Annex B: Danida Wider Support to the Ugandan AIDS Response

Background

From 2007 to 2012, Danida supported the Uganda AIDS response both through the joint support intervention and with direct funding in areas of strategic importance, complementing the joint support and addressing gaps. While the findings of Danida's support through the joint support intervention are presented in the body of this report, findings related to Danida's wider, strategic support are included in this annex.

Evaluation questions specific to Danida:

The Terms of Reference for the Joint Evaluation included questions specific to Danida:

1. Assess whether the logical framework of the support is clear and whether the mechanisms for transforming inputs to outputs by means of the activities as described in the Danida PSD (and other relevant documents describing intervention logics or theories of change of relevance for the support) were effective.
2. For each of the components (for the Danish support: Two in Phase 1, three in Phase 2) and subcomponents (four in the first phase of Danish support, five in the second) establish the amounts spent and assess the degree of attainment of outputs and outcomes and comment on the relative efficiencies. This will also cover the efficiency of the CFS and the PF.

Summary of Danida support 2007-2010

The table below summarises the components, sub-components, and strategic outputs of Danida's HIV/AIDS programme support to Uganda from 2007 to 2010[1]:

Components and Sub-Components	Strategic Outputs
Component A: National coordination and leadership enhanced	UAC achieves nationally defined targets for its coordination performance
A.1. Support implementation of the NSP	A.1.1 NSP operationalised
A.2. Support capacity building for sustainable, useful HIV/AIDS related Knowledge Management system continuous improvement of HIV/AIDS programming performance	A.2.1 Capacity of UAC built at national level to support evidence-based programme planning, results-based M&E, critical operational research and mainstreaming of HIV/AIDS in sectors and programmes A.2.2 Capacity built at UAC for advocacy and communication about priority HIV/AIDS issues
Component B: Promote effective Civil Society contribution to National HIV/AIDS response	UAC achieves nationally defined targets for access to prevention, care and treatment services

[1] Danida (2007) *Programme Document: HIV/AIDS Support: Strengthening Uganda's Response to HIV/AIDS 2007-2010*. Ministry of Foreign Affairs, Copenhagen.

Components and Sub-Components	Strategic Outputs
B.1. Support evidence based refinements in targeting, production and delivery of cost-effective HIV prevention initiatives by CSOs for at-risk populations, including children, youth, and young adults	B.1.1 Large and small initiatives for improving HIV prevention programmes supported to achieve their targets, including national and regional level prevention activities of Straight Talk Foundation and TASO B.1.2 Support scaling up of programmes effectively integrating SRHR and HIV/AIDS prevention activities leading to widespread improvements in the delivery of integrated SRHR and HIV prevention services in health and HIV/AIDS services
B.2. Support selected NGOs that are competently providing essential AIDS services, with special attention to selected regions of the country that are unequally affected by HIV/AIDS and service inequities, e.g., due to the prolonged conflict and intense poverty in the Northern part of Uganda	B.2.1 Selected NGOs, including TASO and Hospice Africa Uganda (HAU), enabled to contribute substantively to NSP targets for provision of care and treatment services B.2.2 Enhanced access to quality HIV/AIDS services in affected regions of the country, including HIV counselling and testing, PMTCT, integrated HIV and RH services, STI management, treatment for opportunistic infections and ARVs; together with anti-poverty measures for affected households

The Danida programme document includes a LFA of the Danish support, including the objectives/outputs and activities for each sub-component as shown below:

Sub-Component	Immediate Objectives / Outputs	Activities
A.1. Support implementation of NSP	A.1.1 NSP operationalised	Contribute to AIDS Partnership Fund
Sub-Component	**Immediate Objectives / Outputs**	**Activities**
A.2. Support capacity building for sustainable, useful HIV/AIDS related Knowledge Management system for continuous improvement of HIV/AIDS programming performance	A.2.1 Capacity of UAC built at national level to support evidence-based programme planning, results-based M&E, critical operational research and mainstreaming of HIV/AIDS in sectors and programmes	Support capacity building of the UAC by contribution to pooled TA for 1-2 additional Ugandan staff in the planning and M&E directorate
	A.2.2 Capacity built at UAC for advocacy and communication about priority HIV/AIDS issues	Support capacity building of UAC by contribution to pooled TA for 1-2 Ugandan staff with specialisation in advocacy and communication
Sub-Component	**Immediate Objectives/Outputs**	**Activities**
B.1. Support evidence based refinements in targeting, production and delivery of cost-effective HIV prevention initiatives by	B.1.1 Large and small initiatives for improving HIV prevention programmes supported to achieve their targets, including national and regional level prevention activities of Straight Talk Foundation and TASO	Support for targeted solicitations with STF and TASO via CSF basket and pooled donor funds – to provide HIV prevention programmes per NSP priorities Support for thematic solicitations by

CSOs for at-risk populations, including children, youth, and young adults		the CSF basket for proposals by smaller organisations for HIV prevention activities with selected vulnerable groups Support for capacity building with partner organisations for enhancing results-based M&E of prevention outcomes
	B.1.2 Scaling up programmes that effectively integrate SRHR and HIV/AIDS prevention activities leading to wide improvements in the delivery of integrated SRHR and HIV prevention services in health and HIV/AIDS services	Support for targeted solicitations with TASO via the CSF basket and pooled donor funds – for improving provision of integrated SRHR & HIV prevention activities in health and HIV/AIDS services Support for thematic solicitations by the CSF basket for proposals by smaller organisations for similar work with selected vulnerable groups

