END OF PROJECT EVALUATION

FOR

FISHER COMMUNITY ANTI-AIDS PROJECT (FiCAP)

(2010-2012)

LOCATION:

NEBBI DISTRICT - UGANDA

PROJECT NUMBER:

VSF/001/2008

DATE:

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"Harnessing Potentials"

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Technical Support for Development, Humanitarian Assistance & Protection

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ACROYNMS

AFARD	Agency For Accelerated Regional Development
ADP	AIDS Development Partners
AIDS	Acquired Immune deficiency syndrome
ART	Anti- Retroviral Therapy
BCCE	Behavior Change Communication and Education
BMU	Beach Management Unit
CAO	Chief Administrative Officer
CBO	Community Based Organization
CFs	Community Facilitators
CSF	Civil Society Fund
CSO	Civil Society Organization
DAC	District AIDS Committee
DFPO	District Focal Point Officer for HIV/AIDS
DHO	District health Officer
DOVCC	District Orphans and Vulnerable Children Committee
FiCAP	Fisher Community Anti-Aids Project
FMA	Financial Management Agent
GOU	Government of Uganda
HC	Health Center
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IGA	Income Generating Activity
JSS	Joint Support Supervision
M&E	Monitoring and Evaluation
MEA	Monitoring and Evaluation Agent
NAADS	National Agricultural Advisory Services
NGO	Non Governmental Organization
NUSAF	Northern Uganda Social Action Fund
OVC	Orphans and other Vulnerable Children
PECs	Peer Educators and Counselors
PLHIV	Persons Living with HIV
PSS	Psycho-social support
PTC	Post Test Clubs
TMA	Technical Management Agent
UAC	Uganda AIDS Commission
UHMG	Uganda Health Marketing Group
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing

Executive Summary

Uganda AIDS Commission (UAC) through the Civil Society Fund (CSF) has been supporting AFARD to implement the Fisher Community Anti-AIDS Project (FiCAP) since 2008. Having successfully completed phase one (2008 – 2010) of the project, AFARD was supported to implement the second phase of FiCAP from July 2010 to June 2012. This report is based on the final evaluation of FiCAP phase II that was conducted in Nebbi district. The review was conducted in June 2012 by a private consultant. The evaluation aimed at assessing the relevancy, efficiency, effectiveness, impact and sustainability of this unique project, was guided by and limited to these objectives: 1) To establish the extent to which the project achieved its stated objectives; 2) To assess the sustainability of the HIV/AIDS interventions in the targeted communities; 3) To document innovations, lessons learnt, best practices and challenges; 4) To formulate key recommendations pertinent for informing future interventions.

To achieve the above objective the evaluation incorporated both quantitative and qualitative methodologies with a high involvement of CSO staff, beneficiaries, district/sub county health department and partners. The findings were as follows:

Relevancy – the project was found to be unique for its targeting fishing communities using a peer-to-peer approach. The project goal and objectives were found to be aligned well with national and district HIV policies and its interventions among the Most At Risk Populations (MARPs) makes it very relevant and desirable for achieving universal access to HIV prevention and treatment services.

Efficiency – FiCAP was efficient having achieved all its objectives within the approved budget. This was possible because of the skilled staff who were supported by the highly committed community volunteers that included Peer Educators-cum-Counselors (PECs), Community Facilitators (CFs) and Post Test Club (PTC) members.

Effectiveness – The project optimally achieved its objectives with only one output of distributing 64 cartons of condoms that failed due to stock-outs at the district. This was majorly possible because AFARD has built a highly credible and effective institution over the past 12 years that is trusted by the community and other partners including the district.

Though this evaluation could not exhaustively assess the impact of the project due to the short period of the assignment, there were some positive outcomes already as shared by beneficiaries and other partners. Most notably was the knowledge increase about HIV/AIDS that has led to increased demand for HIV prevention and treatment services. The community based approach where Community Owned Resource Persons (CORPs) are the foundation and core team of the project was found to be a good sustainability approach. The assessment identified some emerging issues that need to be considered for future programming. Gender was considered in all programming aspects of the project.

The report also presents some of the lessons learnt, challenges that affected implementation and some recommendations that could improve future programming by AFARD and its other partners.

The evaluator would like to thank AFARD staff, the various community volunteers and leaders for sharing their experiences and for implementing an interesting project. To CSF and other partners, thank you for supporting AFARD reach these very vulnerable communities – the fishing communities.

Chapter One

Introduction, Evaluation Objectives and Methodology

1.0 Introduction

Agency for Accelerated Regional Development (AFARD) has been implementing the Fisher Community Anti-AIDS Project (FiCAP) with funding from Uganda AIDS Commission (UAC)'s Civil Society Fund (CSF). The project has been funded in two phases, 2008 to 2010 and 2010 to 2012. FiCAP's second phase (July 2010 to June 2012) majorly focused on consolidating the achievements of phase one and replicating the project in new fishing villages to cover all the 8 villages. The CSO proposed to conduct an end of project evaluation for this phase to assess the relevancy, efficiency, effectiveness, impact and sustainability of this unique project. The evaluation would come up with recommendations for improved programming in the fisher communities.

1.1.1 Evaluation Objectives

This evaluation was undertaken by a private consultant, Luzze Fredrick of Ulinzi Innovations Consult- Limited in June 2012. The evaluation was guided by and limited to the following objectives.

1) To establish the extent to which the project achieved its stated objectives (i.e. the level of achievement of activities, outputs, outcomes and the overall objectives as stated in project proposal)
2) To assess the sustainability of the HIV/AIDS interventions in the targeted communities
3) To document innovations, lessons learnt, best practices and challenges (successes, what worked well, what has not worked well and the reasons why).
4) To formulate key recommendations pertinent for informing future interventions.

1.1.2 Methodology and Limitations

Methodology

In order to achieve the objectives of this evaluation, the consultant incorporated both quantitative and qualitative methodologies with a high involvement of CSO staff, beneficiaries, district/sub county health department and partners. This involvement was aimed at validating the information obtained from project reports and generating greater ownership and in-depth appreciation/reflection/learning of the intended and unintended programme outcomes. The data and information obtained from the different approaches described below was triangulated for a more rigorous and accurate analysis of the successes, best practices, existing gaps and recommendations.

The evaluation specifically used the following approaches and elements:

a) Document Review

Project document right from the design of FiCAP up to the submission of the final report were comprehensively reviewed and this partly provided the basis for the design of this evaluation. The project documents reviewed included among others; proposal, progress reports – both financial and programmatic, Nebbi district documents including the District Development Plan, and Sub-county reports, National HIV Strategic Plan 2007 – 2012, award contract, and implementation plans.

b) Key Informant Interviews (KIIs)

KIIs were conducted mainly with selected District officials that included; the Assistant CAO, District Health Officer, District Focal Point Officer for HIV/AIDS, Senior Medical Officer in Charge of Pakwach Health Centre IV, In Charge and Records Assistant Panyimur HCIII, and Beach Management Unit officials in Panyimur Fishing Village. Discussions with the district officials focused on the contribution of FiCAP to the district plans, involvement of district officials in project supervision, reporting to the district and any district concerns. More discussions on how the project has enhanced service provision, challenges encountered, emerging issues, how the district will sustain activities of the project and recommendations for future implementation were also held.

Interactions with key project staff including the Monitoring and Evaluation Manager, Program Manager, Field Officer in charge FiCAP implementation, and the Data Management Officer were done in both the entry and exit meetings. The Evaluator in the discussions sought to establish the performance of the project, identify factors that affected project implementation, major challenges encountered and benefits that accrued from the project to the CSO and the community at large. (*See Table III under Annex for details of KIIs and FGDs*).

c) Focus Group Discussions [FGDs]

FGDs were held with Post Test Club (PTC) members, Community Facilitators (CFs), Peer Educators-cum-Counselors (PECs), caregivers and OVC from selected project sites. Discussions with the FGDs were meant to establish the relevancy and sustainability of project interventions, the level of involvement of beneficiaries in the project cycle, the changes created in the lives of beneficiaries, their households and the community at large and recommendations for improvement of service delivery.

d) Observation

Observations by the evaluator were done through physical inspection of facilities and field visits. This partly formed basis for the evaluator's opinion regarding this project as shared in the relevant sections of this report.

