


















## Capacity Building of Emerging DPOs Phase II (CBED II)

<p><b>Key results:</b></p> <ul style="list-style-type: none"> <li>-8 partner Organisations of people with disabilities (OPDs) are: well-managed; building CSO/business/government partnerships nationally; diversifying income; delivering diverse benefits to members. 6 OPDs associate members of national disability umbrella</li> <li>-79 local OPD branches experienced in managing funds/activities; routinely engaging local duty bearers/stakeholders; accessing local opportunities for funding/services.</li> <li>-Total membership increased to 5500, with high levels of active member participation in organisational politics or activities</li> <li>-120 duty bearers engaged annually by OPDs, of whom ≥30 will provide a service/grant to ≥ 900 OPD members annually</li> </ul> <p><b>Justification for support:</b></p> <ul style="list-style-type: none"> <li>-DPOD's Appropriation Committee's appraisal finds the planned intervention both "relevant in view of the Danida Civil society policy and in alignment with the guidelines for the Danish Disability Fund," as well as offering "a good match between the desired change and tangible outputs" as well as "quality of indicators [...] to measure compliance with [...] outcomes." The intervention offers "coherence and balance between capacity building, advocacy and strategic service delivery."</li> <li>-The intervention targets people with less known or unrecognised disabilities, previously un(der)represented within Ugandan society and the Ugandan disability movement. Applying a Human Rights Based Approach, the intervention supports the target groups in building capable democratic OPDs, with emphasis on Leave No One Behind through inclusion of youth/women/severe disability in both the project and Ugandan society. By extension, the intervention contributes to goals 3.1 and 3.2 of Danish Country Policy Paper for Uganda (2018-2022).</li> <li>-DHF has 20+ years experience working in Uganda, with a turnover of DKK12 mill. on international activities in 2020 and a track record of contributing added value both professionally and organizationally.</li> </ul> <p><b>Major risks and challenges:</b></p> <p>Thorough risk analysis has been carried out, with measures for monitoring and mitigation identified. Risks include:</p> <ul style="list-style-type: none"> <li>-Ongoing challenges arising from Covid-19.</li> <li>-Political unrest and conflict between presidency and opposition MPs.</li> <li>-Key stakeholders within Ugandan disability movement not interacting constructively with the project.</li> <li>-Inability to bridge previously identified gaps in organisational management capacities of partner OPDs.</li> <li>-Embezzlement, fraud and general mismanagement.</li> </ul>	<b>File No.</b>	2019-27458						
	<b>Country</b>	Uganda						
	<b>Responsible Unit</b>	HCE						
	<b>Sector</b>	15150						
	<b>Partner</b>	Dansk Handicap Forbund (DHF)						
		<i>DKK million</i>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>Total</b>
	<b>Commitment</b>	1,9	2,8	3,1	2,1	0,8	11,1	
	<b>Projected disbursement</b>	1,9	2,8	3,1	2,1	0,8	11,1	
	<b>Duration</b>	01.07.2021 - 30.06.2025						
	<b>Previous grants</b>	Handicappuljen: HP 508 - 085						
	<b>Finance Act code</b>	§06.33.01.12						
	<b>Head of unit</b>	Mette Thygesen (HCE)						
	<b>Desk officer</b>	Victor Andreas Ferretti (HCE)						
	<b>Reviewed by CFO</b>	DH's controller						
	<b>Relevant SDGs</b>							
 No Poverty	 No Hunger	 Good Health, Wellbeing	 Quality Education	 Gender Equality	 Clean Water, Sanitation			
 Affordable Clean Energy	 Decent Jobs, Econ. Growth	 Industry, Innovation, Infrastructure	 Reduced Inequalities	 Sustainable Cities, Communities		 Responsible Consumption & Production		
 Climate Action	 Life below Water	 Life on Land	 Peace & Justice, strong Inst.		 Partnerships for Goals			

### Objectives

By the end of June 2025, all 8 partner OPDs have capacity to run the organization effectively, with stronger leadership, better management systems, working secretariats, increased funding scope, stronger grassroots structures and increased membership.

### Justification for choice of partner:

The partners represent people with spinal cord injuries, acquired brain injury, cerebral paralysis, rheumatism, albinism, sickle cell anaemia and PWDs living with HIV/AIDS or TB. They are all **organisations of persons with disabilities** and thus the primary representatives of project target groups. Organization development is the primary focus of this project phase and partner capacities vary. Thorough organizational analyses of all partners have been carried out, with responsibilities allocated accordingly. All partners expected to develop their organizational capacities significantly during project.

## Summary:

The project is Phase II of CBED partnership, focusing on organizational development of 8 Ugandan OPD, representing spinal cord injury, brain injury, CP, rheumatism, albinism, sickle cell anaemia and people with disabilities living with HIV/AIDS or TB. In phase I, DHF established a country office in Kampala to support partner efforts in strengthening board work, office operations, leadership training and the establishment or strengthening of 37 local branches. Covid-19 disrupted many activities, with Ugandan lockdown from April-October 2020. However, the Covid-response provided partners with the opportunity to support members through the crisis, resulting in significant increase to local branch member mobilization. Phase II will focus on improving OPD contact with members and value of membership, by building capacity within planning, leadership training and member registrations, as well as developing opportunities like disability sports and advice on income generating activities, with strong focus on most marginalised members. In order to strengthen partners' planning and management skills, as well as ownership, relevance and sustainability, the project is demand-driven, ensuring that training and advisory- or activity specific needs are met at the pace and scale they can be developed by the partners.

