs in their districts.
- ✓ The *Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts*, made a concrete, context-specific addition to the body of knowledge concerning decentralized HIV and AIDS service needs in Uganda and provided a sound platform for district and national-level advocacy.
- ✓ The existence of functioning ASO networks in the four districts greatly facilitated the leveraging of additional resources for those districts. Thus, Amuria, Nakasongola and Rakai engaged with other funding entities and added to the HIV investments in those districts.
- ✓ Functioning ASO networks will contribute to improved HIV and AIDS service provision and this has been evidenced in each of the four districts.
- ✓ There has been positive collaboration between the networks and Concern's initiatives on the ground.

On the Minus Side

- ✓ Notwithstanding the management crises at the UNASO secretariat, more consideration could have been given to UNASO's capacity to provide support to the four networks, especially as three of the networks were starting from scratch. Perhaps, in addition to the BMSF technical support, an assessment of UNASO's capacity building model in relation to their networks could have been carried out and a stronger capacity building strategy for the UNASO secretariat built into the project design.

- ✓ Funding disbursements were slow and linked to quarterly narrative and financial reports and was not integrated into annual work plans and budgets. This slowed down the achievement of project objectives, as there were funding gaps while networks awaiting their next funding tranches.
- ✓ Monitoring and evaluation was weak and again, the UNASO secretariat needed more systematic support in order to build on the technical input of BMSF in order to improve on this aspect of project delivery in order that it could percolate down to the district-level networks. It would have been very helpful if both UNASO and the district networks were assisted through designing results-based reporting formats which would educate and reinforce the need for results-based reporting.
- ✓ The project time-frame was too short. Given the fact that the networks had to be established from scratch in three districts with fragile capacity, it was already a short time frame. This issue became even more critical, given the slow start-up of project activities due to insufficient personnel capacity from the UNASO secretariat up to the MTR.
- ✓ The geographic location of the four districts was too far apart. This made support and monitoring visits onerous. While Nakasongola, Amuria and Pader can be reached fairly easily in one visit, Rakai is at the other side of the country.
- ✓ The project failed to maximize the benefit of having a more experienced network participate. Thus, RANASO, which was an experienced network, could have been tapped into to support the new fledgling networks, through technical support or exchange visits.
- ✓ Both UNASO and RANASO under-reported on their advocacy achievements and this is another area where a capacity gap was evident. Concern made great efforts to engage with UNASO in order to emphasise the importance of and benefits from investing in documenting their achievements more rigorously, but the UNASO work plan overwhelmed their capacity to report comprehensively on their achievements.

4.5 Likely Continuation of Achieved Results (Sustainability)

To what extent will project benefits continue after the project has been completed?

The benefits gained in terms of ARV treatment and the augmenting of health service workers will continue in the medium term, as indeed, will the capacities built of ASOs and people who have been educated. However, the commitment of political leaders and the fragility of district level capacity both require ongoing advocacy from a solidly functioning network. And while some of the network Coordinators are continuing on a voluntary basis, this is necessarily a short-term solution. Most of the networks have temporary office-space solutions, for example, one ASO is contributing office space to AMUNASO and another is supporting RANASO. However, without the funds to pay for internet connectivity or petrol to fuel the motor cycles, the ability of the networks to communicate with their members is hampered.

What are the major factors influencing the achievement or non-achievement of sustainability of this project?

All four networks are poised for success. They all enjoy robust and senior-level support from their ASO members and from their District Administrations. They all have concrete successes which have demonstrated their ability and relevance.

However, there are minimum essentials that are needed to anchor network stability and functioning. When these are in place, the networks can function and seek to attract additional funding.

The Essentials Include:

- ✓ A paid, full-time professional coordinator.
- ✓ A network office.
- ✓ A computer and modem.
- ✓ Transport.
- ✓ Funding to support internet connectivity, fuel and the holding of regular Executive Committee and Quarterly Learning and Knowledge-sharing Meetings.
- ✓ Ongoing support from UNASO and/or Concern partner's on the ground.

5.0 CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

1. **Without adequate HIV prevention, care and support services in place for Concern's target communities; the benefits from Concern Uganda's livelihood and other initiatives will be undermined** as the project areas of focus – Amuria, Nakasongola, Pader and Rakai are all districts that have higher-than-national-average HIV prevalence levels. As such, they need to have HIV and AIDS services available. This is because a growing HIV epidemic in a context of poor service delivery will necessarily increase the morbidity and mortality and dependants within those target communities.
2. **This was a well-conceived project that met real and felt needs at district level.** The establishment of district-level networks in Amuria, Nakasongola and Pader was indeed “an idea whose time had come”. This is evidenced by the large number of ASOs who joined and/or continued to support the four networks, the active engagement of the District Administration and the concrete advocacy successes enjoyed in each district. The greatest impacts of this project were felt at the district level, where the networks advocacy successes resulted in concrete benefits for communities at the service delivery level. The Fact Finding Study on Selected HIV Services in Pader, Amuria, Nakasongola and Rakai Districts, August 2011 was a key district and national-level contribution to the whole project.
3. **The complementary support between Concern Uganda and BMSF for this project worked very well.** The value-added of the BMSF technical support contributed in no small part to the success of the project and all stakeholders mentioned their appreciation of the BMSF-supported training, including the technical trainers for: Planning Monitoring & Evaluation, Finance Management; and Community Mobilisation.
4. **There was very nice synergy and collaboration between Concern's livelihood initiatives on the one hand, and support for these district networks, on the other.** Concern's livelihood partners such as CIDI, VEDCO and WORUDET joined the networks and participated actively. In turn, the ASO network members provided referrals, education and support to Concern's livelihood communities.
5. **UNASO's technical knowledge regarding network start up was essential to the new networks' establishment and functioning as legal and democratic entities.** UNASO's published resources provided essential information to support the HIV-related knowledge building of the network members and the communities served. This includes the summary booklet of the HIV and AIDS Policy and Legal Frameworks in Uganda. Core to the successful functioning of the four networks were the project supports provided; Coordinator's salaries, office rent, computers, modems, motor cycles, and support for monthly Executive Committee meetings and quarterly Learning and Knowledge-sharing meetings.
6. **If Concern and UNASO had agreed a reporting framework for the project's quarterly reports, it could have supported a more pro-active engagement by UNASO with the project results framework.**
7. **Greater efficiencies could have been achieved through an initial six-month funding advance** which would have helped the networks to have continuity of funding support, while awaiting their next 3-month tranche. In addition, the project time-frame was too short; especially for the new networks that were starting up in fragile districts with fragile capacity.
8. **The project could have benefited from technical support and/or exchange visits between the more established network, RANASO, and the newly emerging networks; AMUNASO, NANASO and PANASO.**
9. **Project results were slowed down by the management crisis in the UNASO secretariat which coincided with project start-up.** The project design and performance would have been strengthened by a stronger overall strategy to support the strengthening of the UNASO secretariat capacity to support the development of the networks at district level. In addition, the project suffered from UNASO under-reporting, especially on their national-level advocacy. This reflects UNASO's overall capacity constraints.
10. **UNASO has 48-50 networks to support throughout Uganda and does not have regional clusters of districts through which to deliver capacity building to these districts.** Given their staff complement and national-level advocacy work load, in a best-case scenario, the UNASO secretariat would have been challenged to provide hands-on capacity building to the new networks.

