
WOMEN AGAINST AIDS PROJECT

Pentecostal Churches of Uganda

Final Evaluation Report

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Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BUNASO	Bugiri Network of People Living with AIDS
BWAHA	Bwalula Women Against AIDS
BWFAA	Bugiri Women Fight Against AIDS
CBO	Community Based Organisation
HIV	Human Innumo-deficient Virus
IDAAC	Integrated Activities and AIDS Concern
MOH	Ministry Of Health
NACWOLA	National Community of Women Living with AIDS
NGO	Non-Governmental Organisation
PACODET	Pallisa Community Development Trust
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth
PCU	Pentecostal Churches of Uganda
TASO	The AIDS Support Organisation
UAC	Uganda AIDS Commission
UNMHCP	Uganda National Minimum Health Care Package
WAA	Women Against AIDS (PCU) Project

Executive Summary

Background

The Women Against AIDS (WAA) Project has been operating since 2003 on pilot basis in the Eastern Districts of Bugiri, Tororo and Pallisa. The project is implemented by Pentecostal Churches of Uganda in partnership with Pinsevernenes Ytremisjon (PYM) Norway and the Norwegian Development Assistance. Although HIV/AIDS is rampant in nearly all regions in Uganda, the project has been addressing the scourge in communities and schools in Bwalula and Bugiri town in Bugiri district, Malaba in Tororo district, and Kanyumu in Pallisa district.

The goal of the project is capacity building of women groups in Uganda communities to be able to find their own solutions of how to prevent their own children and young people from HIV infection. The project focus is to combat the spread of the HIV/AIDS scourge, through a number of awareness creating activities such as school-based programmes, community awareness seminars and training, among others in order to achieve the goal. The main strategies and activities to achieve the planned goal include establishing cross professional co-operation in communities to protect children from sexual abuse and early sexual debut. This is done through workshops and training programmes, and as a follow-up, women groups work out to sensitise children and youth on sexuality and HIV/AIDS, as well as those naturally expected to inform children and youth on matters of sexuality such as parents, teachers, health care personnel, and youth leaders, particularly those in the church.

As a pilot approach, the project also sought other ways of how best to achieve its goal, and therefore went further to add other seminars and training activities that include: marriage seminars to improve communication in families; training of primary school child leaders; and training of other youth in the Pentecostal Churches of Uganda.

The project has set out what it perceives as its short and long-term effects, as well as expected results. The expected short-term effects include creating awareness on:

- (i) HIV/AIDS
- (ii) The consequences of sexual abuse
- (iii) Children's and women's rights in Ugandan laws and;
- (iv) Democracy, and social responsibility.

The expected long term effects of the project include: attitude change of sexual behaviour among children and adults, improving the quality of life to women and children; improving women's self-esteem and capacity; and enabling women to solve their own problems. The expected results (or outcome) of the project include: increasing number of young people who have their sexual debut later or on their wedding day; less or fewer pregnancies among school girls; and ensuring that cases of sexual abuse against children are reported to the police.

Terms of reference: areas for assessment by evaluation team

1. Evaluate the process and implementation. Assess the structure, decision making lines and national participation in management of the project, leading to recommendation on how, when and whom to transfer responsibilities.
2. Analyze current stakeholders (including target group) and recommend steps to improve local participation and ownership.
3. Evaluate the activities and structure of the Steering Committee, the administration and the role and sharing of responsibility of the participating partners.
4. Evaluate the project public relation activities and give recommendations for improving these.
5. Review the project outputs in relation to its activities based on the plans made for the period from 2002 -2005 and provide recommendations at output and activity level to make the project more effective in reaching its main objectives. What about the need for the project?
6. Analyze the effectiveness of the seminars, community happenings and staff training. Make suggestions for how to make these activities more useful for the target groups and sustainable within the project period.
7. Analyze the impact or assess future impact of the project for the society.
8. In light of the efficiency, effectiveness and outcome, analyze the degree of sustainability for the project activities.
9. To achieve the goal of sustainability for project activities or to achieve the changes in attitudes and awareness, what total timeframe is needed for the project to succeed?
10. Analyze the possibility of a local church take over the project.

Evaluation methodology for Data Collection

The evaluation team visited areas (communities) where the projects have been working, namely Bwalula, Bugiri, Malaba, and Kanyumu communities in the three districts, to assess project activities for long-term effects of the inputs, as well as short-term effects and expected results. The team also looked at evidence of the capacity of the women and selected children (beneficiaries) in five schools in the same communities. The information was qualitatively analysed and hereby presented as the main process of this evaluation. No quantitative data was collected, as the project had no given measurable programme indicators that would have generated quantifiable results showing effectiveness of the project.

Data was collected from the main beneficiaries of the project namely, Bwalula Women Against AIDS (BWAHA) and Nawambwa Primary School in Bwalula, Bugiri Women Fight Against AIDS and El Shaddai Christian School in Bugiri. In Malaba data were collected from Malaba Women Against AIDS in Malaba, Super Standard day and Boarding Primary School, and Victory Border Point Primary School. In Pallisa data were from Kanyumu Women Against AIDS (KAWAA). Kanyumu Primary School in Pallisa was not visited because the team found the school closed by the time it was in Pallisa, but a focus group discussion was held with some of the pupils in the WAA activities, who responded to our visit.

Focus group discussions were held with women's groups/beneficiaries who have been trained/sensitised in the last one/two years to share their experiences, as well as selected school children participating in project activities. In total, four focus group discussions with women groups in Bwalula, Bugiri, Malaba, and Pallisa were conducted, and five focus groups were conducted with pupils in five schools.

A total of 20 key informants were interviewed in the four communities and the five schools visited who included pastors, head teachers, senior women and senior men, and science teachers. Group interviews were held with executive committee members of various women's groups. Informal (unstructured) interviews were also held with other community leaders like LCs.

Two participatory discussions were held with the Project Coordinator and her WAA counterpart field staff involved in the seminars and training workshops, in order to get their own view of the evaluation exercise, generate key issues and approach of the evaluation, as well as their expectations. One of the brainstorming meetings involved the use of idea cards (the visualisation of participatory planning) to generate issues that were later explored during the data collection.

A few documents relating to the project background, policy, implementation and training/capacity building were reviewed, that were expected to provide additional information on the process of implementation, what had been achieved over time and areas highlighted for further action or to be included.

Results

Findings from this evaluation of the pilot WAA Project suggest that the project has to a large extent achieved its overall goal of building the capacity of women groups in the communities in the four sites of Bwalula, Bugiri, Malaba and Kanyumu. This is in line with the aim of enabling them to find their own solutions of how to prevent their own children and young people from HIV infection. On the basis of the WAA project's defined short and long-term expected effects and results of creating awareness on HIV/AIDS, sexual abuse, children's and women's rights, and democracy and social responsibility. We found out that there were positive changes reported by all women's groups and schools.

The project's main focus was on combating the spread of the HIV/AIDS scourge: the major strategies used to achieve the overall goal were awareness creating activities; school-based programmes; and community awareness seminars, and training workshops.

However, the other strategies of establishing cross professional co-operation in communities to protect children from sexual abuse and early sexual debut seemed to be less clearly articulated or indicated. This is not easy to differentiate clearly, especially as there are other players, including activities in schools like the PIASCY strategy. It was not clear for example that parents, teachers, health care personnel and youth leaders, particularly in the church were brought together to discuss matters on adolescent sexuality and child abuse as it was intended. Most activities in the schools involved only project staff and the children selected, and teachers were not included or involved on an ongoing basis.

On the whole, the pilot project has shown much success in raising awareness to the four key areas among the women and children in school. Stakeholders find the project useful, and want the support to continue or increased, and where possible its activities scale up over a longer period.

On the other hand, stakeholders also have called for a more open system for planning and management at the national and local levels. School heads and teachers in particular call for more involvement and transparency as far as activities in school are concerned. Teachers want to be trained in skills of communication and helping the children on the four key issues.

Women groups would like to be assisted to run income-generating activities, as well as to gain further skills on handling HIV/AIDS issues and information, education, and communication materials in order to give appropriate messages, and expand activities to more communities.

Main Recommendations and Way Forward

1. Methodological approach

Our team finds it necessary to recommend some modifications in terms of approach regarding training, providing materials, and improving communication with and involvement of local personnel.

2. Monitoring and evaluation

There is need to get clear impact and process indicators with clear objectives to facilitate monitoring and evaluation of progress of the project, as well as observed changes that have taken place over time.

Qualitative indicators of changes in the quality of life of community members (target group) over time e.g. a woman in Kanyumu who has experienced a better lifestyle as a result of the project activities, should be periodically reviewed (internally or externally), in order to evaluate project performance, and to strengthen planning strategies.

3 Capacity building for specific skills and training

The following aspects of capacity building need strengthening: counselling and guidance skills, especially for teachers; knowledge and skills to handle information on HIV/AIDS and sexuality; writing or developing local project proposals and budgeting. Training is a major component of capacity building and must be specifically budgeted for as a major part of project input.

4 Support and care to PLWAs and orphans

Support to orphans in form of school fees, and material support needs to be considered as part of WAA project's care and support initiative. Income-generating projects could be the best approach to helping orphans and widows.

In the future, care and support for PLWAs or HIV positive persons could be extended in form of providing antiretroviral drugs (or money to register clients), clinical and nutrition support, materials support, and school fees for others in need e.g. orphans.

5 Income generating activities

In terms of funding, stakeholders e.g. women's groups want to be assisted to run simple income-generating projects like poultry keeping, piggery, crafts making, machines for cooking oils, agricultural crop projects, etc. depending on the local circumstances or demands. Seed money that could be set aside as revolving funds be made available based on clear guidelines or criteria, for whom to assist and at what level, etc.

6. Financial Support and sustainability

Financial support requests from the project were specifically made for transport, implementation of some activities, registration of patients for antiretroviral therapy, purchasing some educational materials, and for some office equipment. This could be considered as the project expands and receives more funds through several sources, including from the MOH.

7. Training

Training is an essential important element for sustainability. Project staff, in particular, needs training in areas that can impart them further special skills such as counselling, research and data analysis, computing and data management. Community resource persons and group leaders should also be trained in communication, counselling and other areas in AIDS education, care and support.

Section One: Background and Methodology

1.1 Background

The Pentecostal Foreign Mission (PYM) or Pinsevernes Ytremisjon in Norsk (the language of Norway) works in 34 different countries and has been running different kinds of development-projects in 11 of them. The first missionaries came to Uganda in 1987. The Mission work started with gospel work and construction of schools. In 1992 an AIDS project started in Mpigi district and later on in other districts. This project was evaluated in 1994 and expanded for five more years. The aim was to create a broad basic knowledge about HIV/AIDS. The project was to increase HIV/AIDS awareness in primary and secondary schools, churches and villages. There were carry through seminars for key personnel like teachers and health workers. Microfinance activities were also started on a small scale, but this did not succeed to a large extent. There was also another project in which two prisons were restored. Prisoners have also been given literacy and skills training. The sanitation and nutrition has been improved. This project was due to be completed at the end of 2004. The impact of the activities has been good, and the prisons authorities have been very satisfied.

1.1.1 About Women Against AIDS Project

The Women Against AIDS (WAA) Project has been operating since 2003 on pilot basis in the Eastern Districts of Bugiri, Tororo and Pallisa. The project is implemented by Pentecostal Churches of Uganda in partnership with Pinsevernes Ytremisjon (PYM) Norway and the Norwegian Development Assistance. Although HIV/AIDS is rampant in nearly all regions in Uganda, the project has been addressing the scourge in communities and schools in Bwalula and Bugiri town in Bugiri district, Malaba in Tororo district, and Kanyumu in Pallisa district. All the communities are located in the eastern part of Uganda along the main road between the Kenya border and Kampala. Statistics show that the areas have the highest HIV/AIDS prevalence in the country.

1.1.2 Goal and strategies of the WAA Project

The goal of the project is capacity building of women groups in Uganda communities to be able to find their own solutions of how to prevent their own children and young people from HIV infection.

The project focus is to combat the spread of the HIV/AIDS scourge, through a number of awareness creating activities such as school-based programmes, community awareness seminars and training, among others in order to achieve the goal. The main strategies and activities to achieve the planned goal include establishing cross professional co-operation in communities to protect children from sexual abuse and early sexual debut. This is done through workshops and training programmes, and as follow-up, women groups work out to sensitise children and youth on sexuality and HIV/AIDS, as well as those naturally expected to inform children and youth on matters of sexuality such as parents, teachers, health care personnel and youth leaders, particularly in the church.

As a pilot approach, the project also sought other ways of how best to achieve its goal, and therefore went further to add other seminars and training activities that include: marriage seminars to improve communication in families; training of primary school child leaders; and training of other youth in the Pentecostal Churches of Uganda.

1.1.3 Expected effects and results of project interventions

The project has set out what it perceives as its short and long-term effects, as well as expected results. The expected short-term effects include creating awareness on: (i) HIV/AIDS (ii) the consequences of sexual abuse (iii) children's and women's rights in Ugandan laws and (iv), democracy, and social responsibility. The expected long term effects of the project include: attitude change of sexual behaviour among children and adults; improving the quality of life to women and children; improving women's self-esteem and capacity; and enabling women to solve their own problems. The expected results of the project include: increasing number of young people who have their sexual debut later or on their wedding day; less or fewer pregnancies among school girls; and cases of sexual abuse against children are reported to the police.

1.1.4 Capacity building of the women

The capacity of women is built through workshops and seminars that result into: strengthening the self-confidence and increasing awareness of their own personal resources; increasing their awareness of human rights, social responsibility and democracy; increasing their awareness of HIV/AIDS and sexual abuse. Following their capacity building activities women are expected to plan a survey of their community (situation analysis) focusing on HIV/AIDS, child abuse, and age of sexual debut among young people. Finally, they work out a plan to reach the project objectives to prevent their children and young people from getting HIV infections.

1.1.5 About the Project Evaluation

The project managers, PCU and PYM are all interested in the results of such an evaluation to make a more effective work for the best of the Uganda people. The key question is that in light of the outcome of this pilot project evaluation, what are the recommendations to continue the project? This study was carried out in response to the call for the Child Health and Development Centre to conduct the evaluation by the management of the Women Against AIDS – Pentecostal Churches of Uganda, project.

1.2 Approach and Scope of Evaluation

In order to approach the evaluation from its inception to near the end of the pilot phase, it was important to take into consideration the current experience from all the partners and look at the relevance of the project in light of the owner as well as other stakeholders' vision and assess what have been achieved up to now. A number of broad areas in particular were set out in the terms of reference for assessing the project. However, given no specific objectives for the project and indicators to measure project performance, the scope of evaluation was too limited to

assess overall effectiveness, impact or degree of sustainability. There was also no baseline data in the particular project areas to base our findings on. Terms of reference (TORs) required that the evaluation team in particular, pay attention to and assess the following aspects:

1.2.1 Efficiency and operational concerns (implementation, technical, administrative, financial)

1. Evaluate the process and implementation. Assess the structure, decision making lines and national participation in management of the project, leading to recommendation on how, when and whom to transfer responsibilities.
2. Analyze current stakeholders (including target group) and recommend steps to improve local participation and ownership.
3. Evaluate the activities and structure of the Steering Committee, the administration and the role and sharing of responsibility of the participating partners.
4. Evaluate the project public relation activities and give recommendations for improving these.

1.2.2 Effectiveness (output of activities in relation to set goals and objectives)

5. Review the project outputs in relation to its activities based on the plans made for the period from 2002 -2005 and provide recommendations at output and activity level to make the project more effective in reaching its main objectives. What about the need for the project?
6. Analyze the effectiveness of the seminars, community happenings and staff training. Make suggestions for how to make these activities more useful for the target groups and sustainable within the project period.

1.2.3 Outcome, impact and effects (are goals and objectives being met?)

7. Analyze the impact or assess future impact of the project for the society.

1.2.4 Sustainability and total time frame of the project

8. In light of the efficiency, effectiveness and outcome, analyze the degree of sustainability for the project activities.
9. To achieve the goal of sustainability for project activities or to achieve the changes in attitudes and awareness, what total timeframe is needed for the project to succeed?
10. Analyze the possibility of a local (churches) take over the project.

1.3 Methodology for Data Collection

The methods that were thought to be most useful were interviews with beneficiaries; visits to schools and women's groups where awareness workshops/seminars were carried out; meetings with the pastors and local leaders, head teachers, senior woman and science teachers. Discussions with the management team of the WAA project and immediate project-workers were considered, but were conducted only with the Project Coordinator and WAA field counterparts, in the absence of the steering committee.