Sub-Component	**Immediate Objectives/Outputs**	**Activities**
B.2. Support selected NGOs that are competently providing essential AIDS services, with special attention to selected regions of the country that are unequally affected by HIV/AIDS and service inequities, e.g., due to the prolonged conflict and intense poverty in the Northern part of Uganda	B.2.1 Selected NGOs, including TASO and Hospice Africa Uganda (HAU), enabled to contribute substantively to NSP targets for provision of care and treatment services	Support targeted solicitations with TASO and HAU via CSF basket and pooled donor funds – for provision of HIV/AIDS treatment and care services, including palliative care, as per NSP priorities Support thematic solicitations by CSF basket for smaller proposals by CSOs for HIV/AIDS treatment and care activities with selected vulnerable groups Support for capacity building with partner organisations for enhancing results-based M&E of care and treatment outcomes
	B.2.2 Enhanced access to quality HIV/AIDS services in affected regions, including counselling and testing, PMTCT, integrated HIV and RH services, STI management, treatment for opportunistic infections, ARVs; and anti-poverty measures for affected households	Support for targeted solicitations with TASO via the CSF basket and pooled donor funds – for improving provision of HIV/AIDS services (prevention, care and treatment) in conflict affected and other vulnerable regions Support for thematic solicitations by the CSF basket for proposals by smaller organisations for similar work with selected vulnerable groups

Summary of Danida support 2010-2015

Danida's support from 2010 to 2015 is summarised below, outlining the components, sub-components, intended beneficiaries, strategic outputs, expected outcomes, and relationship with the objectives in the NSP[2]:

Components and sub-components	Intended beneficiaries	Strategic outputs	Expected outcomes – per goals & objectives in National HIV/AIDS Strategic Plan
Component A. Enhancing Ugandan national coordination & leadership			Contribute to Goal 4: to build an effective system that ensures quality, equitable and timely service delivery
A1. Coordination & leadership of national response	All Ugandans	Strengthened Uganda AIDS Commission and national response	Contribute to Obj. 17: to effectively coordinate & manage the response at various levels
A2. Catalysing research coordination & knowledge management	Most at Risk Populations, Civil Society Organisations, Ugandans	Improved research utilisation, addressing gaps and priorities identified in the National Strategic Plan	Contribute to Obj. 19: to strengthen national capacity to undertake and coordinate priority HIV/AIDS related research and utilise outcomes
A3. Strengthen systems to promote integration of reproductive health & HIV/AIDS prevention	Women, couples, & youth	Improved service delivery of HIV and reproductive health activities. Female condoms widely available	Contribute to Obj. 9: to integrate prevention into all care & treatment services
Component B. Strengthen Civil Society engagement in HIV response			Contribute to Goal 1: to reduce the incidence of HIV by 40% by 2012
B1. Scale up/out of local Civil Society Organisations in HIV response, especially for prevention	Sexually active & at risk Ugandans	Increased support to Civil Society organisations for HIV prevention, especially with Most at Risk Population groups	Contribute to Obj. 1: to accelerate the prevention of sexual transmission of HIV through established as well as new and innovative strategies
B2. Focussed funding for strategic priorities within the Civil Society Fund approach, e.g., develop innovative prevention strategies for Most at Risk Populations, and core support to selected strategic national scale Civil Society organisations	Most at Risk Populations, women, youth, etc.	Strategic NGOs supported to continue innovation and implementation at national level	Contribute to Obj. 1: to accelerate the prevention of sexual transmission of HIV through established as well as new and innovative strategies

The indicative budget for 2012 to 2015 below indicates the "arrangements" and "recipients" of the funding.

[2] Danida (2010) *Programme Document: Support to HIV/AIDS Programme in Uganda 2010-2015*. Ministry of Foreign Affairs, Copenhagen.

Indicative budget 2012-2015 by objective, recipients and beneficiaries (in DKK million)[3]

Component addressed	Sub-component	Arrangement	Recipients	Beneficiaries	Total
Component A. Enhancing Ugandan national coordination & leadership	A1. Coordination & leadership of national response	Via Partnership Fund with Partnership Committee oversight. Irish Aid as lead partner.	Uganda AIDS Commission	All Ugandans	**20**
	A2. Catalysing research coordination & knowledge management	Via mechanism to be decided; joint basket as preferred option. DfID as the lead partner.	Local institution to be decided pending DfID review	Most at Risk Populations, Civil Society Organisations, Ugandans	**15**
	A3. Strengthen systems to promote integration of reproductive health & HIV/AIDS prevention	Joint reproductive health equipment basket implemented by UNFPA	UNFPA	Women, couples, & youth	**20**
Component B. Strengthen Civil Society engagement in HIV response	B1. Scale up/out of local Civil Society Organisations in HIV response, especially for prevention	Via Civil Society Fund (Joint Civil Society basket fund) management, with Request for applications on key topics. Danida as lead partner	Civil Society Organisations	Sexually active & at risk Ugandans	**55**
	B2. Focussed funding for strategic priorities within Civil Society Fund approach, e.g., develop innovative prevention strategies for Most at Risk Populations, and ensure core support to selected strategic national scale Civil Society Organisations	Via Civil Society Fund. Danida as lead partner	Civil Society Organisations	Most at Risk Populations, women, youth, etc.	**80**
Administration & management	To be decided, pending Uganda AIDS Commission audit & Partnership review	To be decided	To be decided	National institutions	**10**
			Totals		**200**

[3] Danida (2010) *Programme Document: Support to HIV/AIDS Programme in Uganda 2010-2015*. Ministry of Foreign Affairs, Copenhagen.

Assessment of the Logical Frameworks of Danida support 2007-2012

The LFAs 2007-2010 and 2010-2015 appear clear to the evaluation: they relate directly to the Ugandan NSPs, and in the case of the second programme document, specifying which objectives in the NSP, the Danish support is supposed to contribute to.

The descriptions and evidence presented in both the NSPs and the programme documents further explain and justify the strategies (and in the case of 2007-2010 the activities) chosen. Interviews with key informants confirmed that the profile of Danida's support was well known, understood and appreciated[4].