5.2 Recommendations

- ✓ In order to avoid discontinuity of support and to maximize returns on investments made, **Concern Uganda should make every effort to ensure continued support for the ASO networks started and/or strengthened under this project.**
- ✓ **Core to sustaining the district networks are the following;** Coordinator's salaries, office rent, computers, modems, motor cycles, and support for monthly Executive Committee meetings and quarterly Learning and Knowledge-sharing meetings. In addition, some ongoing support should be provided by UNASO or Concern Uganda partners on the ground. Note: computers, modems and motorcycles have already been provided by the project to the networks.
- ✓ **Recognizing that without adequate HIV prevention, care and support services in place for Concern's target communities, the benefits from livelihood and other Concern initiatives will be undermined.** Therefore, Concern Uganda, in its districts of concentration, should continue to have its implementing partners participate in the district HIV and AIDS networks. In addition, Concerns implementing partners should continue to engage with ASOs and GoU service providers in their geographic areas of concentration.
- ✓ In future project agreements with project partners, **if there is a results-framework in place, Concern Uganda should agree with the project partner, a reporting format that reflects/reinforces agreed objectives and deliverables.**
- ✓ In future project design, **there should be an alignment between district strategies and the capacity of the partner at national level to provide district-level support.** Where necessary, strategies to support the national secretariat to build the capacity of district networks should be included in project design and implementation.

Annex 1, Terms of Reference

End of Project Evaluation of Linking Life to Policies and Practices Project (Sept, 2008 - Dec, 2011) and Review of Concern's HIV Mainstreaming for Performance Improvement

Terms of Reference

1. Overview:

Concern Worldwide in Uganda has had a relationship with Uganda Network of AIDS Service Organisations (UNASO) since 2004. Between 2005 and 2007 Concern supported UNASO to develop and implement an advocacy strategy. Concern and UNASO have been implementing a Three-Year (Sept. 2008 – Aug. 2011) project meant to support UNASO in 4 districts (Amuria, Nakasongola, Pader and Rakai) to build capacity of networks of AIDS service organisations so they could engage effectively with district officials for improved delivery of quality services for the poor affected by HIV.

2. Background and Context:

Concern Worldwide (CWW) commonly known as Concern is a Non Governmental, International and Humanitarian Organization dedicated to the reduction of suffering and working towards the ultimate elimination of poverty in the world's poorest countries. Concern was founded in 1968 with its headquarters in Dublin, Ireland. In Uganda, Concern first worked in early 1980s to response to famine in Karamoja region with focus on relief. From 1990s, Concern has continued to support Emergency and Development programmes with focus on Health, HIV, Food, Income and markets in the various parts of Uganda. To date, Concern is operating in 8 districts of Pader, Amuria, Nakapiripirit, Kotido, Abim, Amudat, Napak and Moroto. Concern's vision in Uganda is; *"A Uganda where absolute poverty is eliminated and social equity exists"*. The organisation intends to achieve this by working with and through relevant partners to improve the living standards of people who cannot meet their basic needs by strengthening their capacity to meet these needs and responding to emergency situations.

Uganda Network of AIDS Service Organisations (UNASO) formed in 1996, is an umbrella organization that exists to coordinate AIDS Service Organizations (ASOs) in Uganda. These organizations comprise Non-Governmental Organizations (NGOs), Faith-Based Organisations (FBOs) and Community-Based Organizations (CBOs). UNASO was established to enhance sharing of information on HIV, build solidarity and coordinate AIDS Service Organizations (ASOs) in the country. UNASO's membership strength to date is over one thousand (1000) organizations and has formed over forty (40) District Networks. UNASO's vision is to have coordinated and strengthened HIV service organizations with competencies in HIV service delivery. In pursuit of the above vision, UNASO's mission is: *"To promote prevention, quality care and support services through coordination and strengthening of AIDS Service Organizations (ASOs) in Uganda"*.

Between 2007 and 2008, Concern recognized that local CSOs had not effectively engaged and influenced decision-makers and service providers in the HIV and AIDS sector at district and national level and this was responsible for gaps including, poor understanding of health rights by the community, poor government leadership in ensuring harmonisation of services and poor allocation of resources for the response to HIV, among others. This was attributed to many factors including lack of competencies in advocacy, limited understanding and knowledge of the National HIV Strategic Plan, policies, commitments and strategies.

In response to this gap, Concern and UNASO developed a Three-Year (Sept. 2008 – Aug. 2011) project meant to support UNASO in 4 districts of the country where Concern had running programmes (Amuria, Nakasongola, Pader and Rakai) to build capacity of networks of AIDS service organisations so they could engage effectively with district officials for improved delivery of quality services for the poor affected by HIV. The supported networks include; Amuria Network of AIDS Service Organisations (AMUNASO), Nakasongola Network of AIDS Service Organisations (NANASO), Pader Network of AIDS Service Organisations (PANASO) and Rakai Network of AIDS Service Organisations (RANASO). One-year Technical Assistance and associated funding were sought from BMSF to implement this project. The support has been provided to the project since August 2010 and it will go on until December, 2011.

Background to mainstreaming

Concern has a holistic strategic plan for the year 2008- 2012 that has HIV as one of the programmes. The relationship between HIV and poverty is cyclic in nature and that's why Concern remains committed to addressing HIV in Uganda. Concern aims at contributing to the reduction in incidence and impact of HIV within target groups and staff through specific programmes and HIV mainstreaming initiatives. However, given the reduction in HIV funding for 2011, Concern will not develop HIV specific programmes, but will reinforce our mainstreaming of HIV and gender internally and externally throughout programmes. As such, a review of Concern's current HIV mainstreaming approach is necessary to see how we can improve performance in a tight budget environment .

3. Rationale for the Consultancy:

The objective of this evaluation is to assess the extent to which 'Linking Life to Policies and Practices Project' reached its objectives. The results of this evaluation should contribute to improved programming, learning and greater accountability. The evaluation should also provide strategic learning to UNASO for future development.

In relation to HIV mainstreaming, the Objective of this review is to carry out an analytical assessment of the effectiveness of Concern's current HIV mainstreaming practices in Uganda and to make recommendations for progressing HIV mainstreaming and incorporating gender into our mainstreaming activities for 2012 and 2013.

4. Specific Tasks, Methodology & Process and outputs:

Part A.

Linking Life to Policies and Practices Project

Specific Tasks

The Consultant will be required to evaluate the project against the standard DAC criteria with particular attention to the specific questions under each sub heading.

