



PENTECOSTAL CHURCHES of UGANDA

End of phase Project Evaluation

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Project name: **Women against AIDS**

Supported by: *PYM/Digni*



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Abbreviations and Acronyms:

ADP	Area Development Program
BAFA	Buweesa Anti AIDS Family Association
BWAHA	Bwalula Women Against HIV and AIDS
CDO	Community Development Officer
CRPs	Community Resource Persons
FIDA	Finnish Free Foreign Mission (Fida International)
HCD	Human Capacity Development
HCT	HIV Counseling and Testing
HRBA	Human Rights Based Approaches
IGA	Income Generating Activity
KCT	Kenya Competence Trust
L.C	Local Council
MWAA	Malaba Women Against AIDS
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PYM	Norwegian Pentecostal Foreign Mission (PYM)
SACCO	Savings And Credit Cooperative
SALT	Stimulate, Appreciate, Learn, Transfer (Approach)
VSLA	Village Savings and Loans Association
WAA	Women Against AIDS

Executive Summary:

Women Against AIDS project (WAA) is implemented by Pentecostal Churches of Uganda (PCU) in partnership with PYM Norway and Digni. PCU is a faith based organisation in Uganda that also belongs to the worldwide Pentecostal movement. It was formed in 1984 through the support of the Finnish Free Foreign Mission (Fida International) and the Norwegian Pentecostal Foreign Mission (PYM). WAA is one of the projects implemented by PCU to fulfill its mandate of holistic ministry to those it serves.

WAA started in 2002 with the aim of addressing issues of HIV and AIDs among women and children in 9 local communities in selected districts of the Eastern part of Uganda namely; Mbale, Busia, Butaleja, Pallisa, Bugiri, Manafwa, Malaba and Tororo. The main target group of the project is children between the ages of 8-14 years, both school going and non-school going children who are reached through their caregivers, teachers and other local leaders. WAA works through groups of volunteer Community Resource Persons (CRPs) that are composed of 25 women and 5 men, to reach the communities and children. Most of the activities of WAA over the years have revolved around building the capacity of the CRPs in various aspects so that they can effectively reach their communities and the children.

The work of WAA has been implemented through 3 year phases with the most recent one being 2014-2016. In 2011 after a baseline survey WAA introduced the HCD/SALT approach as a way of enabling sustainability of its work beyond external funding, but also to enable the communities take ownership of their development processes. Therefore the last two project phases have been focusing mainly on building the capacity of the CRPs to effectively facilitate these processes in their communities and among the children. The capacity building process was done in phases for the groups with 4 reached during 2011 to 2013 phase and the final 5 for 2014 to 2016. However in the course of implementing this last phase, the need for an exit strategy emerged, and so far this has been initiated by holding 2 sustainability workshops, but it was also felt that an evaluation of the phase be done to enable surfacing of key issues that the project may need to strengthen or do differently as it winds down.

The evaluation was carried out in December 2015 before the end of the project phase, and it was done through extensive literature review of project related documents, and field work involving participatory group process, focus group discussions and meetings with relevant stakeholders including children, CRPs, local leaders, leaders of institutions and organizations in the areas where the project works. Key among the limiting factors of the evaluation was the lack of documentation particularly with regard to substantiating the way the groups were working to achieve some of the project objectives. This meant that some of the information gathered was dependent on how well the participants could recall their experiences. In addition it meant that some significant outcomes could have been missed as a result.

This is a report of the evaluation of the 2013-2016 phase (with some reference to the previous phases), detailing the processes and outcomes of the evaluation. It highlights to what extent the project phase has achieved its planned objectives so far, what influenced these achievements and how, the outstanding lessons, what implications they have particularly in relation to sustainability of the project's work, and suggests some recommendations on the way forward. The evaluation highlighted a number of issues

pertaining to the above mentioned evaluation areas however those that stand out as key insights include the following;

Summary of key findings:

WAA has done a commendable job in building the capacity of CRPs to support the communities to manage issues of HIV and AIDS, as well as equip children in the kids clubs with appropriate information and life skills to enable them avoid risk to infection. It was noted that the information passed on to the children emphasizes abstinence as the main way to avoid HIV infection. This is in accordance to the national policy provisions that are outlined in the PIASCY. The CRPs are a great resource in their respective communities because of the skills they have acquired from the various interventions. The HCD/SALT approach has been appreciated and well received by the groups, and they are trying to working with it as best as they can. However, the evaluation shows that the groups still need grounding in the concepts and more practical experience in working with it systematically. (Also a need expressed by the CRPs)

With the encouragement of WAA, all the groups have put considerable efforts in networking (although it varies from group to group) as a strategy to enrich delivery of services to communities and children and strengthening their capacity to manage HIV and AIDS issues. Through the networking efforts, WAA groups and kid's clubs are recognized in the communities, they are able to contribute to various community activities and support development processes particularly the health related ones. There is opportunity to strengthen this further and make it more sustainable through the groups being more proactive in building strategic partnerships as well as formalizing those that they have currently (where it is required).

IGAs and SACCOs have been taken on by individuals and groups in some instances and there is evidence that people's livelihoods improve, and risk factors for children decrease because parents are able to provide for them. The group IGAs/SACCOs have the capacity to enable group cohesion, accountability and sustainability in the long run. The evaluation highlighted that not all the groups have them and they would need more support than what they are currently receiving, to establish them.

WAA has strategically prepared the groups for its exit through holding sustainability workshops in which the groups were introduced to an HCD manual, and given an opportunity to identify what they would like to go on doing and feel they can do without the external support. These workshops were well received by the group leaders who attended, and follow up action plans developed. However the ownership and implementation of these plans depends on how the information is passed on to the rest of the members, which for the moment has not been implemented. Therefore as the project winds down, WAA will need to implement interventions that will facilitate this ownership.

The project has strengthened the PCU churches at the local level because they are the entry points into the rest of the community. They are therefore recognized as active players in the development processes of the local community. However, the project's impact has not translated in the same way at the national level of the PCU, because there are no organization-wide systems or processes that facilitate linkages with WAA as a project. This limits the opportunities for influence and sustainability of WAA's work in PCU as an

institution. There will be need to review the current relationship between WAA and PCU (there are indications that some steps are being taken) in order to identify suitable systems and processes that will facilitate the transfer of the experience, lessons learnt from WAA into PCU.

The project has created significant change in the lives of the CRPs, their families, children and the communities as a whole. Those who participated in the evaluation share testimonies of change, and in some instances the struggles they have experienced. However there is very little documentation to attest to these successes, challenges or even lessons. There are also no systematic processes and tools to enable tracking of these experiences and the extent to which the project objectives are being met. The project therefore needs to establish systems, processes and frameworks that will enable it capture these even if it is for the last few years of the project so that there can be a project memory as well as a chance to share the experiences with others.

The project staff worked well with the HCD principle of enhancing local capacity for development through capacity building or creating awareness about issues and encouraging the groups to use their own initiative to translate the learning into their local realities. For instance they encouraged groups to network, have IGAs, they encouraged children to talk to their peers. The evaluation indicates that they groups worked with this new awareness and achieved some success but that this would have been greater if WAA had supported them a little more especially with follow-up focused on these issues.

The WAA staff implemented almost all the project field activities as a group, and carried out one activity at a time. This practice could have fostered team work and support in the process, however given the fact that the project has a time frame and there were numerous group processes to facilitate, this implementation methodology was not very cost effective. Two field activities can be carried out using the same costs especially with regard to the staff allowances and other administrative expenses if the team splits and works in smaller groups. As the project wraps up, WAA will need to explore this methodology of working especially through the process of consolidating the sustainability plans. It will also give opportunity to the SALT team members who are being mentored to play a more active role in facilitating processes.

Overall, WAA has had great impact on the local communities in which it has worked, there is also potential for the project work to be sustained because most of the efforts are invested in the local capacity. The project has started implementing an exit strategy which is aimed at strengthening the local capacity further and enhancing ownership of the sustainability efforts in preparation for the phase out. However, as indicated above and in the insights and recommendations highlighted at the end of this evaluation report, there are gaps that will need to be addressed. This will require re-designing and implementing the plan based on the recommendations deemed relevant and feasible within the time frame and available funds.

1.0. Background to the evaluation:

Women Against AIDS project (WAA) is implemented by Pentecostal Churches of Uganda (PCU) in partnership with PYM Norway and Digni. PCU is a faith based organisation in Uganda that also belongs to the worldwide Pentecostal movement. It was formed in 1984 through the support of the Finnish Free Foreign Mission (Fida International) and the Norwegian Pentecostal Foreign Mission (PYM). PCU exists to make disciples of all nations and help them holistically. It operates around five major themes as its historic priorities: evangelism, care for the needy, agriculture, education and health. Among her specific objectives is caring for the sick, youth, women, children, the elderly, people with disabilities, victims of natural and manmade disasters; to improve on their livelihoods as well as protect their human rights and Health.

In her mandate, PCU implements development projects to achieve some of her objectives, and WAA is one such project and is focused mainly on issues of HIV and AIDS in the Eastern region of Uganda. It operates in local communities of Eastern Uganda in the districts of Mbale, Busia, Butaleja, Pallisa, Bugiri, Manafwa, Malaba and Tororo. The main target group of the project is children between the ages of 8-14 years, both school going and non school going children. They are reached through school and community kid clubs that are facilitated by the project's Community Resource Persons (CRPs).

WAA started as a pilot project in September 2002, using the psychosocial approach to reach out to children caretakers; teachers, women, parents and child peers, with an overall goal of contributing to an HIV/AIDS free generation in Uganda and a *mission to contribute to an HIV&AIDS free generation in the target area by empowering children and the people who influence them*. The CRPs (25women +5men) in each group were mobilised through PCU churches in the local areas, and trained on how to reach the key community members listed above. The CRPs then offered voluntary services to their communities in line with the project activities and WAA has continued to work with this as its main strategy in reaching out to the communities.

Since 2002 WAA has worked with these communities through project phases of 3 years each. An evaluation of WAA in 2009 recommended the incorporation of the Human Capacity Development (HCD) and Human Rights Based (HRBA) approaches into the projects' interventions for sustainability purposes. Since then the project run through 2 more phases, the last phase being 2014-2016. However, in the middle of 2015 there developed a major question within the project; to what extent the project would be able to carry on with its activities after external support is phased out. A sustainability plan was developed and the first steps of its implementation have begun. WAA then opted for an early evaluation in 2015; to review the progress of the project (particularly in working with the HCD and HRBA approaches); its implications on the sustainability efforts and identify how to strengthen the sustainability interventions, including the need for an additional year (2017) in the enrolment/follow-up of the plan.

1.1. Brief description of the Project:

WAA works with nine (9) CRP groups located in 9 communities in Eastern Uganda, and the plan was to equip all groups with skills in using HCD and HRBA approaches so that they can integrate them with their already existing knowledge and experience on issues of HIV and AIDS. This project phase (2014-2016) targeted Four (4) out of the 9 communities namely; Bwalula, Buhasaba, Kameke and Kanyum. Four (4) other communities in Nangirima, Busiu, Malaba and Kibale had been facilitated in the previous phase. According to the project plan, Buweesa will be facilitated in 2016. The project objectives, planned activities, expected outputs and what was achieved particularly at quantitative level, are captured in the table below.

This particular project phase mainly sought to equip the CRPs in these four communities with skills to facilitate HCD processes, mainly the SALT approach and using the HRBA approach. Therefore the key activity of the project was capacity building interventions on the use of the two approaches in the communities and the kids club, but other activities like encouraging the groups to establish local networks, develop Income Generating Activities (IGAs), as a means of enabling the care givers reduce factors that predispose children to the risk of HIV infection; exchange visits across communities to facilitate learning, encouraging positive peer influence and parent- child dialogue also took place. Apart from carrying out the trainings, the project team was not directly involved in the implementation of the day-to-day project's activities in the communities. After training or creating awareness about an issue for instance the importance of having IGAs, the groups would be left to put this into action. This approach was based on the basic principle of the HCD approach that people are capable of transforming themselves once their capacity to do so has been enhanced. The same implementation methodology cut across all the groups.