1.1.3 Limitations

The evaluation depended solely on qualitative methods of data collection and analysis. Five days of fieldwork was certainly not enough to fully understand and appreciate the impact or consequences for the beneficiaries, their families and fishing communities targeted. Though the evaluator met different stakeholders of the project and heard their stories, to assess the degree of success in terms of impact in such a short time, would be difficult. However, the evaluator is grateful for all those who interacted with and shared their experiences, stories and views and hopes this report is a fair representation of the information assessed.

1.2 Background

1.2.1 HIV/AIDS Situation Uganda

About 28 years ago, Uganda became the first country to acknowledge the presence of the devastating Human Immunodeficiency Virus (HIV) epidemic that causes AIDS. To date, AIDS has continued to pose a significant public health and development challenge to Uganda. Epidemiology reviews indicate that the previously heralded decline in HIV prevalence from a peak of 18% in 1992 to 6.1% in 2002 may have ended with recent reports indicating a rise in the prevalence rate to 6.7% (UAIS 2011). The Mode of Transmission Study (MOT 2008) study

indicated that the risk factors responsible for the spread of HIV transmission are of two types, namely, modifiable and non-modifiable. The modifiable risk factors comprise of multiple partnerships, HIV sero-discordance, inconsistent condom use, infection with sexually transmitted infections (STIs) especially HSV-2, and lack of male circumcision while the non-modifiable factors include urban residence, older age, being married or formerly married, being female, and residence in northern Uganda, implying the need for focused interventions among these groups.

The epidemic is still predominantly 80% of infections attributable to heterosexual transmission. . Incidence modelling reveals that 43% of new HIV infections are among monogamous relationships while 46% are among persons reporting multiple partnerships and their partners (UAC, 2010). Worse still, evidence from program reports and research studies has revealed deterioration in most behavioral indicators amidst reports of complacency for HIV prevention at individual and organizational levels. Recent media reports from Ministry of Health indicate there are more than 2.3 million people living with HIV infection in Uganda today up from 1.8 million in 2005 (MOH press release 16.03.2012). Most worrying is the fact that comprehensive knowledge about the prevention and transmission of the disease is very low at 34% for women and 41% for men implying that either most messages are not reaching their target population or misinterpreted.

Over 2.5 million people in the country have died due to AIDS. Commercial sex workers (CSWs), their clients and partners of clients contribute about 10% of new infections annually. Nearly everyone has lost a close relative or friend to this devastating epidemic[1]. Uganda's National Development Plan (2010-15) demands accelerated HIV prevention in order to drastically reduce new infections by 2015.This is contingent not only on increased coverage and uptake of HIV prevention services, but also focusing on effective interventions. The rapid assessment of drivers of the HIV&AIDS epidemic and effectiveness of interventions (UAC 2006), the Roadmap (UAC, 2006) and the 2007/08 – 2011/12 National Strategic Plan (UAC 2008) all place emphasis on the acceleration of universal access to HIV prevention in addition to care and treatment. These strategy documents emphasize the need of a multi-sectoral approach to control the HIV epidemic in Uganda as stipulated in the Multi-sectoral Approach to Control of AIDS (MACA)[2]. The Approach calls for the involvement of everyone; individually or collectively to fight the epidemic at all levels within their mandates and capacities (UAC, 2010).

The National Strategic Plan for HIV/AIDS 2007/8-2011/12 which serves as a coordination tool for the national response sets priorities for three thematic service areas of Prevention, Care and Treatment and Social Support as well as outlining imperatives for strengthening systems for service delivery. Therefore all the different players should focus on these three thematic areas as they compliment government's efforts to ensure universal access to HIV prevention and treatment services and zero new infections.

The key populations at a higher risk (Most at Risk Populations - MARPs) require critical and urgent attention. MARPs are groups defined as being hard to reach and as not benefiting from general population programmes. They usually spend most of their awake time at work, are highly engaged in transactional sex and stigmatized, and have daily income because of their cash businesses. One such group is the fishing communities. A sero-behavioral study conducted among 911 participants in 46 fishing communities in Lake Victoria Basin of Uganda in 2010

[1] UAC (2011) National HIV Prevention Strategy 2011 - 2015. Uganda AIDS Commission, Kampala.
[2] National HIV Status in Uganda

found HIV prevalence to be 22% among those surveyed (MEEP, 2011). Innovative programs focussing on groups of people with such characteristics and addressing their plight are critically needed and should be supported. One organization that has responded to that effect is AFARD under its Fisher Community Anti-AIDS Project (FiCAP).

1.2.2 Nebbi District Profile

Population

Nebbi District[3] is located in the North-Western part of Uganda (West Nile). It is bordered by Nwoya district in the East, Buliisa in the South-East, Democratic Republic Of Congo in the West and South and Arua district in the North. Nebbi district has a projected population of 328,600 - 155,900 male and 172,700 female (Male: 48%; Female: 52%), growing at the rate of 2.7% per annum.

Table I: Showing Population Composition in Targeted Sub Counties

Sub County	Households	Males	Females	Total Population
Panyimur	3,571	12,300	13,300	25,600
Pakwach Rural	1,386	8,800	9,600	18,400

Social Economic

Nebbi District ranks among the poorest districts in Uganda, with a Human Development Index (HDI) of 0.399 (HDI Ranking by Districts, 2004 in UNDP's Uganda Human Development Report, 2005) The same report, in looking at Human Poverty indices by districts, ranks Nebbi District as the 6th poorest district in Uganda, out of 56 then, with human poverty index of 43.4.

Natural Resource Endowment and Livelihoods

The district has a total surface area of 2,014 square kilometers, of this, 83.19% is arable land, 2.91% game reserve, 6.4% swamps and open water and 7.5% forest reserves. Over 85% of the district population is engaged in subsistence farming. Much of what they produce is consumed at the household level and less than 40% is marketed. Nebbi District is endowed with major surface water bodies that include Lake Albert and the Albert Nile with dendrites and the tributaries that originate from the upland terrain. The major perennial rivers include the Nile, Ora and Namrwodho although the water volumes fluctuate due to changes in climate and human activities. Nebbi district is endowed with a wide range of fish species, which provide livelihood opportunities through fishing to communities that live along these water bodies.

HIV/AIDS Situation in Nebbi District

The AIDS pandemic remains one of the main development challenges of the district. According to the District Strategic Development Plan (2010/11-2014/15), the HIV prevalence as from ante natal sites stands at about 3.4% and HCT prevalence of 4.3%. There are fears that due to reduced emphasis on the provision of comprehensive HIV prevention services, the district is likely to be experiencing an increase in the prevalence rates. It is estimated that HIV prevalence now is 6.3% for adults beyond 18 years, 8.8% for the population below 18 years and 4.2% for pregnant

[3] This data represents Nebbi District before Zombo District was curved out.

women.[4] There is also a rise in the numbers of orphans and dependants that translate into socio-economic stress.

The provision of comprehensive HIV treatment services has been quite slow in the district over the years with most services being established in the last three or so years. Whereas some VCT was being done at the hospitals and Goli HC, five VCT sites were established with the help of Aids Information Centre (AIC) at Nebbi, Angal Hospitals and Pakwach HC IV. ARV services were opened in Nebbi Hospital in 2007 by Joint Clinical Research Centre (JCRC) with support from USAID. At the time of commissioning the 2010/11-2014/15 District Strategic Plans, HCT service coverage was low with only 21 Health units out of 38 offering this service. PMTCT services were being provided in only 17 health units out of 38, and there were only 3 health units out of 38 offering ART services worsened by the poor access to co-trimoxazole for prophylaxis. The linkages between HIV and TB also remain weak as the laboratory capacity in the district is poor both in quality and quantity. This is made worse by the irregular and inadequate supply of both HIV and laboratory reagents and supplies.