According to the evaluation, it would have facilitated the coordination, support, and risk management of the NSP, if the assumptions and risks had been more explicit in the design and used as part of on-going monitoring, e.g. the assumptions that UAC would provide sound financial management, that the NSP would be implemented with the intended balance between the components of prevention and treatment and a focus on MARPs, and that the MOH would have sufficient capacity to fulfil its expected role.

The evaluation considers **the mechanisms chosen** for transforming inputs to outputs by means of "activities" (in the 2007-2010 LFA) and "arrangements" (in the 2010-2015 LFA) **mostly effective** in terms of attaining the listed outputs and promoting the attainment of the NSP goals, i.e. through CSF basket funding and earmarked funding to TASO, STF and HAU within the basket, as well as through direct funding to SRHR via UNFPA, and to MARPs via the MARP Network. Unfortunately, basket funding through the PF became ineffective through the mismanagement of funds in the UAC in 2008.

The earmarking of support within the CSF basket to three national NGOs ensured that they were able to continue and expand their services and further develop their strategic roles in civil society (A table at the end of this annex shows details of the assessment of the three NGOs).

The direct funding to UNFPA and the MARP Network has enabled the important areas of SRHR and promotion of the role of MARPs to go ahead and to inform the debate about how best to support these strategic areas.

The Extent to Which Outputs of the Danida Support were attained

The tables below show **a narrative summary of the extent to which outputs of the Danida support were attained.** More detailed explanations are given in the main report and in the table at the end of this annex.

2007-2010 Outputs	Attainments
A.2.1 Capacity of UAC built at national level to support evidence-based programme planning, results-based M&E, critical operational research and mainstreaming of HIV/AIDS in sectors and programmes A.2.2 Capacity built at UAC for advocacy and communication about priority HIV/AIDS issues	Through its collaboration with GoU in the APF and contribution to the PF and CSF, Danida support has contributed to increased capacity in UAC at national level in terms of evidence-based programme planning and mainstreaming. The areas of M & E, operational research and advocacy and communication have advanced less due to slowdown in support to PF since 2008
B.1.1 Large and small initiatives for improving HIV prevention programmes supported to achieve their targets, including national and regional level prevention activities of STF and TASO	Through earmarked support within the CSF basket, TASO and STF have been able to improve and expand their prevention activities considerably

[4] Interviews with key informants in USAID, Irish Aid, UAC, TASO, Straight Talk, HAU, MARP Network, UNFPA.

B.1.2 Scaling up programmes that effectively integrate SRHR and HIV/AIDS prevention activities leading to wide improvements in the delivery of integrated SRHR and HIV prevention services in health and HIV/AIDS services	Through direct support to UNFPA (including RHU, MOH, and four FBOs) a major SRHR programme in 13 districts is being implemented and provides strategic guidance to integration of SRHR and HIV/AIDS prevention activities at national and district levels (see table at end of this annex)
B.2.1 Selected NGOs, including TASO and Hospice Africa Uganda (HAU), enabled to contribute substantively to NSP targets for provision of care and treatment services	Through CSF funding, TASO, HAU and CSOs have been able to contribute substantively to NSP targets for care and treatment
B.2.2 Enhanced access to quality HIV/AIDS services in affected regions, including counselling and testing, PMTCT, integrated HIV and RH services, STI management, treatment for opportunistic infections, ARVs; and anti-poverty measures for affected households	Through CSF funding, comprehensive care services have been improved and become more readily available in a number of vulnerable areas, although the intended support to (former) conflict areas is currently provided by other donors
2010-2015 Outputs	**Attainments by end 2012**
A.1. Strengthened Uganda AIDS Commission and national response A.2. Improved research utilisation, addressing gaps and priorities identified in the National Strategic Plan	The capacity building and strengthening process of UAC's leadership role continues although many of the concrete activities, such as strengthening of the M & E Unit and coordination of research have not progressed as planned
A.3. Improved service delivery of HIV and reproductive health activities. Female condoms widely available	The SRHR Programme run by UNFPA has improved HIV and reproductive health services, especially for youth (see table at end of this annex), contributed to revision of the MOH condom policy and strengthened the relevant MOH Unit, and increased access to free male and female condoms of quality. Anecdotal evidence indicates behaviour change among youth in the programme areas.
B.1. Increased support to Civil Society organisations for HIV prevention, especially with Most at Risk Population groups	Danida supports CSOs serving MARPs via the support to CSF with the gaps and targeting problems analysed in the main report. Moreover, Danida supported as one of the first donors the establishment of the MARPs Network, which is still in an initial phase of functioning
B.2. Strategic NGOs supported to continue innovation and implementation at national level	Besides continuing to support TASO, STF, and HAU through the CSF as well as UNFPA and the MARP Network directly, Danida has funds for supporting other strategic NGOs to continue innovation, implementation and networking at national level, preferably through the CSF

In conclusion, Danida, in collaboration with GoU and the other donors, has made an important contribution to the achievements of the NSPs 2007-2012, as evidenced further in the main report.

Amounts budgeted and spent by programme, components and sub-components, and for programme management

The tables below show the approved budgets for Danida support 2007-2010 and 2010-2015 as well as disbursements by (sub)components and years 2007 to 2012.