DHF is the responsible Danish partner with a Danish steering group consisting of Parasport Denmark, The Danish Association of Cerebral Palsy, The Danish Brain Injury Association, The Danish Rheumatism Association, The Danish Spinal Cord Injuries Association and HIV Denmark

### Budget (engagement as defined in FMI):

Engagement 1 – the development project	<b>DKK 5,798 million</b>
Engagement 2 – auxiliary activities (local adm. & staff, advisors, M&E, reviews, information etc.	<b>DKK 3,840 million</b>
Engagement 3 – un-allocated funds	<b>DKK 0,751 million</b>
Administration	<b>DKK 0,727 million</b>
<b>Total</b>	<b>DKK 11.117.260 million</b>

## 1. Introduction

Parties:

Disabled People's Organisations Denmark (DPOD) and Dansk Handicap Forbund (DHF).

The present project document outlines the background, rationale and justification, objectives and management arrangements for development cooperation concerning Capacity Building of Emerging DPOs Phase II (CBED II), 01.07.2021-30.06.2025, as agreed between the parties: Danish Association of the Physically Disabled (DHF) and Disabled People's Organisations Denmark (DPOD). The project document together with the documentation specified below constitutes the agreement between the parties.

Contingent on approval by the Ministry of Foreign Affairs, DHF's large-scale development project will be financed within the current Disability Fund administered by DPOD.

Assessment process: DHF's application has been through a comprehensive assessment in accordance with DPOD's granting procedures for applications exceeding DKK 5 mill. DPOD's Appropriation Consultant has assessed the application in terms of quality and alignment with the guidelines for the Danish Disability Fund and Danida's Civil Society Policy, submitting an assessment note to DPOD's Appropriation Committee to support their assessment of the application. The Danish Embassy in Kampala was invited to comment on the application, but no comments have been received.

DPOD's Appropriation Committee recommends the program for final approval by the Ministry of Foreign Affairs.

### Key documentation:

- Large-scale development project document (with DPOD's required annexes included)
- Danish Disability Fund grant note: HP 141-273
- External review of previous phase (CBED I) and DHF's Management Response to same
- Capacity Analysis of DHF

### Quality control:

DHF will submit status reports to DPOD annually on March 20th. A completion report will be submitted to DPOD no later than four months after the project has been finalised, alongside audited project accounts covering the entire project period.

## 2. Background

### National, thematic or regional context, key challenges and opportunities relevant to the proposed large-scale development project

Uganda has a disability friendly legal framework. It includes the UNCRPD; disability friendly clauses in the 1995 Constitution; the Local Government Act 1997; Equal Opportunities Act 2007; PWDs Act 2006 and National policy on PWDs 2006; the National Council for Disability Act 2006; the Building Control Act 2013; the Universities and Other Tertiary Institutions Act 2001 among others. Uganda signed the UNCRPD and its two optional protocols in 2008 and has reported in 2012 and 2016. In 2016, the CRPD acknowledged Uganda's progress on legislation, but also noted that there are still serious gaps in implementation. The Convention and other international, continental and regional

instruments have been domesticated into the national policy and legal frameworks that provide provisions for inclusion of People with Disabilities (PWDs). Disability is now recognized as a development concern which requires inclusion, as pointed out within the National Development Plan (NDP II) 2015/16 – 2019/20; the Social Development Sector Plan (SDSP1) 2015/16-2019/20. Uganda has since 2016 worked to implement the 2030 Agenda for Sustainable Development (SDGs) under the leadership of the Office of the Prime Minister. All Ministries, Department and Agencies have indicators for specific SDG targets to guide reporting. In government, the Minister of State for Disability and Elderly Affairs represents PWDs in the Executive Cabinet. However, the Minister has no budget, but falls under the Ministry of Gender, Labor and Social Development. At the legislative level, parliament partly represents specific social constituencies, including 5 Representatives of PWDs. The Minister in charge of Disability and the 5 PWD MPs provide a linkage between PWDs and government for advocacy. PWD representation is also duplicated down the levels of government to District Assembly and Sub County Council levels.

The government has allocated resources to meet specific needs of PWDs. Mainstream Local Government programs also exist and many are required to target PWDs. On paper, the Government has also changed the Universal Primary Education (UPE) into Inclusive Education Program in state funded schools. However, access for PWDs/CWDs to education and other government services remains very difficult. 12.5% of Ugandans have at least one form of disability. Since Uganda has a young population, the highest numbers of PWDs are below the age of 15. PWDs are disproportionately poor and less educated than the general population. Only 9% of CWDs attend primary school and only 6% attend secondary school. PWDs who do achieve education, further face limited access to employment, due to negative attitudes by service providers, physical inaccessibility, as well as lack of knowledge and misconceptions about disability, which is rife among PWDs, their families and communities, which leads to social marginalization, physical isolation and lack of self-esteem. Additionally, budgets are a very limiting factor: Most sectoral and Local Government plans highlight disability in their situation analysis, but actual interventions are of limited scope. In most Local Government budgets, activities are limited to the mandatory Disability Grant, and celebration of the International Day for Persons with Disability, while measures for inclusion of PWDs into mainstream programs are not funded.