Ambitions for the provision of comprehensive HIV prevention and treatment services by the district include; increasing access to HIV/AIDS services by enabling all HCIII to offer VCT and PMTCT, providing ART in at least 10 sites, increasing access to HCT services by having 2 outreaches from each health unit per month, encouraging male participation in maternal health services including ANC and PMTCT, training 20 more health workers in Routine Testing Counseling (RTC) every year and supporting TB/HIV collaboration by having all TB Diagnostic sites test 100% of TB patients for HIV. With support from Baylor-Uganda, provision of ART services has grown from 3 to 8 active sites with over 4,000 people supported with ARVs as at 16.06.2012. HIV coordination mechanisms in the district that include the DAC, DHAT and VHT committee structures have been weak since the phasing out of the AIM Project in 2006.

1.2.3 Project Synopsis

In 2008, AFARD received a two year grant from the Uganda AIDS Commission (UAC) through its Civil Society Fund (CSF) to implement the Fisher Community Anti-AIDS Project (FiCAP). The project focused on Behavior Change Communication and Education (BCCE) by promoting abstinence among the youth and in doing so contributing to the reduction of sexual transmission of HIV among five fishing communities located along the shores of Lake Albert and the River Nile in Panyimur Sub County, Jonam County of Nebbi District. During implementation this phase (2008 to 2010), evidence from VCT sites indicated that VCT attendance positivity rate was 20-30% as compared to 10-15% in other parts of the district and 6.7% nationally. This high prevalence was attributed among other things to the precarious sexual lifestyle of fisher folks, inadequate information about HIV/AIDS, and the weak integration of biomedical approach to prevention. Therefore, FiCAP needed to strengthen and expand its prevention efforts so as to reduce transmission of HIV in the targeted fishing communities.

Therefore, in July 2010, AFARD received additional funding from CSF to implement FiCAP for two more years (July 2010 to June 2012). The overall objective of this extension phase was to contribute to the reduction of sexual transmission of HIV among fishing communities in Panyimur and Pakwach Sub-counties in Jonam County, Nebbi District, FiCAP phase two aimed at consolidating the achievements of phase one, and replicating the project in 3 other fishing villages.

[4] DFPO for HIV/AIDS (2012)

This was done to ensure that all the 8 fishing villages in the targeted sub-counties are reached with comprehensive HIV prevention services. To achieve this, implementation of FiCAP II was guided by the following specific objectives:

(i) To establish and strengthen a cadre of 96 local change agents capable of sustaining HIV prevention (and mitigation);

(ii) To promote positive behavior changes (sexual practices) in 8 epicenter fishing villages;

(iii) To increase correct and consistent condom use.

At a cost of 398,381,139 UGX, the project intended to directly target 11,600 out of 59,115 people in the 5 fishing communities targeted under phase one and 3 new fishing communities of Pakwach sub-county namely; Mukale, Mangele and Povona. The project was to continue supporting the sustenance of old Post Test Clubs (PTC) and formation of new PTCs in the new communities to provide comprehensive HIV prevention activities. Expected results of FiCAP II included; increased abstinence among young people, increased fidelity among married couples, reduction in multiple sex partners, reduction in transactional sex, reduction in intergenerational sex; and increased consistent and correct condom use.

The main approaches proposed to achieve FiCAP II's objectives included; social category peer-to-peer learning based on local area sensitive ABC education, biomedical promotion (especially VCT, condom use, and PMTCT in liaison with the district medical department), use of multi-channel communication, and economic empowerment for community care and support.

Chapter Two
Findings and Analysis

2.1 Relevancy of Goals and Objectives

FiCAP was designed with the goal of contributing to the reduction of sexual transmission of HIV/AIDS among fishing communities in Panyimur and Pakwach SCs of Jonam County-Nebbi. This goal fits well with the National HIV/AIDS Strategic Plan (2007/08-20011/12) national goal on prevention which is to reduce the incidence rate of HIV by 40% by the year 2012. Similarly, the FiCAP goal is aligned and contributes to the goal of the National HIV Prevention Strategy (2011-2015) that aims to reduce HIV incidence by 30% from the 2009 levels which will result into a 40% reduction of the projected number of new infections in 2015. Such a project as FiCAP is what the government highly desires in order to achieve national targets and ensure universal access of HIV services.

By targeting fishing communities, FiCAP interventions served one of the Most At Risk Populations (MARPs) as defined in the Uganda National HIV/AIDS Prevention Strategy (2011-2015) as groups that need special attention. HIV prevalence among the fishing communities is said to be between 4 and 14 times higher than the national average prevalence rate for adults aged 15-49. HIV and AIDS account for 57.8 % of deaths and 26.3% of illnesses among the fishing communities around Lake Victoria (NAADS, 2003). The situation may not be different for fishing communities in the West Nile Region.

According to the National HIV/AIDS Prevention Strategy (2011-2015), "vulnerability to HIV stems from their perceived hyper-masculinity norms and subcultures of risk taking". Fishermen are often detached from their families for long periods, and have little appreciation of marriage and fidelity. They have daily cash income that they use for commercial sex and casual sexual relationships. Landing sites also attract sex workers another most at risk group. Recent data shows that sex workers have 5-6 times higher prevalence of HIV compared to the general population. It is estimated that sex workers, their clients and partners of the clients contribute 10 percent of new HIV infections in Uganda. Health seeking behavior including for HIV prevention services in Fishing Communities is often poor and services are often unavailable or offered at inaccessible time. This group needs dedicated and targeted comprehensive HIV prevention services tailored to their life style. FiCAP's design of using Peer Educators cum Counselors (PECs) ensures that the various groups of people within the fishing villages are reached by their own fellow members of the community.

In regard to the Nebbi District Strategic Plan, FiCAP interventions were contributing to increasing demand for VCT, PMTCT and ART services now being provided at HC III and HC IV in Panyimur and Pakwach Sub-counties. District Health officials expressed great appreciation for the project especially given the fact that it was targeting communities that were not being reached by other actors. It was also observed that the project was filling in gaps created by the de-emphasis of the provision of comprehensive HIV/AIDS prevention services by most HIV/AIDS actors as effort was being put on the rolling out of treatment services. It was also proposed that there was need for AFARD to expand its scope of interventions to include Safe Male Circumcision and to cover the remaining fishing communities

AFARD works well with district and local government to identify areas of operation. Likewise,

the target areas for FiCAP were selected in consultation with the district and other stakeholders. This ensured no duplication of services with other development actors and increased the relevance of the project to the needs of the areas where FiCAP is implemented. For example during interactions with the DHO, the evaluator was informed that the district appreciated AFARD for reaching the fishing villages as the district did not have the capacity to extend comprehensive prevention to such locations.

After completing phase one conducted a KAP status study on HIV/AIDS that showed that although there was an increase on knowledge about HIV/AIDS, its modes of transmission, symptoms, prevention, and risk factors, there was still need for continuation of prevention interventions.