Table: Danida Assistance to the Ugandan AIDS Response Total Budget 2007-2010[5] and Disbursements (indicated in red[6]) in DKK:

Components	Details	2007/08	2008/09	2009/10	Total
***Component A*: Enhance National Coordination and Leadership**	***AIDS Partnership Fund, UAC***	5,000,000/ 5,000,000	5,000,000/ 4,000,000	5,000,000/ 6,804,000	15,000,000/ 15,804,000
***Component B*: Promote Effective Civil Society Contribution to National HIV/AIDS response**	***CSF Basket Fund***	23,500,000/ 15,000,000	25,00,000/ 25,985,518	25,00,000/ 33,779,970	73,500,000/ 74,765,488
	STF	6,000,000	7,000,000	7,000,000	20,000,000
	TASO	10,000,000	10,000,000	10,000,000	30,000,000
	HAU	1,000,000	1,500,000	1,500,000	4,000,000
	Other CSOs	6,500,000	6,500,000	6,500,000	19,500,000
Programme management	***Admin and Audit***	500,000	500,000	500,000	1,500,000
TOTAL		**DKK 29,000,000**	**DKK 30,500,000**	**DKK 30,500,000**	**DKK 90,000,000**

Table: Danida Assistance to the Uganda AIDS Response Total Budget 2010-2015[7] and Disbursements made 2010, 2011 and 2012 (indicated in red[8]) in DKK:

Components	Details	2010/11	2011/12	2012/13	2013/14	2014/15	Total
Component A Enhancing Ugandan national coordination & leadership	*A1 AIDS Partnership Fund*	4,000,000/ 11,000,000	4,000,000/ 2,000,000	4,000,000	4,000,000	4,000,000	20,000,000
	A2 Research coordination	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	15,000,000
	A3 Repro-ductive health UNFPA	4,000,000/ 7,552,752	4,000,000/ 4,415,802	4,000,000	4,000,000	4,000,000	20,000,000
Component B Strengthening Civil Society engagement in National HIV response	*B1 CSF Basket Fund*	11,000,000/ 9,000,000	11,000,000/ 33,666,260	11,000,000/ 8,700,000	11,000,000	11,000,000	55,000,000
	B2 Core support to selected national CSOs	16,000,000/ 1,653,834	16,000,000/ 2,663,209	16,000,000	16,000,000	16,000,000	80,000,000
Programme management	*Administration and audit*	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000	10,000,000
TOTAL		**DKK 40,000,000**	**DKK 40,000,000**	**DKK 40,000,000**	**DKK 40,000,000**	**DKK 40,000,000**	**DKK 200,000,000**

[5] Danida (2007) *Programme Document: HIV/AIDS Support: Strengthening Uganda's Response to HIV/AIDS 2007-2010*. Ministry of Foreign Affairs, Copenhagen.

[6] Data from Danida Uganda, May 24th 2013.

[7] Notes (2010) *Notes for Board Meeting 9th June 2011*. Ministry of Foreign Affairs, Copenhagen.

[8] Data from Danida Uganda, May 24thm 2013.

Total disbursements in the first phase, 2007 to 2010, were overall according to the original budget. In the second phase, adjustments were made in amounts disbursed in 2010, 2011 and 2012 with increased disbursements to the AIDS PF and no disbursements for coordination of research. There were increased disbursements for SRHR as well as substantially increased disbursements for the CSF basket and significantly reduced disbursements for core support to selected national CSOs.

The cost of programme management 2007-2010 (three years) was budgeted at 1.5 million DKK, or 1.67% of the total budget of 90 million DKK, whereas the cost for 2010-2015 (five years) is budgeted at 10 million DKK, or 5.00% of the total budget of 200 million DKK. In the current phase (2010-2012), the ET noticed an increased number of recipients and an increased involvement with the recipients in joint strategic planning, monitoring and evaluation.

Efficiency and effectiveness of the funding mechanisms

The ET assesses that Danida increased the efficiency of its support by aligning with other donors behind the NSP and by harmonising and coordinating civil society programmes through *the CSF basket fund*. By doing so, a synergistic multiplier effect was attained and transaction costs, including donor administrative support, were likely reduced. The widespread involvement of CSOs in care and support would not have happened without the CSF. *The PF (basket funding*) had the same potential to be an efficient and effective mechanism for support to the NSP in the areas of planning, coordination, knowledge management and monitoring and evaluation, but it did not fully materialise due to the mismanagement of funds issue.

On the other hand, a certain level of *earmarking funds within the CSF basket* for two major national NGOs (TASO and HAU), enabled them to expand and improve their services and capacity building of smaller CSOs and trainees, and thereby substantially increase the coverage, effectiveness (and quality) of care and support services.

The same applies to the third national NGO that received *earmarked funding within the CSF basket*: Straight Talk. Because of the earmarked funds from Danida, ST was able to maintain a focus on prevention among youth in general (their main area of expertise), while simultaneously focusing more on MARPs.[9]

The direct funding for UNFPA to spearhead integration of SRHR and HIV and AIDS among youth (see table at end of this annex), and to the MARP Network to mobilise the MARP CSOs likewise allowed underfunded NSP strategic priorities to move ahead and initiate changes at strategy level (MOH's new condom strategy, wider availability of male and female quality condoms, advocacy for MARPs) and implementation levels (youth friendly units in FBOs, capacity building for MARP CSOs). The recipients of Danida funding praised the relevance, timeliness and effectiveness of Danida earmarked and direct funding.[10]

The evaluation finds that the combination of basket funding, earmarking within the basket and direct funding was very relevant for this phase (2007-2012) as well as instrumental in contributing to attaining the objectives of the Danida support and of the NSP, while also acknowledging the extra administrative burden such funds put on Danida staff.

The evaluation further discusses the general efficiency of the joint donor support of Danida, USAID and Irish Aid to Uganda as well as the design, effectiveness, contributions to achieving

[9] Interview with key informant in ST.

[10] Interviews with key informants in TASO, ST, HAU, UNFPA, and the MARP Network.

the results of the NSP, relevance, successful and non-successful practices, sustainability and impact of the joint donor support in the main report.