The Disability Movement in Uganda is one of the most vibrant in Africa and has played a key role in the promotion of disability rights throughout the continent. The Movement has existed since the 1970s when PWDs started to gain social recognition. In 1986, the NRM Government emphasized political recognition and representation of marginalized groups such as PWDs. NUDIPU (National Union of Disabled Persons of Uganda) emerged in 1987 as an umbrella organization for PWDs. Its sister organization is NUWODU (National Union of Women with Disabilities of Uganda). NUDIPU today has organized 114 District Unions and 14 National Unions. In 1998 UNAPD (Uganda National Action on Physical Disability) was founded to cater for single disability needs.

The primary voice of PWDs was for many years a few, broad mass organizations (NUDIPU, NUWODU, UNAB, UNAD, MHU, UNAPD), some with roots in- or nurtured by the governing MRN's philosophy of giving mass popular organizations a share in power. However, a generation of newer, smaller, diagnosis specific Organizations of People with Disabilities (OPDs) is emerging. This is probably a double-sided response to more empowered PWDs pursuing more ambitious and more diverse interests, and a somewhat lagging response to these interests from the traditional OPDs. The emerging OPDs represent disabilities not widely known or recognized in Ugandan society or even within the Disability Movement.

The CBED partnership, formed in 2018, is a response to this trend. It unites a group of eight OPDs around joint efforts at organizational development, sharing and mutual learning. They are a diverse group, representing both physical disability (Cerebral Palsy, Rheumatism, Spinal Injuries, Acquired Brain Injury) and groups falling between or across the traditional main disability headings (Albinism, Sickle Cell Anemia, PWDs living with HIV/AIDS or TB). UNAC, SIA, BISOU and TAAU are part of the physical disability fraternity (Organizations of Persons with Physical Disability or OPPDs) and are members of UNAPD. SIA and BISOU are associate members of NUDIPU. In Phase II, the other 6 OPDs will strive/push/work to become associate members of NUDIPU.

### 3. Presentation of the large-scale development project

#### Lessons learned and results from previous interventions

Lessons learned and results from the first phase of the Capacity Building of Emerging DPOs Project (CBED I, HP 141-194) are presented in the table below. Please note that reference is made to recommendations in the recent external review and implications for the CBED II project are reflected:

Results/Challenges	Learning from CBED I	Implications for CBED II
37 OPD clusters participated in CBED I through training and/or grants. However, other clusters were left out and feel so.	The limit of 5 clusters per OPD had divisive effects. We should apply a Leave No One Behind approach to cluster participation.	Partners have identified 42 “new” clusters who should participate in CBED II. All clusters will have capacity built to participate in the trust fund. The trust fund will be dimensioned so “new” clusters can get 3 grants, while “old” clusters can get 2. <i>(OPD wish at LFA workshop. Also addresses recommendation 26 of external review.)</i>
	OPDs recognize a need to reinforce mutual commitment, engagement and relations between OPDs and clusters.	OPDs will take over training and mentoring of 26 of the “new” clusters, with these activities falling under OPD Trust Fund Grants and Partner Components rather than as Joint Capacity Building. <i>(OPD wish at LFA workshop + addresses recommendation 26).</i>  Project to help OPDs build capacity for reliable and updated membership registration and communication. <i>(DHF wish at logframe workshop + addresses recommendation 9)</i>  Project to help OPDs build capacity for reliable monitoring of cluster and membership status. <i>(OPD wish at workshop)</i>
Only three of the eight partners qualified for Partner Component during Phase I.	OPD grants were too short and separated in time from each to permit continuous operation and capacity building of the smaller OPDs.	OPDs who do not have a Partner Component will be able to seek an annual Core Cost Grant, which will permit them to pay rent, hold Board meetings and maintain a minimum continuous staff as well as benefit from the Trust Fund to implement the desired activities. <i>(OPD wish at workshop + addresses recommendation 6)</i>
A Steering Committee (SC) with a Board and a Staff rep from each OPD has met bimonthly. It has approved guidelines and distributed grants.	Steering Committee (SC) has felt “left out” or overruled in some parts of CBED management and should have more ownership of the project.	SC and DHF both to strive for good communication and open and honest dialogue. (DHF will hold DHF team workshops and, systematically invite feedback from OPDs on DHF management and communication. Learning/reflection will be a fixed agenda item at SC meetings and at AGM). <i>(Addresses recommendations 20)</i>  SC/DHF to review and clarify TOR/roles of Steering Committee, DHF, AGM. <i>(Addresses recommendation 15)</i>

