

Advancing Partnership

the Community Resilience and Dialogue Activity

Issue 2 - July 2007

In this issue:

- 2 Overview of the CRD
- 3 Clients Served
- 4 Mid-Term Evaluation
- 5 Final Evaluation
- 6-7 Local Partner Management
- 8-13 Voices of our Partners
- 14-15 Consortium Management

Implemented by



Funded by



CRD staffmember Fred Luzze of Save the Children in Uganda with CRD-supported children in Lira, northern Uganda

Overview of the CRD

Project description

Headed by the International Rescue Committee (IRC) and implemented through a consortium of five international NGOs—Associazione Volontari per il Servizio Internazionale (AVSI), CARE, Catholic Relief Services (CRS), IRC, and Save the Children in Uganda (SCiU)—the CRD works with district authorities, local NGOs, and national NGOs to provide psychosocial rehabilitation, conflict resolution, and HIV/AIDS services to victims of conflict. The CRD facilitates the work of district governments, national agencies, and community-based organizations to address the needs of victims of violent conflict, abduction, displacement, and torture. Efforts are made to build the capacity of local organizations to provide services with minimal CRD intervention, leading towards a timely and smooth exit of assistance by the close of the activity. USAID is the primary donor, contributing Victims of Torture, Displaced Children and Orphans, Trafficking in Persons, PEPFAR, East Africa regional, and other funds. The CRD leverages complementary resources from European governments and private charities.

Psychosocial support

Conflict affects the psychosocial well-being of society but must be addressed in family and community settings. Psychosocial well-being requires the security of family and community relationships and the existence of a safe and predictable environment. To rebuild disrupted communities, one must encourage all to be productive and active members of society. The CRD's approach to the reintegration of formerly abducted children and adults is holistic and integrated, addressing the material, physical, psychological, and social needs of adults and children in the context of their families and communities. It emphasizes reestablishing the returnee's productivity, physical health, and relation to self, family, and community. The CRD also assists children who commute to towns in the night to prevent abduction, in order to ensure that such children are not trafficked.

Peacebuilding

It is vital to engage actors from grassroots, middle, and top leadership levels in conflict management, in order to build a sustainable peace. The approach at each level is adapted to the leader's strategic position and role in society. At the grassroots, approaches to peace include local peace commissions, community training, prejudice reduction, and psychosocial work in post-conflict

trauma. Peacebuilding at the mid-level includes problem-solving workshops, training in conflict resolution, and the formation of peace commissions. At the top level, peacebuilding includes engaging prominent military, political, and religious leaders in national dialogue. Without national reconciliation—built through the regular development and promotion of trusted grassroots and mid-level networks—sustainable peace cannot be achieved.

HIV/AIDS

Despite the rapid recognition of the HIV/AIDS problem by the Ugandan government and the positive steps it has taken to control the spread of the disease, it is unlikely that HIV prevalence has been reduced in conflict-affected areas of Uganda. HIV spreads fastest where poverty, social disenfranchisement, and instability prevail, yet HIV/AIDS reduction requires different interventions from those in non-conflict areas.

Expected results

- Individuals & groups socially reintegrated
- Communities identify & respond appropriately to the psychosocial needs of vulnerable groups affected by conflict-related violence
- Communities are knowledgeable of & apply peacebuilding, economic development, & human rights strategies
- Communities, organizations, & individuals provide & support appropriate peacebuilding activities pertaining to inter-community conflict
- Local communities participate in resolving conflict on national & regional levels
- Improved district HIV/AIDS planning & data capture
- Increased client access to & utilization of HIV/AIDS prevention programs
- Increased client access to & utilization of HIV/AIDS care & treatment
- Increased local NGO partners' effectiveness

Clients

Conflict-affected persons including formerly abducted children, excombatants, orphans and vulnerable children, victims of torture, youth and elder networks, child-headed households, young mothers, persons with disabilities, and persons affected by and living with HIV/AIDS

Project duration

September 2002 – August 2007

Clients Served

The following table indicates the number of clients served by CRD-funded projects between September 2002 and March 2007.