Danida Support 2007-2010 to Strategic Partner National NGOs: TASO, Straight Talk, Hospice Africa

Component B: Strengthen Civil Society Engagement in HIV Response	**TASO**[11], founded 1987 Leading NGO providing holistic HIV and AIDS prevention, care and support services in Uganda Headquarter and training centre in Kampala, TASO centres in Entebbe, Jinja, Masaka, Mbale, Mbarara, Mulago, Gulu, Rukungiri, Soroto, and Tororo	**STRAIGHT TALK FOUNDATION**[12] founded in 1992 One of the leading NGOs developing and disseminating IEC aimed at youth Headquarters in Kampala, nationwide coverage. Five Youth Centres	**HOSPICE AFRICA UGANDA**[13] founded in 1992 Centre of Excellency for comprehensive palliative care, registered as NGO in Uganda 1998, incorporates the model hospice in Kampala, Mobile Hospice Mbarara and Little Hospice Hoima. All three hospices work with MoH Staff: 130 and numerous volunteers
Sub-component B2: Focussed funding for **strategic priorities** within CSF approach, e.g. develop innovative prevention strategies for MARP, and ensure core support to selected strategic national scale Civil Society Organisations	Focus is on providing care and support services for PLHIV, and providing public HIV & AIDS education in order to prevent further spread of HIV & AIDS	Focus is on empowering youth through life skills, information and communication, education, prevention of HIV, sexually transmitted diseases and pregnancies and through skills on living positively with HIV. STF has started to target MARP groups among youth such as sex workers. A peer group approach is used	Focus is on bringing modern methods of pain and symptom control, counselling and spiritual support to the patient (with cancer and or HIV & AIDS) and family, mainly in their own homes and hospitals
Strategic Outputs: Strategic NGOs supported to continue innovation and implementation at national level	In addition TASO supports other organisations and communities to provide similar services in their respective areas of operation. TASO primarily operates through/with government health	Overall Goal 2006-2010: To contribute to a healthy, educated, prosperous and peaceful Uganda by working with adolescents and adults to improve adolescent wellbeing, with a focus on empowering all adolescents, especially	In addition Hospice Africa Uganda offers a large and varied training program through their Education Department, which was recognised by the National Council for Higher Learning as a Tertiary Institute in 2010. Training accounts for 50% of Hospice Africa

[11] TASO Service and Programs; TASO Annual Report 2011; Interviews with key staff and beneficiaries at TASO Kampala, TASO Entebbe and TASO Masaka May-June 2013.

[12] Straight Talk Foundation Annual Report 2012; Interview with key staff in Kampala, May 2013.

[13] Some facts about Hospice Africa Uganda, April 2013; HAU Annual Report 2011-2012; Interviews with key staff and patients, HAU, Kampala, May June 2013.

	facilities Overall Goal for 2008-2012: *To contribute to the national and international efforts to achieve universal access to quality and comprehensive HIV prevention, care, support, treatment and impact mitigation services in an equitable and sustainable approach through enhanced partnerships.*	girls and adolescents living in poverty and in conflict areas, to stay in school for as long as possible, gain the skills to live secure and satisfying lives, protect themselves from HIV & sexually transmitted diseases and pregnancies, and live positively with HIV	Uganda activities Strategic Plan 2006-2011 **Goal:** To promote access to and increase the scope of palliative care provided in Uganda and Sub-Saharan Africa Strategic Focus Areas: **Focus Area 1: Palliative Care Excellence** **Objective:** To provide access to comprehensive, high-quality palliative care to people living with HIV and cancer and their families **Focus Area 2: Palliative Care Education** **Objective:** To provide stakeholders across the continuum of care with the knowledge, skills and abilities to integrate palliative care into their activities **Focus Area 3: Palliative Care Advocacy** **Objective:** To establish an effective advocacy programme for palliative care in Uganda and sub-Saharan Africa **Focus Area 4: Knowledge Building** **Objective:** To establish a knowledge-building practice for Hospice Africa Uganda that informs the acquisition and dissemination of information and knowledge within and outside of Hospice Africa Uganda **Focus Area 5: Organisational Strength** **Objective:** To strengthen organisational efficiency and effectiveness in the face of both growth and change
Intended	HIV infected people,	Youth in and out of	Patients with cancer and or

beneficiaries: MARP, women, youth, etc.	affected families and communities Youth Women MARP (SWs) Populations in conflict areas CBOs and staff working with PLHIV	school Youth (girls) living in poverty and conflict areas Populations considered vulnerable and at higher than average risk of HIV infection: fishing folks, uniformed personnel, long distance truck drivers, SWs, young couples, out of school youth and persons living with HIV Primary and secondary school students (disability and special needs programmes).	HIV & AIDS and their families Staff working with palliative care
Expected outcomes- per goals & objectives in NSP: Contribute to objective 1: to accelerate the prevention of sexual transmission of HIV through established as well as new and innovative strategies	TASO contributes highly to prevention of HIV through tried and tested methods as well as through innovative approaches, e.g. empowerment of SWs and counselling of discordant couples New approaches are documented and shared with other NGOs and CBOs	STF contributes highly to prevention of HIV, sexually transmitted diseases, and pregnancy through peer led communication strategies that have stood the test of time and through adopting new approaches, e.g. in working with sex workers	
Aid Modality	Core support via CSF (Earmarked support 2007-2010)	Core support via CSF (Earmarked support 2007-2010)	Core support via CSF (Earmarked support 2007-2010)
Other donors	Sida, DFID, PEPFAR,	USAID, Sida, DFID, Irish Aid, UNICEF, UNFPA and others	Charity shops in UK and France, USAID, Irish Aid
Duration	Three years	Three years	Three year
Organisation`s yearly budget			USD 3.3 million
Danida Support[14]	2007-2010: DKK 30 million	2007-2010: DKK 20 million	2007-2010: DKK 4 million
Main areas supported	Comprehensive HIV prevention services for HIV infected people, affected families and	1. To continuously improve the quality and coverage of STF's	1. Palliative care of patients with cancer and or HIV & AIDS 2. Production and provision

[14] Additionally 19.5 million DKK was allocated to other CSOs through CSF.