A major additional intervention during this project phase was the exit strategy which so far has been implemented through holding sustainability planning workshops for the CRPs. The workshops have been held for representatives of the groups with the expectation that they will pass on the information in preparation for further support from the project office. This has taken place concurrently with ongoing capacity building in HCD and HRBA processes for the groups.

1.2. Purpose of the Evaluation:

As mentioned above, WAA sought to carry out an 'early' end of project evaluation whose overall aim was to assess the project's impact on the target groups, communities and PCU as an institution; the extent to which it achieved its intended objectives, the efficiency and effectiveness of the project design and delivery in relation to achieved results, and the implications of these on the projects' sustainability beyond external funding

1.3. Objectives of the evaluation:

These included;

- 1) To assess to what extent the planned goals and out puts have been met so far;
- 2) Identify measurable change that has occurred as a result of the project locally and any unforeseen results to both the direct and indirect beneficiaries;

- 3) Assess the effectiveness of the sustainability interventions so far, how they relate to, or are influenced by WAA's current relationship with the PCU
- 4) Explore possibilities and implications of strengthening the sustainability interventions by having an extension into 2017;
- 5) Give recommendations on the way forward for the future of WAA and its sustainability, including the possibilities and implications of extension into 2017 and suggestions on the future role of PCU in the life and work of WAA.

1.4. Evaluation Methodology:

The evaluation was undertaken using; i) in depth desk study of documents containing information relevant for the evaluation. These included the Project proposal document, the baseline survey report, 2013 evaluation report, the HCD manual, field activity reports, annual and reports as well as a few financial reports.

ii) Field activities which involved discussions with PCU National Executive Committee (NEC), Project Steering Committee (PSC), WAA staff and project advisor, local leaders, government and partner institutional representatives in the project areas, focus group discussions and participatory exercises with selected stakeholders including CRPs, children, teachers and pastors. With the guidance of the project staff, a purposive sampling method was used to select specific CRP groups and kids clubs that were visited. These included a visit with one of one of the groups in the earlier phase, one of the 'best performing' groups in the current phase, and another with one that is struggling so as to explore possible influencing factors. The two other groups and the kids clubs that participated in the process met in one place. Other focus group discussions with teachers, pastors, the national SALT team and representatives of all the groups in the project were held in one place over a number of days.

Both qualitative and quantitative data was collected through the use of participatory methodologies to enable local ownership of the process and outcomes as well as effective analysis of the results.

1.5. Organization and management of the evaluation:

Pre-evaluation meetings were held between WAA staff and the consultant to discuss the TORs and plan for the evaluation. WAA project staff organized and participated in the field trips, provided guidance and support in data collection where necessary, managed the logistical arrangements, arranged interviews, and meetings with stakeholders and provided the needed documentation. The Consultant was responsible for the development of methodologies and evaluation tools, conducting the main data collection processes, analysis and writing the evaluation report.

1.6. Data analysis and report writing:

Data collection tools:

The Action Learning Model (ALM) was the main evaluative and learning tool that was used in most of the processes with all the individuals and groups. The various stages of the ALM gave the evaluation contributors opportunity to recall, reflect, analyze, and derive learning from their experiences, where appropriate, they gave suggestions for the way forward. The

tool was modified and worked with to suit the context and situation of the group or individuals. In addition, data for working with this tool was generated through the use of alternative language channels like storytelling, role plays, and working with images (particularly for the kids clubs and instances where participants found difficulty expressing themselves in English. Group discussions supported by plenary presentations and focus group conversations facilitated by the use of strategic questions was used in most of the field activities. A table to capture key quantitative information that gives an overview of the project progress so far was prepared and filled by the staff. Photographs capturing significant moments in the evaluation process were also taken as part of the data collected to strengthen the evidence base.

The quantitative and qualitative data was analyzed and interpreted to produce an outline of key findings that were shared through a validation meeting with the WAA staff and project advisor. A draft report was written and shared with PYM and the WAA staff for feedback and a final report was then produced.

1.7. Limitations of the Evaluation process:

1. The evaluation took place a year before the planned end of the project and so a number of activities had not yet been done, particularly the training with Kanyum and some follow-ups with the targeted communities. This could have affected the evaluation results with regard to assessing the cumulative outcome from the activities implemented. Each group responded according to the stage at which they were in the training process.
2. Only one of the groups in the earlier phases was visited and therefore the information gathered may not be sufficient enough to give an indication of where the communities may be in future.
3. Almost all the CRP groups that were visited as well as the kids clubs, the participants were most comfortable expressing themselves in their local languages which the consultant was not very familiar with. In instances where it was very difficult, a translator supported the processes and this could have affected the accuracy of the information given considering that it was going through a third party.
4. In one instance both the CRP and kids clubs groups were too big for effective focus group discussions, yet each of them wanted to participate, even when they were split into smaller groups, they were still rather large so it is possible that the most active could have dominated the discussions while others could have been left out.
5. Lack of sufficient documented material particularly on group and kids clubs activities in the communities meant that the consultant had to rely on the memory of the participants who sometimes had difficulty in recalling incidents. Therefore substantiating some of the information they gave, especially quantitatively and in some cases qualitatively, was difficult. This generally cut across all the groups that were met as well as at the level of the project itself.
6. The evaluation took place during the school holiday so it was not possible to meet some stakeholders like the head teachers and parents who had to other things to do.

2. Key Evaluation Findings:

2.A. Impact and Performance:

2.A.1: Extent to which the specific project objectives, anticipated outcome and impact have been achieved so far.

2.A.1a: Quantitative Highlights:

The project phase had six specific objectives that were contributing to the overall goal of the project of having an AIDS free generation. The table below gives a quantitative overview of the progress by the time of the evaluation.

Project goal: Contributing to an AIDS free generation.				
Objective	Planned activities to achieve the objective	Expected output	Extent to which the outputs were achieved	Comments/Reasons for variation
1. To develop a pool of experienced facilitators in local communities, to address HIV & AIDS in communities especially with regard to children.	a. Community SALT workshops for CRPs.	120 CRPs trained in HCD and HRB approaches in 4 communities	90 CRPs trained in 3 communities	30 CRPs in Kanyum to be trained in 2016 as per the project plan
	b. Exchange visits for learning and sharing of experiences	2 exchange visits between 4 communities for SALT teams and kids clubs	None held	Time and money could not allow for the exchange visits to be conducted. Priority was given to the sustainability plan workshops and end of term project evaluation
	c. Follow-up visits to strengthen integration of HCD and HRB approaches	3 follow up visits to 120 CRPs in 4 communities	1 follow-up visit to 30 CRPs in Bwalula	3 follow up visits to 90 CRP's in 3 communities to be carried out in 2016.
	d. School workshops	400 children in 8 schools (2 per community sensitized on HIV/AIDS, human/children's rights and responsibilities. 100 children from 2 schools in Bwalula community followed up on the integration of the AIDS competence.	300 children from 3 communities, sensitized Carried out as planned	100 children in Kanyum community to be sensitized in 2016 as per the plan.
	e. Linking community SALT teams to respective schools	4 SALT teams linked to schools to form school kids clubs , 2 schools per community, each having a membership of 50 children.	3 SALT teams were linked to 6 schools, 2 per community, With a membership of 50 children per club	30 CRP's from Kanyum to be linked to 2 schools in 2016
	f. Increase the number of competent facilitators in the National SALT team	Mentor 1 CRP into the National Salt Team.	1 CRP Mentored through accompanying the WAA staff in trainings.	
2. To network with other organizations in the target area so that communities can benefit from their services to	a. Establish networking relationships with relevant stakeholders at the District, Sub-county and Organizations in Bwalula, Kameke, Buhasaba and Kanyum communities.	Communities in Bwalula, Kameke Buhasaba and Kanyum are networking at the local level	3 CRP groups linked to the local government offices of the CDO, Community liaison office, health centres and schools.	Kameke and Buhasaba SALT groups yet to establish viable net works. Kanyum community to be supported in 2016.
	b. Participating in workshops and forums	Improved services delivery in Bwalula,	Bwalula community kids club participated in	Note* Testimonies from some of the communities-e.g

supplement those provided by WAA.	on HIV/AIDS organized by key actors in the target area	Kameke, Buhasaba and Kanyum communities.	celebrating the Day of the African Child in Bugiri district. World Vision International facilitated Bwalula to participate in the World AIDS Day celebrations	MWAA, BWAA and Kameke indicate that the CRP have participated in activities of other organizations and as a result enhanced their work. However, there is no documentation to support the testimonies.
2. To stimulate community to community transfer, so that HIV/AIDS competence can be extended to other communities in the target areas.	a. Exchange visits for learning and sharing of experiences.	Knowledge and experience shared among communities.	Planned to happen in 2016 between Kameke & Kanyum, and Bwalula & Buhasaba SALT teams and kids clubs	Time and money could not allow for the exchange visits to be conducted last year since priority was given to the end of term project evaluation
	b. SALT Workshops	Success stories from communities borrowed to influence change in neighbouring communities.	Bwalula SALT team influenced and mentored a widows group in neighboring Wansimba village into being to fight stigma, discrimination and share on common challenges they face.	Note* We anticipate that the other three teams of Buhasaba, Kameke and Kanyum will do the same
	c. Home visits.	Neighbourhoods connected and influenced to desire change and initiate own responses	The WAA staff accompanied Bwalula, Buhasaba & Kameke Salt teams in 2 home visits to strengthen implementation of the local response progression (HCD)	Note* It is hoped that if systematic home visits are done, the three SALT teams will get to influence the wider community to address their needs and in the process, the impact of the SALT teams will be felt and appreciated.
3. To minimize risky behavior among children by involving parents in income generating activities.	a. Participation of communities in income generating activities.	Increased knowledge and skills for communities on various income generating activities	Two IGA work shops were conducted last year 1 in Bwalula- on operating small scale business and one in Busiu on handicrafts.	Bwalula SALT team acquired knowledge in operating small scale business ventures Buhasaba, Kameke and Kanyum SALT teams are yet to identify concrete ventures they want to be supported through.
	b. Workshops on income generating activities(community training in income generating activities)	Number of Income generating activities engaged in by Bwalula, Kameke, Buhasaba and Kanyum SALT teams.	Salt team members in Bwalula are engaged in individual small scale business ventures while the entire team saves money with a village bank. Kameke SALT team has a group SACCO and Buhasaba SALT team is into goat rearing	Kanyum SALT team has a group savings and credit scheme we are yet to visit and ascertain
	c. Exchange visits for parents and children to learn and share experiences	Decreased risky behavior among children	Between, Kameke & Kanyum, and Bwalula & Buhasaba SALT teams and kids clubs	Time and money could not allow for the exchange visits to be conducted in 2015 as priority was given to the end of term project evaluation, however will be conducted in the course of 2016.

	d. Encourage the formation of Kids clubs in Bwalula, Kameke, Buhasaba and Kanyum communities.	HCD frame work for action on how to deal with children's problems. Available through the kids club approach.	All three SALT teams have active kids clubs in their communities with a membership of 50 children per group.	
	e. Form and train 400 peer educators in 8 schools, 2 per community (Bwalula, Buhasaba, Kameke and Kanyum)	Action plans in communities on how to deal with HIV/AIDS, defilement and rape of children	300 school going children have so far been trained and empowered to report any form of abuse to relevant authorities such as parents, teachers, elders in community, police, local council authority and the SALT team members if possible	100 more children in Kanyum will be trained on the same.
4. Stimulate children into making informed decisions through peer groups and increased parent child dialogue with a view to behavioral change.	a. Workshops	Formation of eight school AIDS clubs and four kids club. Follow up of the HCD frame work on how to deal with HIV/AIDS, rape and defilement among children.	Six school clubs were formed in Wansimba, Nawambwa, Kameke, Omuroka, Bunyide and Magombe Primary Schools for Bwalula, Kameke and Buhasaba communities. Three community kids clubs formed in Bwalula, Kameke and Buhasaba communities.	The ones in Kanyum are yet to be formed.
	b. Exchange visits	Increased number of children influenced through peer education using poems, music dance and drama, quizzes, pictures/art to initiate discussion.	Reduced number of children dropping out of school to early sex and other factors.	To be conducted in the course of this year. Note* No documentation available on the results achieved so far.
5. To build the capacity of communities to agitate for their rights from the duty bearers especially those concerning children, HIV & AIDS, and women.	a. Workshops	Empowered grass root people, capable of agitating for their rights from the duty bearers	Bwalula SALT team is influencing their community to actively agitate for their rights. Isegero, Wansimba and Nawambwa villages have been sensitized on the importance of will writing and how property is shared among family of a deceased person	HRBA workshops will be conducted in the 3 SALT teams (Kameke, Kanyum & Buhasaba) this year.
	b. Linking the SALT teams to service providers in their respective communities	HCD frame work for action on how to deal with children's rights issues in the communities	Bwalula, Buhasaba and Kameke were linked to the local government offices of the CDO, Community liaison office, health centres and schools. Courtesy calls were paid to potential partners for net working.	The same will be done for Kanyum SALT team and community.