2.2 Efficiency

FiCAP was found to be generally efficient with all its objectives achieved within the planned budget. For example to reach 59,115 persons with comprehensive prevention messages, 185,134,900/= [5]was spent for objective two over the entire second phase of the project making the cost per capita at 3,131/= which was found to be very efficient especially given the fact that project targets were being reached with several messages through a multi-channel communication approach. It would not have been obvious for any other implementer to achieve similar results at a lesser cost. This was possible due to number of factors. These included:

- Before the commencement of the project, AFARD had accumulated programmatic experience and also learnt important lessons from implementing a similar project in Dei and Singla Fishing Villages funded by the Irish AID. For example, when it came to identifying and selecting volunteers to work as PECs and CFs, rigorous screening was done in consultation with the respective fishing communities to select reliable and dependable community resource persons that the community trusted. It is this caliber of persons that have been responsible for the success of the project and sustaining its activities.
- AFARD conducted a KAP baseline study before the commencement of the project. This gave the CSO fair knowledge of the communities that they were going to deal with and ensured the most efficient means are used to reach all the people – for example all PECs were assigned a specific number of people in their communities to serve.
- AFARD has had a very good collaboration and working relationship with the relevant District Authorities. This collaboration enabled AFARD to access some of the services required for implementation of FiCAP free of charge such as condoms and human resources. This relationship led to the quick acceptance of the project in the communities as AFARD was working with people already known in the communities.
- The unique and systematic developing/packaging of HIV/AIDS prevention messages was also cited as a contributing factor to the successful implementation of the project. Messages were developed and tested on a quarterly basis in consultation with the readily available community resource persons - PECs, and then tailored to suit the interest of different age groups/peers and communities. Translations into the different languages would quickly be done. Though producing community tailored BCCE messages is known to be tedious and takes a long time, AFARD for each quarter would produce a particular BCCE message and then disseminated through different modes that included I.E.C Posters, Video Shows, MDD

[5] AFARD April to June Financial Report.

shows, Radio, PTC meetings etc. The messages are shared with district staff that also support and monitor the delivery of the messages. This approach helps leverage the "adult learning curve" where hearing alone has higher losses than when different modes of communication help reduce such losses making FiCAP's prevention approach efficient. The impact created by the messages is then monitored by Field Officers who receive feedback from the project targets.

- AFARD conducted dialogues with religious and traditional leaders to interest them in supporting HIV prevention activities in their communities. With their influence in communities AFARD observed that initiatives supported by religious and traditional leaders are quickly and easily embraced by the communities. Therefore, with the religious leaders AFARD dialogued about their attitudes towards the use of condoms as a means of prevention against HIV/AIDS, while with the traditional leaders discussions focused on harmful tradition practices like Keny (marriage ceremonies that expose youth to risks of infection to HIV/AIDS and other STIs). For example, after discussions with the religious leaders it was observed that there was reduced de-campaigning of the use of condoms. So AFARD has succeeded in relaying a complete ABC message through a number of channels including religious and traditional leaders. Traditional leaders like the Rwot of Panyimur have been directly involved in PTC activities.
- Besides FiCAP, AFARD has other projects such as water and sanitation that complimented the resources of FiCAP through synergies and linkages. This improved the efficiency of FiCAP as logistical and human resources are shared without over straining a single aspect.
- AFARD reported to have enjoyed a supportive working relationship with CSF that included capacity building and characterized by quick responses from Grant managers. This enhanced a smooth and systematic implementation of the project. Other benefits that have accrued to AFARD in the process of implementing FiCAP include; the streamlining of its HIV/AIDS programming, improved data collection and management capacity and improved organizational profile as a key HIV/AIDS Actor in the region.
- The organizational structure of AFARD ensures strong coordination and information flow and facilitates efficiency thereby reducing duplication and minimizing time loss. Most of the top management has a direct link to the project and this ensures timely feedback and technical backstopping.
- The presence of Community Owned Resource Persons (CORPs) such as PECs, CFs, PTCs, etc in communities with bicycles for mobility and logistical supplies such as generators, PAS and video sets facilitates communication and quick, efficient responses to communities. This reduces the opportunity for small challenges to grow and stops problems before they become expensive or threaten the success of the projects. They are able to reach more people as they do community tailored activities, for example, 8 drama sessions were planned but the CSO was able to conduct 44 drama shows.
- AFARD has well established offices built on their own land something that has reduced the cost of investing in fixed assets from the limited FiCAP funds. Therefore most of the project funds went directly to project interventions. Regular review meetings enabled routine reflection on progress made and challenges experienced; eliciting relevant locally sensitive solutions; allaying suspicions and fears; building accountability and trust, and adjusting project activities as deemed appropriate

While AFARD has a record of implementing projects well and efficiently and also has a strong partnership with the district, the CSO should also explore opportunities of working with other local partners (service providers) so as to provide holistic HIV services to the fishing communities that may be more cost-effective.

2.3 Effectiveness

Under this section the evaluator examined the extent to which FiCAP objectives were fulfilled. In its 12 years of existence, AFARD has built a credible effective institution with a culture of honesty, openness, innovations, high sense of voluntarism as well as transparent and accountable partnerships with development partners and beneficiaries. While implementing FiCAP, the CSO did not divert from this already instituted culture that enabled the effective achievement of objectives. Besides reports, interaction with the various stakeholders and partners confirmed AFARD's effectiveness. Apart from the failure to distribute the proposed 64 cartons of condoms over the 2 years of the project---and this was not in their control, all other proposed activities of FiCAP were optimally achieved with some cases exceeding the targets. The failure to distribute condoms as proposed was a result of constant stock-outs at the district. Details of achievements under each objective are highlighted below. (*Please see Table V in the Annex for all outputs).*

Objective 1: To establish and strengthen a cadre of 96 local change agents capable of sustaining HIV prevention (and mitigation)

This objective was fully achieved with all activities implemented as per the proposed schedule. Key interventions included:

- To consolidate gains from the first phase of the project, AFARD continued to support 5 PTCs in the 'old' Fishing Village of Angumu, Wathparwoth, Kayonga, Wangkadu, and Mututu in Panyimur Sub-county to prevent the further spread of HIV through conducting BCCE activities and operating community based health insurance schemes (Savings and Loans) to support their members especially those living with HIV/AIDS. The project was able to retrain the 60 old PECs in order to strengthen and enrich their roles in the PTCs and communities they serve.
- AFARD expanded FiCAP interventions to cover three new fishing villages of Mukale, Mangele and Povona in Pakwach Sub County where 36 new PECs were identified, trained and equipped to conduct BCCE and also supported to establish 3 new PTCs. The 36 PECs also had refresher training in data management.
- AFARD procured various vital equipments and distributed to PECs to facilitate them do their work effectively in the communities. Equipments procured included; bicycles, generators, video sets, Public Address Systems (PAS), wooden dildos, video tapes, T-shirts and laptop computers.
- To strengthen the capacity of PTCs to sustain their activities, 365 members drawn from 8 PTCs were trained in participatory leadership planning, resource mobilization and loan management, group management and reporting.

Objective 2: To promote positive behavior changes (sexual practices among 59,115 people in 8 fishing villages

This seemed to be the key objective of FiCAP and was highly achieved with 3 outputs scoring higher than the planned targets. The key outputs included:

- The CSO conducted a baseline survey (KAP) that informed most project interventions especially the BCC activities.
- AFARD through supporting PECs was able to conduct; 664 awareness sessions, 464 video sessions, held 44 Music Dance and Drama shows, and produced and distributed 7,200 community tailored posters. As a result of these activities, 12,230 people (6,049 Males, 6,181 Females) were reached with HIV/AIDS prevention messages. This is about 105% of the targeted population. In addition to this, on a one-on-one contact basis, PECs were able to reach 11,714 persons (4,968 males and 6,746 females). Emphasized during the PECs activities was abstinence for youth who had not been initiated into sex, safer sex practices and fidelity education with stable partners to target those that are already sexually active and negotiating condom use for people engaged in transactional and commercial sex and for discordant couples.
- In collaboration with the District Health Office, 44 VCT outreaches were conducted and 2,465 people tested.

Objective 3: To increase correct and consistent condom use.

The CSO was not in full control of the successful implementation of this objective but depended on the District Health Office. Though the most important activity under this objective – condom distribution was not achieved (only 4 cartons out of the 64 distributed), the activities that were under AFARD's control were fully implemented. Key outputs were:

- AFARD trained 36 PECs in condom promotion and management
- Conduct of 25 sensitization sessions on condom use were held for 635 people.