	communities in Uganda High quality comprehensive care, support, treatment and impact mitigation services for HIV infected people and their affected families Contributing to the human resource requirements of the national HIV response through institutional and community capacity building Contributing to a process of informing and influencing the global and national HIV response through operational research, modelling, documentation, policy development, advocacy, mobilisation and sensitisation Developing and promoting partnerships and collaborations in HIV service delivery for prevention, care, treatment and impact mitigation Contributing to enhancement of gender mainstreaming in HIV prevention, care and support services by TASO and partner AIDS service organisations Contributing to enhancement of HIV & AIDS prevention, care, support, treatment and impact mitigation services in conflict and post-conflict areas through appropriate service-delivery models Enhancing and mainstreaming the	communication projects for adolescents. 2. To increase the existing and to initiate new communication projects with adults and improve their quantity, quality and coverage. 3. To improve and expand the dimension and quality of STF monitoring, evaluation, research and advocacy. 4. To develop and sustain the organisational capacity of STF to carry out this strategy Newsletters, radio programs, videos, and publications are produced and training program conducted Life skills and economic empowerment are central topics of training programmes A comprehensive youth program with clinical and non-clinical services is offered in Karamoja. A “Livelihoods and Environment” programme (“Tree Talk” and “Farm Talk”) is supported by Danida	of oral morphine 3. Training of health staff in palliative care 4. Advocacy and training of staff from other African countries in palliative care

	MIPA principle in all forms of HIV service delivery by TASO Ensuring adequate financial, human and other resources and systems required for successful implementation of the 2008-2012 Strategic Plan. Additionally TASO has a strategic plan for support to Northern Uganda aimed at contributing to national efforts aimed at reducing the prevalence of HIV& AIDS and improving the quality of life of people infected with and affected by HIV& AIDS in northern Uganda		
Service data	PLHIV currently assisted: 90,000	In 2012: 39 weekly radio and social media shows in 17 local languages produced. Four issues (compared to 10 issues in 2011) of newspapers "Young Talk" (1,500,000 copies) and "Straight Talk" (840,000 copies) produced and distributed Newspapers called "Farm Talk", and "Tree Talk" were produced and disseminated in various local languages and in Braille 299 on-call visits to schools by STF staff 187 local leaders met 11 meetings with district leadership 306 peer educators trained	Patients in care March 2013: 1,740 Patients cared for to date: 21,818 Students completed various training programmes by March 2013: 8,785

		From 2010 to 2012, 4.5 million trees and 5.5 million seedlings were raised, and 337 teachers from 165 schools capacitated in climate change adaptation	
Coverage	800,000 out of app. 1,400,000 PLHIV are reached with services provided by TASO (ref.)	7,478 letters from listeners to radio shows (54% males and 46% females) in various local languages were received and replied 11,331 letters were received from listeners to "Young Talk" (YT) ST and "Straight Talk" (ST) from 46 districts. Slightly more females (51%) responded to YT, whereas more males (61%) responded to ST 56,903 young people were reached by STF staff on visits to schools 45 ST clubs reached 3,599 young people with outreach to 41,673 young people (19,075 males and 22,598 females)	Low coverage: Reaches app. 10% of those in need of palliative care in Uganda. Additionally 20,000 patients in 66 districts are cared for by staff trained at HAU People in Uganda without access to health care (57%) can now access palliative care through community volunteers
Relevance	The package of services available at TASO is highly relevant to most PLHIV and their families and communities. Attempts to adapt the services to the specific needs of MARPs e.g. CSW are made (Notes from visit with CSW, TASO, Entebbe)	The content, messages, methods and media used are recognised nationally and internationally as State of the art both in term of relevance and quality	Highly relevant services that are in accordance with the NSP and NOH guidelines. In general, they meet the needs of patients and their families to a very high degree. However, there are no specific attempts to reach and care for the specific needs of MARPs
Effectiveness	Examples of effectiveness was obtained from cases showing: -Pain relief -Longer survival -Better health, return to work and taking care of	Data on changes in KAP as a result of STFs work is not available It is, however, generally regarded as a well-established fact that STF has empowered youth over the years through changed KAP	Examples of effectiveness was obtained from cases showing: -Pain relief -Longer survival -Better health, return to work and taking care of family

	family -Income generation, less depletion of family resources -Social integration of patients, families, orphans -Less stigmatization, awareness of rights -Less drop out or loss to follow-up of PLHIV on ARV -Better self- care and skills in prevention of HIV Less drop out of OVCs from school	Other changes include: -Increase in uptake of HIV testing and counselling among young couples -More “Straight Talk” Clubs -Increased condom use -Peer educator led IGAs.	-Income generation, less depletion of family resources -Social integration of patients, families, orphans -Less stigmatisation, awareness of rights -Less drop out or loss to follow-up of PLHIV on ARV -Better self-care and skills in prevention of HIV
Cost and Efficiency	Services from TASO are free of charge. Data on cost-efficiency of the services provided are not available.	Newspapers are free of charge. A reduction in the number of issues of ST and YT from 10 per year to four per year happened in 2012 due to limited financial resources STF has made an enormous investment in and built up a specific and unique expertise in working with youth and HIV over 20 years. The consequences of the recent focus in CSF on MARP to the detriment of youth in general have to be balanced so that the investment can continue to “pay off”	Patients are asked to pay 5,000 USH per week towards the total cost of 76,000 (2012= USD 30) per week. About one third of patients can manage to pay, the rest (60%) are assisted to pay No additional cost to patients for transport, services, or other things
Impact	Data showing impact not available	Data showing impact not available	Data showing impact not available
Sustainability	TASO was originally a volunteer based organisation	Sustainability is increased by engaging youth as volunteers and peer educators So many young people learning life skills and HIV prevention does have a strong influence on KAP. At the same	Sustainability is increased by engaging community volunteers, training staff, and producing morphine on site. External funding will however be needed for provision of palliative care for the foreseeable future. HAU is working on raising

		time, it is well recognised that BCC has to be sustained over the years External funding will be needed for the foreseeable future	funds from the private sector in Uganda and abroad