The table above shows that to a large extent the project was on course to achieve its targeted quantitative outcomes as per the plan. However, it should be noted that some of the information above would be enriched with documentation of testimonies from the CRPs. In addition, some of the planned activities and expected out puts do not relate directly for example; 5a, and in other instances the expected outputs and what was achieved

are also not directly related for example; 3e. This makes it difficult to track progress on specific components of the project implying that the table may need to be revised before the next implementation phase.

Below is an overview that gives some more detail on the extent to which these objectives were achieved and how.

2.A.1.b: Objective 1: Develop a pool of experienced facilitators in local communities,

As shown above, in the first two years of implementing this project phase, (2014-2016) WAA developed the capacity of 90 CRPs from 3 local communities of Bwalula, Kameke and Buhasaba in the SALT and HRB approach. This is out of the planned training of 120 CRPs the remaining 30 from Kanyum are to be trained in the final year of the project (2016). This number of CRPs is an addition to the already trained 120 CRPs from four communities out of the nine project site groups, namely Malaba, Nangirima, Busiu, Kibale. This brings the total number of trained CRPs to 210 CRPs from seven out of the nine project sites.

The evaluation shows that WAA used 6 key interventions to build the capacity of the CRPs to competently facilitate their communities. These include; i) training in using the SALT approach. This training enabled the CRPs learn the basic principles of how to facilitate communities (including individuals, children and families) to identify their concerns, analyze them and generate their own solutions and thereby enhance ownership and sustainability of their development; ii) Training in Human Rights Based Approaches (HRBA) which is mainly focused on awareness creation about the rights of women and children, and how they can get support in case these rights are violated; iii) Exposure and experience on how to form and facilitate kids clubs both in schools and the communities using the SALT approach. A few members (6) from each CRP accompany the WAA head office team through the entire process of establishing a kids club and thereafter they remain as the resource people to provide ongoing support for the clubs and patrons (teachers); iv) Exchange visits between the communities including some with Kenya (FPFK) which enabled the sharing of ideas and experiences among the resource persons as well as learning from what the kids clubs in the specific areas are doing; v) Mentoring of 8 community resource persons (so far) to become part of the National SALT team through a one year process in which the individuals accompany and learn from the WAA head office team during the various trainings. This exposure is meant to build a pool of key experienced local resource persons that will continue to provide technical support to the groups and communities on ongoing basis; and vi) Follow-up visits to the trained communities to build on the previous training and support them to reflect on their progress. According to the groups these follow up visits have encouraged and motivated them as they do their work.

The six interventions outlined above have increased the CRPs' confidence, skills and knowledge to support community processes in tackling HIV and AIDS issues. This is enhanced by the extensive knowledge on HIV and AIDS prevention and treatment that the CRPs were equipped with at the initiation of the project. They are able to sensitize community members on issues regarding HIV counseling, prevention, testing and treatment,

offer their services at health centers, carry out home visits, facilitate kids clubs and equip children with awareness of their contexts, the risks to HIV infection, knowledge on how it is transmitted, and skills to prevent infection and explore partnerships with relevant individuals and institutions to enable them address children concerns.

The competence of some of the groups is acknowledged by local leadership; in Bwalula the local council leader has participated in events organized by the group (Bwalula Women Against HIV and AIDS-BWAHA) and noted the group's efforts in sensitizing the communities about hygiene, sanitation, HIV prevention, treatment, the need for HCT, facilitating kids clubs, carrying out home and school visits. He noted that *“as a result of the work of BWAHA, I have seen community members get the courage to go for testing, there are changes in community hygiene, and less conflict in homes that they have visited.”*



Picture 1: Kameke members in group discussions

CRPs shared that the community responds well to their messages; for example in Buweesa the group (Buweesa Anti AIDS Family Association- BAFA) reported that community members are more confident to go for blood tests. In Bwalula the community has responded well to family planning- as one of the members stated; *“now people know that they don't just exist only to give birth, they can plan their families and have healthier children.”* Some group members are part of the Village Health Team (VHT). In Kibale Health Centre 3 the sister in charge shared that the WAA group has partnered with the health centre staff to provide health education, on family planning, personal hygiene, HIV prevention and testing to the community. She has *“witnessed improvement in community health, an increase in HIV testing as a result of these efforts, about 20 people come to the centre for referral per week and this provides possibility for follow-up. In the beginning people were very afraid we had to do a lot of counselling, there is also increased couple testing.”* 2 group members are employed at the centre while others volunteer at the health centre, during the week to give talks on family planning and HCT and note children born with HIV so that they can be supported.

education, and savings. The Malaba group also shared that they have worked with L.Cs on issues of gender based violence in the community that they would not have managed to sort out on their own. In Buweesa, world vision trained leaders on health related issues and they now link with Muhuya Health Centre to counsel patients and sensitise the community about immunisation. Four group members of BWAHA have been taken on as members of the village health team while 3 other members are peer educators at Nankoma health Centre. The kids club in Bwalula was facilitated by the World Vision (Area Development Program-ADP) in Nankoma sub-county to perform at the district celebrations of the 2015 World AIDS day. World Vision area manager noted that *“the children’s performance was very impressive and unique; it brought out messages which were very relevant to the situation, highlighting real contextual issues for the children and from the responses, one could see that the adult community was engaged and moved by the messages.”*

The above examples illustrate that WAA community groups have put considerable effort in establishing partnerships with local organizations and strategic institutions and the impact is positive. However, in most instances the partnerships are not formalised so there are no defined frameworks or mechanisms to guide the relationships and the groups do not know what is expected of them. Some of the partnerships are dependent on specific individuals (the coordinator or chairpersons) and this surfaces a question around their sustainability. The CDO in Kibale highlighted the need to receive reports from the group about their activities, while the local education officer mentioned the need for the CRP plans with schools to be filed in his office. In Malaba the police officer in charge of the child and family protection unit noted that while the group may be known in the office, her department did not have their official file. Also in some cases it seems to be an initiative of those who need the group services at the time. For example; in Bwalula, World Vision said they got to know about the group during preparations for the World AIDS day, the group was mentioned at the district planning meeting and world vision took a step to facilitate travel for the kids club to perform. World Vision note that; *“the group is good but perhaps has not been proactive in getting itself known, the district seems to know about them but other organizations don’t. BWAHA needs to move out and seek to be known, it shouldn’t wait to be invited. They should invite institutions to meet them space, they can be a great resource for the community not only in areas of entertainment, other areas can be explored”*. World Vision expressed openness to support and partner with the group if it fulfils the conditions mentioning that *“as World Vision we link with local partners who deliver services and since BWAHA is child focused, there could be a number of common issues to work on if the relationship can be formalized”*.

Formalising the partnerships will increase the chances for more mutual and meaningful relationships between the CRPs and other institutions for example; capacity building events, attendance of district or sub-county meetings. It will also ensure the sustainability of the efforts of WAA groups considering that there will be a framework to guide the relationship beyond individuals and single events.

It was also noted that the WAA office at the national level does not seem to officially partner or network with any organization. While this might be the design of the project,

because the intention is to strengthen the local groups, it limits WAA's learning, knowledge exchange and visibility opportunities. It also limits the opportunities to widen WAA's funding base as well as making linkages and advocacy efforts in partnership with other institutions. The project staff, and in certain instances representatives of the NEC have been involved in international learning meetings with other PYM and Digni partners. These forums have addressed some of the project's most crucial needs including sustainability, monitoring tool development, group leadership trainings. For example in 2012 the WAA PSC chairman and NEC chairperson participated in a network and learning meeting, in which monitoring was one of the key issues discussed. This was later worked with in one of the midyear reflection meetings. The learning from 2007/8 on HCD approaches influenced the shift in strategy for WAA.

2. A.1.d: Objective 3: To stimulate community to community transfer

According to the HCD approach manual that WAA has; community to community transfer refers to *"the sharing of experiences across boundaries. Transfer may occur spontaneously, or reflect a level of development within a community in which they see needs beyond their own community and actively seek to share their experience with others...Transfer also happens when community members link to others outside their own community, and influence change in other places."*

The evaluation shows that the groups passed on information and experience in their neighborhood and beyond, as a means of strengthening response to HIV/AIDS both spontaneously and actively. Examples of spontaneous sharing include; In Kameke, where the group gathers different homestead members in one area and carries out sensitization events. BWAHA members use community events like local council meetings, funerals, and church events for sensitization. The groups also believe that home visits and the work they do with health centers also facilitate community to community transfer because the people who visit the health centers are from areas beyond the locality of the group. For instance MWAA integrates HIV and AIDS information in their weekly antenatal clinics. According to one of them; *"we believe this information goes beyond the direct community, for example I shared with some sex workers from a neighboring community who had come for medical care. I used the SALT approach to help them see that they have their own solutions and this helped them change. Three of them have left the trade and one of them got support from Compassion International to enroll her children into the school."*

Examples of formal transfer include MWAA's visit to St. Jude School in a neighboring community, to discuss issues on prevention of HIV among children and school retention. BAFA visited Busolwe on invitation to carry out a sensitization on HIV prevention, and BWAHA, carried out a home visit through which a widow was inspired to start a group of Widows living with HIV. The project also arranges exchange visits among communities including kids clubs to facilitate sharing of experiences by groups.

From the above examples, one notes that the groups are sharing information to extend HIV and AIDS competence beyond themselves. Although most of it seems more spontaneous than systematic (not using the SALT methodology). In the words of staff; *"some work has*

been done although it is haphazard because as the teams are still completing a process within their own community, when an invitation comes, they quickly respond to it without assessing their success/shortfalls in the on-going process. So they tend to have so many processes going on with little time given to analyse the process". The groups also shared that much as they feel ready to carry out organized community to community transfers, they are limited by resources, particularly transport costs. In addition, the evaluation noted that the groups do not have much documentation on their experiences with community to community transfer in whatever form it may be happening. This limits the possibility of systematically learning from the successes, challenges and insights of the experiences for future use.