The evaluation team visited areas (communities) where the projects have been working, namely Bwalula, Bugiri, Malaba, and Kanyumu communities in the three districts, to assess project activities for long-term effects of the inputs, as well as short-term effects and expected results. The team also looked at evidence of the capacity of the women and selected children (beneficiaries) in five schools in the same communities. The information was qualitatively analysed and hereby presented as the main process of this evaluation. No quantitative data was collected, as the project had no given measurable programme indicators that would have generated quantifiable results showing effectiveness of the project. However, insights from the focus group discussions and key informant interviews have thrown much light on the effectiveness of the project, with resultant observable effects on the communities and schools.

1.3.1 Evaluation design and general approach

Data was collected from the main beneficiaries of the project namely, Bwalula Women Against AIDS (BWAHA) and Nawambwa Primary School in Bwalula, Bugiri Women Fight Against AIDS and El Shaddai Christian School in Bugiri. In Malaba data were collected from Malaba Women Against AIDS in Malaba, Super Standard day and Boarding Primary School, and Victory Border Point Primary School. In Pallisa data was obtained from Kanyumu Women Against AIDS (KAWAA). Although Kanyumu Primary School in Pallisa was visited a Saturday, the team managed to hold a FGD with a group of P4-P7 pupils involved in activities who kindly responded to our visit.

The data collected was qualitative in nature, involving discussions with the main stakeholders – women in groups and school children. The participation of the various stakeholders started with an examination of the key issues under the broad areas for assessment as stated in the terms of reference and scope of work. Two main tools were designed for focus group discussions with women groups and school children selected to participate in workshops and follow-up activities, and group interviews with executive committee members. Others included key informant interviews with head teachers, senior women, men and science teachers, and pastors. Unstructured observations were also made around the sites and during focus group discussions.

1.3.2 Focus group discussions (FGDs)

Focus group discussions were held with women's groups/beneficiaries who have been trained/sensitised in the last one/two years to share their experiences, as well as selected school children participating in project activities. In total, four focus group discussions with women groups in

Bwalula, Bugiri, Malaba, and Pallisa were conducted, and five focus groups were conducted with pupils in five schools.

1.3.3 Key informant interviews and group interviews

A total of 20 key informants were interviewed in the four communities and the five schools visited who included pastor, head teachers, senior woman and senior man, and science teachers. Group interviews were held with executive committee members of various women's groups. Informal (unstructured) interviews were also held with other community leaders like LCs.

1.3.4 Discussions with project staff

At least two participatory discussions were held with the Project Coordinator and the field staff involved in the seminars and training workshops, in order to get their own view of the evaluation exercise, generate key issues and approach of the evaluation, as well as their expectations. One of the brainstorming meetings involved use of idea cards (the visualisation of participatory planning methodology) to generate the main issues to be explored during the data collection.

1.3.5 Review of existing relevant documents/reports

Documents relating to the project background, policy, implementation and training/capacity building, were read to try to provide focus for the evaluation and to help generate a basis for an analysis of achievements/successes, gaps, failures or challenges. The review of documents was expected to provide additional information on the process of implementation, what had been achieved over time and areas highlighted for further action or to be included. The documents review included reviewing the study on knowledge, attitudes and practices among children aged 10-14 in Nabiyoga sub-county of Tororo District among others. Other documents reviewed included preliminary planning minutes, including The Project Document (July 2001) and annual reports for 2002 – 2004.

1.3.6 Follow up

The evaluation report was followed up by a dissemination workshop with the staff, PCU executive committee and other stakeholders on 22nd April 2005. Results from the evaluation would be incorporated in the planning process, to feed into a new 5-year project plan document, to be developed before the 1st of June 2005, and for submission to the main funding bodies.

Section Two: Women Against AIDS Projects in Bwalula

This section presents the situation of the Pentecostal Churches of Uganda –Women Against AIDS (PCU-WAA) projects in Bwalula in Bugiri district. There are two main projects; Bwalula Women Against HIV/AIDS (BWAHA) and Nawambwa Primary School. This section however includes El Shaddai Annex Primary School Bwalula, which although not directly receiving support from PCU-WAA, is influenced by staff and directors, who are involved with the project. The section also presents the views of the pastor of the Pentecostal Churches of Uganda branch in Bwalula who is the coordinator of the projects.

2.1 Bwalula Women Against HIV/AIDS (BWAHA)

Background

Bwalula women HIV/AIDS group was founded in May 2003 to support and empower women in Bwalula village in Bugiri district. The formation of the groups was a result of seminars organized by Pentecostal Churches of Uganda (PCU) – Women Against AIDS (WAA) project. The PCU – WAA seminars were three: human rights; domestic violence; and facts about HIV/AIDS. The last seminar was on human rights and was held in January 2005 and facilitated by the Bugiri district probation officer. BWAHA was formed after the proprietors were ‘touched’ after the second seminar and wanted to share the information with their counterparts who are illiterate. One of the criteria for selecting people to attend the PCU-WAA seminars was that they must be literate. Therefore, when these literate women benefited from the seminar, they felt that they should share this information with their colleagues who are illiterate.

BWAHA covers Bwalula, Wansiimba and Isegero villages and works with more than 100 people. There were about 25 women who attended the first seminar, but during the next seminar the number swelled to 35. The chairperson of the group indicated that she wants to cut the members to 10 members because some were not active. This will be by introducing a membership fee that will cut off those members who are not active because they are always busy in their gardens. The group has an executive of nine members three of them men, purposely put on the team for advisory roles. BWAHA registered as a CBO and paid registration fee of 20,000/=. The group was reported moving well with women who did not know how to make handicrafts initially, were now doing so, having learnt and also now seeing domestic violence reduced in their area.

Implementation of Activities

BWAHA is involved in several activities that include:

1. **Subsistence agriculture:** The women group is involved in encouraging their members to cultivate food that will act as sauce for feeding their families. This is because they realized that there was a lot of violence in the home when women asked their husbands for sauce. In most cases men did not have money to buy the sauce and resorted to violence. The Bwalula women group encourages its members to have gardens that have greens, onions, six banana plants and passion fruits to supplement the support from their husbands.

2. **Home Visits:** The group is involved in making home visits to its members to check on the cleanliness and hygiene. While in the home the women check for presence of showers, toilet, kitchen, drying rack, and improved (energy saving) fireplace. BWAHA used a foreign teacher who came to teach the women to make the improved fireplace. During the home visits the women are awarded marks. Also during the home visits the women use the opportunity to check on violence against women.
3. **Arts and Crafts:** The BWAHA women are also involved in making arts and crafts. The crafts made include table clothes, mats from banana fibres and palm leaves. These mats are important because they can be used to ensure environmental cleanliness to prevent illnesses in children. Besides the women are encouraged to sell these crafts to get money for their children and homes. This money is important for the women because many village men don't care for the welfare of their children and homes.
4. **Counselling:** The BWAHA women are involved in counselling people so that they go for HIV testing. HIV testing services have now been brought near to Nankoma health center (about four kilometres from Bwalula village). The women used to go to the home of the patients, but these days the patients have developed confidence in them and come to them for counselling. The group gets support from the Bugiri Network of People Living with AIDS (BUNASO). Also they get visits from NACWOLA – National Organization of Women Living with AIDS who come and give people living with HIV/AIDS social psycho support through testimonies that one can live positively with HIV/AIDS.
5. **Sensitising the Youth on AIDS:** BWAHA is involved in sensitising the youth on HIV/AIDS. The messages given include telling girls to avoid playing with boys. This is because the girl may die before completing school, may conceive, or may abort and die. The group also tells the youth not to share sharp instruments such as safety pins with others. It was reported that in Busoga there are many jiggers and it's common for people to share safety pins.

The BWAHA women group has not yet made seminars because they do not have the money to feed the people who come to the seminars. No organization has come up to fund the group to hold these seminars. However, when the group moves from door to door through home visits, they use that opportunity to address people on various topics on health.

Improvements in society as a result of BWAHA

1. Women are now coming out and have developed self-esteem and confidence because of the improvements in their homes.
2. People used to fight in their homes but this has reduced because of the family life seminars. When the BWAHA women hear families wrangling, they go in slowly and tactfully solve the problem. They see the results because people are no longer fighting in their homes.
3. People Living with AIDS (PLWA) now come to the women and tell them their problems. In turn the women guide and counsel them.
4. Many people in the villages have gone for blood check ups to establish their HIV/AIDS status because of the efforts of BWAHA women.
5. There is behaviour change in the youth. In the past the youth used to misbehave in all aspects. But these days they respect themselves in that they don't sleep around with any one. It was reported that these days there are not many cases of sugar daddies as it used to be in the past. This has been because of the advice BWAHA women gave to the girls. The problem is that these girls come from poor families and yet they want good things. That is why they go in with sugar daddies, who they allege can provide them with all what they want.

We want young people to abstain from sex and this is our message. But if they are forced to marry off as it is with the girls here, we counsel them to check their HIV/AIDS status before marriage. Since we advise girls to abstain, these days we don't see many girls married off when they are young. Even young girls come to us for advice before they marry.

- Key informant

6. There have been changes in attitudes towards some negative cultural practices

There is a problem of culture here where men marry off their young girls early. However, we play drama here and it touches the parents who change their attitudes towards early marriage for girls. The vice chairperson of our group is a secondary school teacher who is free with boys and girls and they freely share their experiences with her. Girls are usually married off because their parents want money. However, girls are also married off because of lack of education when they have dropped out of school. Usually the parents cannot handle these young girls who are not in school and they prefer them being married off. To solve this problem orphans are brought at El Shaddai Annex School where the pastor asks parents to pay school fees in installments.

- Key informant

Several problems with people Living with AIDS (PLWA)

(a) Materials support: PLWAs want material support when the women visit them, which the women don't have as BWAHA. At times the women are forced to use their own resources, which are also limited. The women reported that they used to find people with AIDS with no paraffin to light their homes. Others reported that they found that PLWA had not been given food by their guardians; there were also cases where they found PLWAs whose hair had not been cut by their guardians. The women counselled the guardians that PLWA are normal, not contagious, and need love. It was reported that the negative attitude towards people living with AIDS had changed as a results of the efforts of BWAHA.

b) Need antiretroviral drugs (ARVS): Most of the people with AIDS in the communities where the women work need antiretroviral therapy (ARV) yet the women don't have ARVs. When BWAHA tried The AIDS Support Organization (TASO) for free ARVs, they were told that their drugs were given on first come first serve basis. So BWAHA patients did not get the drugs. BWAHA was told that patients have to pay 25,000 for registration. The women went to TASO Iganga although the nearest is TASO Bugiri. The BWAHA chairperson expressed bitterness about not getting ARVs for their clients

“They lied to us that ARVS are free, but when we reached there they didn't give us any drugs. Some of our sick people came back disappointed and were admitted to hospital out of exhaustion and disappointment. Of recent we heard over the radio that there are free ARVS. I wrote the telephone number and will check them. It is Njeru clinic”.

c) Lack of gloves: BWAHA needs gloves to use when handling people with AIDS. The group has serious problems with gloves and uses bare hands to handle people with HIV/AIDS. Even the guardians at home don't have gloves.

d) Stigma and discrimination: BWAHA found that their guardians abused some of the people with HIV/AIDS. They were calling names such as moving corpses. Some guardians feared to share mugs with people with AIDS for fear of infection with the virus. Others referred to the patients as dead. Yet they are alive. The women told the guardians that these people are victims of circumstances especially women who are innocently infected by their husbands. They told the guardians that they could not be infected with HIV because of caring for the sick, except when the patients have open wounds.

e) Inability to read medical language: The BWAHA has a problem that when people go for voluntary counselling and testing they come back with medical form them to help them interpret for them what the health workers have written or prescribed. This is a big problem because the women are also not able to interpret the language. For instance, patients come and tell the women about viral load of 250 and below which they should get antiretroviral therapy yet the BWAHA women also don't know what this means.

f) Transport: the BWAHA women incur double transport when they escort people living with HIV/AIDS (PLWAs) to get treatment. PLWAs want the BWAHA women to escort them for medical check up and treatment since they are weak and demoralized.

Other problems

Transport: The group has a problem with transport and so they can't go far in their activities. The BWAHA women don't eat when they go for their activities in the community. Even if they were to carry food, they can't eat when other people in the villages are looking on, because this is not culturally appropriate. Men carry the women on their bicycles. That is why they were brought in the organization.

Lack of water: The areas where BWAHA operates don't have clean water. When the women drink contaminated water, they fall sick.

Office: BWAHA has no office. So when they get materials from seminars and workshops they don't have anywhere to put them. They are using El Shaddai Primary School offices. However, the place is open and every one comes in of free will.

Funding: The group has no funding body for its programs and activities. They work on a voluntary basis. Sometimes the group collects money from its members like when we know visitors are coming to visit them. Each member contributes 500/- or 1,000/=. Others bring materials in kind.

Misconception about the PCU-WAA project by BWAHA members: The poor in the group can be given to work in kind. But others don't want to contribute to the group. Other members believe that the WAA Coordinator has brought a lot of money to BWAHA.

Support from Women Against AIDS

BWAHA has so far only got training from PCU-WAA through seminars. The seminars that are fully funded run for four days and end at 6.00 p.m. The group did not ask PCU – WAA money for seminars because they did not want to rush the WAA coordinator with issues related to money.

Focus for next five years:

1. The group wants to have its own office with equipment
2. The group would like to go and teach in the communities in villages through seminars so that they don't at least end in towns. When people in towns fall sick, they are taken back to their villages. So the group wants to go to these villages.
3. BWAHA wants to kick out AIDS from the society
4. BWAHA wants to have micro-finance to assist the women so that they have at least something to do to earn a living.

Activities to be included

BWAHA wants all activities especially home care visiting and teaching about sexually transmitted diseases included in the next project phase.

1. Introduce family planning in BWAHA programs
2. BWAHA wants to go to the villages and carry out seminars. At the moment they don't have this component.
3. BWAHA would like to create and support more women groups in areas where they don't exist
4. BWAHA has a vision to build an orphanage. They have land where this can be built. There are many orphans who are left out for services. The coordinator is unable to take on all of them to her home.

Sustainability of BWAHA

The group has been sustaining itself even without support from PCU-WAA so it can continue doing the same. Presently BWAHA gets support through:

1. Hands and crafts which they make and sell
2. Crop husbandry where they have income after harvest
3. Livestock such as poultry. (However, these days there have been diseases that have attached the poultry).
4. There has been support through projects which give people living with HIV/AIDS salt, sugar, and soap. Also Bwayise Wansi group has supported BWAHA since it got funds from the Global Fund for AIDS, Tuberculosis, and Malaria of the World Health Organisation.

Vision of BWAHA

Our vision is that we have people or some organizations to pay school dues for the orphan girls. So that they don't marry or work as house girls. Children in this area like El Shaddai Annex Primary School which is private, compared to the Universal Primary Education schools. As a result, children forced to go to Universal Primary Education School, don't want to go there. They end up abandoning school and are married off.

2.2 Nawambwa Primary School, Bwalula

The evaluation team interviewed the senior woman teacher, science teacher, senior woman teacher in charge of administration, and the head teacher of the school to get their experience with Pentecostal Churches of Uganda- Women Against AIDS (PCU-AIDS) project.

2.2.1 Senior Woman Teacher

The school has 800 pupils according to the senior woman teacher. The teacher reported that there were no establishes structures in place for the PCU-WAA project to work with the school. The PCU-WAA team comes from Kampala, the teachers help them to organize the pupils, and they talk to the pupils, after which they go back to Kampala. Apart from this, the teachers don't participate in decision-making process whatsoever. However, twice a month, the senior woman teacher participates in teaching all the girls in the school after classes from 3.30 to 5.00 p.m. The senior woman teacher has drawn a work plan together with the teacher who is in charge of the boys. The school uses the peer educator model in carrying out HIV/AIDS prevention activities.

Achievements

1. Before the PCU-WAA group started there used to be early pregnancies and early marriages in the school. Those who got pregnant were married off immediately. However, this year, even last year there has been no pregnant child. The school finds this great.
2. The girls are now studying well. Those who have gone to secondary school nearby send messages to the school reporting that they behave well in school.