		<p>More thorough induction of SC into CBED II project. (<i>OPD wish at workshop</i>).</p> <p>Introduction of simple management tools for use at SC meetings (annual plan/calendar wheel, quarterly budget vs actuals statements). (<i>Addresses recommendation 21</i>)</p> <p>SC is to designate task based sub committees for e.g. capacity building; inclusion; preparation of AGM. (<i>Addresses recommendation 22</i>)</p>
No clusters took initiatives in economic empowerment or disability sports, despite considerable interest for both.	Capacities to develop solid activities in these two areas of PWD empowerment are not yet there.	<p>Introduce Sports and Drama for development and implementation as Joint activity and under trust fund for local initiatives. (<i>DHF wish at LFA workshop</i>).</p> <p>Develop and a livelihoods focus for implementation by OPDs and under trust fund for local initiatives. (<i>OPD wish + recommendation 28</i>)</p>
OPDs have had limited success in fundraising during CBED I.	OPDs recognize a need for more focus on sustainability.	Capacity building for OPD Board and Staff to include planning for sustainability, networking and consortium building for fund raising, lobbying, branding and communication. ( <i>OPD wish at logframe workshop</i> )
NUDIPU and UNAPD have capacities in several key areas that represent “next steps” for OPDs: Fund raising, national advocacy, livelihoods, disability sports.	Key stakeholders UNAPD and NUDIPU to play bigger role.	<p>NUDIPU to support: in maintaining legal status as NGOs, OPDs to connect to NUDIPU, advise OPDs to become associate members, developing a livelihoods approach (with UNAPD), connecting relevant local groups to NUDIPU District Unions (especially relevant organizational and VSL activities). UNAPD to support: capacity building of OPDs, mentoring upon request of the 4 OPPDs (UNAC, BISOU, SIA and TAAU), disability sports, developing a livelihoods approach (with NUDIPU), connect relevant partners to UNAPD Livelihoods Caucus and UNAPD Disability Sports Caucus, connect relevant local groups to UNAPD branches (especially relevant local organizational, Sports and VSL activities). (<i>Addresses recommendations 14, 28</i>)</p>
DHF has had limited success in developing and applying mentoring and MEL approaches to the project.	DHF recognizes the need to improve capacities in mentoring, synergy and Monitoring, Evaluation and Learning (MEL).	<p>DHF to develop mentoring approach and relevant tools, shared with partners, and implemented. Once developed and tested, UNAPD to be invited to take on mentoring tasks for interested OPPD partners. (<i>Addresses recommendation 4</i>)</p> <p>Coordination and synergy in capacity building to be improved through a new coordination committee. (<i>Addresses recommendations 8, 34</i>)</p> <p>DHF to develop more systematic monitoring and learning tools and practices. (<i>Addresses recommendation 12</i>)</p>

## Partners in the Program including the role and responsibilities of the key drivers of change

**Dansk Handicapforbund/DHF:** DHF has almost 25 years of experience with capacity building interventions in several countries in Asia, Africa and Latin America, focusing on key values like member participation, democracy, equality and transparency. Employing a Human Rights Based Approach, DHF work to empower PWDs by building capacity in partner OPDs, thereby allowing

PWDs to organize and self-represent effectively, and to influence duty bearers and society in general in the fight for equal rights for PWDs. DHF has worked in Uganda since 2000 and maintains a country office in Kampala with three staff, including one country representative. DHF's international department employs three staff, and DHF's international development work is guided by an international strategy and a committee – Ulandsudvalget – consisting of 7 members appointed by the DHF Board. DHF had a turnover of DKK 12 mill. on international activities in 2020.

#### Partners in Uganda:

Organization	Structures	Strengths	Weaknesses	Note
<b>BISOU, 2010:</b> National organization of persons with acquired brain injury in Uganda.	361 active members. 10 functioning District Branches/Clusters. Turnover 2019: USD 3,333.	Associate member of NUDIPU. Several Districts leaderships have strong capacity. Active sports groups. DBIA committed to BISOU.	Recovering from a major embezzlement case from 2017 and from a strong chairman resigning in Feb 2019 after mismanagement of project from DRF. DHF assesses financial risk to be high.	Not eligible to manage own component at this time
<b>EFPA</b> Organizes people with albinism in the Elgon and Sebbi Sub region (Eastern Region).	489 active members Several District clusters established. Turnover 2019: USD 5,819	The board is strong and takes up decisions. Has a good working relationship with Mbale District Local Government. Is working with Abilis Foundation	Staff has recently been replaced by Board. DHF assesses financial risk to be high.	Not eligible for partner component yet.
<b>MADIPHA,</b> 2009 Regional organization of PWDs living with HIV/AIDS and TB in Central Region.	487 active members. Board, office, and a small secretariat. 4 District and 16 Sub County Branches. Turnover 2010: USD 92,068	Well-developed local structures. Working with Health service providers to link PWDs to HIV and TB Centers, some livelihoods activities. Has registered as a National NGO (was formerly regional).	Management policies in place but not well implemented. DHF assesses financial risk to be medium to low.	Approved for Partner Component.
<b>SAU, 2000</b> Organizes patients with Sick Cell Anemia, some of whom develop physical disabilities.	2,154 registered patients at national level. Members assigned into 3 clusters but only 1 local branch (Kayunga) is registered. Turnover 2019: USD 19,694	Capacity is focused on secretariat. Successful fundraising with private sector. Annual fund raising drives supported by association of pharmacists.	Founder led, focus is fund raising for a treatment center not OD. It is still promoting medical model approach to disability. DHF rates financial risk to be medium.	May soon be eligible for partner component.
<b>SIA, 2001</b> National organization of people with Spinal Injuries.	344 active members in 10 Districts. Turnover: 20,735,000 UGX (only DHF)	National Board has leadership capacity. Local leaders have good capacity. Associated member of NUDIPU and UNAPD	Still hard hit by embezzlement case from 2017. Board is only partly functional. Technical capacities weak. No present income. DHF rates financial risk as high.	Not eligible to manage own funds yet.
<b>SNUPA, 2012</b> Regional organization of Organizes people with albinism (Busoga sub region in	918 members the 11 Districts of Busoga. District Clusters being organized. Turnover 2019: USD 55,000	Led by charismatic leader. Well-structured staff with good capacity. Quarterly medical outreach reaches 918 PWA. Active lobbying and fund raising.	Capacity centered at Organizational HQ. OD lagging behind office driven activities and results. DHF rates financial management risk to be medium to low.	Approved for Partner Component.