2. A.1.e: Objective 4: To minimize risky behavior among children by involving parents in IGAs.

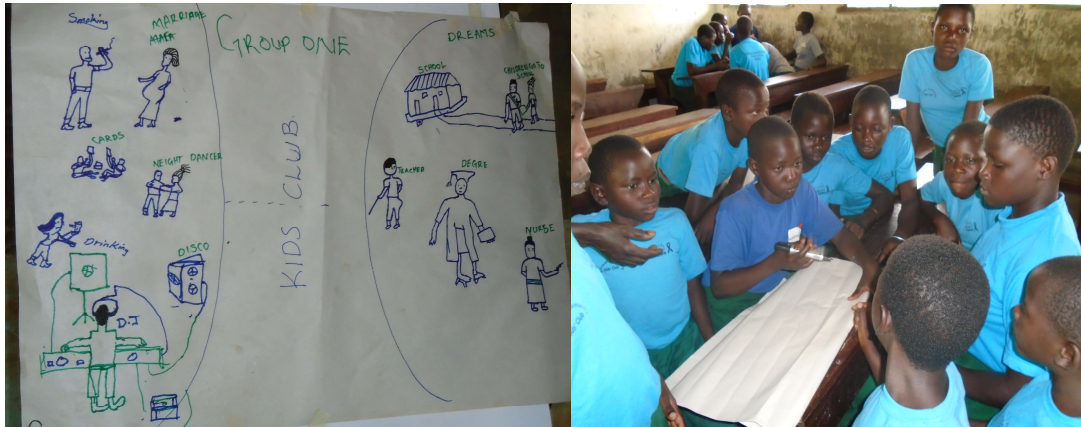
The baseline done in 2010 indicated that poverty is one of the key factors that make children vulnerable to HIV and AIDS infection because children whose parents can't afford to provide their basic needs are likely to get involved in sex for these provisions. In addition, when parents can't afford to pay school fees, children, especially the girl child, are likely to drop out of school and coerced into early marriage that make them susceptible to abuse and infection. The evaluation showed that all the groups have been sensitised about the importance of having IGAs, in some instances like Busiu, the groups have been trained in how to manage specific IGAs after they have made requests. Each of the groups visited have individual members who are involved in IGAs, or belong to SACCOs with other community members. The groups in Nangirima, Kibale, and Kameke have their own SACCO through which they earn money to run IGAs and deposit savings. The IGAs that group members are involved in include chicken and goat rearing, selling vegetables and 2nd hand clothes. BWAHA members collect money to hire shambas that they cultivate as a group and sell the produce. They plan to purchase a piece of land on which they will build a hall for hire by the community. Testimonies by those who participated in the evaluation highlighted that as a result of being involved in IGAs, their livelihoods have greatly improved, they are able to provide for their families, and able to keep children in school because they have an income as the Kibale group stated; *"Because of these IGAs and SACCO, we are able to have a balanced diet, keep our children in school, we can save for the future and we are able to visit infected people and give them something."* Children in Kibale kids club shared that they are feeding better, their parents are able to provide school fees, uniforms and other scholastic needs. It was also evident that the members involved in IGAs and SACCOs seem more confident and positive about themselves and the project's activities. In addition, those groups that have SACCOs exhibited a stronger sense of team work and unity. These differences were noticed between the MWAA, BWAHA, Kibale on the one hand and BAFA on the other (whose majority members did not seem to have IGAs). As mentioned above, WAA Kampala office has tried to get the groups to appreciate the importance of having IGAs through continued sensitization and relevant trainings. However, it has not offered across the board strategic support to the groups in terms of how to manage the IGAs (particularly the group initiatives), nor has it effectively monitored how well the groups are doing after the training. This therefore makes it difficult to assess the

success of these IGAs or SACCOs, especially in relation to the project objective of enabling parents to minimise risky behaviour among children. As one of the staff put it; “we don’t have concrete figures in terms of percentages on what life was like before and what it is today. We simply rely on testimonies from local council authorities and teachers on the reduced dropout rates at school and parents on reduced cases of children especially girls leaving school and parents homes for marriage.” In addition, these testimonies are verbal, none of them is documented so this makes it even more difficult to verify.

While the HCD/SALT approach indicates that initiatives should be community led and therefore the supporting partner (in this case WAA) should not be directly involved. It is also important to note that the extent to which this is done is very key in this case where the result may have direct implications on how the project has worked with a baseline finding and a project objective. BWAHA seemed to highlight this by stating that: “one of the reasons that could have made our grinding machine business fail was because we were left alone to manage ourselves yet we did not know how to manage group investments and none of us had enough experience.” It would also appear that the support WAA gives a group is determined by the expressed interest of the group this means that a group that may be slow or is having challenges is likely to miss out on possible opportunities.

2. A.1.f. Objective 5: Stimulate children into making informed decisions

WAA has supported the formation of 9 kids clubs in both schools (6) and communities (3) as a way of raising their awareness about HIV transmission, prevention and treatment as well as provide strong and informed peer support groups. The kids clubs are initiated with the support of WAA staff and ongoing support is provided by the CRPs. Most kids clubs meet at least once a month, the HCD approach is used to facilitate their learning and this is through the use of skits, poems, stories, pictures, testimonies and songs. It is also through this methodology that the children internalise and pass on the message to fellow pupils in schools and during community gatherings for the community clubs. The kids clubs are also invited to perform in churches, mosques and in some instances during district and sub-county events like the day of the African Child and World AIDS day celebrations. For example the kids club from Nangirima performed in the Mbale World AIDS day competition and won prizes of blankets and scholastic material. In Bwalula parents were invited for a meeting in a community led activity requested for by the teachers. Children presented a drama depicting a typical family situation after which parents were engaged in a dialogue and reflective process which challenged them greatly.



Picture 3: Kids club presentation and group discussion

It is hoped and believed by the project staff and CRPs that the children pass on information to their peers as they interact with them; one girl from Bwalula mentioned that she has told her friend about the dangers of moving out alone at night. Although it is not clear how their peers work with the information because there is no documentation to this effect. However, during the evaluation, one girl from Kameke kids club shared how she had married herself off to a man and her friends went and talked her into returning home, and she is now back into school. There could be other similar stories but they are not documented or traced.

In all the project sites that were visited during the evaluation, the kids clubs consisting of 20 to 50 children aged between 6 and 16 years performed poems, songs, skits and dances that revealed very extensive awareness about HIV and AIDS- transmission, prevention, risks to infection and the effects on families. Participatory processes and group work in the evaluation showed that they are very well informed. The kids in Bwalula and Malaba shared that they believe that being in the kids clubs has helped them stay safe and they have valuable information that they will use throughout their lives. However the kids clubs in Malaba and Kameke also expressed concern about their activities being the same all the time and they are getting bored, some of them- particularly the older ones shared a desire to have some practical skill development activities. The activities they suggested included tailoring, carpentry and baking. This may be an indication that the children may want to be more actively involved in planning what they do in their clubs.

Increasing parent child dialogue:

With regard to increasing parent child dialogue it was difficult to assess the extent to which this is happening because there are no formal activities to enable it to happen and there are no documented testimonies. The kids from the clubs in Bwalula, Buweesa and Malaba seemed unsure about how to respond when asked to share experiences related to this, except for one girl in Malaba who said she told her mother about the risk of being sent on errands and night, so her brother was sent instead, and a boy who said he had spoken with his mother about HIV. There were also conversations about parents increased openness to discuss with their children about some of the needs related to their sexuality for example sanitary towels, knickers and puberty in general. Other than that, in 2 groups of 30 children

each (Malaba and Buweesa), about four fifths (24) in each group, shared that they are not confident to speak to their parents about the risky habits for fear of being reprimanded.

The kids clubs have great potential to influence informed decision making through peer groups and increased parent child dialogue and from the above examples there are signs that it is happening. However, something that stands out most is that apart from the times the clubs are invited to perform in school and community events, there is no systematic way of enabling this to happen, nor is there documentation of what happens spontaneously. This therefore limits the possibilities for it to happen and makes it difficult for the stakeholders (children, parents and the project) to track progress and learning from the experience.

2. A.1.g: Objective 6: Building the capacity of communities to agitate for their rights

By the time of the evaluation, 5 out of 9 community groups had undergone training in Human Rights Based Approaches (HRBA). The children too have been taken through awareness training on their rights and responsibilities in the kids' club activities. Through the sensitization on human rights, CRPs have been encouraged to report cases of defilement, domestic violence, child neglect and abandonment. They are expected to report the cases to the community development officer or the police liaison officers who then take the culprits to higher levels if need be.

The children expressed awareness of their rights, and responsibilities, in Kameke and Kibale, they eloquently gave appropriate examples of both. In Malaba the CRPs highlighted increased awareness of children's rights by both children and the communities and actions as a result. An example was given of two children who had ran away from home because of abuse and were supported to return with the help of CRPs and the pastor having a series of discussions with both the parents and the children. Still in Malaba, a story was shared about a girl who was sexually abused by her uncle, she was bold enough to report to a CRP, and the case is being followed up. In Kameke a few members of the kids club in talked the father of a girl who had been forced into marriage into taking her back to school.

In a few instances the groups have been involved in slightly more public advocacy activities for example; BWAHA influenced the formation of a by-law in their locality forbidding children below the age of 18 to access video halls, in Busiu they successively agitated for provision of safe water in their community from the authorities. In some instances the CRPs have partnered with other organization in advocacy activities for instance; the health centre in Malaba was extended as a result of MWAA working in partnership with Compassion International.

The above examples illustrate that CRPs and children are effectively using the knowledge they gained about human rights to try and advocate for change in their contexts. The challenge perhaps is in regard to how far they can go to achieve justice for those whose rights are abused. This is especially because the institutions like police that would support their efforts are weak institutionally or corrupt and as a community group they may not

have much to do about it. In addition, there is no documentation of these cases by the CRPs or those whose rights are abused, and this makes verification and possibility of follow-up rather difficult. If documentation is well done, WAA and the groups may be able to identify issues and trends that may need more collective advocacy interventions with other partners as well as provide learning for others.

2.A.2: Significant changes as a result of the project, among the direct and indirect beneficiaries

The most significant changes that have happened as a result of the project so far have mainly been in the lives of the children and the CRPs, and in some instances within institutions that they relate to.

With regard to the children, one of the most noticeable changes among the children was growth of their confidence and assertiveness through the kids clubs. This has come about because the children are well equipped with relevant knowledge on HIV and AIDS, and the activities that they do- the drama, songs and poems that enable the children develop confidence as they present to the public. Both girls and boys are equally confident, during the evaluation group exercises that they participated in, they made eloquent presentations of what their groups had discussed. Exposure outside their community localities as they present and participate in exchange visits has also boosted this confidence. A number of examples as seen from the evaluation attest to this and they include; the action from Kameke kid's club to challenge a parent to take their friend back to school after she had been married off; remarkable improvement in academic performance of children in the in the clubs (Malaba noted high performance at the end of the year 2015); and children from Kameke supported a friend who lost a father by helping out with chores during the burial ceremony. These examples also show not only confidence but potential leadership of these children and a sign that they will be responsible members of their communities.



Picture 4: BWAHA Kids Club members making group presentations

In two situations, a school and some families have experienced significant changes as a result of WAA's work with kids' clubs; after seeing the work done with children through the Buweesa kids' club presentations, a partnership developed between the school and 'Send a cow' as a development partner. Through this partnership 'Send a cow' built the school six staff quarters, they received cows that provide milk for the children and a bio gas plant to

facilitate lighting and basic cooking. The partnership with Compassion International in Malaba has resulted in an offer by Compassion to construct homes for the families of the 20 most needy children among those in the kids club.

The staff from WAA, some local leaders and the CRPs themselves indicated that there has been a very significant change in the women CRPs especially. According to one of the staff; *“I have seen women CRPs move from looking down, to looking up with confidence, from being shy, to being bold and witnessed them stand and speak confidently during community activities”*. This confidence of the women was also evident from the way they participated during the evaluation activities, they were vocal, and provided leadership in group discussions and presentations. They themselves shared that this is something they could not do before exposure through WAA activities. As mentioned earlier, some of the CRPs in Malaba, Bwalula, Nangirima and Kibale have been taken on as members of the Village Health Teams, while one of the members of MWAA has a job with Compassion International because of what *“WAA has made her.”*

The CDO in Kibale noted increased women leadership and involvement in community activities saying; *“with the WAA groups in this area, I have noted increased women leadership, the group members participate actively in community meetings. They have worked well with what they received from the government, they have been linked to extension workers who go for sensitisation or visits in the parishes. They are pro-active in their leadership, they seek me out when they need support and I am happy about that”*. This confidence and influence that the CRPs have got improves their capacity to support their communities in managing HIV and AIDS related issues.

Through WAA activities, there have been changes within families as well. Children from Kameke kids club said they had witnessed changes in parents' behavior as a result of the activities of WAA. They talked of seeing husbands supporting their wives in the gardens, children are given space to cultivate alongside their parents which was not the case before and parents have stopped giving their children local brew (waragi). From what the children have witnessed, couples seem to be working more together and relating closely; one boy said *“I have seen my mother and father walk hand in hand- something I had never seen before.”*

The above examples of change in the lives of children and the female CRPs contributes to reducing their risk and vulnerability to HIV because they are equipped with knowledge and confidence to manage the challenges that may arise in this regard. The changes at family level contribute to providing a secure environment for children and this will in turn reduce their risk to HIV infection and vulnerability to its effects.