Relevance	<p>The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, district needs, Concern and partners policies.</p> <ol style="list-style-type: none"> 1. Were the project design and approach appropriate to the situation? 2. Were the activities of the project consistent with the overall goal and the attainment of its objectives during the entire project cycle? 3. To what extent were the results and recommendations of the Mid-Term Review (MTR) taken into consideration in the period following the MTR? 4. To what extent did the project contribute to Concern's overall vision and mission?
Effectiveness	<p>The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.</p> <ul style="list-style-type: none"> ➤ To what extent were the project objectives achieved? ➤ What were the significant factors that led to the achievement or non achievement of the objectives? ➤ Where the delivery mechanisms appropriate?
Efficiency	<p>A measure of how economically resources/inputs (funds, expertise, time etc) are converted to results.</p>

	<ul style="list-style-type: none"> ➤ Were the resources used cost-effectively and properly allocated? ➤ To what extent were activities undertaken as planned. ➤ What other means of implementation would have been more efficient for the project?
Impact	<p>Positive and negative, primary and secondary long term effects produced by a development intervention, directly or indirectly, intended or unintended.</p> <ol style="list-style-type: none"> 1. What were the intended and unintended (positive and negative) outcomes and impact of activities linked to each objective, measured according to the indicators in the log frame? 2. What real difference have the project activities made to the beneficiaries? 3. What lessons can we draw from this project?
Sustainability	<p>The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.</p> <ul style="list-style-type: none"> ➤ To what extent will the project benefits continue after the project has been completed? ➤ What are the major factors influencing the achievement or non achievement of sustainability of this project?

5. Methodology and process:

The consultant will be expected to;

- Conduct a desk/document review to familiarise him/herself with the programme by pre- reading current available documents including Concern Worldwide Uganda Strategic Plan, project proposal, review log frame, partnership guidelines, advocacy strategy and Concern’s 5-step Roadmap to HIV mainstreaming, among others. He/she will also be expected to review UNASO’s proposal, work plans, quarterly reports, funding agreements/contracts, monitoring reports and any other documents that are important to the evaluation.
- Develop data collection tools/guides taking into account the log frame and requirements for the evaluation.
- Hold meetings with implementing, UNASO, relevant Local Government departments and other stakeholders to ascertain the effects of initiatives from the project.
- Interview target project beneficiaries, UNASO project staff as well as relevant Concern staff both at head office and field offices.
- Participatory approaches should be adhered to in all steps of the evaluation process.

6. Expected Outputs

- A detailed written report with both qualitative and quantitative information related to the above tasks presented in the prescribed format (see annex). The consultant will produce a draft report for comments by Concern Worldwide Uganda staff and UNASO before the final report is submitted. He/she will produce two electronic/soft copies and two hard copies following the format outlined (in annex 1), that includes major components such as a maximum three page executive summary, introduction, methodology, and analysis. The report should also include at least three case studies with individuals who will be interviewed. A feedback and debrief session to Concern Worldwide Uganda staff and UNASO staff at the Concern Head Office in Kampala.

Part B.

Concern's HIV Mainstreaming Review

Specific Tasks

Assess the effectiveness of Concern's current HIV mainstreaming practices, in light of Concern Uganda and Global HIV mainstreaming commitments. We expect the consultant to explore the following issues.

- Overall progress against the 5 step plan of HIV & AIDS mainstreaming
- Progress of area/sector programmes in mainstreaming HIV and AIDS and gender
- What changes have occurred in programmes as a result of mainstreaming
- How effective is Concern's support to partners in mainstreaming HIV and AIDS and gender
- What changes have occurred in partners organisations and programme activity as a result of mainstreaming.
- Make appropriate recommendations to facilitate cost effective HIV and Gender Mainstreaming for 2012 and 2013
- Make recommendations on adjustments to 5 step plan to increase effectiveness and efficiency.

Methodology

- Document/desk review including gender audit, 5 step plan, progress reports, Concern HIV and AIDS policies and guidelines etc.
- Interviews with key Concern staff at Concern Head Office in Uganda and field offices and with partners.
- Feedback workshop with Concern staff to share findings and review recommendations.

Outputs

A report of the review results will be produced both in soft and hard copies and submitted to Concern with the following sections:-

- Executive Summary
- Introduction/background
- Description of the review methodology
- Findings from the review:
- Recommendations/Suggestions
- Conclusion
- Annexes

7. Lines of Communication

The consultant will report directly to the Country Director (CD). They will also liaise directly with the HPSU and HIV Advisor on operational issues.

8. Time Frame

The proposed timeframe is January/ February, 2012. The final reports must be submitted by the 20th February, 2012.

9. Fees/Costs

The total cost will be decided based on the Expression of Interest submitted by the evaluators.

Annex 1: Outline - Format for the End of Project Evaluation Report

- Cover page
- Table of Contents
- Index of tables, charts and graphs
- Definition of terms
- Abbreviations
- Executive Summary (maximum 3 pages). It is suggested that a synopsis of the following are included in the executive summary: Successes, Difficulties, Special Comments/Insights and key findings

- **Chapter One: Introduction**
 - Background, Outline purpose and scope of the evaluation and construct a table listing the location, timeframe, higher objective and a synopsis of the project. Comment on the context of the evaluation objectives, team composition, methodology and process.
 - Limitations or constraints encountered,
 - Brief narrative history/overview of the project reviewed

- **Chapter Two: Findings and Analysis**

The report should describe all findings and analysis under the headings of the DAC evaluation criteria and address the specific questions outlined in section 3 specific tasks.

Relevance	The extent to which the objectives of a development intervention are consistent with beneficiaries' requirements, country needs, district needs, Concern and partners policies.
Effectiveness	The extent to which the development intervention's objectives were achieved, or are expected to be achieved, taking into account their relative importance.
Efficiency	A measure of how economically resources/inputs (funds, expertise, time etc) are converted to results.
Impact	Positive and negative, primary and secondary long term effects produced by a development intervention, directly or indirectly, intended or unintended.
Sustainability	The continuation of benefits from a development intervention after major development assistance has been completed. The probability of continued long-term benefits. The resilience to risk of the net benefit flows over time.

Relevance

Relevance means the extent to which the project conforms to the needs and priorities of the beneficiaries (the extreme poor), and the policies of Concern Worldwide Uganda, Concern Worldwide and partners. Relevance implies a consistent fit with the priorities of the principle stakeholders and beneficiaries (the extreme poor). With respect to this, Concern Worldwide Uganda attests to the strategic importance of working with and through partners as well as developing appropriate linkages. The issue of relevance should also extend to commenting on the project fit with country and organizational Strategic Plan, Concern's Policy on HIV and extreme poverty, Global HIV Strategy. The importance of context and adapting to changes in context and how the project dealt with it should also be dealt with. In this section, appropriateness in technical and managerial terms should also be assessed.

Effectiveness

Effectiveness is a measure (both in qualitative and quantitative terms) of the extent to which the project has achieved its objectives, taking their relative importance into account. Measuring effectiveness involves taking the perspectives of the beneficiaries (the extreme poor) of the project into account. This section should review the issue of *project planning and monitoring*. More specifically the evaluation should examine whether there was sufficient, reliable, verifiable and accessible information that was used in decision-making during the project implementation; whether the standards of best practice in the sector were met; whether the quality of monitoring reports were satisfactory.