In the designing of the project, it had been assumed that AFARD would rely on the District Health Department for a reliable source of Condoms; however this did not materialize due to stock-outs. According to the DHO condom stock-outs resulted from changes in procurement of medical supplies, which limited the role and jurisdiction of the Department to only procure emergency supplies. To deal with this challenge AFARD sought to acquire condoms from other partners like the Straight Talk Foundation but they did not materialize. As an alternative PECs encouraged beneficiaries to access condoms from private service providers. During the FGDs, it was reported that project beneficiaries were now able to access condoms from government Health Centers, though this was not seen to be effective as it would have been with community based distribution points.

2.4 Outcomes and Impact

This section assesses the outcomes and impacts or consequences of FiCAP's interventions for the focus groups. Though this evaluation was limited to the second phase of FiCAP (2010 to 2012), the outcomes and impact discussed below may not necessarily be as a result of phase two interventions. This is largely because there was immediate continuation of the project after phase one. The period under review being very short (only 2 years), the outcomes and impact were largely based on project stakeholders' views.

Through speaking with the various stakeholders and reviewing project documents, one can deduce that AFARD through FiCAP is making positive impact in the targeted communities. FiCAP interventions are appreciated across the various stakeholders largely because of their community based approach and motivated PTCs. Some of outcomes and impact shared included:

- There was an increase level of awareness about facts related to HIV/AIDS in the targeted fishing villages. This has mainly been attributed to the mass sensitization of communities on facts about HIV/AIDS. This has increased comprehensive knowledge about HIV/AIDS. For example originally HIV/AIDS was perceived to be caused by witchcraft, this has since changed as a result of more and more people discuss about HIV/AIDS openly. This has been augmented by the role played by sero-positive PTC members who have publically disclosed their status and are living positive and productive lives. From a sense of apathy, communities now perceive HIV/AIDS as a community problem and taking collective action to deal with the problem

> **"Before the Project came, I used to take my ARV drugs in hiding. I also could not reveal my HIV positive status. After the project came I gained courage and freely declared my HIV status. Now instead I use my experience to encourage others go for testing. I live positively and also provide counseling to those in need"**
>
> *Member-Mukale Post Test Club*

- Related to the above, the project has created enormous demand for comprehensive HIV prevention services especially use of condoms among the youth and HCT for the general populations.

> **"We have played a great role in sensitizing the community about HIV/AIDS. This had changed people's attitudes and everyone now wants to know their status. In fact there is over demand for testing. People come and we run out of test kits"**
>
> *Member-Mukale Post Test Club*

- The activities of PTCs have helped improve both the quality and quantity of lives for PLHIV and their households. Apart from providing psychosocial and moral support for PLHIV in their communities, PTCs have through the subsidizing of transport costs to access ART helped a number of needy PLHIV access ART services since some of these people who are on second line drugs or with major health complications have to travel to Nebbi, Arua or Masindi for services. The cost of traveling to Arua and back from the target communities could reach UGX 50,000 implying that this would have been virtually impossible for some vulnerable PLHIV to travel to ART sites.

> **"I am HIV/AIDS positive and I am now living positively. I have seven children who am supporting with the help of my PTC. My husband abandoned me and took on a new wife. I am sure if this project had not come the situation would have been very different".**
>
> *Member Anguma PTC*

- Through collaboration with Traditional Leaders, some of the cultural practices that were increasing the risk of sexual transmission of HIV have been discouraged especially among the youth. For example during Keny (traditional marriage), many people regardless of age or status would have sex – sex ceremony. This has greatly reduced due to the awareness regarding HIV transmission. Other harmful traditional practices that are also being discouraged include wife inheritance and forced marriages for young girls.
- Though the project was not able to secure a constant supply of condoms from the district as planned in its design, it was reported that there was a noticeable increase in the demand of condoms. Condoms were being accessed from HCIII and from private providers.

- In addition to supporting PLHIV, PTCs have supported 68 OVC (23 male and 45 female) with basic scholastic materials.

Case Study - The AFARD Model of Post Test Clubs (PTCs)

The use Post Test Clubs as tools for improving the quality and quantity of life of PLHIV has been one of the best practices employed by HIV/AIDS actors. Though the primary role of Post Test Clubs is usually to reduce stigma and discrimination of PLHIV, the FiCAP PTC model is unique for its integration of Savings and Loan Associations (SLA) methodologies and a component of community based health insurance.

AFARD initiated PTCs in 2004 when it started implementing HIV/AIDS activities in Dei Fishing Village. In the FiCAP Project, AFARD has supported the formation of eight PTCs in the Fishing Communities from Angumu, Kayonga, Wathparwoth, Wangkadu and Mututu in Panyimur Sub County; Mukale, Mangele and Povona in Pakwach Sub County. Among key lessons learned from other HIV/AIDS actors was the challenge of sustaining of PTCs' activities after the phasing out of projects supporting them. With this in mind AFARD supported formation of PTCs built their capacities with skills like group formation, leadership, resource mobilization, palliative home care and HIV/AIDS related information that are required for self sustenance.

The PTCs recruit their members through their activities by supporting community people that to receive HIV/AIDS prevention and treatment services. This kind of support pre and post service by fellow peers experiencing the same challenges serves as the basis for joining the clubs and commitment of members. The 8 PTCs now boast of a membership of458 persons of which with 206 and 68 are PLHIV and OVC respectively. The PTCs have ensured sustainable and readily available support for their members and other vulnerable people in their communities because HIV challenges continually reoccur.

The integration of other initiatives in their day-to-day work such as the savings and loan associations have further increased their bonding and commitment. Members pay membership fees, save on a weekly basis and hire out labor to those in need of their skills, and seek support from well-wishers such as BMUs.

Unlike in conventional SLA practice, AFARD has encouraged PTCs to continue saving rather that share out their saving at the end of a saving cycle. This has enabled groups accumulate feasible amount of savings to lend to their members for IGA purposes, meet welfare needs of their households such as OVC support or burial expenses and creation of a community based insurance scheme - support to poor PLHIV access ART from distant Centres.

2.5 Sustainability

In order to ensure self reliance and the continued utilization of services and results of the project after completion, AFARD basing on experience from earlier interventions in fishing villages like Dei and Singla and implementation of FiCAP phase one made strategies right from the beginning to ensure that project beneficiaries were prepared for the project phase out. Consistently benefiting Fishing Villages were alerted of the short lifespan of the project and the fact that any external type of support was not forever. This helped inculcate a spirit of ownership of project interventions.

It was observed that a lot of activities were evolving around Post Test Clubs. In the PTCs visited, it was learned that members financially contributed to the club's Savings and Loan's Scheme on a weekly basis to create a pool of resources that was mainly used to support PLHIV meet travel costs while accessing ART services. PTC members could also access loans to start income generating projects or meet their welfare needs and those of OVC in their households. Some PTCs especially the older ones had also undertaken other fundraising initiatives that included; paying membership fees, hiring out labor, and liaising with the BMUs for support to conduct HIV prevention sensitization activities using equipment that they received from AFARD.

AFARD undertook the initiative to have all the PTCs registered with their respective sub counties in order to make then eligible to benefit from other government programs like NAADS, NUSUF II and the Community Driven Development (CDD) Program. To augment this further AFARD has built the capacity of the PTCs in resource mobilization and the effective management of the Savings and loan schemes. All the five PTCs visited were optimistic that they would ably continue offering prevention services even when the project phases out. It was however observed that this optimism was more expressed by the older PTCs that had received an additional two years of supervisory support

Related to the above the project has established and strengthened a cadre of change agents such as PECs and CFs who capacity has been built to sustain HIV prevention activities and mitigate its impact. These community resource persons are resident and members of the PTCs, making it easier for them to continue utilizing skills and knowledge in sustaining HIV/AIDS prevention services.

It was also observed that the capacity of Health Centres III and IV to provide comprehensive HIV/AIDS treatment services has been growing impressively and the delivery of services closer to the communities is reducing the transport costs for PLHIV on first line drugs. A strong relationship has been developed especially as staffs of these facilities realize the role being played by PTCs, CFs and PECs to create demand for HCT and ART services and at the same time contributing to improving adherence.