2.A.3: Supportive and obstructive factors that influenced project achievements

During the implementation of this project phase the factors that enabled achievement of results so far include the following:

The intensive one year training and follow-up support of the CRPs groups on the SALT approach enabled them to gain the skills and confidence to reach out to other community members. Many of them shared that the practical experience on home visits during the training enabled them grasp what is required. In addition, they say these interventions have *“enabled peer learning, promoted a team spirit amongst us, and a sense of accountability to one another so we encourage and challenge each other to keep working”*. One of the trainings was on team work, the groups attributed their capacity to influence change in community to the fact that they are able to do their work as a team. As one group *highlighted; “it is easier to work as a group or team than an individual, you learn from one another, guide each other and achieve more.”*

The influence of the trainings outlined above was further boosted by the positive community response to their messages and outreach. The CRPs mentioned that when individuals and communities are receptive to their message, they are inspired to go on even when faced with challenges. The commitment of the CRPs has also enabled success of the project because it has caused them to be creative and come up with activities that are beneficial to the whole group that keep them meeting. For instance, Kameke group is one of the three that have formed a SACCO and meets weekly. According to the group, this keeps them going and enables them to grow as a group even without the support of WAA. They said for them the group is a space for accountability to one another and to the goal of the project, they discuss issues of poverty, ignorance and health and evaluate how they are doing with the project goal. Group commitment to the project goal is also seen in the way they have enhanced local networking on their own, they have volunteered at health units and been involved with the kids clubs thus working towards the achievement of project objectives thus far. The support of pastors in the local churches was also a key supportive factor because the groups have meeting places and sometimes the pastors support the groups in conflict resolution processes.



Picture 5: Pastors, teachers and members of the SALT team in a group discussion

The mid and end of year reflective meetings that bring together leaders of the groups, the WAA staff team and PSC enable team learning and appropriate adjustment of project interventions and hence contributed to the project achievement so far. During this time the team is able to identify successes, challenges and come up with solutions. For instance one of the PSC members highlighted that when they participated in one of the activities they noted that the group seemed to be concentrating more on IGAs than the project objectives. They were able to provide support in this regard to remind the groups not to lose sight of the target group of the project.

Key hindering factors:

Conflict within some of the groups has slowed down progress and impact in their respective areas. The causes for these conflicts are varied and could be underlying but the one most alluded to by both the groups and WAA staff are around leadership. For instance Nangirima which has been doing very well is beginning to experience challenges around members not attending group meetings and feeling that their leadership is 'autocratic'. This is beginning to affect their cohesion and activity implementation. BAFA seems to be the group most affected by internal conflicts, and at the time of the evaluation they seemed to be split into two. The few group members who participated in the evaluation characterised their current state as; "a group lacking transparency, poor attendance of meetings by members, lack of respect for one another, lack of trust, suspicion of one another a group seemingly owned by one person or a few people, and one that is constantly changing leadership". As one of the members of BAFA put it; "*our 'engine' is dead and when a car engine is dead one can't go anywhere, we need to be supported to come back together.*" BAFA in particular has progressed very slowly in comparison to the other groups, WAA staff supported a conflict resolution process but it did not seem to yield much; "*it seems to be more complex than we imagined, we thought we had settled the issues but discovered we hadn't*" stated one of the staff members. This implies that the conflict is being caused by underlying issues that have not been surfaced and handled but are affecting group performance greatly. Questions around leadership are also heightened by the fact that group members tend to think or feel that there is material gain from holding group leadership positions because it is the leaders who seem get more training and exposure, more often than others. In a few instances, some groups like Nangirima and Malaba also occasionally struggle with interreligious tensions caused by a misconception among the members that the group is meant for 'born again' Christians only.

The CRPs are volunteers who sometimes have competing priorities that affect the time and energy that they commit to the project activities. For instance; the CRPs who have IGAs sometimes have to miss group meetings because they need to attend to their businesses. In the case of the children in kids clubs, some parents do not really appreciate their purpose so they refuse children to attend, or ask them do house chores instead. This was strongly expressed by the children in Kameke. In some schools the kids clubs are not appreciated so they are sometimes omitted from the co-curricular activity programmes. In addition, the

teacher transfers affect the kids clubs when the patrons are transferred; the group is not able to meet often until they get a new patron and sometimes this takes very long.

The complexity of the HCD/SALT approach- this approach is multi-faceted, and can be difficult to understand within a short time. It also challenges one to shift from being dependent, to making use of local resources to identify own solutions to an issue. For communities that have been largely dependent to shift in attitude, may require intense practical and ongoing support. Even with the training that has been done for the groups, focus group discussion with the CRPs revealed that they had difficulties even explain it at conceptual level; they seemed to think that the two are different; as two group put it; *“the HCD is more difficult to work with because it requires money”*. While the groups appreciate the SALT methodology, more than half of them, even those which would be considered strong like Malaba still expect WAA to ‘facilitate’ them in some way as they put it; *“when the project ends, we fear that we shall lack financial support, and the love and motivation we get.”* The dependency syndrome is also seen with the way they hesitate to form more kids clubs even when there is demand because they want WAA to be directly involved. This shows that the groups are probably still quite dependent on WAA in this regard, and that they still need support to fully understand and apply the HCD approach in their current work.

One other factor that has affected the project results so far and is beyond the project control is the fact that some of the institutions that WAA can network with work with have limitations ranging from structural to personnel related ones. For example, the Malaba police station child and protection unit office is situated under a tree. So people are hesitant to share their complaints because it is “too public”. In addition, CRPs stated that people will not report cases because they find the police ‘corrupt’ and unhelpful. They are likely to ask for money before the case is even tackled and in most instances will not follow through to help victims attain justice. Sometimes community members choose to settle issues between the families, which often leaves the abused person feeling unfairly treated. Other institutional leaders like local council or government officials and other local resource persons also tend to ask for transport or an allowance for attending activities of the groups. This situation discourages the groups from being involved particularly in rights advocacy related events or inviting the officials to participate in their activities which limits their networking efforts.

2.A.4: Cost effectiveness, allocation and use of resources in the project

The project has clear financial accounting systems and processes in place, and the staff follow them consistently. The main programming and budgeting processes are managed by the project coordinator, in liaison with the Norwegian advisor and consultation with the PSC, the project staff and supported by the financial administrator. As a way of linking with the PCU, one of the key signatories for the project is a member of PCU board of trustees, and for a year and a half now, the PCU Co-ordinator for Development and Cooperation (projects’ coordinator) is the internal auditor for the project. This is to ensure diligence and compliance to the project budget and standards of PCU, although for now some aspects of

this, particularly alignment with the policies and practices of PCU has not yet been achieved. An external audit is also done annually as well to enhance efficiency.

Quarterly staff meetings enable staff to review progress on the annual plan and adjust activities whenever necessary. In some instances new activities have been introduced for good cause but this has meant forfeiting certain activities or disrupting the annual budget. For instance, the sustainability plan workshops and processes are very strategic as WAA is winding down its work, but in order to hold them, the mid and end of year reflections for 2015 had to be forfeited, and one of the sustainability workshops was over spent.

The evaluation revealed that all the staff participate in each field activity in the accompaniment of one member of the national SALT team (a CRP) who is being mentored at that particular time. While this enhances team work and shared responsibility, it implies that only one activity can be done at a time, with one group. Considering that the project is time bound, and with the addition of the sustainability workshop and processes, the chances of not implementing some activities or rushing through some of them is quite high. In addition, the expenditures on staff allowances and the CRP are quite a significant aspect of the entire field trip costs¹. This is very costly especially when it is spent on one trip, the same amount of funds can be spent on supporting two community groups if the staff worked in smaller teams. More CRPs would be reached in less time and it would provide opportunity for the CRP being mentored to be more actively involved in facilitating processes, (as it is now they mostly observe) and gain acceptance by the local groups considering that they will be the local resource people when the project ends. It was also noted by the PCU- NEC that the staff daily allowances while in the field are rather high and not aligned to the current PCU policies. The NEC highlighted that different projects in PCU are managed differently depending on the agreement with the respective donors, however this may be in contradiction to PCU policies that were being reviewed. They noted that developing organization-wide policies is one of the issues they are working on so as to avoid such discrepancies.

The mid and end of year evaluations and the sustainability workshops have targeted the group leaders only with the intention of reaching the individual communities later. In the meantime, the trained leaders are expected to pass on the information, knowledge and skills to the rest of the group members. However, in most cases the leaders that were met have not been able to share the information effectively partly because the groups do not have funds to enable them assemble their colleagues for similar trainings. In the long run this strategy may not be cost effective especially if those trained do not pass on the information to enable equal buy in from the other group members right from the start. This implies that the leaders may be the only ones who fully buy into the sustainability plans and in the end the initial investment in a few members of the group may not be worth it and yet the sustainability workshops are a key aspect of the phasing out process that would benefit the entire group. WAA will need to address this potential challenge to ensure strong buy in

¹ Reference: Field requisitions for 27th August 2015, 19th November 2015 and 30th October 2014

from the entire group straight away which may mean re-designing the current training strategy.

B. PROGRAMME DESIGN, RELEVANCE AND SUSTAINABILITY:

B.1.a: Relevance of the project HIV and AIDS strategies to the needs of the target groups.

The HIV and AIDS strategies that WAA has used during this project phase are all geared to stimulating community local response to HIV/AIDS through “The AIDS Competence Process which includes: *acknowledging the reality of HIV and AIDS, building capacity to respond to it (HIV and AIDS), exchanging and sharing knowledge and skills, reducing vulnerability and risks, in order to live to full potential*”.

Based on the above, and the findings from the baseline in which communities acknowledged that HIV is still a big issue, the WAA groups have continued to sensitize communities and the kids clubs on HIV and AIDS issues. Most of the activities in this regard are on HCT, prevention, treatment, and for the kids it is on prevention mostly. This strategy has been enhanced by the home visits based on the SALT approach. These home visits draw on the already existing knowledge that the CRPs have gained over time from their different trainings and experiences. Working with the CRPs as a group creates a safe space for members (who are mostly women) to learn and interact with one another without feeling intimidated, and it increases the capacity of knowledge creation on HIV in the local context. Groups said that the communities always respond to these messages particularly the ones related to HCT. As one of the groups put it; *“our messages to go for testing, avoiding mother to child transmission, taking medication and prevention are always well received by the communities.”* However they noted that the information they have may be outdated as one woman in BAFA stated *“the information we have is not really up to date, for example, we need information on cancer and how it relates to HIV because we hear that there is a connection and we also want to know more about STIs.”* Other groups like Kameke and Kibale attested to this too, saying the last proper training they had on HIV itself was in 2005.

Another strategy used by WAA in supporting the CRPs manage HIV and AIDS was based on one of the key findings of the baseline survey that was carried out in 2010 which was stated as; *“Poverty and its effects, particularly in relation to young people and behaviours that put them at risk is named as a major threat. Parents who are busy trying to make a living lack adequate time to guide their children, and the lack of provision of basic needs to children (especially girls) leads to selling sex in exchange for ‘gifts’. The importance of community income generating activities cannot be minimized as a significant contributor to the reduction of these risk behaviours.”* As highlighted before, in instances where the CRPs have taken on IGAs, particularly the group SACCOs, there is evidence that these are helping them address the issue and hold each other accountable. In instances where they have not taken on IGAs, the effectiveness of this strategy may not be evident but this does not limit its relevance especially because it is an issue is strongly linked to community needs and a desired goal of the intervention.

Building partnerships and networking with strategic partners in their local areas was also a strategy for the communities to benefit from the services provided, particularly the HIV and

AIDS related ones. This was in recognition of the fact that the CRPs cannot solely support management of HIV and AIDS in their areas and that they need opportunities to share their experiences and learn from others. From the evaluation there are signs that this strategy is working quite well and addressing local needs, for instance; all the groups visited, have good working relationships with the health centers in their local areas. This was seen from the fact that most of the health centers receive community members who are referred to them by the CRPs. In Malaba the CRPs participate in distributing medication for PLHIVs in partnership with TASO. The networking initiatives therefore facilitate recognition of the groups and enable the groups and their partners meet community needs with regard to HIV and AIDS that they would not be able to address on their own.

WAA also used the Human Rights Based Approach (HRBA) as a strategy to enable the communities claim their rights and protect the children and women from the risks of HIV infection and vulnerability to the effects of HIV and AIDS. Equipping the CRPs and children with this information has raised their awareness on their rights and as highlighted before, they have begun taking action to claim them albeit in small ways so far. The members of CRPs are women who have not gone far in school, they are likely not to know what their rights are and therefore are susceptible to abuse, which abuse could also put them at risk. Therefore integrating a rights based approach as a strategy to address HIV and AIDS empowers the CRPs and children particularly in as far as abuse of these rights could put them at risk of HIV infection or make them vulnerable to the effects of HIV and AIDS.