Efficiency

Efficiency is comparing the outputs against the inputs. It illustrates the relationship between means and ends. The underlying question to ask when looking at efficiency is this: to what extent can the costs of the project be justified by its results, taking into account alternatives? An important aspect of this is the scale achieved for the resources utilized.

Impact

The term impact describes the totality of the effects of the project, positive and negative, intended and unintended. Specific consideration should be given to beneficiaries' view on the impact of the project including to what extent the project contributed to changes in their lives..

Sustainability & Replication

The term sustainability describes the extent to which the positive effects of the project continue after the external assistance has come to an end. Here, the issue of ownership, management, governance, sustainability and financial viability should be addressed. This section should also review the available sustainability options developed and comment on the adequacy of these.

- **Chapter Three: Case studies** (at least 3 case studies)
- **Chapter Four: Conclusion and Recommendations**

Annex 2 adjusted to reflect the specific realities of Amuria, Nakasongola, Pader and Rakai. , **Schedule of Evaluation Visits and Persons Met**

Date	Place	Person/s Met	Position	Organisation	Topic
06-02-2012	Kampala	Dan Etik	Security Officer	Concern Worldwide	Security Briefing
06-02-2012	Kampala	Simon Foster	Assistant Country Director	Concern Worldwide	Overview of Concern's Mainstreaming Strategy and UNASO Projects
06-02-2012	Kampala	Ernmanuel Ssegawa	Mainstreaming Coordinator (Gender, HIV and Accountability)		
06-02-2012	Kampala	Mary O'Neill	Country Director	Concern Worldwide	Overview of consultancy
06-02-2012	Kampala	Baram Namanya	Executive Director	UNASO	Update on Project Results
		Abbott Ntwali	M&E Officer	UNASO	
07-02-2012	Travel to Pader				
08-02-2012	Pader	Max Otim	Hygiene and Sanitation Training Officer	Concern Worldwide	Overview of Pader Programme
		Joseph Aluba	Operations and Maintenance Training Officer		
		John Okello	Livelihoods Coordinator		
08-02-2012	Pader	Vincent Oyet	HIV/AIDS Focal Person	District Administration	Overview of HIV and AIDS in Pader and the relationship between the District Administration and PANASO
		Constance Okwiny	Assistant Health Educator		
08-02-2012	Pader	Robert Okwir	Assistant CAO	District Administration	CAO Office and HIV and AIDS and PANASO
08-02-2012	Pader	Nancy Lawino	Vice-Chair	Pader District LC V	District Leaders priority HIV and AIDS issues and relationship with PANASO
09-02-2012	Pader	John Okello	Livelihoods Coordinator	Concern Worldwide	Overview of Livelihoods and HIV Mainstreaming
09-02-2012	Pader	Lucia Moi	In-charge	HC III, Pader	Overview of HIV and AIDS-related services provided by the clinic
09-02-2012	Pader	Ojok Donas	Monitoring and Evaluation Officer	VEDCO	Overview of VEDCO programme and HIV mainstreaming strategy
		Kizito Odong	Project Officer		
		Gerald Olara	Project Officer		Field Visit
		Kirumira James	Project Coordinator		
09-02-2012	Pader	Pauline Awelo	Programme Officer	WORUDET	Overview of WORUDET programme and HIV mainstreaming strategy
		Walter Otim	Social Worker		
		John B. Omwony	Social Worker		

Annex 2 adjusted to reflect the specific realities of Amuria, Nakasongola, Pader and Rakai. , **Schedule of Evaluation Visits and Persons Met**

Date	Place	Person/s Met	Position	Organisation	Topic
		Betty Okullo	Executive Director		
		Jacob Bilal	Project Officer		
09-02-2012	Pader	Claudia Apio	Ex-Co-ordinator	PANASO	Overview of PANASO work and achievements
10-02-2012	Pader	John Okello	Livelihoods Coordinator	Concern Worldwide	Revisit discussion of Livelihoods and HIV Mainstreaming
10-02-2012	Pader	Claudia Apio	Ex-Co-Coordinator	PANASO	Review of PANASO achievements and challenges
		Filda Ladwa	PANASO Treasurer		
		Amos Awira	Vice-Chairperson		
		Jane Adong	Agago District Representative		
		Angel G. Akello	PANASO Secretary		
		Vincent Oyet	District HIV and AIDS Focal Person		
10-02-2012	Pader	Chris Charles Oyua	Northern Uganda Area Manager	Concern Worldwide	Discussion regarding mainstreaming as a strategy with reduced resources
11-02-2012	Pader	Reading, writing, consolidation of notes and information			
12-02-2012	Travel to Soroti				
13-02-2012	Travel to Amuria				
13-02-2012	Amuria	Patrick Ojulong	Coordinator	AMANUSO	Overview of AMUNASO work and achievements
		Mark Okwalinga	Executive Committee	AMANUSO	
		Noah Odongo	PLHA Network		
		Francis Ecodu	Vice-Chairperson		
		Christine Apio	Member		
		Diana Akello	Treasurer		
		George William Oluga	Member		
		Amos Okello	Chair		
13-02-2012	Amuria	Sylvester Onyati	Assistant CAO, Health Town Clerk	District Administration	His perspective on AMUNASO and Concern Support
13-02-2012	Amuria	Patrick Ojulong	Coordinator	AMANUSO	Completing the Results Framework
14-02-2012	Amuria	Harriet Anyango	Equality Officer	Concern	Overview of Concern Programme in Amuria and HIV, AIDS and Gender Mainstreaming
14-02-2012	Amuria	Francis Oguli	Team Leader	CIDI	Overview of CIDI's Programme in

Annex 2 adjusted to reflect the specific realities of Amuria, Nakasongola, Pader and Rakai. , **Schedule of Evaluation Visits and Persons Met**

Date	Place	Person/s Met	Position	Organisation	Topic
		Paul Bernard Eurien	Project Officer		Amuria, including their HIV and AIDS Mainstreaming
		Evelyn Anyumel	Project Officer		
		John Oriman	Project Officer		
		Peter Jalul Orach	Project Officer		
14-02-2012	ACOWA-Arubela Village	Community Members	CIDI Outreach	CIDI	Overview of inputs to Most Vulnerable Households and also Savings Group
14-02-2012	Amuria	Molly Christine Apia	Extension Worker	VEDCO	Overview of VEDCO's Programme in Amuria, including their HIV and AIDS Mainstreaming
		Geoffrey Omuron	M&E Officer		
		Julius Esanyu	Project Coordinator		
		Martin Otira	Extension Worker		
		Moses Kisakye	Transport Officer		
14-02-2012	Travel to Soroti				
15-02-2012	Travel to Kampala				
16-02-2012	Kampala	Reading, writing, consolidation of notes and information			
16-02-2012	Mukono	Alex Manager	Shares	overview of Shares projects in Pader and Amuria and HIV mainstreaming initiatives	
17-02-2012	Kampala	Baram Namanya	Executive Director	UNASO	Confirming field-level information
		Abbott Ntwali	M&E Officer		
18-02-2012	Kampala	Aine Costigan	Consultant	Concern	Writing up Field Notes
19-02-2012	Travel to Rakai				
20-02-2012	Rakai	Ronald Mwesige	Coordinator	RANASO	Results Framework
20-02-2012	Rakai	Dan Kayongo	Public Secretary	Executive Committee	Update and successes and Challenges to Date
		Kigula			
		Lule Terisa Nalongo	Women's Groups		
		Prima Ndeka	PLHA Organisation		
		Fred Kagimu	Technical Advisor		
		Anton Mugerwa	Faith-based Organisations		
		Kizito Busulwa	Youth Organisations		
	Richard Amanywa	Chair, RANASO			
20-02-2012	Rakai	Daniel Mugagga	District HIV/AIDS Focal	District	District HIV and AIDS overview