Danida Support 2011-2015 to the UNFPA's Four Year Programme: "Support to Comprehensive Condom Programming and RH/HIV Integration through Youth Friendly Services" [15]

The four year-Danida-funded project contributes to Uganda's efforts to reduce new HIV/STI infections amongst men, women and youth and unwanted pregnancies among women and young girls. In line with Denmark' strategy for development cooperation the project contributed to priorities identified in Uganda's National Development Plan 2010-14 and to the outputs of 7th GOU/UNFPA Country Programme Action Plan. The project interventions were directed towards strengthening RH/HIV Integration with a focus on comprehensive condom programming and building the capacity of Faith Based Organisations (FBO"s) to deliver integrated youth friendly RH/HIV services. The key partners in the implementation of the project are the Ministry of Health (AIDS Control Program), the Reproductive Health Uganda consortium (consisting of CSOs including Uganda Health Marketing Group and the AIDS Information Center), and Faith Based Organisations (the Catholic Secretariat, Church of Uganda, and the Uganda Muslim Supreme Council). The project is implemented at national level, with an intensified focus on the eight UNFPA core districts as well as the five UNFPA sex work focus districts: Kampala, Kalangala, Gulu, Pader and Arua.

The project goal is to reduce new HIV/STI infections amongst men, women and youth and unwanted pregnancies among women and young girls in Uganda. The expected project outputs are:

1. Strengthened capacity of MoH and civil society partners for managing and implementing an efficient national comprehensive condom programme.

2. Strengthened capacity of FBO"s for provision of quality youth friendly integrated RH/HIV services.

The strategy for Denmark's development cooperation from 2010 supports fundamental sexual and reproductive health rights with an emphasis on improved access to family planning, modern contraceptives for men and women, and HIV prevention for vulnerable groups. The collaboration between UNFPA and Danida towards the identified goal ensures strong linkages between Danish bilateral and multilateral aid.

The results attained by April 2013 are shown in the table below[16]:

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[15] UNFPA (2012, 2013). *Support to comprehensive condom programming and RH/HIV Integration through youth friendly services.* Progress Reports July 2011 to April 2012 and May 2012 to April 2013.

[16] UNFPA (2013). *Support to comprehensive condom programming and RH/HIV Integration through youth friendly services.* Progress Report May 2012 to April 2013, Section III: Results.

Hierarchy of Objectives	Planned OVIs	Achieved OVIs	Remarks
Goal: To reduce new HIV/STI infections amongst men, women and youth and un wanted pregnancies among women and young girls in Uganda	-Increased Contraceptive prevalence rate is increased from 24% to 34% -Unmet need for Family Planning is reduced from 41% to 35% -Teenage pregnancy rate is reduced from 25 to 20% -20% increase in condom use during the last high risk sexual encounter, from 34.9% for women and 57% for men	Project interventions cannot be directly linked to the goal	-UDHS (2011) results indicate a CPR increase (all methods) from 24% in 2006 to 30 % in 2012 -Teenage Pregnancy UDHS 2011 reduced from 25% to 24% -The AIDS indicator survey (2011) shows a decline in condom use at last high risk sex
Outputs: 1. Strengthened capacity of MOH and civil society partners for managing and implementing an efficient national comprehensive condom program[17]	20% and 100% increase in number of male and female condoms procured and distributed through public and alternative distribution channels	There was no apparent increase in the number of condoms (both female and male) procured in 2012 compared to those of 2011 because there were delays in the delivery of the procured condoms for 2012	Only 36,288,000 male condoms of the 144, 000, 000 ordered for were delivered in 2012 and the rest have been delivered in February 2013 while 50% of the 2,400,000 FCs ordered for in 2012 were delivered in February 2013
	50% of service sites in UNFPA 7th Country Programme (CP) core districts have adequate condom training and demonstration aides	UNFPA has procured 1800 Female Condom demonstration models for partners delivering services in the UNFPA core districts. Distribution is done by MOH to the trained service providers. These are to cover 100% of the eight UNFPA core districts	These are being distributed by MOH to partners and will cover 100% of the service sites in the core districts

[17] Demand generation for condoms as an integrated part of prevention efforts is addressed through a four year Comprehensive Condom Program (CCP) funded by Danida and implemented through UNFPA. The CCP creates demand and increases uptake of condoms through a national multimedia campaign, through interpersonal communication activities and through youth friendly service delivery.

	At least 200 service providers trained in FC counselling and A total of 320 service providers have been trained in FC, counselling and AIC trained 120 private service providers in FC MOH has so far trained 200 service providers from promotion for dual protection[18]	A total of 320 service [19]providers have been trained in FC, counselling and promotion for dual protection	AIC trained 120 private [20]service providers in FC.MOH has so far trained 200 service providers from public HFs, from the eight districts of Kanungu, Rakai, Mubende, Kayunga, Mayuge, Bugiri, Tororo and Busia were trained in Female Condoms. The trainings were carried out by the national trainers on female condoms
2. Strengthened capacity of FBOs for provision of quality youth friendly integrated RH/HIV services	At least 50% of FBO health facilities and community centers have functional youth friendly services /corners delivering integrated RH/HIV services in UNFPA 7th CP districts	Faith Based organisations have set up a total of 15 functional. C.O. U= 5 YCs UCS= 3 YCs UMSC= 5 YCs SDA= 2 YCs	1. The Church of Uganda has established and equipped youth corners in five HFs in the eight UNFPA districts which include: Kyanamugera HCIII in Mubende District Kei HCIII in Yumbe District Buwata HC III in Mubende District Nyakatare HC III in Kanungu District KDDS HC III in Kotido District 2. The Uganda Muslim Supreme Council has established and

[18] Fishing communities on Kalangala are reached through the Comprehensive Condo Programme funded by Danida where UNFPA trough AIC is training VHTs on condom use and dual protection.