One other notable strategy that has been used by WAA amongst the children is the methodology of drama, song, dance and poetry, to equip them with knowledge on risks to infection, prevention and treatment of HIV and AIDS. This methodology makes it easy for the children to learn and retain the knowledge, as well as pass it on to their peers and the community in a way that is easily accessible. The performances by the kids clubs have the potential to stimulate community conversations and dialogue on the issue of HIV and AIDS, even between parents and children (if well planned for). This is an opportunity that the groups have not yet fully taken advantage of. WAA groups also worked within the context of the national guidelines on HIV particularly the ABC strategy and the PIASCY programme for children which emphasizes abstinence until marriage or adulthood. The children seem to appreciate and understand this saying *'sex is for adults and we need to finish school first.'* As such, while the children are given information about the ABC strategy, emphasis for prevention is put on abstinence until adulthood. This was clear from the songs and presentations they made with regard to preventing themselves from contracting HIV.

The project also included exchange visits between different groups as a strategy that would enhance learning among the communities. As a strategy (in the instances where it has happened) it seems to have built confidence among the groups, motivated and challenged them to adapt solutions that are similar or create their own. For example BWAHA shared that they visited Muhoroni, and when they witnessed how the old and young were generating income and supporting schools, they felt challenged, now as a group they support one orphan with scholastic material.

The above indicates that the strategies that WAA is using are largely responsive to the needs of its target groups in the current circumstances.

B.1.b: How HCD and HRBA enhance community ownership and potential for sustainability.

From 2011, WAA started implementing the HCD approach for AIDS competence combined with HRBA as a way of instituting a sustainable approach to managing HIV and AIDS among the CRPs. WAA developed staff expertise in facilitating HCD/SALT processes and HRBA for the groups through comprehensive training by the Kenya Competence Trust. Each group goes through an intensive one year process of training followed by ongoing accompaniment and support for an additional year. These capacity building processes have fostered a team of competent and skilled personnel within the context of PCU as an institution and at the local community level. In addition, a national SALT team of selected CRPs is being mentored through a process in which one of them accompanies the staff team as they carry out the trainings. This is quite strategic because it enables consolidation of competence and skills as a sustainable resource within the local context. If well exploited it will give an opportunity for them to learn through the process, and therefore enhance the capacity of local skills that will remain within the community even after the project has come to an end. Both technical and facilitation skills will remain in the communities and they can be transferred to other communities without the support of the project.

From the evaluation, the groups appreciated the SALT approach as one that has given them confidence in themselves because they are able to see what they can do on their own. BWAHA shared that the SALT training processes helped them have courage to re-organise themselves and recover from the failure of the first group business. According to them; *“the process helped us get closer as a group after the challenges of losing the money. The SALT approach acted as a motivator because it challenged us to support ourselves and get our own new initiative.”* The Kibale group states that *“SALT has enabled them have a systematic approach to their local issues so the solutions are owned by the group because they come from them and it promotes working together as a team”*. Out of their own initiative, the group formed a SACCO to address poverty amongst them. The SACCO enables them save, take loans and share out dividends and this has improved their livelihoods and enabled them meet their basic needs and those of their families. They also use the SACCO meetings to discuss issues related to some of the project objectives.

According to members of the PSC who were with the project from the start and have interacted often with the group members; *“the groups that have been trained and supported through the SALT processes, have an improved sense of self-reliance, they don’t wait for support from WAA, they have come up with their own initiatives and solutions. These include projects and networking.”* They gave an example of Busiu that has a project for making bags, Kibale and Nangirima which have SACCOs and the extensive networking efforts by most of the groups in their work related to managing HIV and AIDS. Such local initiatives keep the groups meeting together often and they are able to integrate the project objectives in this context and therefore contribute to sustainability.

The above examples show that there are signs of how the HCD approach has so far facilitated community initiation and ownership of their solutions. The evaluation further showed that the CRPs appreciated the trainings, and they are able to recall some significant aspects of the approach including; home visits, reflection on the visits, the need for community to community transfer, and measurement and documentation. However it seems they have not yet conceptually grasped the approach in its entirety as seen from the difficulties they had with trying to explain their understanding of the concepts and how they have used them. This was further confirmed by the staff; *“while the CRPs have been equipped with the basic training, our biggest challenge is how we help the pool of community facilitators grasp the local response progression, a component within the HCD process that influences how communities are stirred to respond to their concerns. We observe that the resource persons are still challenged in grasping this cycle and conducting systematic home visits.”* During the focus group discussions the CRPs felt that they need more support to really understand and grasp the HCD/SALT approach, and how to comprehensively apply the SALT approach in their contexts. The HRBA training is done only once, for each group and they feel that they would need more training and support to enable them be more effective in their advocacy work especially in how to engage the rights holders.

While the potential for the HCD and HRBA approaches to enable community ownership of the interventions and hence support sustainability exists, the gap in conceptualisation of the approach and lack of opportunity for more practical engagement with it may limit it. As one of the WAA staff put it; *“we really hoped that after the training these groups would be able to network, support themselves for example go and visit another community but up to now for some groups when the project does not fund, nothing happens. So it seems some groups still need a lot of support in this, while others are ready to fly.”* The national SALT team members who are being mentored seemed to have a slightly better understanding of the approach but they too were struggling with how the two are related and how it all ties up into what they were doing. They also did not seem to be aware that they will be key resource persons to support the groups after the project comes to an end and this can affect sustainability.

B.1.c. Influence of project’s general design and baseline on the achievement of its objectives.

A project baseline covering the districts of Mbale and Bugiri was carried out in 2010 as WAA was commencing implementation of the HCD approach. The baseline study was critical in providing relevant information that would enable WAA understand the context and design appropriate responses. This evaluation showed that WAA incorporated some of the baseline outcomes to design appropriate interventions. Some of the most significant issues that it has worked with include;

WAA continued to work with the fact that 99% of the respondents who participated in the base line still saw HIV as a significant concern. It also noted that from earlier project activities the CRPs were well equipped with HIV knowledge so the project interventions were designed in recognition of these two outcomes. Building on the high level of HIV awareness and information about HIV/AIDS among the CRPs, they have become resource

people in their various communities supporting HCT efforts, sensitizing community members and children on HIV issues and even volunteering in health units. This has been strengthened by home visits based on the SALT approach as per the baseline highlights.

As highlighted before, the baseline identified poverty and its effects, as a major threat particularly in relation to young people and behaviours that put them at risk, including the fact that parents who are busy trying to make a living lack adequate time to guide their children, and the lack of provision of basic needs to children (especially girls) leads to selling sex in exchange for 'gifts'. In response to this the CRPs were introduced to income generating activities as a significant contributor to the reduction of these risky behaviours. However, as highlighted before, there is slow progress on this partly because support from WAA to the groups in this regard seems to have been limited.

In accordance with the HCD approach principle that believes that people are capable of transforming themselves once their capacity to do so has been enhanced, the project was designed to ensure that the project team was not directly involved in the implementation of the day-to-day project's activities in the communities. Based on this, groups were equipped through training and exposure and then expected to apply what they learnt in their contexts without 'heavy' support from WAA. For instance, as highlighted earlier, groups were encouraged to develop partnerships and network with organizations in their local contexts. During the initial trainings WAA supported them to identify a few organizations they could partner with and they were left to initiate or build the relationships on their own. WAA did not offer much systematic follow-up support to the groups with regard to assessing how the networking processes were going. The same approach was used with regard to most of the other project activities including initiating IGAs, influencing parent child dialogue etc. While this design had the potential to encourage local ownership of initiatives and the interventions (as per the HCD approach), the lack of systematic follow-up and extra support, on key issues might have affected the extent to which the project objectives were achieved. This was confirmed by one of the staff who shared that *"I think that our involvement has been elusive, now am seeing the need for us to have been involved a little more so as to give them enough capacity to effectively manage their own processes after the project winds up. Though am still not sure how much support it should have been."*

Another related issue that links directly to the sustainability of the project was the design of having some of the capacity building workshops attended by only the leadership of the groups. This was especially for the review meetings and the sustainability training workshops. These leaders were expected to reach their members with what they learnt from the workshops- at least to introduce the idea. However the leaders did not receive much support on how to they could do it so it has not been systematically done, there are also financial implications of bringing members together for a number of days, and the groups say they cannot afford. It is also possible that the leaders may not feel confident enough to pass on this information; the training is done in English which some of them are not very comfortable with so passing on the information may be difficult. WAA has also not yet followed up to what extent the groups have worked with the information. As a result

this leaves a very key aspect of the project to individual will and capacity plus the status of the group, which may affect the outcomes.

The general design of the project is still linked to its initiation process; the PCU church in the local area is an entry point through which the CRPs reach the community. This has generally worked well because the communities are able to trust the groups, the church spaces and occasions are used to pass on messages, they have supported conflict resolutions and in some cases they have been able to influence certain actions. Generally the relationship between the CRPs and pastors is good. In some instances though, there have been a few complications that have affected the groups; particularly where the pastors assume a lot of power which can't be questioned because of the way people are cultured to regard pastors. Also some pastors- especially the newer ones do not understand the project very well, and they make demands or have expectations that affect the group. From the focus group discussions it was noted that there is need to strengthen the relationship with pastors- get them to attend the trainings more often, work more actively with the vision and mission of WAA and PCU to avoid derailing. Information needs to be shared well to avoid misunderstanding.

The main target group of the project is children aged between 8 and 14 years of age and the project design intended that these children are reached through the CRPs and their parents and guardians in order to work towards an AIDS free generation. Through the kids clubs in schools and communities, plus parent-child dialogue, children are reached with relevant messages to enhance their knowledge on HIV and AIDS, as well as influence behavioural and attitude change. The evaluation shows that kids clubs have been quite successful in achieving their objective, however the design and methodology of managing them seems not to have put enough emphasis on the involvement of the teachers and school administration- something that would have enhanced the success even further.

As the baseline indicated; teachers have more time with the children and are therefore key stakeholders in the process, even to ensure sustainability of the efforts after the project ends. From the focus group discussions it was noted that in the initial stage of forming the kids club, the CRPs and WAA engage the school administration effectively to be given permission to train the children. A patron for the club is selected by the children and thereafter the sustainability of the club depends on the CRPs and the teachers/patrons. In some instances running a kids club is an 'extra load' on the patron because it is often not programmed on the school time table or the time allocated to it is very short. The teachers expressed appreciation of the role the CRPs play, as one put it; *the CRPs help the children open up on what they would be shy to tell us their teachers, a different face from the community helps drive the point home and we appreciate it*'. However the teachers felt that the CRPs mostly relate to them only when planning to visit the club and sometimes this is done on very short notice and as a result some meetings do not take place or they happen with a lot of difficulty. The evaluation also revealed that currently there are no collective meetings between the CRPs and teachers or any other mechanisms for them to sustain the relationship and consistently provide support to each other in managing the kids clubs.

The above indicates that while the project acknowledged the importance of teachers in fulfilling its objectives, most of the processes to make this happen have been rather informal and this can affect the sustainability and spread of the project's work.

The current design including the content and even project document responds to the baseline findings to an extent and works with the principles of HCD. However it is not clear to what extent the baseline is referred to in the process of implementation as a benchmark or monitoring tool to ensure alignment with what it surfaced, what was planned and how well the project is doing in regard to that.

B.1.d: Linkage of WAA to the PCU institutions, and implications on the project's sustainability

Linkage with PCU institutions:

The WAA project was introduced to the local communities and groups through the PCU churches in the respective areas. As mentioned earlier, the churches were the entry point through which the initial groups of 25 women and 5 men were mobilised for activities relating to addressing HIV among women and children. The churches are still a very significant aspect of the project, as highlighted above, most of them provide the space for the groups to meet. In some instances like Kibale, the pastors are group coordinators, some have also been contact persons through which networking efforts have yielded success. This has strengthened the PCU churches at grass root level in these areas in terms of being known and respected by the communities and increase in the numbers of congregants particularly youth and children. These churches have also being recognised as significant contributors to addressing local issues because of the impact of the project. For instance a member of NEC shared that they have heard that as a result of WAA, *“there is significant behaviour change among the children and youth in kids clubs, PLWHIV – old and young have received support, good counselling and people are less stigmatised. It has also promoted communal concern for one another through the group formation and activities.”* And *“WAA has increased the relevance of the church in the communities where it works because the local leadership in the areas knows about it and CRPs are working with and through other agencies”*. Members of NEC and the pastors who participated in the evaluation believe that WAA has contributed to the vision and mission of PCU by enabling it to provide holistic ministry. This in essence contributes to PCU vision of *“a relevant church inspired by the Holy Spirit, influencing, caring, equipping and empowering people”*.