Annex 2 adjusted to reflect the specific realities of Amuria, Nakasongola, Pader and Rakai. , **Schedule of Evaluation Visits and Persons Met**

Date	Place	Person/s Met	Position	Organisation	Topic
			Person	Administration	
20-02-2012	Rakai	David	Resident District Commissioner	District Administration	District HIV and AIDS issues and overview
		Fred Kalyesubula	Deputy CAO		
		Joyce Namyanzi	Secretary General & Community Services		
21-02-2012	Kampala	Esther Mufumba	Programme Officer	Uganda Debt Network	Mainstreaming HIV and AIDS at National Level
		Henry Kibirige	HR Manager	CIDI	
22-02-2012	Kampala	Simon Foster	Assistant Country Director	Concern Uganda	Experiences with Mainstreaming in Programme Development and Implementation
		Chris Chale Oyua	Northern Uganda Area Manager		
22-02-2012	Kampala	Mary O'Neill	Country Director	Concern Uganda	Experiences with Internal and External Mainstreaming and Budgeting
		Indrani Mukarjee	General Manager, Systems		
22-02-2012	Kampala	John Sserwadda	Ex-Concern Uganda Staff	Concern Uganda	Overview of Mainstreaming Experiences
22-02-2012	Kampala	Mary Aduka	HIV/AIDS Adviser	Irish Aid	UNASO's National Level Advocacy
23-02-2012	Kampala	Abbot Ntwali	M&E Officer	UNASO	Presentation of preliminary findings (Linking Life to Policies and Practices)
		Bharam Namanya	Executive Director		
		Richard Mayanja Jesca	Documentation Officer Networking and Partnership Specialist		
		Frank Twinamatsiko	Research and Policy Advocacy Specialist		
		Joseph Nyende	Programme Assistant – Documentation		
24-02-2012	Kampala	Simon Foster	Assistant Country Director – Programmes	Concern Uganda	Presentation of findings (HIV Mainstreaming and Linking Life to Policies and Practices)
		Mary O'Neill	Country Director		
		Indrani Mukerjee	General Manager, Systems		

ANNEX 3, PROJECT RESULTS FRAMEWORK, GLOBAL LEVEL (submitted by UNASO) GLOBAL RESULTS: Linking Life to Policies and Practices Project
OBJECTIVE LEVEL
OVERALL OBJECTIVE
To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV & AIDS Strategic Plan 2007/2008 – 2011/2012
<p>Indicator 1, Overall Objective: Harmonised CSO positions and voices to influence better HIV service delivery by 2011</p> <p>Achieved: Position papers were developed and presented to different target audiences. These papers voiced position of CSO about key service delivery issues</p> <p>Not Achieved:</p>
<p>Indicator 2, Overall Objective: ASO initiatives clearly contributing to the national HIV response</p> <p>Achieved: Regional consultative meetings were organised by UNASO in different parts of the country to solicit ideas and input into the NSP</p> <p>Not Achieved:</p>
SPECIFIC OBJECTIVES
✓ Specific Objective 1: To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.
<p>Indicator 1, Specific Objective 1: Number of issues identified by networks and evidence of engaging duty bearers on the issues.</p> <p>Achieved: Issues identified by networks include the following; Lack of CD4 count machine and drug stock outs in Amuria district Inadequate Human resource for Health Lack of CD4 count machine and related services in Nakasongola district Inadequate Human resource for Health Lack of CD4 count machine and accessibility to ART services in Pader district</p>

ANNEX 3, PROJECT RESULTS FRAMEWORK, GLOBAL LEVEL (submitted by UNASO)

GLOBAL RESULTS: Linking Life to Policies and Practices Project

Inadequate Human resource for Health in Pader and Agago districts
Nodding disease in Pader district
GBV in Rakai district

Not Achieved:

Indicator 2, Specific Objective 1: Level of awareness of HIV related policies & strategies among members of the supported networks

Achieved:

Level of awareness can be determined in an independent study however information on HIV related policies has been shared during LOP

Not Achieved:

✓ **Specific Objective 2:** To improve the monitoring and reporting capacities of 4 District networks and UNASO Secretariat to effectively coordinate civil society sector in HIV/AIDS

• **Indicator 1, Specific Objective 2:** The 4 networks with functional PM&E systems

Achieved:

District networks developed M&E systems which they have been using to collect monitoring data. These systems need further strengthening

Not Achieved:

Indicator 2, Specific Objective 2: Reports from district networks and UNASO secretariat reflect **results** from implemented activities

Achieved:

Yes, reports from district networks and UNASO do reflect results from implemented activities

Not Achieved:

✓ **Specific Objective 3:** To influence HIV and AIDS Key national actors (HIPAC, PEPFAR, UAC, and Partnership) be more accountable

ANNEX 3, PROJECT RESULTS FRAMEWORK, GLOBAL LEVEL (submitted by UNASO)
GLOBAL RESULTS: Linking Life to Policies and Practices Project

in governance and management of processes and resources for the benefit of people affected by AIDS.

- **Indicator 1, Specific Objective 3:** Number of advocacy initiatives by UNASO around national level accountabilities for HIV resources

Achieved:

AU Summit Advocacy campaigns

UNASO Coordinated the advocacy campaign activities around the AU Summit which took place from 19th to 27th July 2010. National CSOs coordinated by UNASO organized various advocacy activities both before and during the summit dates.

Resolutions from the alternative debate formed part of a special communiqué to Heads of States regarding Civil Society concerns and recommendations on health financing.

Regional meetings for NNGOs to contribute to the JAR and NSP MTR

UNASO was elected as the secretariat for the NNGOs SCE. As a way of executing this mandate, UNASO organized six regional consultative and feedback meetings with the aim of; providing feedback to members of the NNGOs SCE on key HIV and AIDS issues raised in the Partnership Committee meetings and other fora; soliciting views and ideas for feeding into the NSP Midterm and the Joint annual review processes.

Dissemination of Fact finding study results

Findings were shared with key national and district level actors including members of parliament, government departments (both local and central), relevant government ministries, HIV Activists, service providers, and consumers among others for advocacy purposes and informing decision making to prioritising HIV and AIDS.