Lastly, AFARD is still committed to working with the Fishing Communities where it is implementing other projects and will continue providing technical support to the PTCs.

To a large extent, FiCAP has proved relevant, efficient, and effective and some of its interventions can be sustained by the communities. The project's interventions have been found to have a positive impact on fisher communities especially with regards to reducing sexual transmission of HIV. Some of the key factors that have influenced this success include the project's design based on lessons learnt from previous projects, strong relations with other stakeholders, and the skills of AFARD staff. An over-arching characteristic of AFARD that emerged very strongly is its strong relationship with communities and District Local Government. AFARD carefully consulted District authorities, local government and target communities before implementing FiCAP. This earned strong support for the project and also ensured that the project began with optimal information, ultimately contributing to the success of achieving its objectives.

2.6 Summary Emerging and Cross Cutting Issues

This section highlights some important emerging issues that either came up during project design, implementation or in the new project context, that may provide important insights for AFARD to put into consideration for future projects.

Table II: Showing Summary of Emerging Issues

Relevancy	• In regard to the project design, it was observed that Objective I as it is stated is a much lower result in relation to the Project Goal thus affecting the project's cascading logic. The strengthening of a cadre of local change agents (PECs) is a process. It is not an end in itself but rather a means to an end that should have fed into a change objective. This change objective would then feed into the project goal. For the evaluation exercise therefore, it was difficult to see how this objective was directly contributing to the Project Goal. On the other hand objective III, it was observed is related

	and should had fed into or is a result of Objective II, since increasing the correct and consistent condom use is itself a promotion of positive behavioral change. This it was explained to the evaluator was a result of using a complex instead of a not linear theory of change modeling. • Also again related to design of the project, it was observed that reporting a number of important results like the number of OVC and PLHIV being supported by PTCs was not catered. During the field assessments the Evaluator observed through interaction with CFs, PECs and PTCs that most of the project interventions were rotating around PTCs. In the proposal narrative there is commitment from AFARD to support 8 PTCs; however none of the project outputs focused on PTCs. Essentially the project also addressed OVC and PLHIV care and treatment. • It was observed that although FiCAP in its proposal had included the age group of 10-14 as part of the target population, from the field visits and review of activity reports it was difficult to see how the project was reaching this group (child friendly specific activities). Since this is a school going age group there was need to integrate school based child friendly services targeting children in school. AFARD's vision of tackling prevention as early as 10 years is commendable and therefore specific child friendly activities (for both in and out of school) need to be spelt out and strengthened. This may require building capacity of staff and PECs in child participation, protection and sexual reproductive health. • New changes in project context will have to be put into consideration for any future interventions. These include the prospects of oil exploration in the region which is likely to attract an influx of new populations that will include MARPs like Track drivers, sex workers etc. • New vulnerable group commonly referred to as "OPEC boys" in the communities. These are young people engaged in selling bottled fuel. • Reversing of prevalence rates- According to the Nebbi District Health Officer- There has been a de-emphasis on prevention interventions- with priority being given to treatment services by most Big Actors. Actors like AFARD are advised to consolidate and scale up prevention.
Effectiveness	• Objective III was under achieved • The number of VCT outreaches was not enough to meet demand created and to allow for repeat testing. • Though AFARD was working closely with the District Health Department and the respective Health Centers, it was not clear how the project was collaborating with other partners to ensure that project beneficiaries were accessing arrange of comprehensive preventive services through referrals. One area where collaboration would help strengthen project effectiveness was help to enhance coordination among ART service providers to ensure that only PLHIV in need of special medical attention are justified to travel to Nebbi and Arua for services. Now that ART services are available at Pakwach HC IV the collaboration between service providers and their clients would greatly reduce the cost of accessing treatment hence making the program more effective. • To ensure a better relationship with the respective health centres, AFARD through the DHO may consider formalizing their relationship with an MoU so that the health centre management can always account for resource allocation such as staff time when staff participate in AFARD activities. This formalization would even improve the relationship between the health centers and community volunteers such as PECs and CFs. • In future, to effectively achieve the project goal may require integrating more components in the project design to augment increased safer sex behaviors and reduce risky behaviors. Key to this addition would be socio-economic empowerment to increase alternative household livelihood opportunities and incomes for MARPs and PLHIV. This is crucial because it is well known that poverty is one of the key structural drivers of increasing MARPs vulnerability to HIV. Other interventions to consider may include: Safe male circumcision, Sexual Gender Based Violence

	(SGBV) and strengthening capacity for PTCs to provide Home based palliative care.
Efficiency	• The Distance from Panyimur to Nebbi Town where AFARD offices are based is long and this as highlighted by the PECs and PTC members interviewed makes it difficult to conveniently access AFARD staff. In future AFARD may consider opening up sub- offices in the operational areas may be by liaising with sub-county authorities to provide space and thereby reduce costs. This will also reduce the cost of travel for staff commuting to and fro from Nebbi as well as save time.
Outcomes and Impact	• From the field visits, the evaluator got the impression that the FiCAP approach was to reach the intended beneficiaries indirectly through activities of the PECs, CFs and PTCs. So to get a feel of changes created by the project at an outcome level depended of views from this group of cadres. Other than interviews with beneficiaries from the PTCs, there will be need to conduct a KAP survey to ascertain impact level of OVIs as stated in project proposal.
Sustainability	• Judging from the level of savings accumulated by the new PTCs, there is doubt that the new PTCs will be able to sustain their activities especially in regard to supporting PLHIV access ART services unless additional support is given. It poses a challenge to AFARD in the event that the project is not extended.

2.7 Gender Issues

- Though AFARD is yet to complete the development of a Gender Policy, the CSO is a gender sensitive organization and this is reflected both in its staffing and programming. Out of 5 board members there are two female, and there are two female among the six senior staff. Three out of Four Finance and Administration staff are female, while about 40% of field Officers are female.
- At program level, affirmative action is undertaken to ensure adequate representation of especially women among community resource persons selected and trained as PECs and CFs. Women play an active role on the management of PTCs. The project has also ensured that 5 of the 11 peer groups are female based – young unmarried females, young married females, and female sex workers. BCCE messages were targeted with gender sensitivity so that gender stereotypes were allayed. As a result, more women than men attend to VCT outreaches while gender related data also showed there are more HIV Positive women participating in PTC clubs.

The above initiatives have been complemented by the Engendering Decentralization Poverty Resources Management Project that was implemented by AFARD with funding from the European Union (EU). Under this project AFARD worked with women leaders and women local councilors to form a platform for women to articulate issues that affected them and enhance their participation in local government planning and accountability processes.

Chapter Three

Lessons Learnt, Challenges, Conclusion and Recommendations

3.1 Lessons Learned

There were a number of key lessons learnt during implementation as reported in different projects reports and obtained during interactions with the various stakeholders. These included:

- The realization that it is important not to create demand for services unless there is assurance that there is adequate capacity to provide the respondent services. The failure of Nebbi District to provide a consistent source of condoms to AFARD affected the achievement of objective three and also the trust the community had in FiCAP. Unfortunately it was not possible for AFARD to acquire condoms from other actors. The only open option left for AFARD was to procure the condoms a provision that was not provided for in project design.
- While it was assumed that there would be other partners to ensure that project beneficiaries access holistic HIV services through an effective referral system, in remote communities like Panyimur where there are not many actors it may be prudent to implement a blended project which in addition to focusing on HIV/AIDS prevention, also addresses comprehensive HIV treatment and OVC Services.
- Integrating Savings Loan Association (SLA) methodologies and community health insurance initiatives in PTC activities made the PTCs more relevant to communities as they were perceived to be reliable and supportive community based institutions where PLHIV could find solace. PTCs thus close some of the gaps highlighted in the above lessons learnt. The initiatives also contributed both to sustainability of the PTCs and benefits accruing from the project like ensuring sustenance of care and treatment support for PLHIV, strengthening VCT uptake, promoting public HIV status declaration, and fighting stigma in addition to promoting local ownership. The transformation of PTCs into local CBOs will be a good opportunity for AFARD in future to work with them as community based partners.
- The combination prevention approach was found to be very instrumental in dealing with HIV/AIDS prevention. However the inability to provide a broader range of bio-medical services especially condom promotion and safe male circumcision limited the impact that was bound to be created.
- Related to the above, to effectively deal with prevention of HIV among vulnerable and most at risk populations, it was realized that it was equally important to economically empower this particular group to find alternative livelihoods as a way of reducing risk to infection. It is widely known that many sex workers and people involved in transactional sex do so for lack of alternative livelihoods and meaningful employment opportunities. It was also observed that good ART adherence requires adequate nutrition and sufficient incomes to meet ART access costs.
- It was also learnt that BCCE impacts best when multi-communication channels are used, information is easily understood, usable and remembered. Sensitive knowledge, attitudes, practices and behavior should be given priority when targeting communities and this is best done by working with specific social categories through their peers.