Eastern Uganda )				
<b>TAAU, 2010</b> National organization for patients with Rheumatic or musculoskeletal conditions.	268 active members. Has formed 3 clusters in Masindi, Isingiro and Kamwenge, Turnover 2019: USD 6,715	High activism/volunteer spirit. Board and volunteer ED and PO are networking with Mulago hospital, capacity building of members for self-care. Low income/low expenses. Member of UNAPD.	Technical capacities weak. Activities depend on Mulago Clinic to provide participants. Financial risk assessed to be medium.	Not eligible to manage own component yet.
<b>UNAC, 2013</b> National organization of people with cerebral palsy.	1146 members registered. 3 new structures formed to make 4 Regional structures. Turnover 2019: USD 83,393	Board has professional capacities inducted. Secretariat has high capacity Successful fund raising.	CP members of Board do not have equal capacity of inducted professionals. Quick growth. Many activities compared to staff capacity. DHF rates financial risk as medium to low.	Approved for Partner Component.

### Overall strategy (Intervention logic, Theory of Change or Rationale) and key assumptions

The overall goal of CBED II is ensuring that, by the end of June 2024, all 8 partner OPDs have capacity to run/manage their organizations effectively, with effective leadership, efficient management systems, working secretariats, increased funding scope, stronger grassroots structures and increased membership. OPDs will be guiding and building capacities of their local leaders in a systematic way, and there will be a strong two-way flow of information between local structures and OPDs. Many members will be seeing positive changes in their quality of life through a wide range of membership empowerment, activities and local level lobbying. OPDs will begin to be recognized as active members of the Ugandan disability movement.

The basic theory of change behind the intervention is: An inclusive society requires changes in laws, policies, practices and social norms that can only be achieved through long-term pressure applied by the organized movement of people with disabilities themselves (“nothing about us without us”). The partnership sees the building of strong organizations for social change as the result of synergy between four mutually supporting outcomes, supported by corresponding activities, indicators and results.

The project uses four components to organize and deliver activities. Each component delivers a special type of activity in support of one or more outcomes. The four components are: 1) A Joint Capacity Building Program, 2) A Trust Fund, 3) Partner components, 4) Joint activities. A table in the application illustrates the synergy between components and outcomes and how the four components will work together to support the goal of the intervention. The following key assumptions have been identified:

Summary of assumptions:	Key Assumption
<b>Program Outcome 1:</b> 8 OPDs will be well-managed, building national level civil society, business and government partnerships, diversifying income and delivering a variety of benefits to members. 6 have become associate members of NUDIPU. (SDG targets [1.4, 3.8, 16.7])	Board and staff able to use skills learnt. Commitment and adherence to the laid-out systems and procedures.
<b>Program Outcome 2:</b> 79 local OPD branches will be experienced in managing funds and activities, will be engaging routinely with local duty bearers and stakeholders and will be accessing local	OPD Branches are able to raise new funds from local duty bearers as they "run out of" grants from this project.



opportunities for funding and services. (SDG target 1.4, 3.6, 16.7)	
<b>Program Outcome 3:</b> Total OPD Membership will have grown to 5500, of whom at least one third will annually be participating in membership, disability management, livelihoods, disability sports or cultural activities organized by their organization. (SDG targets 1.4, 3.8)	PWDS/caregivers recognize value of OPD membership and are able and willing to pay membership fees.
<b>Program Outcome 4:</b> The 8 OPDs and their local branches will annually be engaging 120 local duty bearers and stakeholders, of which 30 will be providing a service or grant benefitting at least 900 OPD members annually. (SDG target 1.4, 3.8)	PWDS are prioritized and put on the agenda of other development partners (govt., donors and civ.soc. orgs.).