Challenges/Failures

1. There is failure to address the poverty needs, which result in early pregnancy. For example the girls have no knickers, sanitary pads, soap, vaseline, clothing and other basics. Because they lack these things/needs, they are compelled to befriend men who promise to provide them.
2. The school has no sanitary pads, some knickers changing and washing for emergency to give to the girls.
3. Even a request for maize from parents to provide lunch to children has not given the school a proper solution to the problem. Some children go hungry the whole day. This brings temptations to them.
4. Pupils do not want to discuss issues related to sex before their teachers. It is a challenge yet the teachers want to participate. This could be because teachers give punishments so children fear expressing themselves and revealing their problems to them.
5. PCU-WAA has not involved teachers in the project. This creates a gap such that activities stall when PCU-WAA is not around. The senior woman teacher put it this way:

“When they come (WAA) they teach the pupils and the pupils are encouraged to take the message. They have not taught us the teachers because they think pupils are not free with the facilitators when teachers are around so the teachers have been left out”.

Solutions to the problems

1. The project should address idleness whereby the children can be involved in making crafts, which they can later sell. When children are busy they tend not to think about getting support from men.
2. The teachers want to improve education skills in crafts and other vocational studies but have no sponsor and their salaries are not sufficient. Therefore they want the project to sponsor some teachers especially the senior woman teachers so that they teach the pupils better when they are equipped with the necessary skills and knowledge.
3. The WAA project should organize seminars preferably in holidays for teachers so that they carry on the activities of the project such as training in counselling and change of attitude of fearing teachers and being shy.

2.2.2 Science Teacher

According to the primary school curriculum science is taught in primary schools to improve home hygiene by avoiding problems and illness related to lack of clean water and environment. However, one of the topics in primary six and seven is about the reproductive system. During this, the science teacher talks about issues related to the sexual organs, use of sanitary pads, problems that affect these parts if misused such as sexually transmitted diseases including HIV/AIDS. The science teacher also teaches the pupils on the prevention of HIV/AIDS.

The science teacher was aware of the PCU-WAA project as indicated below:

“Our role is to present the children to the two facilitators for workshops. The pupils have the workshops, and then they present the workshop findings to us. This enables us to know how to go about the issues such as problems we did not know like some girls and boys involved in sexual activities. During the workshops the pupils are able to talk about sex. This enables us to talk about sexuality and the consequences and how to avoid having early sex”.

Achievements

1. There has been some impact on awareness among children who are sensitive to sex; they can be made to more careful. For instance, incidences where sex is played irresponsibly during functions such as funerals, discos, dances and traditional dance for circumcision. have reduced
2. Children/participants are aware about the danger of sexually transmitted diseases – they know what to do to avoid such a situation.
3. Since few of them know, there is communication among themselves and keep informing their friends – a kind of child-to-child approach.

4. The project is important except being few participants. If all adolescent groups are involved it would be better. For instance in primary five to seven there is a total of 400, of which only 50 were selected to participate in the PCU-WAA project leaving the rest out.

Support needed for the next five years

1. If the project is to continue, there will be awareness about HIV/AIDS and sexually transmitted diseases in the area. As far as schools are concerned, it is only the PCU-WAA project that is doing this kind of activity.
2. The project should include drama and film shows because these present the real situation on HIV/AIDS in a realistic way. It should also have recorded tapes that can be left here even at school.

Challenges/Failures

1. It is difficult to completely protect children from acquiring HIV/AIDS because of the environment they come from at home. When the children go back there is a tendency to go back and do the same things they did before.
2. Another problem is that however much you talk to them, the children go on to be involved in risky sexual behaviours.
3. Children start sex at a very early age, girls from 12 years, while boys from 14 to 15 years.
4. Creating awareness on HIV/AIDS is abstract. However, if the children are shown the HIV/AIDS situation through drama or films; they may respond. These visual AIDS can have impact than just talking. If they see for themselves then they will know and do something about it.

Suggestions

1. Facilitators should be assisted with means to reach the entire community to change the environment where the children live or come from.
2. Girls in lower classes should be reached. They are more at risk than others especially with regard to defilement.

Vision for next five years:

Hoping to see an AIDS free environment, turning it into healthy social being of the individual in the whole community.

2.2.3 Senior Woman Teacher/Administration

Experiences with the WAA Project:

The teachers mobilize the group that has been trained by PCU-WAA so that they pass on information to colleagues as individuals, or in groups of two or three. Parents thought that the PCU-WAA was to encourage immorality when talking about sexuality or body organs. But they have had some change of attitude because of its usefulness. Some parents who have problems

with their children have come to seek guidance. With girls there has been a commendable improvement.

Achievements/successes of the WAA Project

1. Through workshops there have been changes in behaviour and a fall in girl's dropouts. Formerly it was high e.g. 100 but last year the school had only 20. Most girls now push up to primary seven at least. The project has curbed early marriages to a certain extent as well.
2. In the past when girls were in their monthly period, they used to have problems, but not much now.
3. The project has strengthened relationship between the schools and community. Parents here also benefited in that the pupils have passed information to their parents. Before the parents used not to come forward readily, now they do come.
4. This is a community comprised largely of Muslims who have been negative to education. As per now pupils from Muslim families push up to primary seven and even up to senior levels.
5. Seminars for married couples have assisted in reducing immorality, through the church and mosques.

Activities to be stepped up by PCU-WAA

1. Sensitising the communities including leaders, church leaders, parents, and local population on HIV/AIDS
2. Need for income generating activities such as agricultural, horticulture, poultry, piggery, etc.
3. Facilitation of the trainers and support them to carry out the activities.
4. There is need for better relationship between the school and the project.

2.2.4 The Head Teacher

How PCU-WAA project is implemented

The project started in 2003 up to now. The school accepted PCU-WAA to carry out activities, although it has no structure within the school set up. The pastor of the Pentecostal Churches of Uganda (PCU) branch in Bwalula is the coordinator of the project and passes the information about the program, its usefulness, etc. When the facilitators from PCU-WAA came to the school, they asked the school to select 50 pupils who usually attend the workshops. The PCU-WAA has helped the school to foster the PIASCY programme. – Presidential Initiative on AIDS strategy for Communication to Youth. So far in 2005 the facilitators have not yet come to the school.

Relevance of the project

1. Whenever the PCU-WAA team comes, they discover a lot of information on adolescent health such as a big number of sexual abuse or defilement cases.
2. Most pupils had already involved in sex from about age 14-15 years. They have become more aware now and are guarding against the problem.

Activities in the future

1. If community is sensitised and they select counsellors they may need transport for them to move about or reach the community.
2. They should be motivated with gifts, or with things that show that they are recognized.
3. Teachers should be involved so as to monitor the changes that have occurred and maintain the situation.

“WAA Project should recognize the school. Our coordinator tells us at short notice. Sometimes we are just ‘ambushed’. We need a programme and to be informed before time about intended activities. Communication in advance is essential”.

Assistance wanted

1. Could be assisted with building some of our capacities e.g. renovation of some of the school structures, including supplying desks for the children
2. Water e.g. tanks for trapping water from the roofs or underground tanks.

Activities that should be introduced

1. Messages could be developed and passed on to others when they are already packaged.
2. Experiential visits to other areas where development activities have taken place elsewhere.

Sustainability for capacity building

1. Workshops e.g. carpentry in the community so that they can continue with activities.
2. Schools or structures need to be constructed
3. Church in the area is an asset to sustain the activities.

Sustainability

There should be continuous workshops so that pupils will not forget what they have been taught. That is the reason why the teachers believe they should be involved with the project.

2.3 El Shaddai Annex Primary School Bwalula

Background:

El Shaddai Primary School Bwalula is an annex of El Shaddai Primary School in Bugiri. It runs classes up to primary five and has a total pupil population of 150. The school has six teachers and has not directly benefited from the women against AIDS (WAA) project. The benefit from WAA project is indirectly through the knowledge of the school staff members who have benefited from WAA.

Challenges of running the School

1. Most of the community members believe that the school has a source of support or other plans where it gets money because of its association with the Pentecostal Church yet in reality it doesn't have any funding.
2. There are so many orphans and needy pupils in the community and school. If possible the school would like to have support and care for orphans and vulnerable children (OVC). The school has a register for all orphans and widows in the community.
3. The Bwalula Women Against HIV/AIDS (BWAHA) group behind the school has a good relationship with the community and it would be good if orphans are managed in one place say an orphanage. If orphans are in an orphanage it has the advantage that they spiritual assistance, counselling, and they are easy to manage or be supported if they leave together.

Challenges with School children that need to be addressed:

1. School fees are a major problem. Once the income of the community is not good then there are no school fees.
2. School uniform. The children don't have school uniform and the school wants someone to support them with school uniform.
3. Nutrition. The school gives children porridge with nothing else including sugar. However, not all school children benefit. Some come from needy homes and are ignorant of a balanced diet. Some children walk up to three kilometres to come to school. The parents are supposed to pay for the porridge the pupils take at school. Hence some parents pay while others don't. The school wants to have Soya flour availed to the children and also some sugar. Most of the children who don't pay for the porridge are orphans. These children should be included in the program of food at school.
4. The school also needs a first aid kit in the school since they don't have one.
5. The school does not have a bookshelf not even a file cabinet where they can store their reading materials

Sexual issues at the school

The teachers practice the knowledge they get from the Women Against AIDS (WAA) project to teach our pupils issue related to sexuality. The issues they teach them include:

Sexual issues at El Shaddai Annex

- (i) Awareness of the dangers to teach their fellow children
- (ii) Advocate for children to teach their parents
- (iii) We encourage the pupils to have creative songs that are related to HIV/AIDS
- (iv) During school parades we talk to pupils to stop sharing sharp objects
- (v) We also tell pupils to delay sex until they are married
- (vi) We also warn children against playing with condoms when they pick them from some places.

The teaching is done every day during the morning assembly. The chairperson of BWAHA is also the senior women teacher at the school and is usually available on the parade and has something to say to the pupils. The school uses the experience of other pupils being orphans to teach others on the dangers of HIV/AIDS. The project uses children as a tool for sensitisation in the community. Whenever there is a community meeting, the women come up with some presentations on children.

2.4 Pastor Bwalula Pentecostal Church of Uganda

There has been a very negative attitude on HIV/AIDS activities by the Christian community in Bwalula. In 2002 some Christians had to leave the church because the pastor conducted a seminar on HIV/AIDS in the church. The facilitator talked about condoms and the parishioners attacked the pastor accusing him of speaking about condoms in the church. Some left the church. The pastor however insisted on teaching about HIV/AIDS. Now the pastor has more than 100 people in the church who accept the condom including the church elders. At one time the parishioners accused the pastor of including people who are not saved (born again) in their programs. However, the PCU Bwalula works in a community and there are Moslems, Anglicans, Catholics, etc. So the parishioners blamed the pastor for associating with such people who are not of their faith.

However, the pastor believes he has to speak to many in the community irrespective of their religious affiliation. He explained the situation

“My parishioners limit themselves to the sexual transmission of HIV/AIDS only and consider it as an immoral issue, which is a punishment from God, and a curse from God for those involved in immoral behaviour. To give these people knowledge of HIV/AIDS requires the grace of God and special anointing of the Holy Spirit”

Another problem is that the church in Bwalula has a concept that any support on HIV/AIDS activities must be foreign or from outside, he said. The people here believe they are not able to do anything on their own. Despite this however, some people have made contributions to the church at times 1,000/= - 2,000/= is collected and they buy things like soap, sugar, etc and then visit the sick. Many have now conceived the idea that they can do something to assist people with HIV/AIDS. The pastor has a training manual designed for use by pastors in churches and wants to be given an opportunity to speak to other pastors so that they are involved in HIV/AIDS activities.

Note: The Chairperson of BWAHA was involved with a similar project in Bugiri. When the Bugiri project asked PCU – WAA Coordinator for money to run projects she told them that she was not a funder and that they should look for funding elsewhere. Hence, this experience could have been still on the minds of the BWAHA Coordinator when she refused to ask PCU –WAA for money to run activities.

Section Three: Women Against AIDS Projects in Bugiri

3.1 Bugiri El Shaddai Christian Primary School

Project description

The HIV/AIDS health project in Bugiri El Shaddai Christian Primary School started in April 2003 through the Church executive committee. The Church executive (some of them were mothers with children in the school) talked to the school administration and requested to start the project in the school. Pentecostal Churches of Uganda - Women Against AIDS (PCU-WAA) started by organizing workshops. There were three workshops for the women in the church and community and two workshops for the children in the school. The workshops were held in 2003 although one was held in the first term of 2004. The head teacher of the school attended the introductory workshop where women were invited and introduced to the idea of the church and community and how they can be involved in HIV/AIDS control. The workshop also covered the issue of the role of women as mothers and their responsibility in the home. The head teacher also attended the marriage seminar on how couples could be aware of how to handle the children, and how to handle themselves if the HIV/AIDS affected them.

Project implementation

The project has children from primary four to primary seven selected and organized by the science teacher. The children to participate in the program were chosen according to age and class, that is, 12 upward or adolescent. They include both boys and girls making a total of about 30. The head teacher is involved in the activities by encouraging the teachers to do their routine work hand in hand with the HIV/AIDS project. She also talks to the children about the issues, such as how to keep themselves safe from early marriages, how to conduct themselves, as she teaches, or during school assembly. Apart from workshops, PCU-WAA has not given the school financial support for its HIV/AIDS activities. The school gets support (stationery, training, supervision, etc) from Integrated Activities and AIDS Concern (IDAAC) and project based in Iganga with branches in Bugiri. IDAAC was going to contact WAA to find how they can support the school. The training was done by IDAAC through the GOAL project.

Activities El Shaddai School is involved in

El Shaddai covers nine schools in Bugiri district, the school uses peer educators model where children teach their fellow children issues of sexual reproductive health. Twice a month the school makes arrangements to visit other schools with the peer educator based on the work plans. The school would have visited other schools in the neighbourhood but cannot due to financial constraints.

1. Sensitisation on all aspects of HIV/AIDS
2. Teaching about reproductive health (problems that affect adolescents such as sexually transmitted diseases such as syphilis, and menstruation and its management among others).

3. Hygiene of the reproductive system such as consequences adolescents face when they do not wash their private parts.
4. Early marriage and early pregnancy. The school peer educators correct the wrong myths people have and advise them to delay onset of sex.

Sexual related problems at El Shaddai School

Wrong ideas/Myths related to sex

The science teachers revealed that information from their peer education shows that so many schools children have many wrong ideas myths about sex. These myths and ideas that are mainly acquired from home, although sometimes the children get ideas from the teachers, have reportedly caused severe health problems to the school children. Some of the wrong ideas and myths are presented below.

Wrong ideas/Myths related to sex

1. When one has sex when standing she doesn't get pregnant
2. Having sex during menstruation reduces the pain experienced during menstruation.
3. If a girl uses a sanitary pad and throws it in a latrine, she won't produce any child in future.
4. Using polythene bags instead of condoms is better protection from AIDS and pregnancy.
5. Sexually transmitted infections cannot lead someone to become barren
6. AIDS is caused by witchcraft.
7. Some girls believe that if they don't pull the labia they will never get pregnant in future and will become dormant.

Source of wrong ideas

We asked the science teacher to explain the source of these wrong ideas. This was with the view that interventions can be target to these sources. The following were presented as the sources of the myths:

Source of wrong ideas on sex

1. **From home.** The children see their relatives who lose their relatives and go to witch doctors. They take long to convince the child that AIDS is not witchcraft.
2. **The culture of widow inheritance:** convinces children that a person even when he/she died of AIDS may have died of other causes
3. **Negative peer group influence:** For example, some girls say if you begin menstruation you are ready to produce a child so one needs to get a boy friend.
4. **The girls trust the mature men:** There are men who deceive the girls that they can prevent them from getting pregnant or HIV.
5. **Using the withdrawal method:** Because of this, some girls don't use condoms.

The issues of wrong ideas/myths about sex is made more difficult by the reluctance of senior women teachers to handle their departments; all the myths are supposed to be handled by senior women teacher for girls, and the science teacher for males. However, the school finds a lot of problems with the senior women teachers. For instance, girls need to know that menstruation is a normal case and should be told not to feel embarrassed. However, some senior women teachers are so rude to girls to the extent that the girls feel more comfortable to consult the male teachers for advice when they have problems such as menstruation. This has the risk that the male teachers may be tempted to sexually abuse the girls. It should however be noted that the senior women teachers in most cases have neither materials nor knowledge to give to the girls. Similarly, they also don't have the sanitary pads to give to the girls leave alone the money to buy the pads.

Early sex among school children

The senior science teacher and other respondents indicated that there is early sex among school children, which has been observed in the schools and communities. The following were the factors that were presented as the causes of early sex among school children.