The PSC is an organ within the administrative structures of PCU, and WAA has a PSC that is made up of 5 members; 3 female and 2 male. The WAA PSC interprets its main role as being the link between WAA staff and the funding partners, as well as the NEC. Some of the direct roles they play include reviewing the project reports before they are submitted to PYM, they also monitor progress and adherence to project objectives through participating in attending the mid and end of year review meetings, reviewing project reports including financial ones, and holding quarterly meetings. According to one of the PSC members; *“when we participate in these meetings and CRP events we are able to see and correct where things are*

going wrong, provide support where it is needed or even align the activities to the project aims.” PSC members have also attended key staff capacity building workshops for example the SALT training to deepen their understanding of the project. The PSC also participates in project staff recruitment, the most recent ones being the project coordinator and accountant. Ideally the PSC is a strategic structure that would ensure the project’s linkage to PCU as an institution, however in the case of WAA, the relationship between its PSC and the NEC is experiencing a bit of challenges; the chairperson of the PSC is no longer a member of the PCU and the NEC feels that this surfaces questions of ownership and accountability of the project to PCU. The two bodies have never met, but the provision is that one of the PSC members also sits on the NEC so that information about the project can be shared. This has not been done effectively mainly because the NEC schedules and meeting structure does not offer sufficient time for effective discussion of the project.

As the NEC shared; ‘WAA as a project is largely independent’ from PCU as an institution, (although there are recent ongoing efforts to change this) unlike other projects that are funded by FIDA and managed more directly by PCU (WAA is supported by PYM). According to NEC, WAA’s ‘independence’ is seen from a number of things including the fact that the WAA staff salaries and general working conditions are determined by the project staff in liaison with the funding partners and not with the PCU. In addition, processes like recruitment of staff are done by the project and the PSC, the PCU does not have a role in it. NEC interaction with the project is based on the individual institutional responsibilities that the NEC members have, For instance; the National Missions Director does not sit in job interviews, but he is requested by the project to endorse the recruitments, write appointment letters, signs contracts, and participate in job description reviews. The coordinator for development and cooperation is the internal auditor since 2013 for the project so he occasionally meets with the project team to carry out internal audit, but noted that he has not yet visited the project areas.

According to the NEC, those who do not have anything to do with WAA directly hear about it during the AGM when the General Secretary gives a brief overview of the projects’ financial and narrative reports. Some of the NEC members said they know that WAA is doing a good job but do not feel that PCU as an institution owns it. The overseer is expected to provide supervision as an individual or through pastors who are on ground but there is no mechanism for this to happen at the moment. The above illustrate the fact that currently there is no systematic or organization-wide linkage of WAA with PCU at the national level and therefore it may be difficult for PCU to feel a sense of ownership towards the project in this regard.

Relevance and Ownership:

It should be noted however that the relationship between WAA and the PCU at this level is greatly influenced by the way the project begun and the way PCU is currently organized. WAA was initiated through the efforts of a Norwegian missionary and support to implement the project was secured directly from PYM. As earlier mentioned, this is unlike

other projects which were initiated by PCU as an institution and are funded by Finnish International Development Assistance (FIDA), where the NEC is more involved and hands on. In addition, PCU interventions and strategies so far are all project based, and there are no organizational policy guidelines for managing the relationships between PCU and its projects. So there is a likelihood to have different conditions for each project based on the relationship with the funding partner without necessarily including PCU. Currently, apart from a secretary, and those who are employed in the projects, the institution does not have any other full time staff. The General Secretary plays his role away from the office and largely on voluntary basis so the possibility of providing strategic direction for the projects is limited. This makes strategic and organization-wide ownership and accountability difficult to achieve and in the long run will affect sustainability of its work as an institution. A significant development noted from the evaluation is that PCU has begun engaging with these and other questions and is exploring both immediate and long term strategic solutions. For instance it is reviewing policies for selecting the PSC members and supervision by NEC, managing of field work, exploring options for support by NEC to project work to be more substantial, and having stronger linkages between the projects and NEC. They have also been supported by FIDA to develop a strategic plan- 2015 to 2020 to enable them address these and other issues. Although it was indicated by NEC that WAA was not involved in the process of developing the plan. This may affect the sense of belonging by WAA in PCU as well as ownership of the strategic plan.

There was a general feeling and wish among the NEC members that the work of WAA should be duplicated in other areas where the church operates because it addresses real and relevant needs of the communities. However success of this will hinge on organization-wide ownership of the project.

Implications:

In the current way of working it is difficult to transfer any competence beyond the local areas and the project staff because the project has largely been isolated. The local churches and the communities around them have benefitted greatly one of the NEC members expressed it as *“at the local level, the impact and acquisition of skills in the church and community members can be rated at 70 to 80% but there is no real impact at the high level of PCU or in areas outside the project influence and yet the potential exists.”*

Because of the strong relationship of the project with the local churches and use of the HCD approach, the project’s impact can be sustained because the churches are strategic institutions and the groups have acquired the necessary skills to keep it going. However at the level of PCU as an institution this may be difficult as one of the NEC members put it; *“If WAA were to end, the uninvolved structures and regions would not miss much, because they do not have much attachment, but as PCU, our beneficiaries will miss out. In some areas, the work may go on because of the existing network of volunteers. The problem would arise from how they would be coordinated. The coordinating office has not linked well with the PCU office so they may disappear, and financial support of WAA is dependent on one donor- actually one contact person so future funding may fail because it is not institutional.”* This implies that possibility of sustaining the work of WAA in the context of PCU will be largely determined by the extent to which

PCU (NEC or another appropriate organ) gets involved, and the extent to which PCU is more institutional in its work rather than project based, and managed on voluntary basis.

B.1.e: Influence and effectiveness of the project's M,E, L and networking processes

The main monitoring process that the project uses is the mid and end of year review meetings that have become integrated in the annual work plan. These meetings bring together the project staff, the Norwegian advisor, members of the PSC, and group leaders. They provide space for the group leaders to give updates on how their groups are doing, including the achievements and challenges they may be facing. This forum also enables all participants to share their experiences of the project, and plan the way forward. Apart from this, the PSC also offers monitoring support to the project throughout the year during quarterly meetings that are held with staff mainly to ensure that the project aims are being met within the planned timeframe. In addition, the project coordinator, field staff and Norwegian advisor integrate a monitoring aspect into the field activities (especially the follow-up ones) by including time for review at the beginning of each intervention. The reports indicate that these reviews are mainly about the group achievements, the challenges they are facing, and success stories if they have.

These review spaces enable monitoring of project progress at the level of group status and performance; however, there seems to be no planned, systematic monitoring processes or tools to effectively review how the project is progressing with regard to achievement of its objectives. In instances where this may have happened, there is no documentation to this effect. The project document for this phase has a framework to guide implementation with outlined activities, expected outputs and indicators, but WAA does not have a comprehensive framework, or processes that guide it to monitor its progress in this regard. The staff members hold meetings every 3 or 4 months or when there is need but these are mostly for activity planning. Lack of systematic internal monitoring frameworks, and learning processes, lack of systematic documentation limit the project staff's opportunity to effectively assess progress on each of the objectives.

With regard to monitoring group progress in relation to project objectives, a monitoring tool was recently developed and distributed to the groups through the team leaders to facilitate documented reporting of some of the activities including quantitative information. The group leaders appreciate the tool because it helps them record what they have done, however they feel it is very long and still difficult to engage with in some aspects. This is further complicated by the fact that some of the group leaders are not very comfortable with English and they find some of the aspects difficult to interpret. WAA is already aware of this and is beginning to explore possibilities of reviewing the tool as one of the staff put it; *“so far the interpretation and applicability of this tool appears to be obscure for the groups, we have agreed that a friendlier tool will be developed to suit the SALT teams”*. Part of the difficulty that the groups are experiencing in working with the tool might be from the fact that they did not actively take part in developing it, and the leaders who were trained on how to use it may not have passed on the information effectively to the members.

The evaluation also revealed that apart from the Malaba and Kibale groups, the rest do not have much documentation about themselves as a group, save for a constitution. They do not

have recorded information about how they began, their achievements, challenges or even record of the trainings they have had and as such no group records that can be used for reference or learning. Most groups shared that this is partly because they do not have where to keep their documents while some struggle with English. This implies that many of the group activities and achievements may go without being noticed and in instances where only a few members are trained the knowledge gained may stay with them alone. This affects accountability to one another, other groups and the project as a whole. In the long run sustainability is affected as well, especially if the members with the group experiences, information and history leave for one reason or another. It also limits the project's possibilities of knowledge sharing with others.

Networking and linkage with FPFK HIV and AIDS project:

As mentioned earlier, WAA Kampala office has not been very active in networking at the national level, however they had exchange visits with communities supported by FPFK in Kenya. These visits included both staff and CRPs and they took place in 2011 when WAA visited Kenya and in 2013 they hosted FPFK, since then they have occasionally been in touch. WAA notes that these visits helped them learn from the groups, particularly when working with PLHIV although the work of WAA is not specifically in regard to PLHIV. The WAA groups were able to pick up some practices and work with them. For example; paying school fees for orphans as some of the groups like Bwalula are doing. The project staff have also met with FPFK and other PYM partners through larger learning fora organized by PYM, however due to lack of institutionalised learning systems and processes; it is difficult to see how the learning gained from the experiences influences the project.

B.1.f: Gender responsiveness of the project strategies and their influence on the project

The WAA project works through CRP groups that consist of 25 women and 5 men each, all of them are rural based and therefore most of them, particularly the women, are not well educated (at least formally). The motivation for the project initiation was based on the need to address issues of risk and vulnerability to HIV and AIDS amongst women and children in Eastern Uganda. As such it was addressing a specific gender need however the project also involved men as key influencers and partners in change processes for women. The disproportionate numbers of 25 women to 5 men is form of positive discrimination which takes into account the local gender dynamics in which the men are likely to 'take over' the group if they are more or equal in number. In some instances even with men being few they have tended to hold the leadership positions particularly where there are pastors and better educated men. WAA recognised this in the process of implementation and has consistently asked the groups to aim at not have more than one man in leadership so that women can take lead. Recently WAA reviewed roles and responsibilities of the leadership and suggested to the groups that the pastors should not take up the chairperson's role. This has opened up the space for women in the groups to take up this role. The coordinator's position holds power and opportunity for decision making so women are able to take up this leadership which would have been difficult. As one female CRP shared that "being in this group has given us as women a voice, it has brought us out of the kitchen into the public where we are recognized."

The methodologies that WAA has used particularly in the trainings are responsive to the women's needs; role plays and group discussions enable them use their local language which they all understand and so they are able to participate fully. In each training event, WAA has hired a translator from English language to the local dialects to enable the participants; particularly the women understand the content of the training. Having the women work in groups has also served to boost their confidence and provide them with a safe space to challenge and encourage one another.

These actions show that to a large extent the project has been conscious of, and responded to gender needs of the main target group which is women. It was noted though that the biggest challenge as the project moves towards the end, may be around the sustainability plans in place so far; particularly to what extent the women will be able to use the sustainability manual which is in English and quite bulky and so men are likely to take up leadership in using it. Also the fact that the strategies to address poverty are not cutting across for all the female CRPs because poverty was noted as on cause of vulnerability for the women to the effects of HIV. There were also a few complaints from the men during focus group discussions saying sometimes they feel left out, and the women said that men miss group meetings more than women. This implies that there may be emerging gender issues in relation to men in the future so there needs to be continuous vigilance around the issue.