### Summary of results framework (full results framework attached):

<b>Project objective</b>	By the end of June 2025 all 8 partner organizations have capacity to run the organization effectively, with stronger leadership, better management systems, working secretariats, increased funding scope, stronger grassroots structures and increased membership.	
<b>Baseline</b>	By early 2021, 3 partner OPDs have leadership, management systems and working secretariats capable of undertaking longer-term projects and attracting new sources of funding, while still needing a larger and more empowered membership base. 3 partners have active membership bases, but are struggling to build leadership capacity for effective management. 1 partner is small but with a dynamic leadership, and 1 partner has dynamic leadership but limited contact with/empowerment of membership.  All partners have had positive experiences in engaging and lobbying local level duty bearers, but are still not fully integrated members of civil society at local and especially national levels, and need significant capacity building in networking, partnering and advocacy.	
<b>Outcome 1:</b>	<b>Indicators</b>	<b>Target</b>
8 Organizations of People with Disability will be well-managed, building national level civil society, business and government partnerships, diversifying income and delivering a variety of benefits to members. 6 have become associate members of NUDIPU.	# of active national networks, caucus, coalitions or partnerships with participation from one or more of the 8 OPDs: (list with name of network/partner, names of participating OPDs.) Criteria: at least 2 physical meetings during the year	18
	# OPDs who are associate or full members of NUDIPU	6
	# Of OPDs with more than 3 sources of income outside of the Disability Fund.	8
	# of OPDs with more than 25% of turnover not coming from the Danish Disability Fund	6
<b>Outcome 2:</b>	<b>Indicator</b>	<b>Target</b>
79 local OPD branches will be experienced in managing funds and activities, will be engaging routinely with local duty bearers and stakeholders and accessing local opportunities for funding and services.	# Clusters that report fulfilling at least 3 of these 4 criteria: 1) registered as CBOs and updated, 2) meeting regularly, 3) recording minutes and 4) have an office space.	60
	# of clusters reporting that they have run a project of their own (ie other funding than the Disability Fund) inside the project period (accumulated)	30
<b>Outcome 3</b>	<b>Indicator</b>	<b>Target</b>
Total OPD Membership will have grown to 5500, of whom at least one third will annually be	# of members registered.	5500
	% of new members registered last year having paid membership enrollment fee (annual)	75%

participating in membership, disability management, livelihoods, disability sports or cultural activities organized by their organization.	% of members paying annual subscription fees	15%
<b>Outcome 4</b>	<b>Indicator</b>	<b>Target</b>
The 8 OPDs and their local branches will annually be engaging 120 local duty bearers and stakeholders, of which 30 will be providing a service or grant benefitting at least 900 OPD members annually.	# of members participating in a grant or service provided by an external stakeholder during project period (ie not CBED)	900
	# of local and national stakeholders providing a grant or service to members (not including CBED)	30

### Target groups and beneficiaries

The primary target groups are app. 5.500 people, expected to be empowered through participation in project activities, including app. 5.350 rights holders.

For Phase II, the partners have adopted a Leave No One Behind approach and will ensure access to participation for all identified 79 local OPD clusters. This includes the 37 clusters that participated in capacity building activities in Phase I, as well as an additional 42 local structures that were unable to participate in in Phase I, either because they are only now being organized, or because there was not capacity to include them in Phase I.

### Participants:

8	<b>OPD management teams</b>	
80	Staff and Board Members (representatives of rights holders)	Will have capacity built through a joint management training course, mentoring, gaining experience in planning and managing partner components, participating in Trust Fund management and joint activities. 16 of these will build capacity in membership registration, 16 in leadership training and mentoring, 16 in monitoring of organizational status.
79	<b>Local structures of 8 OPDs</b>	<b>(District clusters, District branches, self-help groups)</b>
316	Local PWD leaders (rights holders)	Will have capacity built through joint leadership training (managed by DHF) or through internal OD training (managed by OPDs), and by planning and managing 100 trust fund activities.
5000	PWDs and Care Givers (rights holders)	Will be empowered by participation in about 200 local initiatives carried out op local OPD structures and funded by a project trust fund. Depending on local initiative, empowerment will be in the areas of: Personal empowerment (disability awareness and life management training, disability sports and drama). Expectation: about 1/4 participants. Active membership/membership empowerment (participating in organizational activities and community awareness and lobbying activities). Expectation: about 2 of total participants. Economic empowerment (SL groups, skills training, entrepreneurship training, IGAs). Expectation: about 1/4 of participating PWDs. In addition, some of the above will also benefit from lobbying by getting access to services provided by local duty bearers (health, education, poverty alleviation programs).
	<b>Local Stakeholders</b>	<b>Local government (Community Development Officers, Health officials, Chief Admin. Officers at various levels, District Education Officers). Also CSOs and other OPDs.</b>

40	Coaches (supporting community members)	Will be trained into disability sports disciplines. Some 20-30 of them are expected to continue on and coach local disability sports groups. Are typically school teachers, coach able bodied community teams or PWDs.
120	Local Government officials (Duty bearers)	Through engagement by local OPD clusters, they will gain awareness, knowledge and/or experience of how to achieve PWD inclusion in the services they deliver.

### Monitoring & Evaluation

The approach to monitoring and evaluation includes documentation and dissemination of results, experience and lessons learned. Key tools developed include an indicator Status and a Trust Fund Monitoring Tool. A monitoring plan has been developed to track 10 outcome indicators and 29 output indicators. 16 indicators will be tracked quarterly and 23 annually or bi-annually. The Indicator Status will be updated regularly, to be used at each meeting of the Uganda Steering Committee to review progress and adjust assumptions. The steering committee (one board and one staff representative from each OPD as well as DFH Kampala) meets bimonthly to review progress, approve activity plans, and approve trust fund grants. Annual indicators of the Indicator Status will be updated and shared at the Project General Meetings, which serve as an annual project learning forum that gathers 4 representatives from each OPD (1 board, 1 staff and two local voices) as well as key stakeholders). Annual General Meetings approve adjustments of guidelines and policies, and provide learning that serves as input to an annual activity and budget review.

Partner OPDs have will develop capacity to implement and manage the following tools for organizational monitoring: Partner Profile, Membership database, Cluster Profile and Cluster Status Tool.

A mid-term review will be undertaken with support from an external facilitator and will together with the Annual General Meeting of the year provide input to a review and adjustment of strategies and approaches. The same facilitator will be asked to return for a final review about 8 months before the end of the project, to generate input into a possible Phase III of the project.