Not Achieved:

- **Indicator 2, Specific Objective 3:** Evidence of UNASO engagement of key national actors on accountabilities for HIV resources

Achieved:

UNASO has been involved in the advocacy campaign around safe motherhood “petition number 16”

UNASO has held national dialogue meetings on Financing of HIV

Not Achieved:

OUTCOME LEVEL

Outcome 1: Strengthened Civil Society representation in the 4 targeted Districts

ANNEX 3, PROJECT RESULTS FRAMEWORK, GLOBAL LEVEL (submitted by UNASO)
GLOBAL RESULTS: Linking Life to Policies and Practices Project

Outcome 1, Indicator 1: Increased involvement of ASO in planning, policy formulation and monitoring at district level by 2011

Achievements:

District networks engaged politicians during campaigns to which end pacts were made between citizens and leaders on HIV. These commitments are being closely followed up not only by ASOs but also community members and district networks through radio talk shows and district council meetings where policy issues are discussed

Not Achieved:

Outcome 1, Indicator 2: Evidence of participation of network members in coming up with position papers and feedback to them

Achievements:

Network members under leadership and guidance of district networks developed position papers about district specific advocacy issues. These position papers are on file.

Not Achieved:

Outcome 2: Changes in policy decision making at District level to ensure improvement and equitable distribution of facilities, resources and drugs.

Outcome 2, Indicator 1: Contribution of supported networks on HIV mainstreaming within district sectors

Achievements: Fact finding study documented gaps in service delivery at district level. These and commitments made by politicians to citizens were used as advocacy springboards to advocate for improvements. As a result, 3 out of the 4 districts have made steps towards increasing HR for health.

Not Achieved:

Outcome 3: Enhanced Knowledge Management among AIDS Service organizations with regard to HIV and AIDS policies, strategies and commitments.

Outcome 3, Indicator 1: 100% of network members participate in quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: On average about 90% of network members actively participated in quarterly learning and sharing meeting.

ANNEX 3, PROJECT RESULTS FRAMEWORK, GLOBAL LEVEL (submitted by UNASO)
GLOBAL RESULTS: Linking Life to Policies and Practices Project

Not Achieved: Participation has not been consistent for all members due to other commitments at the work place

Outcome 3, Indicator 2: 70% of network members in each district take on lessons from the quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: Lessons shared during HIV learning and knowledge sharing meetings were taken on by individual ASOs to improve on the quality of their programming. This also helped in avoiding duplication since ASOs received information on who is doing what and where

Not Achieved:

Outcome 4: Improved accountability and governance for HIV and AIDS Services at a national level.

Outcome 4, Indicator 1: Bi-annual documentation and dissemination of issues concerning HIV service delivery by UNASO

Achievements: The Civil Society community dialogues with district leadership revealed that there is a lot of information and experiences to be shared at the district level among the ASOs and also between ASOs and the local governments at district level. In addition, the interface between the district local governments and the ASOs through bi-annual Civil Society community dialogues enabled ASOs to engage the district local government duty bears through articulation of issues affecting them

Not Achieved:

Outcome 5: Improved Coordination of the Civil Society Sector engaged in HIV and AIDS response, and hence, reduction in duplication of resources

Outcome 5, Indicator 1: Joint Planning and Review Meetings

Achievements: These were held as planned to review, share lessons, solutions to challenges and plan next course of action.

Not Achieved:

Project Results Framework, Amuria District (Compiled by Consultant) Please Note that in order to avoid repetition, many results are listed in only one place.

AMURIA DISTRICT RESULTS:
OBJECTIVE LEVEL
OVERALL OBJECTIVE
To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV & AIDS Strategic Plan 2007/2008 – 2011/2012
<p>Indicator 1, Overall Objective: Harmonised CSO positions and voices to influence better HIV service delivery by 2011</p> <p>Achieved:</p> <ul style="list-style-type: none"> ✓ AMUNASO is a registered network with 27 registered member organisations ✓ AMUNASO educated their member organisations through sharing UNASO’s abridged HIV and AIDS Policies and Legal Frameworks in Uganda. ✓ AMUNASO successfully initiated the establishment of a District HIV/AIDS Strategic Plan, and participated on the District Planning Committee. ✓ AMUNASO successfully catalysed the formation of the District Service Commission. ✓ AMUNASO supported and encouraged the activation of the District AIDS Committee (DAC) and the District AIDS Taskforce (DAT). ✓ In Amuria, AMUNASO highlighted the problem of inadequate health personnel, which was standing at 38% of the expected level. They also raised the issue of drug stock outs. ✓ AMUNASO organized and led advocacy efforts by ASOs to lobby for more doctors in Amuria; they succeeded in getting an additional two doctors recruited to the District. As a result, fewer people have to travel to Soroti for treatment and health care. ✓ 73 new clinical positions have been advertised; they are now subject to the hiring freeze currently in place by MoH nationally. ✓ As a result of AMUNASO’s Position Paper and advocacy on the lack of CD4 count machines in Amuria District, commitments have been received from the District Health Officer to push forward the issue of the CD4 count machines for Amuria District. ✓ AMUNASO successfully advocated that the North Uganda Social Action Fund construct a new health facility per sub-county. ✓ AMUNASO shared lists of service providers to CIDI and VEDCO for community referrals. In addition, through their membership of AMUNASO, CIDI and VEDCO participate in the quarterly review and information-sharing meetings and conduct active referrals to their respective community groups. ✓ AMUNASO participated in the study on HIV and AIDS services in Amuria. This study reviewed the status of ARV services in the District, adherence related to clinic distances and problems with alcohol and drugs. Inadequate staffing, stigma, poor planning and lack of CD4 count machines are other serious factors affecting HIV and AIDS services in Amuria. This study provided a strong foundation for AMUNASO’s advocacy work. ✓ AMUNASO can mobilise political support and commitment for addressing HIV and AIDS in Amuria. For example, Amuria District adopted a Citizen-Leader Pact. Thirty two politicians at District, County and sub-County levels signed the Citizen-Leader Pacts. ✓ Through 8 radio talk shows and Candlelight Day Commemorations, AMUNASO mobilised communities to demand accountability from their leaders and that they implement their Citizen-Leader Pact commitments.
Indicator 2, Overall Objective: ASO initiatives clearly contributing to the national HIV response

AMURIA DISTRICT RESULTS:

Achieved:

- ✓ A review of Health Service gaps in Amuria was communicated to the MoH. As a result, Amuria were allocated an additional two doctors and advertised for an additional 73 health personnel, which are currently subject to the MoH hiring freeze.
- ✓ AMUNASO put forward a representative for the UNASO national board in 2011. Unfortunately, their candidate was unsuccessful.

SPECIFIC OBJECTIVES

- ✓ **Specific Objective 1:** To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.

Indicator 1, Specific Objective 1: Number of issues identified by networks and evidence of engaging duty bearers on the issues.