[19] As part of the Comprehensive Condom Program training of core training teams from major RH/HIV NGOs (AIC, MSU, TASO, AMREF, NACWOLA and RHU) has been carried out in support of cascade trainings within the organisations. Furthermore, UNFPA has procured and distributed job aides among members of the national CCP working group and trained public and private service providers in interpersonal communication, female condom counselling and promotion for dual protection, forecasting and stock management.

[20] The UNFPA SRHR project has also funded Uganda Red Cross Society to establish and manage an Alternative Condom Distribution Mechanism (ACDM). The ACDM was initiated in late 2011 in five UNFPA districts and three divisions of Kampala with the aim to strengthen HIV/AIDS prevention efforts by making condoms readily available through friendly distribution points for MARPs. Since its inception, more than 1,400 distributors, including boda riders, taxi/bus drivers, garage workers, saloon keepers and restaurant/bar attendants, have been trained in condom use and distribution, and close to 10 million condoms have been distributed through the alternative channels. As the ACDM has been an effective way to reach otherwise hard to reach populations, the mechanism is being scaled up in 2013.

			equipped five youth corners. These are: Kihihi mosque YC in Kanungu District Kakungube Health Centre in Mubende District Takwa mosque in Yumbe District Amwa mosque in Oyam District Tauba mosque in Katakwi District 3. The Uganda Catholic Secretariat has established and equipped three Youth corners in three Dioceses of Losilinga YC in Kotido district Kasambya YC in Mubende District Usuku YC in Katakwi district 4. The Seventh Day Adventists has established two YCs in the eight UNFPA. These include: Mubende Town Council YC in Mubende district Kihihi Town Council YC in Kanungu District
	50% of FBO schools have integrated sexuality education into extracurricular activities	FBOs are supporting the integration of sexuality education into extracurricular activities of a total of 72 The activities involved include: - Formation of school clubs - Development of standard guidelines on schools C.O. U= 19 schools UCS= 40 schools UMSC= 5 schools SDA= 8 schools	The activities involved include: - Formation of school clubs - Development of standard guidelines on integration of sexuality education into extra curricula activities - Training of patrons, peer educators and teachers on integration of SE into extracurricular activities

			- Integration of SE in school debates, drama, sports and music - Integration o SE in youth conventions (UCS)
	At least 300 service providers trained in youth friendly service delivery	750 service providers have been trained in YFS provision by all the FBOs	These include: i) Peer Educators =234 (UMSC=30, COU= 30, UCS= 114, SDA= 60) ii) Youth Corner management committee members=177 (UMSC=25, COU=108, UCS=30, SDA=14) iii) School teachers=227 (COU=0, UCS= 188, UMSC=20, SDA=19) iv) Health workers including school nurses =40 (COU= 10, UMSC= 10, UCS= 10 SDA= 10) v) Others including religious leaders & youth gatekeepers=72 (COU=5, UMSC=10, UCS=39, SDA=18)
	At least 22,000 youth reached with integrated RH/HIV services through outreaches	FBOs are now carrying out regular church/mosque based outreaches. YCs are also carrying out community outreaches by peer educators and YC counsellors especially to schools/churches/mosques. A total of 23,369 young people have been reached through these outreaches. UMSC= 3559 UCS= 5459 COU= 8740 SDA= 581 AIC at Catholic parishes= 5611	Several SRH services are provided during these outreaches and these include: - VCT - FP for some FBOs like COU & UMSC - STI screening and management - Cervical cancer screening

			- Health education – Distribution of IEC materials and information – Community dialogues

By April 2013, UNFPA had identified the following constraining and facilitating factors in the project implementation:[21]

Facilitating factors:

1. The existence of a national condom strategy enables stakeholders and implementers of the project to have strategic direction in executing the Comprehensive Condom Program;

2. The country has an SRH/HIV integration strategy which defines the entry points and linkages for integration;

3. A national youth friendly service package is defined in the existing Adolescent Sexual and Reproductive Health strategy and guidelines by the MoH;

4. A newly developed Adolescent Health working group at the MoH;

5. A partnership between the AIDS Information Centre and the Catholic Secretariat enabled the two organisations to harness each other's comparative advantages and increased access of young people to information and services. While the Catholic Secretariat uses its church structures to mobilise young people, the AIC provides the much needed expertise in HIV Counselling and Testing and FP to the young people;

6. The four FBOs implementing the project have organisational policies and structures that were used as entry points for Adolescent Sexual and Reproductive Health interventions, High level statements in support of integrating sexuality education into extracurricular enabled activities to be introduced in schools.

The constraining factors (or challenges) included:

1. The concept "Youth Corners" as defined in the Adolescent Sexual and Reproductive Health strategy has different meanings and connotations within the faith based communities. The Catholic health care system for example has no provision for youth corners within the Health facilities and do not promote FP especially condoms The Muslim community does not allow activities that may promote gambling among the young people including the introduction of some of the commonly used games like pool table. The SDA only promote FP among married people. These usually limit the scope of execution;

2. Faith-based organisations have limited structural capacity to accommodate Youth corners. They also face security issues, making it difficult to store expensive equipment;

3. Regular condom stock outs constrained the condom promotion campaigns;

4.Consumer feedback indicate that non-branded public sector condoms are not being accepted by the target population; however, MoH has changes its policy position and is now ready to promote and brand a public sector male condom. The promotion and branding exercise has been initiated with support from UNFPA and MSU. Lack of female condom brand limited the promotional campaign for female condoms since only generic promotion could be done.

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[21] UNFPA (2013). *Support to comprehensive condom programming and RH/HIV Integration through youth friendly services.* Progress Report May 2012 to April 2013, unnumbered page.