Factors that lead to early sex

1. **Religion:** Moslems believe that a girl should not menstruate when in the father's home because it is a shame. The first menstruation should be when she is in the husband's place. Hence they force their girls to marry before menstruation. The teachers were however not sure whether this is from the Koran.
2. **Loss of parents:** When a child loses parents, the children are left there with nothing. When a person is suffering from AIDS he sells everything. By the time s/he dies s/he is left with nothing. So the children have to go in for early sex for material gains to survive.
3. **Girls from poor and broken families:** In many of these cases the mother sends the girl to offer sex so as to get material gains to earn a living.
4. **Cultural:** In Busoga there is a culture where a person older than you calls you (*muko*) "in-law". When repeatedly used this entices the girls to get married to the 'in-law'.
5. **Family negligence:** Some parents don't provide necessities such as knickers, sanitary pads, jerry, perfumes, etc to their girls. Others neglect and are harsh to the children who fear them. Girls are forced to exchange sex in order to get these things.
6. **Love for adventure:** Boys and girls want to discover what is important in sex, which they always hear adults talk about hence they adventure into it.
7. **Lack of/inadequate information on sex and reproductive health:** Parents should do this before the teachers come out. Parents fear and leave this work to the teachers.

Achievements by El Shaddai HIV/AIDS project

Despite the seemingly poor situation of adolescent sexual reproductive health, the school has made some progress to control the situation. Both the head teacher and the teachers involved in the project were asked to present what they thought were the achievements of their project.

1. HIV/AIDS sensitisation has been successful wherever they go. Children are taking the information as a serious issue according to what is on ground.
2. The schools have accepted the El Shaddai peer educators. Whenever they tell the school that they are coming to educate them on HIV/AIDS, the hosts are very eager to receive them.
3. Wherever the El Shaddai peer educators have visited twice, they are welcomed to go and train them so that they can also become peer educators.
4. Parents who have children in El Shaddai School have appreciated the morals of the children. Some parents hear directly from the children who talk about HIV/AIDS. The children have the freedom to talk about what they have learnt at school. Some parents have approached the school to assist them in counselling their children.

The head teacher of the school described the achievements

“In Bugiri defilement has been regarded as a normal act. Now there have been comments that people are hesitant to make sex demands to our children. We have given messages that we shall take action to whoever entices our children into sex. This is paying off, since the programme began we have not had any cases”

5. There is increased awareness of issues related HIV/AIDS. The children are taught basic facts on treatment/prevention such as non-sharing of sharp items, and basic hygiene including even not sharing basins. The pupils are told to abstain from sex. (The school does not provide condoms to pupils).
6. There has been improvement in the discipline of the children, which has led the school to improve the academic performance. The head teacher reported that there were six girls who were difficult and lived in slum area (a well-know stop-over place for truck drivers on the Jinja-Tororo-Kenya highway) where there was a lot of immorality, etc., but after peer teaching they changed behaviour and have even gone to secondary school. She reported that the worst case of them was a girl now in King of Kings in Iganga, and that a dramatic change for the better had happened to her.

Failures by El Shaddai HIV/AIDS project

Despite the success, the project has experienced some failures as presented below.

1. There are some children who were imparted with wrong myths and it has been very difficult for the project to convince them to change their attitudes. These are especially children in government schools where there is Universal Primary Education (UPE). These myths and wrong ideas are particularly held about HIV/AIDS and other reproductive health issues.

2. There is a problem of language. UPE schools have a big problem with English. Bugiri has many tribes and some of the peer educators don't understand Lusoga. As a matter of fact, the Basoga are few in Bugiri. Other tribes include Basamya, Itesots, Luo, Gisu, etc.
3. The facilitators lack of materials for instruction when they visit the schools
4. Lack of funds and its attendant problems such as transport. The peer educators would have gone to far schools but we can't go because of transport problems. Those schools have heard what El Shaddai trains and some write letters inviting them to go and teach them but they cannot due to lack of transport.
5. Defilement is rampant in Bugiri. There are still cases of school dropouts when parents fear to take their cases to authorities. In one such case, a seven-year-old girl dropped out of school after defilement because the father was not willing to let the school take the matter to higher authorities. With Universal Primary Education girls are just promoted without academics so one finds a big girl in primary five.
6. The facilitators work under difficult situations and want to spread to other areas. They want PCU-WAA to support them with some funds to help them move better.
7. The school has a problem of storing information. They need office and equipment (computer) to be able to store this information. Sometimes they inconvenience the librarian to store their information.
8. In Bugiri there are so many boys in schools and few girls: the ratio is 1:4 girls: boys. The school and other authorities need to encourage parents to bring girls to schools. In one incident a parent took a girl to school not to achieve education but as a trap for her to get boys – even teachers. The science teacher explains one situation thus:

“A teacher from a certain school (UPE) was taken to police because of defilement. When we interviewed the girl, she admitted that she was coached by the relatives to trap the teacher”

9. The school has a problem of some children being orphans as a result of HIV/AIDS. Such children are usually neglected with no care and support.

El Shaddai's Vision for next five years

There is real need for the HIV/AIDS project in the school to continue. For instance, in the community people are guided on how to deal with the HIV/AIDS situation and how to deal with the AIDS patients. With the project, the church is talking about HIV/AIDS more than before and stigma is getting less. Within next five years the school would like to see the following achieved:

1. The numbers of orphans due to HIV/AIDS to reduce
2. In Bugiri percentage of literate is low. In the next five years, the school wants the girl child to be at some level as boy.
3. Take care of orphans. If the children are taught well, they can also teach their parents.
4. The school wants to go in the village and sensitise communities in addition to schools.
5. The school would like to go beyond Bugiri to pass on messages to other schools such as Hundach, Modern, and Bugiri. However the school will need transport support in order to reach other.

6. Activities like drama are needed. Proper drama requires a number of things such as editing. The school could even go to the mass media to FM station like Kira FM in Jinja whose signal are got clearly in Bugiri.
7. To go to deal with the local leaders and through them to teach the community directly.
8. To have a farming project for peer educators such as poultry as one of the income-generating activities.

Capacity gaps

1. The local council team needs also to be included by the project. They are nearest to the community and could organize them another workshop when they have the idea.
2. The church does have capacity to take over teachers. Leader of church are directly involved with HIV/AIDS – IDAAC. The teachers believe the church has the capacity to handle a project like that.

Support wanted from PCU-WAA

The HIV/AIDS project at El Shaddai primary school would like to be assisted with the following support from PCU-WAA.

1. Training with regard to HIV/AIDS such as how to give guidance and counselling, approaches in sensitising the community, etc.
2. Some materials for the school to use in its programmes, such as manuals and stationery
3. Financial support to carry out activities.
4. Uniforms to motivate peer educators.
5. Information all the time in form of refresher courses.

Sustainability of the activities

If the school HIV/AIDS project has to be sustainable, there is need for capacity building of people on the ground such as teachers. The community should be trained in income generating schemes; they need to be trained in how to run such money generating activities.

3.2 Women Fight Against HIV/AIDS (PCU-WFA), Bugiri

3.2.1 Background

The Pentecostal Churches of Uganda, Women Fight Against HIV/AIDS (PCU-WFA) in Bugiri group was formed in 2003/2001. However, shortly after its formation, the group ran into problems, as the members were not in unity. Initially the group had two meetings, the first having 23 women but the subsequent one had fewer women. At the time of the evaluation PCU-WAA considered the group non-functional and didn't think it viable to be part of the evaluation. However, the consultants found it pertinent to establish the problems that led to the collapse of the project. This is important to draw lessons that can be avoided elsewhere, and also to establish whether the project could benefit from further support from PCU-WAA. Assessing what exactly went wrong with the women group is also important to air out any views, misconceptions, and the like that have been going on between the project and Bugiri PCU-WFA. The women group has met the PCU-WAA coordinator twice in 2003 when she met them as PCU women at church. During the evaluation we found that some women had regrouped and were ready to partner with PCU-WAA contrary to what PCU-WAA thought. Most probably there was a time lag or some lapse in communication/interaction between the two parties on a face-to-face basis.

3.2.2 Management of the group (Executive committee)

We found two conflicting views as to who the group executive members were: one of the people first people to be interviewed gave the following as the members of the executive:

Chairperson:

Vice chairperson:

Secretary:

Executives:

Reasons for failure of the group

Three executive members of the women group were interviewed as a group and asked to present what in their opinion led to the collapse of the group. Their responses are presented below:

- 1) **Personality differences:** There is a possibility that some members of the group could have left because of personal problems with a teacher in Bukholi secondary school who was in touch with the PCU-WAA coordinator.
- 2) **Frustration due to lack of funding:** Most women thought that PCU-WAA was going to give them money but were frustrated when the money was not forthcoming and lost interest. the group failed because of lack of funding to implement the activities.

“We had seminars and workshops by the Women Against AIDS project. The people who came from WAA/Finland but with offices in Mbuya told us that they didn't have the money”

- 3) **Differing interests:** Women had different interests of what they wanted to do. Some women thought that if they were given money to open a nursery school or grinding mill they could

use that opportunity to evangelize. Other women wanted a poultry project to open to support the orphans and the widows. Others wanted PCU-WAA to give them money straight away.

- 4) **Class differences:** There were two classes of women; those working and the non-working women. While the working women wanted to first be taught by Pentecostal Churches of Uganda, Women Against AIDS project (PCU-WAA) before getting money to run their projects, their counterparts the non-working women wanted to get money and start project work straight away before getting any training from PCU-WAA.
- 5) **Differences in strategy between PCU and the women group:** There were differences in strategy between PCU-WAA and the Bugiri Women Group, the women group in Bugiri had been involved with some other donor projects such as IDAAC, BUNASO, FFM – Kampala (Free Finnish Mission), GOAL-Uganda, Choose Freedom that had built their capacities in various areas. Hence many thought they already had the necessary capacity and did not need any more sensitization to run the PCU-WAA supported project, without any further training from PCU-WAA. On the contrary, PCU-WAA wanted to train the group before they could start implementing any activities. This led to differences that led to the collapse of the PCU-WAA collaboration with Bugiri Women Fight Against AIDS project. One respondent described the situation:

“The PCU WAA Project Coordinator’s second objective was sensitisation and awareness raising on HIV/AIDS yet we had passed that stage. So we disagreed with her in the last workshop. We told her there is no use of wasting resources in the issues we know instead we should use the money to carry out other activities such as visiting schools. For instance, imagine bringing in human rights yet we have already got training in that. When we disagreed with the Coordinator, she didn’t come back. That was in 2003”.

- 6) **Raised expectations:** It was reported that when the PCU-WAA coordinator first went to Bugiri, she told the women that if they organized themselves in a group she would provide funds for them to have income generating activities. The women were excited, expected a lot, and formed their group. However, when the coordinator went to Bugiri another time, it is reported that she had another objective contrary to what she had said earlier. That is, she expected women to be involved in HIV/AIDS awareness. One respondent described the situation.

“When the Project Coordinator came, she raised people’s expectations: the non-working women thought they were going to be funded... We knew she was going to fund us but when she came from Kampala (the second time), she had a different objective: sensitisation and raising awareness on HIV/AIDS. When she said she was not funding, people’s hearts were doomed and they went back to dig”.

Current status of Bugiri Women Fight Against AIDS

At the time of the Pentecostal Churches of Uganda- Women Against AIDS (PCU-WAA) project evaluation on 7th April 2005, we were told that the Bugiri Women Fight Against AIDS group exists with 25 members. However, only 12 were active and normally meet on a monthly basis.

The group is involved in the following activities:

1. **Stepping-stone Approach:** This is an approach that uses a Manual used to sensitise people on HIV/AIDS and related issues. The target is young men and women, older men and older women. Action Aid an international development agency developed the Manual.
2. **Counselling and sensitisation:** The women do home-to-home visits to counsel people affected and infected with HIV/AIDS. They are supposed to cover the whole district but due to lack of funds we cover few sub-counties. The sub-counties covered include Bugiri Town Council and Buwunga. The women also cover some parishes in part of Buluguyi. Other parishes in Buswade are covered in partnership with UWEAL- Uganda Women Enterprises Association Limited. The women carry out life-skills and business skills among the orphans and vulnerable children.
3. **Attending workshops on social marketing of condoms:** The group-attended workshops supported by GOAL Uganda. This was in Bugiri town council and the workshops ran from March to October 2003.

Achievement of Bugiri Women Fight Against AIDS group

Despite the constraints, the group has made some achievements in their efforts to fight HIV/AIDS as presented below:

1. The group managed to reach the sampled sub counties in raising awareness in HIV/AIDS despite their meagre resources.
2. The group built the capacities of people in different fields such as life skills, business skills.
3. The group has encouraged women to practice crop husbandry.

Failures of Bugiri Women Fight Against AIDS group

1. The group lost some of the members who abandoned it after their expectations were not met by PCU-WAA. Even those members who are still with the group, the work went down a bit because of losing the members because the group had become small.
2. The group has no major funding and it failed to carry out its activities effectively. It raises funds on voluntary basis that is why they felt they were not in position to reach some communities. One respondent pointed out the challenges they face due to lack of funding.

“Basing on the capacities we had built, we thought we could build the capacity of others in the whole district. Sometimes we carried out a needs assessment in urban and rural areas on HIV/AIDS. We found that orphans and vulnerable children were many; we thought we could help with material support and technical skills. We failed to get funding. The Project coordinator told us that she is not a funder, and that we must look for funding”.

3. Facilitation in terms of transport is a problem to the group. As a result the group is limited in its effort to reach areas that are far from its base.

Vision for the Future

The target of the group is to utilize the capacities they have built to reach out to many. Their vision is:

1. To have funding for their activities
2. To have an AIDS free generation.
3. To have women who can say no to AIDS when they are supposed to. This can be possible if their capacities are built and have income generating activities. Money cannot buy their lives so the women need to be empowered.
4. To promote welfare of children and women in the district. The group has realized that most people who die from HIV/AIDS do so because of lack of support, counselling, and the like. As women they realized that if they visited people, they could even live longer.

Solutions to women problems

As PCU-WAA plans for the next five-year phase, it is paramount that the women think out the solutions to their problems. The respondents were asked to present what they thought were the solutions to their problems and they gave the responses below.

1. **Income generating activities:** Women need training in income generating activities such as poultry, piggery, etc., and then be given money to start these projects. These can be used as an entry point to supporting people with HIV/AIDS with material support. This can also be used for visitation in hospitals; can be used for evangelism, and also to support orphans. In church there are orphans who are at home because of school fees. These can be supported. Besides, income-generating activities can be an opportunity to create jobs among group members.
2. **Orphanage:** The women believe that one of the solutions to their many problems is to have orphanage/school/nursery school/ or babies home. It has been observed that in Naluwerere there are many orphans who lack care and are in poor health. These need to be supported.
3. **Clinic:** If the women group has enough funds we can open up a clinic and support people living with AIDS.
4. **Farming:** *“As women in a church, we can move in home visitation. Buy land and cultivate to support our fellow women who are supported. Cultivation will enable us work as a group”.*

Suggestions to PCU-WAA

The respondents were asked to make suggestions to the PCU-WAA project. Their responses are presented below:

If possible let the PCU-WAA revive its project for the women in Bugiri. Given a second chance the women are willing to work with PCU and most ladies were ready to be part of the group. The good thing is that most of them fellowship together. One respondent explains the situation:

“If Raili is willing to help us to finance we can begin. Most of the ladies were widows and have orphans. Women can be revived after getting information that she is willing to support”.

“The women group is ready to work with her despite the differences. This can be through maximum cooperation. We need to sit with her and re-plan our activities”

2. The women in Bugiri realize the impact on HIV/AIDS on ground and want PCU-WAA to intervene in funding and save people's lives.
3. PCU-WAA should support the group in proposal writing so that they can generate their own projects.

Evaluator's observation/comments

The El Shaddai School HIV/AIDS project is one of those stories that show how a community strives to its level best to control HIV/AIDS even with minimal resources. It is one of those cases where the PCU-WAA being a pilot project could draw lessons that can be used in the next project cycle. Several issues can be raised from the discussion.