Achieved:

Indicator 2, Specific Objective 1: Level of awareness of HIV related policies & strategies among members of the supported networks

Achieved:

- ✓ The abridged UNASO booklet, which has compiled all the relevant HIV and AIDS policies and strategies, has been shared among AMUNASO members.
- ✓ A Fact Finding Study concerning AIDS service delivery in the District was carried out by UNASO/AMUNASO in partnership with the District. This raised the level of awareness of member organisation concerning the service gaps that exist throughout Amuria.
- ✓ AMUNASO holds quarterly knowledge sharing and learning meetings for members and key District Stakeholders. At these meetings, among other agenda items, various HIV-related policies and strategies are shared and discussed.
- ✓ The weekly AMUNASO radio programme also provided information about the range of HIV-related policies and strategies and network member organisations also had the opportunity to learn from these programmes.

- ✓ **Specific Objective 2:** To improve the monitoring and reporting capacities of 4 District networks and UNASO Secretariat to effectively coordinate civil society sector in HIV/AIDS

- **Indicator 1, Specific Objective 2:** The 4 networks with functional PM&E systems

Achieved:

- ✓ One 5-day planning, monitoring and evaluation training was provided to AMUNASO through BMSF.

AMURIA DISTRICT RESULTS:

✓ Following the MTR, a revised logical framework re-focused the project direction. This revised log frame was shared and discussed with AMUNASO so that they understood and could contribute to the attainment of project objectives.

Indicator 2, Specific Objective 2: Reports from district networks and UNASO secretariat reflect **results** from implemented activities

Achieved:

✓ Following the MTR, there was a substantial improvement in results-based reporting, and the core LFA framework was used to structure the reports. However, it is fair to say that the reports are a mixture of inputs and results, and not sufficiently detailed to represent the depth of achievements by AMUNASO.

✓ **Specific Objective 3:** To influence HIV and AIDS Key national actors (HIPAC, PEPFAR, UAC, and Partnership) be more accountable in governance and management of processes and resources for the benefit of people affected by AIDS.

• **Indicator 1, Specific Objective 3:** Number of advocacy initiatives by UNASO around national level accountabilities for HIV resources

Achieved: There were no initiatives under this indicator.

• **Indicator 2, Specific Objective 3:** Evidence of UNASO engagement of key national actors on accountabilities for HIV resources

Achieved:

OUTCOME LEVEL

Outcome 1: Strengthened Civil Society representation in the 4 targeted Districts

Outcome 1, Indicator 1: Increased involvement of ASOs in planning, policy formulation and monitoring at district level by 2011

Achievements: See above.

Outcome 1, Indicator 2: Evidence of participation of network members in coming up with position papers and feedback to them

Achievements: See above, position papers.

AMURIA DISTRICT RESULTS:

Outcome 2: Changes in policy decision making at District level to ensure improvement and equitable distribution of facilities, resources and drugs.

Outcome 2, Indicator 1: Contribution of supported networks on HIV mainstreaming within district sectors

Achievements:

Outcome 3: Enhanced Knowledge Management among AIDS Service organizations with regard to HIV and AIDS policies, strategies and commitments.

Outcome 3, Indicator 1: 100% of network members participate in quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: 75-80%.

Outcome 3, Indicator 2: 70% of network members in each district take on lessons from the quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: Achieved.

Outcome 4: Improved accountability and governance for HIV and AIDS Services at a national level.

Outcome 4, Indicator 1: Bi-annual documentation and dissemination of issues concerning HIV service delivery by UNASO

Achievements: Position papers, UNASO booklet, Citizen-leader Pacts.

Outcome 5: Improved Coordination of the Civil Society Sector engaged in HIV and AIDS response, and hence, reduction in duplication of resources

Outcome 5, Indicator 1: Joint Planning and Review Meetings

Achievements: See above.

Project Results Framework, Pader District (Compiled by Consultant) Please Note that in order to avoid repetition, many results are listed in only one place.

PADER DISTRICT RESULTS:
OBJECTIVE LEVEL
OVERALL OBJECTIVE
To strengthen the capacity of Civil Society AIDS Service Organisations (ASOs) for competent HIV/AIDS service delivery in line with the National HIV & AIDS Strategic Plan 2007/2008 – 2011/2012
<p>Indicator 1, Overall Objective: Harmonised CSO positions and voices to influence better HIV service delivery by 2011</p> <p>Achieved:</p> <ul style="list-style-type: none"> ✓ PANASO is a network with 40 registered member organisations and covers two districts: Pader and Agago. ✓ PANASO's recognition at District level is evidenced by the fact that the District Administration has allocated an office for their use in the District Administration. ✓ PANASO undertook a study on HIV and AIDS services in Pader and Agago. This study reviewed the status of ARV services in the District, adherence related to clinic distances and problems with alcohol and drugs. Inadequate staffing, stigma, poor planning and lack of CD4 count machines are other serious factors affecting HIV and AIDS services in Pader. This study provided a strong foundation for PANASO's advocacy work. ✓ Though their advocacy, PANASO managed to get additional health workers posted to Agago ✓ PANASO also identified and raised the issue of health service gaps for Pader. As a result, the MoH came to Pader. Following that visit, the Permanent Secretary for Health wrote a letter, requesting a brief on the health service gaps. The PANASO Coordinator and the DHO wrote a letter about the need to upgrade Pader clinics and increase the number of health workers posted to Pader. ✓ The District Administration has committed to augmenting the doctor's benefits package (a top up allowance) to enable Pader to attract doctors to the District. ✓ The Health Centre in Pajule (a HCIV) had no electricity, but as a result of PANASO advocacy, it was supplied with a transformer. ✓ PANASO organized and led advocacy efforts by ASOs to lobby for more doctors in the District (currently there is one) and as a result the district leadership pledged to recruit and has advertised for two more doctors. Unfortunately, the MoH has a hiring freeze and so PANASO has contributed as much as it can. ✓ As a result of a motion by PANASO, Pader Council adopted a PHA strategic plan. ✓ Advocacy was undertaken on behalf of Pader inmates who were not accessing their ARV. PANASO, the Focal HIV/AIDS person and the DPC to raise this issue. PANASO also went on the radio to raise awareness about the right of inmates to access ARV. As a result, it was agreed that there would be a link between the inmates, the Health Centre and the prison in order that they could access their ARV. ✓ PANASO can mobilise political support and commitment to addressing HIV and AIDS in Pader and Agago. For example, Pader District adopted a Citizen-Leader Pact. At a Pact dissemination meeting, 65 politicians attended the PANASO meeting and signed the Pacts. ✓ Through radio talk shows and Candlelight Day Commemorations, PANASO mobilised communities to demand accountability from their leaders and that they implement their Citizen-Leader Pact commitments. ✓ PANASO has been requested to organise quarterly review meetings in order that politicians can reflect on their progress in implementing their Pact commitments.