C. KEY LESSONS AND IMPLICATIONS FROM THE EVALUATION:

C.1: Insights:

1. The various capacity building processes enabled the CRPs to develop competence and confidence in supporting communities to address and manage issues that expose them, (especially women and children), to risks of acquiring HIV and the resulting vulnerability to its effects. The CRPs (including the National SALT team members) are therefore an asset for local community (and PCU at the local level) HIV and AIDS interventions that can be relied on in a sustainable way.

2. CRPs' networking and partnerships with strategic and relevant organizations enabled spread and impact of WAA's work in the communities, added value for the project beneficiaries and increased local capacity to address issues of HIV and AIDS in the communities. In effect it increased the potential for ongoing and sustainable impact of the joint efforts by the CRPs and partners.

3. Group IGAs, including SACCOs (for the groups that have them), facilitated group cohesion, enabled holding of consistent meetings in which project objectives were integrated. They also changed livelihoods of families, and enabled children to stay in school and thus protected them from risk to HIV infection and vulnerability to its effects.

4. The HCD/SALT approach showed its potential to enable the groups have confidence in themselves, the capacity to identify their challenges, inspire creativity, and increase

commitment to address the challenges in a sustainable way. This is seen from the success the groups attributed to it and children who have become change agents in their lives and those of their peers.

5. Reaching the children through kids clubs has proved to be a successful and strategic way of contributing to efforts of preventing risk behaviour that predisposes children to HIV infection. The children are sensitized and given knowledge through creative methodologies that appeal to them and enable them to learn and pass on the information to both peers and the communities.

5b. Schools have played a key role in enabling the capacity building activities for children to take place, particularly the patrons. The methodology of bringing in new members from primary 3 when the ones of primary 7 have left, maintains a steady group of well equipped children in the schools and community.

6. Carrying out a baseline study enabled WAA identify and address key contextual issues in the context. This resulted in designing relevant and appropriate interventions for the target group.

7. Introducing the sustainability planning workshops was a strategic process that has enabled groups to begin to come to acceptance about WAA phasing out, as well as supported them to begin to consciously start preparing for the phase out. However its current implementation strategy may limit the extent to which it is owned and worked with by the groups especially if the leaders were not able to initiate the sharing with the entire group. The 'buy in' from the rest could be affected and as a consequence influence the group trainings that may follow.

8. The project initiation process and current status of how PCU is managed at the national level has influenced the 'apparent' independence of WAA from PCU and therefore determined the extent to which WAA feels accountable to PCU and the extent to which PCU feels ownership of the project. How this is worked with in future will have an implication on how sustainable WAA's work will be within the PCU at national level and eventually at the local level even though right now it has facilitated growth of PCU at the local level.

9. Lack of an overall project M and E framework, and systematic learning and documentation processes has limited the project's opportunities to effectively monitor and document progress on the objectives, share experiences and facilitate knowledge creation. This implies that even where WAA has made progress, it is difficult to substantiate, and there is no reliable organizational memory of the project for reference.

10. Introducing the groups to key project aspects and leaving the implementation to them without consistent, substantial follow-up support around the issues has affected the extent to which groups have taken on the activities as well as influenced the capacity for

sustainability of these initiatives. This is especially for interventions like networking, identifying IGAs, and training group leaders with the hope that they will pass on the information to their group members,

11. All project staff implementing one field activity at a time limited opportunities for efficient and effective coverage of the project areas, and for staff to sharpen their skills further as well as denied those being mentored from having practical experience of facilitating the training processes. Continuing to work like this may affect WAA's capacity to effectively support the groups in preparation for the project winding up.

12. Lack of networking at the national level limited WAA's opportunities for learning from others, sharing project experiences, exchange of knowledge and in a way could have influenced the networking efforts of the CRP groups at the local level.

D: RECOMMENDATIONS:

D.1: Recommendations to enable an effective exit strategy and enhance project effectiveness

1. To consolidate the capacity of CRPs in addressing HIV and AIDS issues, WAA will need to support the groups identify their key capacity gaps with regard to knowledge, facilitation methodologies, strengthening kids clubs and provide appropriate training. This should include updating their knowledge on HIV and AIDS. The national SALT team will need to be mentored with the aim of enabling them have both the theoretical and practical skills to provide ongoing support to the groups.

2. Build on the already existing potential of networking to enable wider outreach and added value for communities in addressing issues of HIV and AIDS with regard to women and children by; supporting the groups through a process of assessing the status and quality of their current networking efforts including relationships with schools and pastors (of churches that are involved) identifying the gaps and addressing them. WAA will also need to provide more hands on support for the groups through the process of identifying strategic partnerships, and the initial processes to establish them (including supporting formalization where necessary), as well as consistently follow-up their progress in the remaining time of the project.

2b. WAA national office will also need to identify strategic institutions to partner with at the national level for learning, and sharing experiences, as well as support local networking efforts where relevant e.g in instances where an organization has a national office and a regional office in the area where there is a CRP group, it will be helpful if WAA establishes the connections at the national level as well.

3. Considering the role of IGAs/SACCOs in facilitating group cohesion and their potential to address one of the project objectives in a sustainable way, WAA needs to strengthen its support to enable each group integrate an IGA or SACCO (as suggested by the group leaders during the sustainability workshops) in its activities. This needs to be done in such a

way that the project does not lose sight of its core purpose. Various studies and documentation reveal that the Village Savings and Loans Association (VSLA) model is one of the most successful and locally sustainable SACCOs for local communities. WAA can research about it, and learn from organizations that have experience in using it – for example Care Uganda and Health Child in Jinja whose work has some similarities with that of WAA. PPFK Tuinuane project can also be resourceful in this case.

4. Considering the importance of HCD/SALT approach in enhancing the CRPs local capacity and ownership of interventions as well as enabling sustainability of WAA's work, it is important that the CRPs are well grounded in it both conceptually and practically. Therefore WAA will need to support the groups assess where they are, identify the areas where they are experiencing challenges with regard to using the approach and then provide appropriate training to consolidate what they have at the moment.

5. WAA needs to strengthen its monitoring, and learning by instituting processes and systems that will enable systematic and regular reflective learning and documentation of the entire project's progress and experiences. This will include developing mechanisms of holding the groups accountable to reflective practice and documentation of their own experiences in relation to the project objectives. The existing data collection tool will need to be reviewed in a participatory way so that the groups can feel a sense of ownership to it.

6. Considering the strategic purpose of the sustainability workshops, WAA will need to revisit the current strategy of reaching the leaders first so that they reach their groups with the initial message. This may include a participatory review of how the groups have done with the first training so far, then re-designing the content and methodology based on the outcomes of the review. It will require exploring ways of strengthening the buy in process so that the whole group takes full ownership during the trainings that will happen. Depending on how WAA decides to design to entire process, it may mean making budgetary provisions for the leaders/SALT team to formally hold initial workshops for their groups with support and follow-up visits from staff to monitor progress. WAA can then build on this for the specific group trainings. WAA may also need to review the current manual so that it can be a more user friendly resource for the CRPs. Adapting this recommendation will also mean revisiting the current practice of implementing field work as one group, to working in smaller teams so that the process can be more effective and efficient. This will guarantee a meaningful exit strategy that also facilitates sustainability of the project's work. In addition, the process of implementing it may encompass some of the other recommendations.

7. In order to institutionalise and sustain the experience and impact of WAA into PCU as an institution particularly at the national level, the current relationship between WAA and PCU will need to be reviewed. Considering that the relationship has been this way for a very long time, mostly because of circumstances beyond both WAA and PCU the processes will need to be inclusive and participatory. This will generate a shared understanding, motivation and enhance ownership of the outcome (new values, practices, systems and processes) that will guide the new relationship. PCU may also need to begin to explore ways of having a more institutional outlook to its work so that even when it has projects running, they are run

under general policy and practice guidelines and preferably with overall guidance that is not voluntary based. Through this PCU will open up possibilities of the whole institution to benefit from the experience of WAA, the lessons learned and the competent staff pool to replicate the project's work in other areas where PCU works.

Implications for the exit process:

Based on the above, WAA will need to invest time in reviewing what the evaluation has highlighted, relate it to the pending project activities particularly the sustainability plan and re-design its exit strategy that it sees as appropriate and feasible at this point in time. This will require a proper reflective and planning process that will bring on board key stakeholders including PCU, and representatives from the CRPs. This implies that the project may need another 2 years to work with this strategy.



Picture 6: Kibale and Kameke CRP meeting

D. Annex:

D.1 Reviewed Material:

1. WAA Project Proposal 2014 to 2016
2. Mid- Year Reflection workshop report
3. WAA Annual report 2014
4. WAA Mid-term Evaluation- March 2013 by New Possibilities Consultants
5. WAA Annual Plan 2016
6. HCD Manual as developed by WAA
7. WAA Baseline 2010 report by Kenya Competence Trust
8. Report on Sustainability workshop
9. Report on National Synthesis Meeting
10. Reports on: Bwalula initial SALT Training, Bwalula Follow-up, Buhasaba initial SALT Training, Buhasaba follow-up support visit, Nangirima Follow-up visit.
11. Field trip requisition Forms for August 27th, 30th October, and 19th November 2015, and Ledger from January 2015 to December 2015.

D.2. Evaluation Questions:

A. Impact and performance:

- a) Assess how, and to what extent the specific project objectives, anticipated outcome and possible impact have been achieved so far.
- b) Identify and analyse any significant changes (including unanticipated ones) that occurred as a result of the project among the direct and indirect beneficiaries in relation to the project goal.
- c) Identify important supportive and obstructive factors including those beyond the project control that could have influenced the changes, and achievements of the project results and impact so far.
- d) Assess the cost effectiveness, allocation and use of resources in the project in relation implemented activities and timelines.

B. Programme design, relevance and sustainability:

- a) Assess the relevance of the project HIV and AIDs strategies (including the ABC) in responding to the real and local needs of the target groups.
- b) Assess how the new strategies-HCD and HRBA are enhancing community ownership of activities particularly their potential to enable sustainability of the project's work beyond external support.
- c) Assess how the project's general design; including the existence, or lack of a clear baseline could have influenced the achievement of its objectives and assessment of results/impact of the project.
- d) Assess how the project work of WAA has been linked to the PCU institutions, what influence it has had on PCU work (including transference of competence), and to what extent PCU feels the relevance, a sense of ownership towards the work of WAA and how this may influence the sustainability of the project after end of funding.

- e) Assess the influence and effectiveness of the project's monitoring, evaluation, learning and networking processes (particularly the cooperation with FPFK HIV/Aids project in Kenya) on the project results outcome and management.
- f) Identify and assess to what extent the project and its strategies have been gender responsive and how an emphasis, or lack of, on gender affected the results of the project.

C. Key lessons and implications:

- a) Identify key insights and lessons from assessing impact, performance and design of the project, (A and B), their implications for the future of WAA and on key project stake holders.
- b) Provide recommendations (what needs to be strengthened, done differently, introduced or excluded) to respond to what will have been identified as key insights and lessons (above) in order to enable an effective exit strategy and enhance the effectiveness and sustainability of WAA's work.

D.3 Evaluation respondents:

NEC Members: Byaruhanga Expedito, Martin Wabwire, Albert Oyukotu, Charles Bagonza, Bp Bonnie Obura
 WAA PSC Members: Rev. Jackson Muteba, Christine Manda, Bp. Oyeny Joseph
 WAA Staff; Dianafaith Nankabirwa, Sarah Ikret, Ronald Werikhe, Mary, John Salwa, and Raili Malema (Norwegian Missionary)

Malaba (MWAA) CRP Group
 Buweesa CRP Group
 Bwalula CRP (BWAHA) Group
 Kameke CRP Group
 Kibale CRP Group

Kameke Kids Club
 Bwalula Community Kids Club
 Buweesa Primary School Kids Club
 Kibale Community Kids Club
 MWAA Kids Club
 Malaba Children's Development Centre Kids Club

National SALT Team Members
 Teachers from Malaba, Kameke, Kanyum, Bwalula, Busius Buweesa, Nangirima
 World Vision Area Development Program Manager- Nankoma Sub county
 Local Council Chairman- Bwalula B
 Child and Family Protection Unit Malaba Police Officers- Sergeant In Charge and assigned Corporal
 Community Development Officer- Kibale
 Sub-county Chief- Kibale
 Assistant Sister In-charge Health Centre 3- Kibale
 PCU pastors who host CRP groups
 ELOCHRIM Bank Manager and Secretary