1. Partnership: with the exception of the three training workshops, it appears that much of the facilitation from the school project has been from the Integrated Activities and AIDS Concern (IDAAC). This is a perfect example where two projects work together in harmony to improve adolescent health. In future PCU-WAA will need to work out modalities of having working relations with IDAAC and agreeing which activities to be taken/funded by who, etc.
2. Like all other projects, the issue of project sustainability is a problem with the HIV/AIDS projects in the school. We agree with the teachers that the school needs to be supported with income generating activities to kick start it to be able to have revolving funds that can be used to run their project activities.
3. The issue of the capacity of the senior woman teachers (and other teachers) in handling adolescent sexual and reproductive health issues need to be urgently and conclusively addressed. In the Ugandan culture parents rarely talk to their children on issues related to sex and so it is the teachers who are readily available to the school children most of the time. One of PCU-WAA's contributions to adolescent health in the next project might be to make programmes and materials to train senior women teachers and science teachers in handling adolescent sexual and reproductive health issues. The teachers should also be taught local and innovative ways of handling menses in girls.
4. The PCU-WAA should consider supporting the school project with instruction materials on adolescent sexual and reproductive health. The materials that should be both in the local language and English will boost the knowledge power of the teachers and will empower them not to give half-truth to the pupils.

5. Documentation of information is very important but the most neglected in adolescent health programmes. In the future funds permitting, PCU-WAA could consider providing the school with a computer and printer and their accessories to enable them have a strong documentation centre. Where possible and funds can be accessed PCU-WAA could provide the school with a photocopier to use in reproducing materials to other schools.

In evaluating the Bugiri Women Fight Against AIDS project we need to take into consideration that this is a group of peasant women in rural Uganda who may not have much experience in running projects. Therefore some of their challenges especially with regard to formation of a group should be understood with the wider context of dependence syndrome and high expectations from the donors. That said, the group raises some of the issues that could be of interest to PCU-WAA.

1. It is evident that the Bugiri women group is struggling with leadership problems. This is not surprising because most churches pay emphasis on evangelism and ignore other aspects such as management. It is high time the church imparts leadership and management skills to its practitioners so that they are able to take advantages that accrue from working as a group. The women want to be empowered in writing proposal so that they can access funding. Even if they access other funding without having the capacity to work as a group, they will face the problems like they have faced with PCU-WAA.
2. Two main issues are raised with regard to the way PCU-WAA introduced the project to Bugiri women which can be good lessons for future projects. First the women complained the PCU-WAA did not respect their expertise and sort of wanted to 'impose on them' its agenda. It is common knowledge that programmes that succeed are those where the population has been involved in the design and they think they own it. Apparently the PCU-WAA didn't give women a chance to be involved as stakeholders in the project. This should be a lesson in the new project phase that thorough preparation is important for the success of the project. The second is the issue of high community expectations as indicated by the women. This again is a problem at the design stage. Project beneficiaries need to be provided as much information as there is and told the limits of the project including funds available.
3. The evaluations shows that there seems to be a communication gap between the PCU-WAA coordinator and the women group in Bugiri. Apparently the women group is not free with the coordinator and may have construed her remarks that the group is interested in money yet she is not a funder to imply that the group members are beggars who are only interested. Although this could be the case as evidenced that the main reason for the break up was failure to get funding. Therefore in future there will be need for PCU-WAA to improve its communication and approach to the communities taking into consideration cultural issues.

Conclusion

The main conclusion is that Bugiri Women Fight Against AIDS project has the capacity to run projects supported by PCU-WAA. It should be given a second chance, reorganize itself, its capacities built and then supported to fight HIV/IDS.

Additional comments

After further clarifications from the Project Coordinator, it was established that she did not promise the group any funds specifically. Group members (especially the executive) may have misunderstood her efforts to build capacity and possible support as a definite commitment to give them funds. Indeed the observation by one of them on page 28 about the Project Coordinator saying that she was not a funder bears that out.

The Bugiri Women Fight Against AIDS group was already affiliated to the Iganga based IDDAC and apparently was receiving support, and had probably looked to PCU-WAA as a possible additional financial outlet, and expected the latter to give them funds to start activities. That may explain why BWFAA members declined the PCU-WAA offer to start with capacity building as they had always done initially with all other groups. The BWFAA explanation was that they had already received the skills from IDAAC, so no need for it, but rather to have money to start their own activities.

The wrangles within the BWFAA may also have had some bearing on PCU-WAA's reluctance to commit itself to anything financial straightaway in dealing with a fresh group they were going to start with. PCU-WAA therefore could not understandably commit itself financially before going through the whole process of their activities, just like they have done with other women groups.

PCU-WAA is prepared to continue to assist the El Shaddai Christian School, especially in its outreach activities with neighbouring schools. PCU-WAA will for the time being not undertake any of its support activities with the BWFAA group, but will seek an opportunity to clear any misunderstandings through an amicable forum or a Church mediator (pastor) so as to reach a Christian understanding on the issue.

Section Four: Women Against AIDS Projects in Malaba

4.1 Super Standard Day and Boarding

Super Standard Day and Boarding primary School is a born again/Pentecostal founded school in Malaba started 1997 by Mr. and Mrs. Tom Okodel. As of April 2005 the school had 355 pupils and runs from nursery to primary seven. The school has more girls than boys. During the time of visiting the school, the pupils had been sent home because of public holiday to bury the Pope. The teachers were not so sure of who had announced a public holiday. (However, in Uganda this was not a national holiday and it shows the problem with communication). The school is set right in the heart of Malaba Town, a big cross-border town with a lot of commercial activities that pose special challenges to the youth.

The teachers who attended the WAA training had long been transferred from Malaba to other areas far from the school. The head teacher had been in the school for three months and had not had heard of PCU – WAA. She however had heard about a project that teaches women to know about AIDS and how to handle it on radio Mambo a local FM station in Tororo. The school had

no record that showed that PCU-WAA workshops were carried out. With the exception of one teacher who had a very faint idea, none of the teachers present at the time of the evaluation were aware of WAA activities. However, she said that they had peer educators. The head teacher knew about PIASCY but she didn't know what it was in full – PIASCY is helping pupils to stay safe.

4.1.1 Head Teacher

AIDS projects in School

1. The school is involved with PIASCY – Presidential Initiative on AIDS Strategy for Communication to Youth. This is a presidential initiative to control HIV/AIDS in schools and has 24 messages. Under this, the school usually has assembly messages on Friday and Monday. The first is spread of AIDS and how it affects the body. *“We also talk of prevention of AIDS. We also talk of care of people with AIDS, ways we can get AIDS and so many others”*.
2. The school has the Child-to-child, a program to teach children to help each other when the teacher is not around.
3. The school has girl guides and scouts.

Vision for School in AIDS Control

1. To bring up children who will come up and play a role in prevention and control of AIDS in counselling and also if the parents are affected; this can be done by having external organizations come to talk to children by providing books, films, and magazines.
2. The teachers would like this school to be a centre for counselling. Since the school is in this community which they considered too immoral. *“We want an organization that can come and make a centre for counselling”*.
4. Carry films for adults to be shown in the school hall. We have a hall as a school.
5. The teachers would like some children especially orphans to be assisted financially and materials assistance, including scholastic materials, beddings, uniforms, books, etc.

Common problems in School

The school has children with sexually transmitted diseases such as syphilis. They are both boys and girls. There is no age limit. It appears some of them were born with diseases.

Note: The head teacher reported that they had had no cases of pregnancy and early sex, since she came to the school. This could have been because she had spent only three months in the school and could not have observed these.

School activities.

1. There are meetings with older children from 12 years above and the teachers usually talk to them on how they should conduct themselves in communities because they are vulnerable. They tell them about good and bad foods. This is done this twice a month and very common in primary seven. The school incorporates these messages in teaching because PIASCY encourages it.
2. The school also has a pastor who talks to the children in the Chapel on Sunday.

Request to PCU-WAA

The Head teacher requested WAA to keep checking on them as a school by coming to them more frequently. “We want to fund what value we have. You come and talk and we separate. This may be repeated year after year. You can come every term to the school”.

4.1.2 Senior Woman Teacher (SWT)

The senior woman teacher had equally not heard of PCU-WAA; she has been in this school for three months from Tororo Preparatory School. She did not find any senior woman teacher at the school, so when she came to the school, she was appointed as a senior woman teacher. The senior woman teacher had not had any special training in handling adolescent issues but was just using her long experience in teaching (26 years) to handle adolescent girls.

Role of senior woman teacher

1. Have discussion with girls especially adolescent on how to keep personal hygiene like keeping their bodies clean especially those who have started menstruating that it is normal and should not get scared.
2. Also teach the girls about HIV/AIDS that they are at risk because of their age and should be careful about older men who entice them by giving them gifts. So they have to be guided to avoid such situations.
3. The senior woman teacher tells the girls on behaviour change themselves. Because the way they behave now (as adolescents) is not the way they used to behave when they were young. “We give them skills on how to guide them”.
4. The senior woman teacher give the girls skills so that they are not idle because being idle may make them have certain behaviours: “we make them be creative”.
5. The senior woman teacher sensitises the girls on their roles as girls in the communities.

Adolescent problems in school

1. Some girls don’t listen to elders. They do what they think is right. Others don’t want to listen to advice.
2. There is change in the way they dress, talk, etc. Some of them when they get in touch with outside grouping, they copy what they get or see. And when they sit together as peers, they try to practice what they have seen.
3. The SWT said she had not yet seen problem with sex. “So far our girls usually mix up with boys freely”.

How they solve these problems

1. We counsel them, put them, in groups and teach them on matters of that age group (adolescence) some of them fear that when they have a problem they don’t open.
2. We give them activities such as games that can occupy their free time, even knitting. According to our situation here there are things we cannot carry out due to finance. We only limit to games like netball, music, and reciting poems especially on HIV/AIDS transmission.

Anticipated assistance in next five years

The senior woman teacher outlined some of the problems the girls face, and also reflected on her own experience while she a school girl herself:

1. Girls need some sanitary materials especially for the girls, as some of them don’t know especially how they are used.
2. Items that can be used in their time to keep them active. Such materials include knitting material, threads, etc. The school has not got these materials.
3. Lack of materials for domestic science and for home management in schools.

“I remember when I was in secondary school in Boroboro High School in Lira between 1970 and 1973 we had all these items”

“We have a problem of children who have lost parents due to AIDS. Many lack support and are depending on guardians who are not able to help them financially. This problem makes these girls to go out for sexual activities to get a living or go out and get what they need. Now, how can those ones be assisted?”

Training needs for senior woman teacher

1. Training in counselling
2. Getting skills of how to manage and overcome the problems of HIV/AIDS. Activities we can be involved in which can enable us to face those situations.

4.1.3 Pastor – PCU Malaba

Women Against AIDS is one of the projects equipping women to go and talk against AIDS in schools. It started in 2003 and so far there were 25 women who have benefited from project through seminars and a revolving fund. However, when one includes children and husbands, the number is big. The women begin in their own homes since many are still producing and have children. The project creates awareness on AIDS. It is found that even children from Christian based homes mix with children from non-Christian homes and learn all sorts of bad habits. He observed: “A place like Malaba is like a fishing village where people do everything immoral even when children are seeing. Women train children to preach against these practices”.

Women in Malaba have benefited from WAA through income generating activities for them to earn a living so that they don't rely on a husband for basic needs such as food, school fees. Some of the women have benefited not financially from the women who have IGA can share the knowledge with the women who have benefited. Many women in Malaba are involved in cross border trade and earn meagre incomes. So the PCU-WAA women sensitise them on how to manage their business. In summary the women in Malaba teach others:

- i. Create awareness on HIV/AIDS
- ii. How to start business
- iii. How to manage business
- iv. Nutrition.

Achievements

1. In the church where these women are, we realize the church is getting built from offering from these women who get IGA from PCU – WAA.
2. Their families (beneficiaries of IGA) are sustained economically.

Types of income-generating activities

The whole group was given 2.5 million (two and half million). Each of the persons got around 120,000. Each is doing business on its own. Each is given a revolving fund, which they have so far used twice. The general complaint is that the funding has been a little; if only they can get a donor who can give them a bigger contribution, they could do better. The funds have been used in some of the following ways:

1. Money to hire shambas (gardens) where to plough
2. Some women have bought machine like for milling groundnut paste and groundnut powder, machines for popcorn frying.
3. Some have bought machines for saloons/ to plait hair for other women
4. One family has bought many goats from the money and now changed them into cows.
5. The families of the beneficiaries are getting treatment, are able to meet the bills for the clinic bills. They are able to feed the family in spite of the men. When the men fail to feed the families, the women are empowered.

Failures

1. Those who are involved in cultivation sometimes the seasons are not reliable and so they are not able to contribute to the revolving fund. The seeds, crops, etc get spoilt.
2. The season for those who do business is a factor. When it is harvest season, those who do business get profit. But when the season is off, their businesses suffer.
3. Another failure is due to the little capital. The women have the business knowledge and could do in a bulky way but they are limited by the few funds. The women use some of the money (profit) for domestic affairs and cannot accumulate bigger capital.

Vision for Project

1. PCU –WAA should not only be stagnant in Malaba but should be sent to other areas in the district. Therefore we need to train more people.
2. The church needs more funds to carry out the project activities
3. The church needs transport - either a vehicle or bicycle, so that they can reach other sites. They have many churches scattered in this district and so we can reach them.
4. They church has been thinking of a central place such as a school where they can train people on issues such as AIDS awareness, business skills, etc. The school can either be in Malaba or Tororo Town.

Particular support from PCU-WAA

1. Need to add on the money got. So far what has been got is too little.
2. Need teaching materials, books, etc. Women have been taught and to train others they need training materials.
3. Transport and other essential things for expansion of the project.

Advice to WAA

1. There should be strong relationship between the vision bearer of WAA (Project Coordinator) and the women beneficiaries on ground for a better working relationship for the work to continue in future.
2. Men should be included since this is on AIDS and since not only women know better.
3. Youth should be involved in these activities. The youth can reach their fellow youth better in AIDS counselling, etc. “We shall do better if men are reaching men, women reaching women, youth reaching youth”.
4. In schools they have gone, these schools should reach out to others who have not heard of HIV/AIDS.

4.2 Malaba Women Against HIV/AIDS (MPWG) - Executive Committee

The women decided to start activities to tackle HIV/AIDS, and came together to organize teachings according to WAA (Kampala) Project programmes. They organised women to come together, started in 2002 February after meeting the WAA Project and Salvation Army, who were active in the Malaba area in HIV/AIDS.

The main target group is women, but seminars are mixed including marriage seminars. They have had 6 workshops altogether (including follow-up seminars). Contents: many topics including HIV/AIDS – cause and prevention; teaching others; care of HIV/AIDS; environmental health; nutrition and food production. Others include how to manage a business, record keeping, and books of accounts.

Their vision and mission is to work in creating awareness about HIV/AIDS; to be able to care for orphans, as well as fighting poverty – so as to be independent (to provide for the family), and to be able to contribute in the family.

Achievements/successes and desirable changes

Some members gave examples of their undertakings and how they handle issues of HIV/AIDS:

“I see that on the side of learning has enabled me to generate income. Before that if I tried to do business I was at a loss. Now I have 2 machines for milling Odi (groundnut paste), and another for popcorn. It helps me to help other children/orphans of relatives, etc.

“It has helped me when I am preaching. I also teach about AIDS – Scripture on diseases. When I speak there is a school in Kenya where I am invited to talk about that. There is a way I handle these things, not to say how morally you can. We handle them privately” (Male group member).

The women said they had seen changes occur to them in areas like agriculture with acquired skills in plant management according to scientific information, which has reportedly made things

easier for them. Within the family, in areas of need like school fees, or uniforms, the Project has enabled some widows to do things for themselves:

“It has given us knowledge and empowered us to do things for ourselves. Has helped me to help my children to get materials for school”.

“About sexuality of our children, we used to find it as a shame, now we are earnest to tell them, even children of neighbours. The facilitators helped us how to handle these things slowly until you are able to help them”.

Need for the project

Members were all in agreement that there is much need for the project, and to plan for other activities to reach more children and other women within their coverage area of 2 parishes and beyond in the next 5 years.

Suggestions for sustainability

They suggest more teachings are needed in some new areas. The executive committee feels there is need an office to organize transport e.g. means of transport, and proper registration.

Capacity Building

More teachings were requested for and that the executive needs good communication with the Project. They further requested for transport, an office and projects for generating money that they had applied for. A work plan and budget of 1million shillings was submitted to WAA project and assistance is awaited.

Main gaps mentioned were in terms of giving clear guidelines: WAAP should give general guidelines to groups to function smoothly. However, asked how they would like to be assisted further with capacity building, executive members were diffident here *“We cannot decide. The current arrangement was planned like that”*, they said.