### Risk analysis and risk management:

The description of risk analysis and management is divided into key categories, e.g. *society risks* including political unrest and the ongoing Covid-19 pandemic. Furthermore, risk related to *stakeholders* include key stakeholders (NUDIPU and UNAPD) not interacting constructively with the project; *Project owner risks* include staff or board members falling to the temptation of embezzlement, fraud, mismanagement or nepotism, and risk related to *PWD participation* are also reflected. Overall, the risk assessment of the conditions that may hinder or delay realization of the project's outcomes, as well as the plan to manage any such risks, are comprehensive but only three risks are assessed as high. Key risk are summarized below.

Risk Factor	Likelihood	Impact	Risk response	Background to assessment
Covid-19 may continue to impact Uganda & project implementation may be affected by the government & ministry of health measures.	Likely	Minor	Flexibility during budget implementation. Preventative measures to persist throughout project. We are working to install capacity for Zoom in all partners by May 2021, to permit Steering Committee to meet by Zoom.	Covid-19 is here to stay, but Uganda expected to resume business as usual in step-by-step phases.

Key stakeholders (NUDIPU and UNAPD) will not interact constructively with the project.	Very unlikely	Major	Regular stakeholder & coordination meetings, AGMs serve as continuous points of contact and opportunities for partner management.	-NUDIPU and UNAPD contributing to project would be valuable but not indispensable. Workarounds exist. Lack of synergy inside the movement will be destructive in the long run. -Both NUDIPU and UNAPD have visions of serving disability movement as a whole and with staff compensated for their time, their participation will be a source of income.
Political unrest may affect project activities if conflict between presidency and some opposition MPs escalates.	Likely	Minor	Project active in many locations over long time, with many DPOs, meaning that conflict hot spots can be avoided and activities moved around without damage to the project as a whole.	-Unrest may affect government stakeholders and paralyze activities at specific times and places. General unrest more unlikely but may affect banking sector and communications. -President recently elected for 6 <sup>th</sup> term. History of managing and localizing conflicts, with little impact to external donors. -Increased polarization may affect relations between, CSOs, INGOs & govt., and within disability movement. However, project emphasizes political neutrality, with disability rights seen as politically non-conflictive.
DHF management may not be able fill identified management gaps.	Very unlikely	Major	Will be tracked closely and DHF will be able to direct timely mitigation measures (capacity building, advice, warnings, revise or annul contracts) in case of need.	If Guidance, mentoring, coordination and knowledge management is not effective project management is not effective; maximum synergies between components will not be achieved, affecting project outcomes.
Staff or Board members may fall to temptation of embezzlement, fraud, mismanagement or nepotism	Unlikely	Major	With vigilance and preventative measures in place, DHF will be able to intervene before cases become serious, as seen in previous project phase with partner EFPA.	-Measures in place for prevention: capacity building for financial management and transparency, financial management responsibility only given based on proven capacity, corruption policies known, monitoring, guidance and mentoring in place. -In the worst case: project design can survive the withdrawal of one or two partners from the project.

### Sustainability and phasing out

The sustainability of CBED II is dependent on the sustainability of the 8 OPDs. The proposal informs that strengthened capacity of 37 local clusters in phase I forms the basis of including more clusters in phase II and fine-tuning with a wider range of membership activities and new capacity for financial management, membership management and local advocacy. Many clusters are expected to be sustainable by the end of Phase II or in the medium to long term (5-10 years).

At project end, OPDs are expected to have a solid membership base and substantial organizational sustainability. Phase II introduces all partners to the concept of having a paid secretariat but only some are expected to have achieved fundraising capacity to guarantee stable salaries. It is not assessed as realistic, that all partners will have a stable and widely sourced income base. Furthermore, some of the OPDs will still rely largely on a combination of volunteers and active boards, so this will impact on potential for growth.

DHF envisions the current project to be the second of a total of four phases. Phase I was the “inception phase”, Phase II will be the “OD phase”, Phase III will be the “mature phase”, with Phase IV the “exit phase”.

#### **4. Overview of management set-up at program level**

*DHF Copenhagen* is responsible to DPOD/Danida for use of Danish government funds; manages transfers to Uganda; and receives reports from DHF Kampala office. DHF Copenhagen will give advisory support on development of OPD policies and systems, on monitoring tools, trust fund management and learning (facilitating the learning forum and the MSC approach). DHF Copenhagen provides close advisory support to DHF Kampala via Zoom. Furthermore, the organization carries out biannual project visits: participates in learning forum, project general meeting, field trips, meetings with steering committee, OPDs, and stakeholders.

*The Danish Steering Group* consists of six Danish organizations and meets biannually. It supports DHF with disability specific inputs to project decision making. During Phase II, DHF will invite the Danish Steering Group to participate in Uganda related activities of its Internationals Committee on the form of open thematic meetings over Zoom. Parasport Denmark will play a special role to advise and monitor disability sports activities and will participate in planning of the sports component at the beginning of CBED II. The group will receive quarterly reports and approves TORs for project visits.

*Project general meeting*, held four times during the project, functions as the “general assembly” of the project. The meeting includes 4 reps. from each OPD (2 National leaders, 2 District Voices), DHF Copenhagen and DHF Kampala, and is tasked with overall project oversight: Evaluates progress towards goals, gathers learning and proposes changes in approaches and activities.