3.2 Challenges Faced During Project implementation

Though AFARD was able to achieve most of its targets, there were some challenges that affected the outcomes and impact of FiCAP. Some of these challenges the evaluator felt were worth noting as their consideration would improve future programming. These included:

- At the stage of approving the project by CSF, AFARD was allowed to carry out only one VCT outreach per fishing village. Given the demand created by the project for VCT services this was by far inadequate. Though efforts were made to solve this by increasing the number of people to be tested per visit (from 40 to 100 people plus), this created a new problem with the persons coming for the VCT outreaches exceeding the available testing kits. On a positive note, it was learnt that it was now possible for project beneficiaries to access VCT on a routine basis from Heath Center IIIs and IVs.
- Failure of the District to provide a reliable source of condoms made it difficult for AFARD to fully achieve objective three of the project
- As demand for ART increased, there was increased financial stress on PTCs resources since about 46% of PTC members are PLHIV. In Angumu the PTC members have for example decided to support only 15 most vulnerable PLHIV. This situation is further aggravated by the fact that some PLHIV especially those on second line drugs access services from as far as Arua. To overcome this challenge, PTCs were being supported to build their resource base through diversification and resource mobilization.
- Since 2010 inflation has been on the rise resulting in the hike of costs of project inputs. The rise in fuel prices for example has affected PTC activities especially the sustaining of video shows. In some fishing villages like Angumu, the PTC and PECs have sought financial support from BMUs to contribute to activity costs.
- Livelihood insecurity remains the main driver of structural and behavioral risks e.g. transactional sex and domestic violence moreover FiCAP did not have direct interventions to address this. This may affect the sustenance of positive behavior adapted through project interventions as beneficiaries think about short term survival.
- The project period was deemed to be too short to allow for the consolidation of especially Post Test Clubs. While for the older clubs there was opportunity for AFARD to continue support and strengthen them, there is still need to support the newer PTCs.
- Discordance management remained a big hindrance to family stability. Though PECs were providing counseling to discordant couples, there was still need to equip them with skills to support cases of prolonged discordance.
- Frequent changes in report formats made it difficult for AFARD to consistently report specific trends. In some cases it was reported that the CSO was required to submit data from 2009. There was also inconsistence in data collection tools. AFARD felt this may have affected the image of the organization before CSF especially where they were unable to meet deadlines or report correctly.

3.3 Conclusion

The Evaluator found that FiCAP had performed well by achieving planned outputs and objectives although there were key challenges in meeting Objective III, owing to the failure of

the District Health Department to provide a constant and reliable source of condoms. Nonetheless, the project seems to have a good balance between consolidating the achievements of the first phase and coming up with new innovations and approaches to especially ensure continuity and sustainability of project benefits to the target population. Most of the FiCAP interventions were centred on PECs and PTCs and this enhanced local ownership and sustainability. AFARD has a strong team that works closely with a number of stakeholders to produce quality results and is well respected by the people it works with and by relevant District Departments.

The objectives, target groups and geographic areas are relevant to today's context. In future interventions inclusion of new target groups may be considered to better reflect the new realities and emerging issues of the changing context. There is also room for improvement in the coherence and cascading logic between the objectives, goals and cross-cutting issues. In the opinion of the Evaluator, the project represents value for money and its effectiveness and efficiency is satisfactory. With the necessary recommendations put in place, the project should be extended to allow for consolidation of the new PTCs and replicated in fishing villages that are yet to be reached.

3.4 Recommendations

Below are recommendations for improvement of interventions categorized by source.

Project Beneficiaries

- For future interventions, AFARD should consider opening field offices in the sub counties to allow for easy access to and consultations with staff.
- New PTCs need more time and support to grow their savings and to deal with the growing number of PLHIV seeking services

District Stakeholders

- AFARD is advised to continue with and or scale up comprehensive prevention services to counter the possible reversal in incidence rates
- AFARD needs to officially formalize its relationship with Pakwach Heath Centre IV, rather than working on an individual basis with Health workers from the facility
- With resources available, AFARD should extend interventions for some time to allow for consolidation of achievements and also cover the remaining fishing villages. The scope of interventions should also include the promotion of Safe Male Circumcision (SMC).

CSO Staff

- CSF should in future be flexible to allow more provision of HCT activities and bio- medical services. This is especially important given that the project covers remote parts of the district were actors like TASO, PACE and AIC are not active.
- Future project interventions should enabled AFARD to build capacity to provide a broader range of combination services especially sexual reproductive health and SMC.
- Related to the above, development partners like CSF can improve impact by supporting CSOs implement joint HIV and OVC projects and for a new sub-county like Pakwach,

project period should be extended to allow AFARD consolidate interventions, increase impact and enhance community ownership.

- The exceptionally high VCT demand would be addressed by village to village outreaches (at least 2 visits in each village targeting youths and adults).
- The condom stock-out would call for independent procurement of condoms from social marketing groups like PACE. Mainstreaming family planning and safe male circumcision would deepen biomedical approach.
- Provision of booster fund to PTCs and supporting livelihoods would empower sex workers and poor PLHIV to gain economic independence to shun sex trade, access adequate nutrition, and plan for their future.

Evaluator

- There is need to work with the other actors to ensure that PLHIV who are still on first line ART drugs have access to services from the nearest point of delivery. This will reduce the burden on PTCs to continue supporting PLHIV access services from distant points like Arua, Nebbi and Masindi
- In relation to sustainability, for future projects, AFARD may consider adopting a Human Rights Based Approach to empower beneficiaries and community structures like PTCs to demand for better and adequate services and the recognition of their health and other rights. This will help reduce dependency and increase responsiveness and accountability from moral and legal duty bearers.
- To strengthen the process of PTCs transforming into local CBOs, AFARD may need to redefine how it will support these new CBOs especially if there is no opportunity for extension of the project. The new PTCs as is reflected in their level of saving are still vulnerable and will need additional support both technical and financial to ensure their survival.
- There is need for AFARD to document and share its PTC model especially regarding the integration of SLAs methodologies as a sustainability mechanism and the community health insurance component that supports PLHIV access ART services.
- For AFARD to tackle challenges among discordant couples and re-infection among concordant couples, Positive Health, Dignity and Prevention (PHDP) interventions – formerly prevention with positives need to be integrated in project activities.