Challenges

Apart from the gaps mentioned members were generally satisfied with the way things had gone their way: *“I see no failures, I have seen a real change; our men are also saved”*. They requested for an increase of activities for WAA e.g. facilitators to train some of them as local facilitators, or to bring more facilitators, and to motivate participants with lunches.

Change in attitudes and practices seen

Members said they had seen that attitudes were changing; many people were no longer thinking negatively. *“For example, they are helping PLWAs, and are generally free with them unlike before”*.

Suggestions/Recommendations

The women requested for an increase of revolving fund to around 10 million shillings to cater for the 25 members.

Evaluator’s observation/comments

The Malaba women’s group was very enthusiastic and eager to be assisted to improve on their

income-generating ventures as part of being self-reliant, thus their appeal for the revolving money. The Project Coordinator of WAA had written to them about some revolving funds they could get access to, provided they opened a bank account, and were regular with their accountability. They need to be shown how to keep books of accounts

4.3 Malaba Border Point Primary School

What is HIV/AIDS?

Is a transmitted disease; AIDS is a killer disease; a viral disease, and has no cure. AIDS is a sexually transmitted disease that is got through sexual intercourse with an infected person. Also got through sharing sharp instrument with an infected person. HIV means Human Immuno-Virus it is a virus which causes AIDS.

How is AIDS spread?

It is spread through several ways: through sexual intercourse with an infected person; or through sharp instruments/objects, and from infected mother to unborn baby or through breastfeeding. Also contaminated blood transfusion.

Treatment/prevention

Abstinence; not using sharp objects with infected persons, or proper use of condoms; an infected mother should not breastfeed; and avoid blood transfusion; go for blood check up before marriage. Avoid prostitution; parents to be faithful to their partners.

Difference between HIV/AIDS

HIV is a virus while AIDS is a disease.

What are the consequences of HIV/AIDS?

Leads to death; poverty; loss of weight, low population in an area; negligence. Others include shame, fear and stigma. May lead to divorce, orphans; leads to widows and widowers; kills important leaders e.g. doctors; leads to many thoughts that can cause death, boredom and loneliness; leads to many diseases.

Support from WAA

They have come only twice – 2004; advocating the pupils about AIDS, and dangers of HIV/AIDS. How AIDS is transmitted from one person to another. How to prevent STIs

Encouraged the pupils to read hard. They have helped the pupils to know ways of answering science questions. We can now identify people with HIV/AIDS with the knowledge they have given us e.g. rash on the body.

Changes in attitude

- Changed the attitude – You have better feelings about AIDS.
- It has helped me to learn more knowledge about HIV/AIDS.
- It has helped me to abstain from sex.
- They have counseled people with HIV/AIDS.
- They provide the patients with food.
- To avoid bad peer groups.

Challenges:

Friends don't like advice from the pupils when they talk to them about HIV/AIDS. Some parents don't want to listen to the children when they try to talk to them e.g. one said that she tried to tell the neighbour about HIV/AIDS. She just said is that what you can tell me?

How the project should handle issues of HIV/AIDS in future:

1. They should bring for us tapes and posters on HIV/AIDS; show televisions (films) about HIV/AIDS.
2. More teachings on HIV/AIDS
3. Act drama on HIV/AIDS
4. Bring books on HIV/AIDS
5. Should involve parents in the women group.

Sexual abuse

This is the misuse of sex e.g. getting young girls on the way and raping them. It is the way people misuse when to have sex by what type of people and age.

Causes

Defilement; rape, early sex, prostitution; alcoholism and smokers/drug addicts; bad peer groups, and anti-social behaviour; poor accommodation facilities; rude and harsh parents; lust – due to adolescent stage.

Victims and culprits (perpetrators of child abuse)

Orphans, girls who dress badly, widows, street children are main victims. Long-distance (truck) drivers e.g. go for bar maids; house boys/girls are abused domestically; widowers can abuse boys; some bad people abuse old women, etc.

Consequences

Early pregnancy; family neglect; it leads to obstructed labour; dropouts; abortion; shame /stigmatisation; death, diseases – STDs, HIV/AIDS; damages the uterus/bladder of the young girl. Damages the reproductive system; leads to infertility. You may not have official marriage; poverty; leads one to jail mostly.

How to avoid the above

Avoid peer groups like prostitutes; one should avoid walking at night; advise girls to dress properly; avoid working as bar maids; abstain from sex; avoid using anti-social behaviour by taking the advice from elders such as religious leaders, parents, teachers, etc.

Relationship to HIV/AIDS

They bring shame; they lead to sexually transmitted diseases.

How WAA has supported

By advising them not to walk at night; to avoid anti-social behaviour. They have advised them to stop moving with bad peer groups. They have advised them to follow both teachers and parents advice. They have educated the pupils on how AIDS is dangerous, and advised them to avoid societies e.g. places where they drink alcohol.

How the project should handle issues on sexual abuse:

Give scholarship or financial support to the victims so that they don't stop their education on the way – mostly orphans, and build schools. Give guidance and counselling. Put up clubs for the victims; provide the victims with medical care. Put stronger laws so that those who are got sexually abusing (culprits or perpetrators) are jailed.

Children/women rights

Right to education; right to freedom of speech; right to food; right to play games; right to tribe and name; right to rest.

Awareness: The WAA has not taught them about the rights.

They got it from: teachers, parents and elders, LCs for children affairs, peers, police, textbooks; radios/TVs, and newspapers.

Comment

The women group has not taught the pupils about children/women rights. We could not go ahead with this topic.

General knowledge about ways of fighting poverty

1. Work harder at school
2. Forming small projects i.e. poultry; piggery
3. Helping in Agriculture
4. Sensitising people on how to use good methods of farming, HIV/AIDS because it reduced resource persons.
5. The government should use irrigation schemes to provide water to drier places so that farmers can grow crops.
6. The government should improve the prices of produce for farmers so that they can have better earnings.

What other comments, information do you have for the women against AIDS project?

1. Continue giving knowledge
2. Come with films, Video/T.V tapes, books, shows, drama to give more information.
3. Continue helping the orphans
4. Give scholarship.
5. Support your school by providing text books – scholastic materials.

Section Five: Kanyumu Women Against AIDS (KAWAA)

5.1. KAWAA Women's Group (Members)

Nature of Capacity Building by the Project

Started in February 2004 and training has been done 4 times, according to the women. Before the WAA Project came to them, they had very little knowledge about HIV/AIDS; for example, they used to share razor blades with others e.g. the children, and they did not know how to protect themselves from getting HIV; or not using family planning services.

Problems of sexual abuse nature were common: women and children were reportedly forced into sex; relatives who were entrusted with care of children had sex with them; while some of those who had HIV had indiscriminate sex to spread the disease. Infected women targeted men with money. Young girls were lured into sex for money, since parents neglected them and refused to talk to their children about sex. Alcoholism was commonly reported among men and women who were very young and neglected children entrusted to them.

Now they are able to protect themselves and prevent infections or to use family planning services: *"Our men now know how to use condoms, and are enlightened about sexual abuse; now we agree about sex issues"* They have further been sensitised about gender issues and gender balance: *"this group is now known in the community and we are able to contest for LC and community leadership"*

They have further learnt about income generating activities and how to keep books of account or business.

Process of Capacity Building

Children and women's rights have been imparted through the workshops: the right of the child to ask the father (parents) for school fees; right to refuse parents to sell family assets; right to food, clothing, shelter and security; as well as right to pay, rest, and to have medical and health care.

Women's rights include the right to share family resources; to participate in community programmes, freedom and opportunity to leadership. They have the right to access information. Although some of this information on rights they got from LC meetings or radio, the WAA Project had particularly elaborated on these rights, according to the group, and helped them understand the issues better.

In terms of equal opportunities (democracy and social responsibility), Kanyumu women said they were able to ensure equal opportunities to all: both girls and boys are equally able to go to school, and share domestic responsibilities e.g. cooking, or to plough using oxen. Today, girls are even given a share of the land, and considered for inheritance.

Challenges

As far as fighting poverty is concerned, agriculture is the main thing they are trying, but not profitable and no market for their produce. The climate is harsh; plants and animals are attacked by diseases e.g. cassava mosaic, and common animal diseases. Pasture is not sufficient for the animals. They lack medical/health facilities in the area, and would appreciate the establishment of a health center there. There is lack of capital to fund their small businesses (micro-finance).

Achievements or Successes

The seminars/workshops have brought about processes in change of lifestyles and/or positive behaviour. The increased knowledge has brought about positive attitudes: e.g. men have allowed women to participate by attending meetings; the women have freedom of expression. On HIV/AIDS knowledge, the women felt the information has enabled them to guard against the disease, any future infections, and its consequences. They said they have become more faithful in marriage: *“we understand the meaning of marriage; even the men have changed their behaviour”*. Other expected outcomes include: improved hygiene in the home, and acquired skills in home management e.g. widows are able to pay school fees and go to health units by themselves: *“Today, we are self-reliant”*.

Challenges

Negatively, some men now leave all the responsibility to the women, because, according to the men, women now have money and are protected by government. Men complain that women run the homes, and want to take over property. Some men still want to marry more women, so that the co-wives compete to give money to the man.

Limitations, constraints or gaps in capacity building

Among major limitations they face, the women mentioned the following: despite the knowledge acquired, they have no materials to give, such as gloves or condoms to clients, as people in the community ask for these things, or for direct help with money, or for information on testing. Similarly, they ask for medicines and assistance for orphans. Widows in particular need assistance with caring for the orphans.

Group members feel they need facilitation in their work by way of incentives or assisting them with transport to reach the communities.

Plans/vision for the future, and sustainability

- They requested for continuation of training (seminars) and more reading materials to accompany the adult teaching.
- If possible supply of condoms and other materials like gloves to give out
- Revolving fund that can help in their small-scale businesses such as poultry, goat rearing, etc.
- Observation visits to other projects or groups of other women dealing with HIV/AIDS
- Mobile film shows to the community to get appropriate messages on HIV/AIDS
- To roof their church and build an office for their project

Evaluators' observation

A very active group discussion, and much enthusiasm shown; everybody had something to say (the majority are young women aged between 20 to early 30 years), though most of them had little or no formal education. The women in Kanyumu appear to be very innovative; they have designed a banner for their project (KAWAA) with messages around the banner. They are very eager to learn, and are active participants with potential of sustaining their project if encouraged or further supported in capacity development.

The group has clearly shown that women groups can be facilitated and used as resource persons, as each of them in the group can become a focal person in a particular parish or area so that in turn, other smaller groups can be formed. This would reduce costs of traveling long distances to one center. Others may fail to turn up and actually drop out. It would also encourage regular attendance, and increase the number of activities, as well as to internalize what they have learned, leading to achievement of their long-term objective of “a generation without AIDS”.

5.2 Kanyumu Primary School**Causes of HIV/AIDS:**

You can get infected from a man who is already infected and you will get AIDS after sleeping with him. When young boys and girls go for discos, and it becomes cold boys normally say that it's cold, what next? Then they go for sex. Sometimes you may be sent at night. You might meet a drunkard and he will force you into sex. Sometimes when you go for visits to the relatives, you might get some one who will force you into sex.

Others include unprotected sex; e.g. when you attend funerals you might get someone who will force you to sex. If both parents are sick of HIV/AIDS and the mother becomes pregnant, the baby will be infected. Widow inheritance and widowers commonly lead to AIDS. Sharing sharp objects like razor blades, injection, sharp stones, etc.; transfusion with infected blood, or from wounds to cuts.

Prevention/treatment

Abstaining from sex; refuse money and gift from sugar daddies/mummies or strangers; avoid bad peer groups; use condoms. Listen to advice got from parents, teachers, elders, etc.; report the culprit in case they force you into sex. People should go for blood testing.

Consequences

Poor feeding of children because the sick parents cannot look for money; dropout due to lack of school fees; poverty; orphans and widows/widowers; mothers can become mad and then they start moving spreading it to others. When a parent dies, the other may become rude and does not take you the children they way they used to live together; worries and stigma.

Support from WAA

They have got knowledge that they should not indulge in sexual activities, and said they would have fallen the victims of circumstances if they did not receive this information. As a result they

have known that AIDS is dangerous and how it is spread, and now respect parents, whereas before they could no listen to them. They now know the signs and symptoms of an AIDS person, and give correct information to other people.

Sexual Abuse

This is when someone forces you into sex. Parents can force young girls into big strong men. They will want to have sex with you and hence they will tear the vagina. Forced sex will tend to make the young girls to have wounds or diseases, or result into pregnancy and STDs, HIV/AIDS; or early marriages – some parents say “*Odukokin ijo, ayapu eong atwanare*”. Meaning you get married I am about to die. Early pregnancies may result into death, or you might fail to deliver.

Causes

Some people when they learn that they are HIV/AIDS, force others into sex. Some men say that young girls don’t have AIDS; also drunkards - some old people go drinking and end up falling with no clothing; discos where girls are forced into sex. Witch craft – where some people use it to trap children and women.

Consequences

Pain in the private parts and pregnancies that may lead to death; school dropouts, or early marriages; mostly boys can be imprisoned or jailed, or even poverty for the families. Other diseases such as STDs, or complications of HIV/AIDS

How to avoid sexual abuse

Stop getting gifts from strangers; getting good friends; sensitisation. When sent somewhere, you should be time conscious so that you go home early.

Support from WAA

Knowledge and advice gained from WAA that is protecting them from diseases, and having positive attitudes towards people with AIDS

How the project should handle issues about sexual abuse in future

More seminars and sensitisation; provision of books, pencils, and pens for education; provide cinema, young talks, films, drama, music. Help orphans and widows.

Children Rights and women

Right to education; freedom of speech; right to medication; right to clothing; right to food.

Awareness of HIV/AIDS

Sources of information: WAA sensitized them, as well as in the school curriculum, and local community e.g. LCs

Challenges

They now know that no parent can deny them education or other needs. “*We now feed well with enough food for example those who stay with stepmothers*”.

Equal opportunities (Democracy)

Equal opportunities in education; equal opportunities in medication, clothing; both boys and girls should take part in domestic chores; and equal opportunities in Government jobs.

Responsibility in fighting poverty:

Farming: piggyery, goats, cows, poultry; education; listening and respecting to the parents; making of ropes, mats.

Request

The pupils thanked WAA for the knowledge given. They urged the Project to provide materials e.g. books, pens for education, and to bring cinemas, or films to educate them more. Provide Young Talk papers to them.

Evaluators' observations/comments

The project has a future in the school because all pupils are interested and are able to bring out unique information, which they are willing to share.

The girls are more active and look more mature than their male counterparts. English is a big problem because not all of them can express themselves in English, but became very active in vernacular (Itesot).

Through the PCU-WAA activities in the school, children have shown a lot of awareness and have learned appropriate life-skills to protect themselves against HIV/AIDS and sexual abuse.

Poverty is rampant and resulting into lack of basic needs for girls (pants, sanitary towels, Vaseline, clothes) compels them to accept gifts of money from men who eventually infect them with HIV/AIDS, early pregnancy, drop out of school and early marriages.

WAA project should consider including home management skills (Home economics, person grooming, health education, crafts, sewing, cooking, farming) to enable children to grow up knowing how to get a little money for their needs). E.g. girls can learn how to make ropes, mats, baskets, etc during free times and sell them over weekends.

Teachers were absent although they were informed. This shows that, they are less interested in the programme. May be the project has not recognized their role in educating children in family life and feel they have been left out.

Teachers should be recognized as partners and WAA activities. This is because they stay longest with the children and have the capacity to sustain this programme in schools. They should be encouraged to attend seminars, short course in counselling, and other family life skills. There is no doubt that teachers can be resourceful if allowed to participate in decisions of the project at a certain level.

5.3 Pastor PCU Pallisa District

Introduction

This project started in 2003, during a baseline study with a questionnaire when we did a situation analysis. The Project Coordinator asked me to get a remote place, so we located it here, and 30 women formed a group, the criteria being that they should be able to read and write and to participate. All women were included regardless of denomination.

Stakeholders

The community in the area, 4 sub-counties: Kibale, Apamong, Gogonyo and Butebo. We also went to remote areas e.g. Kemeke and Gogonyo.

Role of the Church

The church is coordinating between the community and the people in Kampala – WAA project; I coordinate with Kampala. The community makes a report to the Kampala office, and monitor their activities – see how they are participating. When they come for workshops, I assist both the facilitators and members.

Mission/Vision

Since the project came, (WAA) they have come to the grass roots. Has helped open the eyes of the people to the HIV/AIDS problem.