PADER DISTRICT RESULTS:

- ✓ Advocacy for quick intervention on the issue of Nodding Disease was undertaken by PANASO in partnership with Uganda Human Rights. The MoH and international partners visited Pader in October 2011 to design interventions which included the establishment of a Health Clinic in Lapulewida.
- ✓ The Chairman of Pader District has agreed to invite neighbouring District Officials from Kitgum, Gulu, Aarnwo, Lira and Agago to petition parliament for a quick intervention on Nodding Disease.
- ✓ Pader District has pledged to construct a mortuary in the two Health Centres of Pajule and Pader.
- ✓ ARV treatment adherence was being negatively influenced by certain traditional healers. Pader District responded to the concerns of the Traditional Healers, and some of them started to participate in jointly organised District-RANASO meetings.
- ✓ There was active engagement between PANASO and a number of Concern's partners in Pader District; for example VEDCO farmers were training on HIV and AIDS issues by the PANASO Coordinator.
- ✓ PANASO was contacted for information from potential donors regarding organisations and initiatives to support; e.g. the American Refugee Committee (ARC) and the Northern Uganda Malaria, AIDS and TB (NUMAT) programme.
- ✓ PANASO also participated in an appraisal by Action Aid Uganda.

Indicator 2, Overall Objective: ASO initiatives clearly contributing to the national HIV response

Achieved:

- ✓ A review of Health Service gaps in Pader which has been communicated to the Permanent Secretary for Health at the national level.
- ✓ A request to Central Government for the augmentation of Health Services in Pader in terms of the need to upgrade the number of HCIII to HCIV (which will then qualify to have a doctor on staff)
- ✓ Communicating the serious issue of a new unidentified fatal disease affecting children - Nodding Disease - which resulted in a MoH and international team to visit Pader to determine the kind of intervention required.

SPECIFIC OBJECTIVES

- ✓ **Specific Objective 1:** To strengthen the capacity of district networks to effectively advocate for improved support to AIDS Services at District level.

Indicator 1, Specific Objective 1: Number of issues identified by networks and evidence of engaging duty bearers on the issues.

Achieved: In addition to what has been identified under Overall Objective, Indicator 1, the following issues were identified by PANASO:

- ✓ PANASO took up the issue of a HIV positive 5-year old girl who was being ostracised by the other children due to the fear of the parents. PANASO went to the community and talked to them and as a result the little girl is now included in the friendship and play of the other children.
- ✓ PANASO took up the case of a HIV positive couple who were being badly treated by a neighbour (pulling off the roof of their residence) and reported this to the Uganda Human Rights Commission.
- ✓ PANASO became the reporting office for stigma and discrimination experiences and offences experienced by people living with HIV and AIDS.
- ✓ PANASO gets free air time for their radio programmes and uses that time to talk about a whole range of HIV and AIDS issues, especially pertaining to stigma and discrimination against people living with HIV and AIDS and advocating for improved service provision across the board. PANASO also

PADER DISTRICT RESULTS:

broadcast programmes with various political leaders, who spoke about their commitments to the Citizen-Leader Pacts.

- ✓ PANASO developed a number of position papers on
- ✓ ZOA, a PANASO member advocated successfully for schools to be increasingly engaged with children living in HIV –affected households, and the need for home-based care.
- ✓ During the elections, PANASO organised a “door stepping” campaign, whereby political candidates were asked about their commitment to addressing HIV and AIDS and what their position would be on a range of issues if they became elected.
- ✓ PANASO advocated for the mainstreaming of HIV into SACCOS programme. This is because it was discovered that the SACCOS were refusing loans to People Living with HIV or AIDS. The SACCOS agreed to mainstream people living with HIV or AIDS into loan circles.

Indicator 2, Specific Objective 1: Level of awareness of HIV related policies & strategies among members of the supported networks

Achieved:

- ✓ The UNASO booklet, which has compiled all the relevant HIV and AIDS policies and strategies, has been shared among PANASO members.
- ✓ A Fact Finding Study concerning AIDS service delivery in the District was carried out by UNASO/PANASO in partnership with the District. This raised the level of awareness of member organisation concerning the service gaps that exist throughout Pader and Agago.
- ✓ PANASO holds quarterly knowledge sharing and learning meetings. At these meetings, among other agenda items, various HIV-related policies and strategies are shared and discussed.
- ✓ The weekly PANASO radio programme also provided information about the range of HIV-related policies and strategies and network member organisations also had the opportunity to learn from these programmes.

- ✓ **Specific Objective 2:** To improve the monitoring and reporting capacities of 4 District networks and UNASO Secretariat to effectively coordinate civil society sector in HIV/AIDS

• **Indicator 1, Specific Objective 2:** The 4 networks with functional PM&E systems

Achieved:

- ✓ One 5-day planning, monitoring and evaluation training was provided to PANASO.
- ✓ Following the MTR, a revised logical framework re-focused the project direction. This revised log frame was shared and discussed with PANASO so that they understood and could contribute to the attainment of project objectives.
- ✓ Quarterly meetings between PANASO, Concern Worldwide and the PANASO Executive Committee were held.

Indicator 2, Specific Objective 2: Reports from district networks and UNASO secretariat reflect **results** from implemented activities

Achieved:

- ✓ Following the MTR, there was a substantial improvement in results-based reporting, and the core LFA framework was used to structure the reports.

PADER DISTRICT RESULTS:

However, it is fair to say that the reports are a mixture of inputs and results, and not sufficiently detailed to represent the depth of achievements by PANASO.

✓ **Specific Objective 3:** To influence HIV and AIDS Key national actors (HIPAC, PEPFAR, UAC, and Partnership) be more accountable in governance and management of processes and resources for the benefit of people affected by AIDS.

• **Indicator 1, Specific Objective 3:** Number of advocacy initiatives by UNASO around national level accountabilities for HIV resources

Achieved: There were no initiatives under this indicator.

• **Indicator 2, Specific Objective 3:** Evidence of UNASO engagement of key national actors on accountabilities for HIV resources

Achieved:

✓ Engagement with the Permanent Secretary regarding HIV-related gaps in PADER

OUTCOME LEVEL

Outcome 1: Strengthened Civil Society representation in the 4 targeted Districts

Outcome 1, Indicator 2: Evidence of participation of network members in coming up with position papers and feedback to them

Achievements: See above, position papers.

Outcome 2: Changes in policy decision making at District level to ensure improvement and equitable distribution of facilities, resources and drugs.

Outcome 2, Indicator 1: Contribution of supported networks on HIV mainstreaming within district sectors

Achievements:

Outcome 3: Enhanced Knowledge Management among AIDS Service organizations with regard to HIV and AIDS policies, strategies and commitments.

Outcome 3, Indicator 1: 100% of network members participate in quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: 75-80%.

PADER DISTRICT RESULTS:

Outcome 3, Indicator 2: 70% of network members in each district take on lessons from the quarterly HIV learning and knowledge sharing meetings for ASOs

Achievements: Achieved.

Outcome 4: Improved accountability and governance for HIV and AIDS Services at a national level.

Outcome 4, Indicator 1: Bi-annual documentation and dissemination of issues concerning HIV service delivery by UNASO

Achievements: Position papers, UNASO booklet, Citizen-leader Pacts.

Outcome 5: Improved Coordination of the Civil Society Sector engaged in HIV and AIDS response, and hence, reduction in duplication of resources

Outcome 5, Indicator 1: Joint Planning and Review Meetings

Achievements: See above.