*Uganda Steering Committee* consists of 2 reps. from each OPD (typically ED and board member), with DHF Kampala preparing and coordinating meetings. The committee meets bimonthly and is chaired on a rotational basis. The committee approves guidelines and formats, and gives oversight to project progress through discussion of quarterly Indicator Status, approval and tracking of the project year plan, and tracking of budget vs actuals. Furthermore, the committee discusses and approves quarterly plans for joint activities; approves or denies Trust Fund Grants; and approves the annual budget. 24 meetings will be held during the project, half of them by Zoom.

*DHF Kampala* represents DHF in Uganda and has direct implementation responsibility for parts of the project, i.e. some joint activities, the Joint Capacity Building Component, trust fund management and monitoring. The DHF Kampala office also serves as secretariat for the Uganda Steering Committee.

*Partner OPDs*: formulate, implement and manage partner components, including OPD trust fund grants (receipts to DHF). They undertake peer monitoring and may implement delegated Joint activities.

*Local structures*: formulate and implement trust fund grants, and report on trust fund projects.

## **Financial Management**

Find below summaries of procedures and minimum requirements pertaining to:

### **I. Disbursements**

DHF Denmark makes transfers to DHF Uganda based on quarterly activity reports, plans and budgets. DHF Kampala implements some activities directly (such as joint trainings) and makes transfers to Ugandan partners using two modalities:

Trust Fund (3-6 month interventions): Transfers from Trust Fund are made upon 1) Fulfilment of technical requirements by applicant (legal and updated registration as NGO or CBO, bank account, completion of training in trust fund management by 4 leaders, no pending/unapproved reports from any previous grant), 2) Approval of proposal by mother organization if submission is by a local structure, 3) Technical assessment of proposal and budget by DHF Kampala, 4) Approval of proposal and budget by Steering Committee, according to criteria established by guideline.

Partner Component (6-24 month interventions): Same procedure as above plus: 1) Additional technical criteria i.e. proven financial record from Trust Fund, 2) Organizational self-assessment facilitated by DHF Kampala has been carried out. Invitation to submit a proposal is given by DHF according to assessment. 3) Transfers are made quarterly upon receipt of quarterly plan, budget and report from previous quarter.

### **II. The partner's procedures for financial management**

DHF Copenhagen holds the responsibility for the overall budget management. An annual budget adjustment for DPOD, a year plan and a simple budget-tracking tool for the Steering Committee will be produced annually by DHF, and approved by the Steering Committee, as products of the project general meeting.

DHF Kampala will directly manage the finances of their own activities and will monitor and mentor the financial management of activities implemented by partners.

### **III. Procurement**

With exceptions, procurement is undertaken according to standard practices i.e. based on evaluation of 3 proformas. For some services (venues, hotels) choice may be limited in an upcountry location or the same provider may be used repeatedly to gain advantages in quality or price, but formal procurement is revisited at least once a year. Trainers are hired on a freelance basis, but DHF seek to establish a small group that can be relied on, to permit learning and feedback to improve teaching methods (much needed in Uganda). Retention is based on continued positive feedback from participants and DHF own monitoring.

### **IV. Work planning**

DHF Kampala, DHF Copenhagen and the Steering Committee will use the year plan and the budget-tracking tool as common planning tools during the year, and for communication with Danish Steering Group.

DHF Kampala prepares quarterly plans and budgets for approval by DHF Copenhagen.

DHF Kampala works with a monthly plan managed on a white board in office.

Weekly team meetings between Uganda and Copenhagen staff are held by Zoom to discuss progress and identify and act on resolve emerging issues and learning.

#### V. Narrative progress reports and financial reports

DHF Kampala will submit quarterly progress and financial reports to DHF and to Steering Committee, along with the quarterly updates of the indicator status and trust fund monitoring. Trust fund activities are reported as each grant is completed. The final report includes a narrative report and a financial report by the grantee (submitted with receipts). OPDs managing a Partner Component will submit quarterly narrative and financial reports to DHF Kampala. DHF Kampala registers information from reports in a Trust Fund and Partner Component Monitoring Tool.

#### VI. Accounting and auditing

All parties will strive for full alignment of the Danish support to the implementing partner rules and procedures, while respecting sound international principles for financial management and reporting.

For activities under the Trust Fund, all receipts are submitted to DHF along with financial reports. When management capacity is high enough, original receipts will be returned to partner and accounted for in their accounts. Otherwise originals will be held by DHF Kampala and entered into our accounts. Partner Components are entered into partner accounts and audited as such. DHF encourages and pays for full organizational-wide auditing for full transparency and as an aid to fund raising by partners. All partners use the same auditor to ensure complete transparency.

### 5. Budget summary of cost categories

Cost category	Total all years
A1 Direct activity cost	4.422.410
A2 Implementation through local independent partner	3.929.985
A3 Allocated programme support cost	1.103.002
A5. Information activities in Denmark (max 2% of PPA)	153.413
A6. Unallocated Funds and Budget Margin (max 15 % of PPA)	751.152
A7. Auditing in Denmark (Cost Category A7)	30.000
B1. Admin 7%	727.297
<b>Total / control</b>	<b>11.117.260</b>