Success/achievements

At first most of these women used not to stand before people, now they are doing a lot more, even my wife. They can make a work plan and will open a bank account by 13th May.

Need for the project

There is need for it, covering very many sub-counties some projects came and do not go deep but the project had shown that it could reach everywhere.

What should be the focus in the next 5 years?

Sensitising people; IGAs on a small scale e.g. poultry; helping children in need e.g. orphans go to school – supplying materials (future); other areas of focus more training in counseling HIV + people.

What should be included in future?

After training the women, they need to be assisted to write a proposal for care and support, or to assist families to plant improved seeds, to generate income, etc i.e. things that will sustain the project.

What do you suggest about sustainability?

Activities should show i.e. they need about 2-3 years to become a CBO within the district. District needs to be involved if there is any activity. In the district so far, the CAO has been very supportive in starting the project, and has yet to visit the project. The CDO gave encouragement to the group that they should be registered and to facilitate (talk about IGAs and relationship between community and government).

Capacity Building:

Currently: They have trained people/women in HIV/AIDS issues. This is something coming e.g. marriage seminar (some pastors here attended also); Children's rights and women's rights (70 people attended the marriage seminars).

How effective have the seminars been?

The seminars have brought people together; children have known their rights – questionnaire given to the children. The LC1 chairman of the area says he benefited from participation, says he is able to stand before people to talk or give speeches, etc.

What impact has the project made to your community?

What I can see is that there is good response, e.g. other churches are ready to see these things taken to their churches, and in Kameke I have a Moslem woman also. In schools we intend to apply for funds and have debates and quizzes between schools.

How would you like to be assisted in capacity building?

I foresee that they can also train more facilitators as assistants to the national facilitators. In capacity building, WAA at national level should also register as an NGO. Train the women to do have facilities i.e. ice packs to keep vaccines live for cross breeds of chicken. We depend on agriculture, so we need to access improved seeds that are not expired. Training in process.

Sustainability of capacity building:

Only 2 workers are not enough, the Project needs to add more people/facilitators at the national level. We need to diversify sources of funding e.g. from MOH, District or others, or should be connected to other NGOs e.g. UAC, UNASO, TASO, etc. May be even to have a regional office of WAA in our area.

What is the capacity of the local church to take over?

As a pastor, it is better for the project to be independent; it may bring wrangles within the church. The church's role is to coordinate and identify people who can work with the project.

Plan for Prevention of HIV/AIDS among children and young people

There were many challenges faced and lessons learned: first of all we wanted only 20 women, but more women came – some felt left out. Cost sharing – was a challenge; more people need to be trained in various skills. Criteria for selection of sites should be made clear.

How would you like to see the situation improved?

If resources are there (allow), we need to budget for a centre like PACODET in Kapuwai community. We need more technical people e.g. health, veterinary/agriculture. In each year we should get 2-3 days to have a conference to share to review/evaluate our activities.

What changes in attitudes and practices do you expect?

Like these women, they were against FP, but now they have realized the need for it. Some of the men have also accepted. We tell them about a number of methods and it is up to them to choose. We have lived to tell that when a woman wants to deliver she should go to the Health Centre for safe delivery. They now go to the ANC and to immunize the children. They used to 'extract'

false teeth, etc, but not now. Some men have learnt not to inherit widows because of HIV/AIDS, yet they used to go ahead saying: “AIDS sleeps at night”.

What changes would you like to see in the next 5 years?

The girl child is still at a disadvantage: e.g. subjected to early marriage; but by 5 years it should stop. We need to see that smaller families should be the pattern. Evaluating the girl-child should be a priority. ARVS should be made accessible to those who need them.

Observation/Comments

The Pastor is a resourceful person and appears to be highly motivated. He is a member of the Uganda Change Agents Association, and has fully devoted himself to assisting the women’s group with ideas and liaising with the Head office of WAA. He seems to realise the limitation of the Church in taking on a project like WAA without conflict of interest encroaching. He suggests more capacity to be built both at the national and local levels, with more competencies to be developed. His ideas and vision of the project should be taken seriously, as he shows a remarkable capacity to analyse and understand the issues well.

5.4 Kanyumu Women Against AIDS (KAWAA) Executive

Membership of KAWAA

Members come from Kibale S/county, Gogonyo, Apuony, Kameke S/county. Most women are from Kanyumu community (18 women). Total is 30 women as members (women only). At Kameke there are men (5 men) and 25 women) in formation.

Executive:

Chairperson –
Vice Chairperson –
Treasurer –
Secretary –
V/Secretary –
Members:

How is the project implemented?

We have meetings at various places agreed and discuss business e.g. opening an account. Members became members by subscription fee for 5,000/= . Activities include teaching children about HIV/AIDS; visit women and sensitise about HIV/AIDS, as well as having IGAs – e.g. piggery and poultry (local chicken).

Started in February/March, 2004, first workshop was on RH, Gender roles, HIV/AIDS, STDs rights of children and women. 2nd June workshop – IGAs based on local needs; target group: Women. Had additional facilitation by Probation Officer; Piggery and another one for poultry; – FP, as well as gender roles, right of children, rights of women – 2 days. One facilitated RH, HIV/AIDS, STDs, while one handled topics on IGA, record/book keeping, market, poor communication in families, and also marriage seminar.

Experiences with the WAA Project

“Our vision is we hope that in future, we can move together, be able to the whole district, to create awareness so that they are not ignorant. If we are able to stand firm, (positive attitude) the death rate from HIV/AIDS will be reduced, have ways of looking after orphans and be able to counsel those who have been affected by AIDS/AIDS, and to avoid stigma and insecurity.

Go far ahead to sensitise and create awareness to get knowledge in the families where there are many problems in the family. For women, we want that we are not dominated by men, but have freedom to do things on our own.

Even children have their rights that are recognized.

To eradicate poverty – plans to get pigs (new breed) starting with local ones e.g. poultry (women visited schools and saw many orphans).

Need a revolving fund, and were promised a grant of 1 million shillings; they were asked to open an account and make contributions of subscription. Proposal and work plan already sent to WAA. Work plan and budget for PAAP, PCU, P. O. Box 189, Pallisa.

Achievements/Successes of the project

All members of the executive said they had learnt and achieved a lot: some of who stated the following to illustrate them:

“The workshop has helped me personally on HIV/AIDS and want to be exemplary – was married and husband left me with 8 children, but we are able to work together. I am able to live with them and teaching. This has become an example to other women”.

“Benefited from first time. The project has opened up my conscience. I can stand alone like a woman in the community; I live as an example (exemplary) to others, such as teachers”.

“I have learned as a counsellor that for the client to decide on their own and not for one to do everything for them”.

“I came to learn that knowledge is for life. Education is for life. I can even get a job now or go back to school and achieve”.

“The workshops have helped us. We have been ignorant, now our ears and eyes have benefited. So we sensitise all women, children and others”.

“At first the community was negative, now they are positive, e.g. they have realised the disadvantages of early marriages, etc by seeing they are at risk”.

“ I have acquired knowledge. I have even known how HIV/AIDS starts and goes on to destroy, then I have also learned disadvantages of producing children every other year.

“Learned how to do poultry. Learned about the rights of women and children”.

Do you need the project?

We need it. In the homes we have visited people who are ill and have nothing e.g. soap or food. Though we have met so many challenges – we hope for a better future: *“You climb a tree from below”*.

Challenges

Transport – It is a large parish and needs transport to reach people.

Focus in next 5 years

1. If we can get support, we can be champions – we only lack assistance e.g. grants to make us to stand on our own. Chairperson: *“You begin lifting your water pot from the ground upwards”* We are hoping to change the community by sensitising more and plan to begin with sub-centres. We want to visit those affected e.g. these who have given up hope.
2. To see how the project after 5 years will have a place where the MOH can supply ARVs in the area to those who need them. Members also hoped they could become or be trained as facilitators *“We can impart the knowledge to others”*.
3. The vision ahead is to fight the stigma or HIV/AIDS, especially of homes where both father and mother are dead. We hope to be able to support such orphans.
4. To have the ability to teach or sustain activities in health centres and communities beyond Kanyumu and follow them up in the community
5. To make follow-ups in schools (orphans) find out how they have gone in schooling; follow orphans and widows.
6. Many of the parents are dead. Grandparents are poor and cannot look after – ignorance is a big problem. Total orphans are most desperate and girls are forced to marry at 14 years. Orphans are made to dig or are mistreated.

Marriage seminars

Members attended with their husbands to be guided in topics of RH, FP, gender roles, and how to communicate with the partners and children. They benefited a lot and have noticed a change in their homes as one member remarked: *“Love has increased and we have abolished quarrelling in the home”*. They also reported counselling other couples that were once in trouble.

“Before the seminar, they (men) never allowed us to go and do things for ourselves or to go to seminars. Now they are open and free about it”.

Assistance in capacity building

They want to be assisted to have more knowledge, and possibly to be trained in health care as CHWs.

Suggestions for sustainability

Mainly setting up IGAs e.g. piggery and rotate the money especially; sell eggs and bank the money and for assisting others. Influence more members to join; weaving doormats for sale, and acquiring a foot loom for weaving cloth or fabrics, which they hope they can get on loan of from the revolving fund.

Capacity of local churches to take over project

Project came through the church, and different people were invited. We work with different denominations. Members were non-committal, knowing that the project came through the church.

Plans for HIV/AIDS prevention in children and young people

- Youth want condoms and the girls want female condoms. You need more information about these. We tell about other ways e.g. zero grazing, faithfulness and abstinence, and having tests for blood for HIV. Use the same things to demonstrate how they are used. Condoms are now available
- Mothers who have wounds are advised not to breast feed their children especially if positive.
- PMTCT services for antenatal mothers
- TBAs help during delivery – advised in safe delivery methods and to ask delivering mothers to get gloves early.
- Avail ARVs for those affected

Changes in attitudes and practices are seen/expected

Wife inheritance is still going on here, but some men have started avoiding the practice. Widows are beginning to realize the dangers. Testimonies of women who are avoiding it are now common.

Evaluators' observation/comments

The women showed a lot of enlightenment and enthusiasm from the project, and look forward especially to having the revolving fund approved. They are very keen on having local IGAs established based mostly on piggery and poultry, and some on crafts like doormats and weaving fabrics. Such assistance would be timely and should not be allowed to be frustrated and dampening their interests; their work in the community seems to have brought about positive change in lifestyles, particularly at the family level.

The marriage seminar was particularly well attended, and when we visited the men were seen hanging around thinking it was going to be another joint seminar that would include them.

The KAWAA group seems to have well-articulated messages and activities in creating awareness on STDs/HIV/AIDS, as well as other issues in reproductive health e.g. FP, in songs, drama, etc.

Section Six: Discussion, Conclusion, Recommendations and Way Forward

6.1 What the results mean

Findings from this evaluation of the pilot WAA Project suggest that the project has to a large extent achieved its overall goal of building the capacity of women groups in the communities in the four sites of Bwalula, Bugiri, Malaba and Kanyumu, and enabling them to find their own solutions of how to prevent their own children and young people from HIV infection. On the basis of the WAA project's defined short and long-term expected effects and results of creating awareness on HIV/AIDS, sexual abuse, children's and women's rights, and democracy and social responsibility, there were positive changes reported by all women's groups and schools.

The project's main focus was on combating the spread of the HIV/AIDS scourge: the major strategies used to achieve the overall goal were awareness creating activities; school-based programmes; and community awareness seminars, and training workshop.

However, the other strategies of establishing cross professional co-operation in communities to protect children from sexual abuse and early sexual debut seemed to have been less clearly articulated or indicated. This may be because in relation to HIV/AIDS especially, there are other players, including activities in schools like the PIASCY strategy. It was not clear for example that parents, teachers, health care personnel and youth leaders, particularly in the church were brought together to discuss matters on adolescent sexuality and child abuse as was intended. Most activities in the schools involved only project staff and the children selected, and teachers were not included or involved on an ongoing basis.

The following broad terms of reference were set for assessing the pilot project in terms of process and implementation; structures; stakeholders; public relations; outputs; and project impact and sustainability. Analysis of evaluation findings is solely based on the purely qualitative data collected and not on any quantitative data, in the absence of any baseline data, or impact and process indicators identified for the pilot phase.

Efficiency and operational concerns (implementation, technical, administrative, financial)

1. Evaluate the process and implementation. Assess the structure, decision making lines and national participation in management of the project, leading to recommendation on how, when and whom to transfer responsibilities.

In terms of evaluation of efficiency and operational concerns of the project we looked at the structure of each site or group and reported on the history of its formation, executive committee structure and membership, as well as relationship or association with the WAA Project in Kampala. The process and implementation of the pilot project were described and assessed in terms of achievements, successes or failures as perceived by the stakeholders at each project site.

At all sites women were organized around doing certain activities and encouraging their members to be involved in household level undertakings, to improve/supplement household income through agriculture and other IGAs e.g. poultry and crafts. They also carry out home visits to improve environmental hygiene; counseling and VCT; and sensitizing youth on RH, STDs/HIV/AIDS. They go to villages and conduct seminars or teaching about sexuality and RH issues affecting women and girls. Women feel empowered on a number of fronts e.g. decision-making and problem solving, and as a result have developed confidence and improved their self-esteem. In terms of capacity building, some women groups were specifically trained in small businesses, training of trainers (TOT) skills in home visiting, proper communication and gender roles and family rights.

All the women's groups visited at the four sites had their own executive committees ably run by themselves, but mostly on voluntary basis, but members make some cash contributions for membership.

The executive relates to the national WAA project through a local coordinator – usually the Pastor of the local PCU in the area, who links them to the national management structure for support to the local activities e.g. seminars/workshop, training, or funding. The executive committee sends regularly minutes of meetings or annual reports to the National Coordinator in Kampala (minutes of such meetings and reports were seen and availed to evaluation team).

In the schools, the project staff dealt directly with the selected group of pupils (between 30-50 in each school). The school authorities only assisted in the initial selection and sometimes the workshops/seminars and thereafter the project staff dealt only with the pupil groups in subsequent activities. It was not clear whether there were any feedbacks to the school administration or their representatives. In a number of cases, the Senior Woman Teacher, Senior Man Teacher, or Science Teacher were identified by the school administration as the liaising person, but even then they were not fully involved, according to the information given to us.

Here is an area that needs to be explored for a smooth running of the project activities. The pupils should not be subjected to fear of their teachers any further by keeping the teachers out of project staff's interactions with the children. There is need to create trust and to use the forum for promoting good relationships and enhancing further the guiding role of the teachers, especially senior women/men or science teachers.

2. Analyze current stakeholders (including target group) and recommend steps to improve local participation and ownership.

The target group of the WAA Project is well identified: that is women and children (10-14 years). Local participation and ownership at each site/group level has been clearly indicated and internal dynamics of each group have been highlighted in the report with achievements, challenges, and future directions and plans as perceived by its members.

Other stakeholders include the school authorities, community and local council leaders (LCs), sub-county and district councils. Other district officials in departments such as health, community development, probation and welfare, agriculture, veterinary, chief administrative officers, as well as CBOs/NGOs and religious institutions in the area should all be included alongside the target group.

3. Evaluate the activities and structure of the Steering Committee, the administration and the role and sharing of responsibility, of the participating partners.

There is currently no Steering Committee, and the administration of the Project is solely handled by the Project Coordinator; assisted by a small staff and the two technical/field staff or counterparts, who conduct most of the seminars/workshops and training. There is an urgent need therefore to institute a Steering Committee without delay, which committee should undertake to review the findings of this evaluation and oversee the end period of the current pilot phase and plan for the phase ahead.

The steering committee should be the overall overseer and governing body of the Project and should include various representatives of the key stakeholders such as of the main funding body, the project officials, community, church and other important structures at national and local levels. Its role would be to plan and set policies, as well as monitoring, and evaluation of project activities.

4. Evaluate the project public relation activities and give recommendations for improving these

The project public relations activities were not specifically assessed, but the national Project Coordinator and the other two technical staff normally deal directly with the partners on the ground. In one case (Bugiri Women Against HIV/AIDS) there were indications of misunderstandings over funding matters that clearly point to the need to clarify and discuss issues of that nature with WAA office so as to leave no room for doubt. This particular project had been reported by PCU-WAA to have failed, (Annual Report 2004), but what we found out was that there were basically some differences or misunderstandings, between the National Coordinator and the women's group over what activities to fund or begin with when the former visited the group in 2003. According to them, whereas the National Coordinator wanted the group to train before implementing any activities, the group wanted to start activities right away, since according to them, they had already been trained by some other door projects. It was clear from the Project Coordinator's clarification that she never promised any funds.