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Uganda AIDS Commission (2007): ***National Strategic Plan 2007/8-2011/12: Moving Towards Universal Access***

Uganda AIDS Commission (2011): ***National HIV Prevention Strategy 2011-2015: Expanding and Doing HIV Prevention Better.***

Uganda AIDS Commission (2012): Global AIDS Response Progress Report: Uganda Progress Report Uganda,

Annex

Table III: Key Informants

Name	Position
AFARD Staff	
1.Wilfred Cwinyaai	Monitoring and Evaluation Manager (MEM)
2. Robert Bakyalire	Programme Manager
3. Chonga J.B. Frankllyn	Project Officer.
4.Eric Biyala	Data Management Officer
Nebbi District Officials	
1. Dr Jakol Oryem	District Health Officer
2. Samson Ngarombo	Assistant Chief Administrative Office
3.Dr Ajal Paul	Senior Medical officer – Pakwach Health Centre IV
4. Benjamin Wanichan	In Charge Disease Surveillance and HIV/AIDs/ District Focal Point Officer for HIV/AIDS
5. Immaculate Ama Manano	In Charge- Panyimur Health Centre III
6. Plissy Akwiya	Records Assistant
PECs/CFs and PTC Members interviewed	
Keuber Susan, Grace Charles, Judit Ageno, Lily Cons, Beatrace Ongiera, Natalia ayimirwoth, Martha, Orochi, Richard Obai, Mary Rufino, Abedi Robert, Jacklyn	Angumu
Othuba godfrey, Ayerango immaculate, Owachgiu Andriano, Ofoyuru Stanley, Acironcan Margeret, Ocakacon Alfred, Tom Odoth, Harriet,	Wathparwoth
Paitin Pius, Wathum Genesio, Susan Opio, Florence Avoyo, Teopista Okecha, Evelyn Acano, Mageret Oyera, Alinw Aroma, Parina Adong, Jesca Akello, Buna olya	Mukalr
Fillaims Pio, Albert Okoth, Polline Mungunek,	Mangale

Selisa Omia, Judi Anyeyanyo, Ronald Openjmungu, Charles Ochan, Doreen Michan, Arombo Jeska, Ronald Michan	
Salva Onwanga, Rogers Kisembo, Samuel Orenrwoth, Gabriala Yonikane, Jeres Mona, Patrick Onyai, Grace Awena, Grace Afoyocan, Remeline Angom, Margeret Dokotho, Jewety Opio, Amulliana Ocwi,Beatrace Kermu, Adriga Akecho.	Povono
Leonard Aselmo,	Chairman L.C.1 Angumu
Opar Lonyiro	Chairman B.M.U Angumu

Table IV: Table showing Post Test Club Performance over the last Six month

Fishing Village	January to March 2012			April to June 2012		
	Membership		Amount (UGX) Generated	Membership		Amount (UGX) Generated
	M	F		M	F	
Mukale	38	98	2,985,000	38	98	3,215,500
Mangele	19	93	2,876,000	19	93	3,315,900
Povona	34	158	2,623,500	34	158	3,110,050
Total	**91**	**349**	**8,484,500**	**91**	**349**	9,641,450

Table V: Achievements against the Planned Targets

Output	Planned output/targets(A)	Output achieved (B)	Percentage achievement =(B)/(A)*100	Cumulative expenditure in UShs ©	Unit Cost =C/(B)	Variance (B)-(A)	Reason(s) for Variance
Goal: To contribute to the reduction of sexual transmission of HIV among fishing communities in Panyimur and Pakwach Sub counties in Jonam County Nebbi District.							
Objective 1: To establish and strengthen a cadre of 96 local change agents capable of sustaining HIV prevention (and mitigation)							
Output 1.1 holding debriefing meetings for LLG leaders	2 debriefing meetings held for 100 leaders	2 debriefings were held. 100 people attended	100	640,000	6,400	0	
Output 1.2: holding a one day community meeting	3 sensitization meetings held for 300 community members	3 sensitization meetings were held. 318 people members attended	100	2,035,000	6,399	+ 18	These were people inspired by FiCAP 1 in Panyimur.
Output 1.3: Review training materials	Hold a 1 day manual review meeting and 125 copies produced	1 day manual review meeting was held and content reviewed with TMA was used to guide all trainings.	100	747,000	747,000	0	Funds for manual production was used to procure a computers for the data Management Clerk and the Project Officer
Output 1.4: Retraining old PECs	60 old PECs retrained	60 PECs were trained	100	12,288,000	204,800	0	
Output 1.5 :Training new PECs	36 new PECs trained	36 new PECs were trained	100	20,960,000	582,222	0	

Output	Planned output/targets(A)	Output achieved (B)	Percentage achievement =(B)/(A)*100	Cumulative expenditure in UShs ©	Unit Cost =C/(B)	Variance (B)-(A)	Reason(s) for Variance
Output 1.6: Retraining the PECs	36 new PECs retrained	36 new PECs were retrained	100	7,444,700	206,797	0	
Output 1.7: Equipping and tooling the PECs	5 generators, 3 video sets, 3 Public Address Systems PAS), 36 bicycles, 36 wooden dildos, 64 video tapes, and 120 T shirts procured	5 generators procured 3 video sets procured 3 PAS procured 36 bicycles procured 36 wooden dildos procured 64 video tapes procured 120 T shirts procured 2 laptop computers procured	100 100 100 100 100 100 100 100	2,500,000 2,440,000 150,000 6,082,000 180,000 960,000 1,800,000 3,500,000	500,000 800,000 50,000 168,944 5,000 15,000 15,000 1,750,000	0 0 0 0 0 0 0 0	
Output 1.8: Training in participatory leadership planning, management and reporting.	360 people trained	365 people were trained	122	6,657,250	18,239	0	
Output 1.9: Training in resource mobilization and loan management.	360 people trained	365 people were trained	122	7,918,250	21,694	+5	These were PTC members in Panyimur who needed the training

Output	Planned output/targets(A)	Output achieved (B)	Percentage achievement =(B)/(A)*100	Cumulative expenditure in UShs ©	Unit Cost =C/(B)	Variance (B)-(A)	Reason(s) for Variance
Output 1.10: Participate in annual district level WAD commemoration	2 WADs attended	2 WADs were attended	100	3,770,000	1,885,000	0	
Output 1.11: Hold Quarterly review meetings	12 review meetings held	11 meetings held	92	8,994,000	817,636	-1	One is yet to be held during the month.
Hold a refresher for new PECs in data management	1 training conducted	1 refresher training conducted	100	457,000	12,694		
Objective 2: To promote positive behavior changes (sexual practices among 59,115 people in 8 fishing villages							
Output 2.1: conduct 1 baseline survey	1 baseline survey conducted	1 baseline survey conducted	100	4,960,000	4,960,000	0	
Output 2.2 : Hold education and awareness seminars	664 awareness sessions conducted	664 awareness sessions conducted	100	86,101,000	133,284	0	
Output 2.3: Hold video shows	464 video sessions held	464 video shows held	100	9,960,000	12,418	0	
Output 2.4: Produce and distribute IEC materials (posters)	6400 posters produced	7,200 posters produced	120	4,599,350	639	+800	The printing cost was lower than budgeted.
Output 2.5: Conduct drama session	8 drama shows	44 shows were staged	550	6,800,000	154,545	+36	The unit cost was lower than budgeted

Output	Planned output/targets(A)	Output achieved (B)	Percentage achievement =(B)/(A)*100	Cumulative expenditure in UShs ©	Unit Cost =C/(B)	Variance (B)-(A)	Reason(s) for Variance
Output 2.6: Support PECs operations	1,584 supports	1,512 PECs were supported	96	37,800,000	23,864	-72	The difference covers June 2012
Output 2.7: Support VCT outreaches	32 VCT sessions to 1,440 people	44 outreaches were conducted and 2,465 people tested	171	8,960,000	203,636	+12	More outreach sites were created
Hold a stakeholder meeting	1 stakeholder meeting held	1 stakeholder meeting held	100	2,750,000	42,308		
Objective 3: To increase correct and consistent condom use.							
Output 3.1: train PECs in condom management.	36 new PECs trained in condom management	36 PECs trained in condom management	100	3450000	95,833	0	
Output 3.2: Hold awareness seminar	25 sessions held and 625 people sensitized on condom use	25 sessions held and 635 people sensitized 0n condom use	100	3040000	121,600	0	
Output 3.3: Distribute condoms	64 cartons	4 cartons	7			-60	The district had constant condoms stock-out.
OVERALL TOTAL (Unique # of people reached)							

Map Showing Uganda's Fisherfolk Communities and FiCAP Locations