Though the women's group was found to have its own leadership wrangles, it would be appropriate for the two parties to start dialogue once again and find a way of working out an amicable solution, and allow them to move forward as members of a church community.

We suggest that the BWFAA group be left to continue with IDDAC and PCU-WAA continues to assist only the El Shaddai Christian School for now, and the misunderstandings be sorted out by the two parties through a reconciliation forum facilitated by the PCU.

A positive public relations image needs to be created, particularly in working with communities, whereby people's expectations may be easily aroused or raised beyond what can be given them. The Steering committee should make sure that there are clear and good communication channels created to ensure that public relations activities are not underestimated.

Effectiveness (output of activities in relation to set goals and objectives)

5. Review the project outputs in relation to its activities based on the plans made for the period from 2002 –2005, and provide recommendations at output and activity level to make the project more effective, in reaching its main objectives. What about the need for the project?

Project outputs were described in form of raising awareness to the four main areas: HIV/AIDS, sexual abuse; women and children's rights; and democracy and social responsibility through workshops/seminars. All these outputs and outcomes are qualitative in nature and since no quantitative programme indicators (impact or process) were set or identified to measure them, it was not possible to measure or state their effectiveness. Stakeholders' perceptions were used to give an insight of what they see as the results of activities on the ground.

As far as need for the project is concerned, member groups were unanimous in their suggestion that the project is very necessary and that there is strong need for its continuation on a wider scale than the pilot phase, especially to consolidate on their activities and capacity building for IGAs over a period of five years or longer.

6. Analyze the effectiveness of the seminars, community happenings and staff training. Make suggestions for how to make these activities more useful for the target groups and sustainable within the project period

Effective analysis of the seminars, community happenings and staff training would have been ideally done if or when a particular activity is or was in process and the evaluator was listening and/or observing the process. However, we reviewed contents of seminar notes or reports, and had an idea of what women and children's topics were covered. A typical seminar was held for 3-4 days running from 9/10am to 4-5pm. Topics included: values, sharing experience, children's rights, child abuse, sexuality, reproductive health, sex education. Other seminars included: income-generation; business management (training on small-scale enterprise); agriculture; gender roles; family planning; poultry farming, etc. Seminars in school typically were based on sexuality (knowing your body), child abuse, children's rights, and STDs/HIV/AIDS. Marriage seminars typically combined a number of topics including communication between husband and wife and with children.

Methodologies for running the seminars include lectures, participatory methods, including role-plays, brainstorming, and demonstrations.

We feel that this part of the terms of reference to analyse the effectiveness of the seminars was somehow outside the scope of this evaluation, since we had no given training curriculum against which to compare the effectiveness of seminars, community and training events. We did not, in

particular, observe events as and when they happened, but depended on reported or documented information on past events.

Outcome, impact and effects (are goals and objectives being met?)

7. Analyze the impact or assess future impact of the project for the society.

There were no defined impact or process indicators that would have given the evaluation team a basis for analysing impact or assessing future impact. The next phase of the project requires careful identification of such indicators that will ensure proper monitoring and evaluation, and enable planning for future directions, based on proper information through a situation analysis, and baseline data.

The absence of clearly identified impact and process indicators makes it difficult to measure success of project activities. For example, impact indicators would show the number of people trained in a particular area/skill, the inputs such as supplies and equipment, number and proportion of pupils involved; while process indicators would give an indication of proportion of budgets used or spent on an activity, etc.

All stakeholders must be involved in this situation analysis and problem identification. There must also be a clear re-defining of the goals and objectives so as to measure effects, results, and outcomes over time. This could be developed under the guidance of an expert well versed in developing indicators.

Sustainability and total time frame of the project

8. In light of the efficiency, effectiveness and outcome, analyzes the degree of sustainability for the project activities.

It was not possible to analyse the degree of sustainability of projects or the WAA Project given the scarce resources it had and the limited nature of inputs. However, the success of the pilot project has clearly shown that even with frugal resources available, it is possible to go a long way to reach people in the community with messages that can positively make a difference to their lives. In order to achieve a reasonable degree of sustainability, a project must have inbuilt mechanisms to ensure its sustenance, especially over a sufficient period of time.

Sustainability requires that all stakeholders or people who have a stake in the project are and must be seen to be involved right from inception of the project. The women who took part in the situation analysis, the children, and the school authorities must be part and parcel of the team, and must participate at all stages of the project, otherwise it will not be sustainable. Therefore, a stakeholder analysis of the project must of necessity be one of the first things to be done at the entry-point stage, in order to reach consensus and chart the way forward.

A new project workplan should be developed to which all stakeholders and partners must have an input in order to ensure ownership and guarantee a sustainable project.

9. To achieve the goal of sustainability for project activities or to achieve the changes in attitudes and awareness, what total timeframe is needed for the project to succeed?

Whilst awareness may be created on HIV/AIDS in the shortest possible time as the case has been in Uganda, attitude change takes much longer. Project sustainability depends on a number of inputs in form of resources and capacities built over time.

A timeframe of not less than five years cycle initially (phase one) is required to run the first phase of new project if any meaningful changes in attitudes and practices are to be achieved. For a proper impact of project a period of ten to fifteen years is recommended for results to be seen in terms of behavioural change.

10. Analyze the possibility of a local (churches) take over the project.

Questions were put directly to stakeholders as to the capacity of the local Pentecostal Church to take over the WAA Project. The consensus appears to be that there is not enough capacity as yet to take over the project. Some of the stakeholders (target group) felt that the project and church should operate separately, but as complementing partners. Although some lessons may have been learned from the pilot project that might be used for future directions, the evaluation team feels that not enough capacity has been built to enable particularly any of the local churches, to take on responsibility of the project. For such capacity to be built it requires proper planning and commitment of resources over a longer period of time.

6.2 Conclusion

On the whole the pilot project has shown much success in raising awareness to the four key areas among the women and children in school. Stakeholders find the project useful, and want the support to continue or increased, and where possible its activities scale up over a longer period. However, stakeholders have called for a more open system for planning and management at the national and local levels.

School heads and teachers in particular called for more involvement and transparency as far as activities in school are concerned. Teachers want to be trained in skills of communication and helping the children on the four key issues.

Women groups would like to be assisted to run income-generating activities, as well as to gain further skills on handling HIV/AIDS issues and information, education, and communication materials in order to give appropriate messages, and expand activities to more communities.

Since funds from outside are not unlimited, there is need for reciprocal arrangements for local sources of contribution to match what PCU-WAA does on its part. The community should also contribute in a more visible or defined way.

6.3 Recommendations and Way Forward

6.3.1 Methodological approach

Our team finds it necessary to recommend some modifications in terms of approach regarding training, providing materials, and improving communication with and involvement of local personnel.

1. There is need to combine seminars and workshops with other methods e.g. drama, songs, video shows or films. There was a strong call for these methods of communicating messages and skills for training and regularly for ongoing activities.
2. Providing educational and IEC materials to communities and schools, including videos or films that can be shown during or after seminars
3. Regular follow up and monitoring of project activities – requires internal mechanisms to be put in place e.g. by involving the schools (teachers) and other services providers, local leaders, etc.
4. Improving communication with partners. There is need to institute good communication mechanisms and discipline and create smooth public relations by recognising what other partners are doing and cooperating with them e.g. schools.
5. Involve more of local personnel in project. Involvement of local council officials, sub-county and district personnel, strengthens the participation and support from the local people.
6. Partnering with other organizations: e.g. in the Bugiri area, several projects were involved in similar activities that should be solicited for personnel and other resources. In connection to this, there is need to recognize the input of other organizations. There is need to improve working linkages and cooperation, as well as to share experiences.

6.3.2 Monitoring and evaluation

1. There is need to get clear impact and process indicators with clear objectives to facilitate monitoring and evaluation of progress of the project, as well as observed changes that have taken place over time.
2. Qualitative indicators of changes in the quality of life of community members (target group) over time e.g. to show how a woman in Kanyumu who has experienced a better lifestyle as a result of the project activities. Together with the quantitative indicators, they should be periodically reviewed (internally or externally), in order to evaluate project performance, and to strengthen planning strategies and way forward.

6.3.3 Capacity building for specific skills and training

1. The following aspects of capacity building need strengthening: counselling and guidance skills, especially for teachers; knowledge and skills to handle information on HIV/AIDS and sexuality; writing or developing local project proposals and budgeting.
2. Other skills may include funds permitting, some computer skills; leadership skills, and financial management, especially for project leaders.
3. Training is a key aspect of capacity building and must be specifically budgeted for as a major part of project input.

6.3.4 Support and care to PLWAs and orphans

1. Support to orphans in form of school fees, and material support needs to be considered as part of WAA project's care and support initiative. Income-generating projects could be the best approach to helping orphans and widows.
2. In the future, care and support for PLWAs or HIV positive persons could be extended in form of providing antiretroviral drugs (or money to register clients), clinical and nutrition support, materials support, and school fees for others in need e.g. orphans.

6.3.5 Income generating activities

1. In terms of funding, stakeholders e.g. women's groups want to be assisted to run simple income-generating projects like poultry keeping, piggery, crafts making, machines for cooking oils, agricultural crop projects, etc. depending on the local circumstances or demands.
2. Seed money that could be set aside or in form of a revolving fund be made available based on clear guidelines or criteria, for whom to assist and at what level, etc.

6.3.6 Financial Support and sustainability

1. Financial support requests from the project were specifically made for transport, implementation of some activities, registration of patients for antiretroviral therapy, purchasing some educational materials, and for some office equipment. This could be considered as the project expands and receives more funds through several sources e.g. from MOH.
2. Project sustainability is a major issue that not only requires (adequate) resources, but also the commitment of all stakeholders to the project at both and national levels. In all our interactions with stakeholders, the following areas were mentioned as crucial if sustainability is to be achieved and maintained.

- a) Local involvement of the people throughout the project, beginning from the earliest possible stage; people need to be involved in all stages, from situation/needs assessment, planning, implementation, as well as monitoring and evaluation phases. All aspects of project activities must have a local element for sustainability to be realised.
 - b) As well as local involvement and participation, there is need to build capacity for those involved in projects; such capacity building may involve training, skills transfer, as well as other forms of exposure or learning opportunities e.g. visiting successful projects elsewhere.
 - c) The WAA Project would do well to look for other sources of funding, locally or abroad: within Uganda or outside, project proposal can be developed for funding part of programmes e.g. for care and support, care of orphans, etc. For example, the Global Funds may be approached for such funding.
 - d) There is need to improve capacity of staff at the national level, and in particular if the project is to expand its activities over a longer period to ensure local sustainability of the project. In particular, there is need for recruitment of additional staff or to hire other facilitators to strengthen the present team. There is also need to train local personnel to take on project management in the long run from the present project coordinator if need be.
3. The WAA Project should try all avenues to lobby or solicit for its own recognition and seek funding from MOH sources, as a kind of NGO or national CBO that is involved in addressing a vital area of the Health Sector Strategic Plan II Minimum National Health Care Package strategy to address STD/HIV/AIDS.
 4. Community contribution by local members, church, or groups should be a strong element that should emphasised as one of the criteria for project support or assistance e.g. as a pre-condition for receiving revolving funds, etc.

Appendices

Appendix 1:

WOMEN AGAINST AIDS PROJECT/PENTECOSTAL CHURCHES OF UGANDA – EVALUATION

INTERVIEW SCHEDULE FOR PROJECT STAFF, PROVIDERS AND OTHER KEY INFORMANTS

Introduction

My name is (mention your name) and we are conducting an Evaluation of the WOMEN AGAINST AIDS Project, under the Pentecostal Churches of Uganda in your area /community. We would very much appreciate your participation in this evaluation since you were identified as a key person to give information that will assist in the future direction of the project. The questions/discussion will take between 30minutes (about one hour for FGDs) to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this evaluation is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate fully since your views are very important

I. GENERAL QUESTIONS

1. How is the project implemented? *(What structures are in place e.g. executive committee, decision-making process, roles and responsibilities; stakeholders, target-group, participation)*
2. What have been your experiences with the Women Against AIDS Project in your area? *(Probe: what is your position; how long have you been with project; describe major role and responsibilities, or activities you have been involved in?)*
3. What is your vision about/for the project? *(Probe: how relevant is it to your community; what do you see as its mission – in the short or long run)*
4. What are main achievements/successes of the project up to date? *(Probe: main effects on the community or target group; desirable changes, etc)*
5. What are the key outputs in relation to set goals? *(Probe: what are the key outputs in relation to planned activities)*
6. Is there need for the project? *(Probe: what are its failures, if any; in what way or how?)*
7. What is your focus for the next 5 years from now? *(Probe: in which direction do you see the project going if resources were available?)*

8. What other activities would you like to see included in future?
9. What would you suggest or say about sustainability of the project or its possible transformation into an NGO? What total timeframe would you give the project?

II. CAPACITY BUILDING

1. How and in what areas has the WAA Project built capacity in your community? (*Probe: activities carried out, target group, training, decision making and related skills, IGA initiatives, etc.*)
2. How effective have the seminars been? (*Probe: specific seminars e.g. marriage seminars, workshops, training activities, community activities, etc.*)
3. How about expected outcome: what impact or effects has the project made to your community/society? (***Probe: current/potential or future impact is seen/envisaged***)
4. In your opinion, what capacity gaps do exist? (*Probe: identify what has not been done; resource constraints, limitations, etc.*)
5. How would you like to be assisted in terms of capacity building? (*Probe for specific areas or skills needed*)
6. Which activities would you like to be:
 - i) Increased
 - ii) Reduced
 - iii) Re-organised
 - iv) Introduced (or newly included)
7. What suggestions would you like to make for sustainability of capacity building efforts?
8. What is the capacity of local churches to take over the project?

III. PLAN FOR REDUCING HIV INFECTION IN CHILDREN AND YOUNG PEOPLE

1. What prevention strategies have you put in place during the project years (i.e. since its inception to date)? (*Probe; target group, activities undertaken so far, achievements, failures, weaknesses/strengths, etc.*)
2. What challenges have you faced and what lessons were learned?
3. How would you like to see the situation improved (e.g. given availability of resources, etc.)?
4. Which activities in HIV prevention would you like to be:
 - i) Increased
 - ii) Reduced
 - iii) Re-organised
 - iv) Introduced (newly)
- 5 In your opinion, what changes in attitudes and practices do you expect and how much time do you think is needed to bring that about?
6. What other changes would you like to see in the next 5 years (e.g. behavioural change, skills-development, capacities, quality of life of the people, etc.)

Appendix 4:

Focus Group Discussion Question Guide for Beneficiaries of Women Against AIDS project (school girls, school boys, women, and men)

1. Tell us what you know about HIV/AIDS

Probe: *for knowledge of cause, spread, treatment, difference between HIV and AIDS, consequences of HIV/AIDS, how the Women Against AIDS project has supported them in increasing their awareness on HIV/AIDS, how their awareness of HIV/AIDS has changed, gaps and challenges they have experienced, and how they want the project to handle issues of HIV/AIDS in future*

2. What do you understand by sexual abuse?

Probe: *for understanding its causes, main culprits (or perpetrators) of abuse, consequences such as school drop out, early marriages, early sexual debut, how can it be avoided, its relationship to HIV/AIDS, and how the Women Against AIDS project has supported them in increasing the awareness of sexual abuse, how their knowledge of sexual abuse has changed, gaps and challenges they have experienced, and how they want the project to handle issues of sexual abuse in future*

3. Tell us what you know about children and women rights in Uganda laws

Probe: *for awareness of rights for children, women, and men in the home, school and community source, availability and accessibility to information on the rights, consequences of lack of knowledge such as school drop out, early marriages, early sexual debut, and how the Women Against AIDS project has supported them in increasing the awareness, how knowledge on children and women rights has changed, gaps and challenges they have experienced, and how they want the project to handle issues of women and children rights in future*

4. Tell us about equal opportunities (democracy) and your responsibility in fighting poverty

Probe: *for family economy, poverty related issues, consequences of poverty such as school drop out, early marriages, early sexual debut, income generating activities, etc and how the Women Against AIDS project has supported them in increasing the awareness how their knowledge of democracy and fighting poverty has changed, gaps and challenges they have experienced, and how they want the project to handle the issue of poverty in future*

5. What other comments, information, etc do you have for the Women Against AIDS project?