Center-based reception & rehabilitation of formerly abducted children (FAC) and adult returnees	7,803
Reunify with families or resettle FAC, adult returnees, orphans and vulnerable children (OVC), & victims of torture (VoT)	6,471
Enroll FAC, adult returnees, OVC, VoT in formal/remedial educational, vocational, & apprenticeship programs	14,460
Economic development support activities for sustainable livelihoods for conflict-affected populations including FAC, adult returnees, OVC, VoT, & internally displaced persons (IDP)	27,631
Promote & support peace clubs in schools	13,776
Community sensitization, mobilization, & dialogue on psychosocial & protection issues	120,870
Facilitate dialogues & mediation meetings between traditional, religious, & community leaders of different communities	1,083
Provide HIV/AIDS counseling and testing services	88,933
Provide HIV/AIDS prevention of mother to child transmission services	53,131
Provide home-based care, treatment, & support services to persons living with HIV/AIDS	15,331

Mid-Term Evaluation

The CRD activity contracted an external mid-term evaluation in our third year, to assess our progress to date and to measure the impact of CRD interventions from 2002 to 2005. Below are the key findings and recommendations from the mid-term evaluation:

Psychosocial support

- The overall percentage of war-affected families with positive perception about the returnees increased from 16% to 17%.
- The overall percentage of the war-affected communities with positive perception about returnees increased from 11% to 15%.
- The overall percentage of returnees having a sense of belonging decreased from 46% to 44%, mainly due to limited engagement in economically productive activities.
- The overall percentage of returnees participating in family and community activities increased from 51% to 64%, although the increase for males (52% to 63%) was less than that for females (50% to 66%).
- The overall percentage of communities with the ability to address returnees' needs decreased from 39% to 31%, as a result of the escalation in conflict and poverty.
- On-going psychosocial rehabilitation should be strengthened at the family level, as declining family resources render households unable to provide for returnees or to focus on their psychological needs.
- Continued support is necessary to develop community structures to function effectively for improved serviced delivery.

Peacebuilding

- More women were participating in peace dialogue and mediation activities than previously.
- The overall percentage of returnees engaged in economically productive activities increased from 10% to 11%.
- The overall percentage of CRD clients earning income through enterprise development increased from 2% to 17%.
- Peacebuilding should be contextualized in a holistic manner, with more community participation with economic development.

HIV/AIDS

- The overall percentage of clients appreciating the value of HIV/AIDS preventive services increased from 42% to 48%.

- The overall percentage of clients reporting positive behavioral change in HIV/AIDS increased from 41% to 57%.
- Clients' access to and utilization of HIV/AIDS services were high in western Uganda, West Nile, and Acholiland but were low in the Karamoja.
- Clients' access to and utilization of HIV/AIDS care and treatment services were high in the areas of HIV information and counseling and treatment but were low for support to orphans and IGAs.



Musicians perform outside a CRD-supported community center in Katakwi

- THE CRD should advocate for the removal of cost barriers to accessibility and utilization of HIV/AIDS services.
- The CRD should focus HIV/AIDS campaigns to include many other types of interventions, for example commodity distribution, community mobilization, and communication.
- The CRD should conduct radio audience research and review listening times in order to achieve greater HIV intervention impact through radio campaigns.
- The CRD should increase capacity-building efforts and equipping of health units.

Final Evaluation

USAID contracted a final evaluation in the CRD's fifth and final year, to assess the CRD's overall impact. The CRD was found to have achieved its intended goal of conflict and HIV/AIDS mitigation in the project areas, though not without shortcomings. Below are the key findings from the final evaluation:

Psychosocial support

- The psychosocial component was very comprehensive and inclusive.
- Targeting communities as well as individuals had a multiplier effect on their rehabilitation.
- The CRD consortium members played a crucial role in advocacy at the national level for the rights of children/people affected by conflict.
- Psychosocial activities were on-going before the CRD and will go on after the CRD, as most consortium members and their partners are extremely committed to the topic.
- The psychosocial component needs long-term support and cannot be sustained without external funds.
- There is an overall need for economic reintegration and increased household income for returnees, IDPs, and ex-combatants.
- Economic development has a crucial impact on the reduction of conflict potentials and the settlement of peace in post-war societies.
- Up to late 2005, CRD activities were mainly focused on CRD agencies and their implementing partners and less on direct beneficiaries.
- The implementation of savings and loan associations was done with little regard to management and accountability skills-building for the target groups.
- CRD success stories had a positive impact on non-involved actors, who asked for similar support.
- The provision of services carried out by the international community in northern Uganda corresponds to identified humanitarian needs and life-saving activities, but it is disengaging the government of Uganda even more from its role.

Peacebuilding

- Conflict transformation enables individuals and communities to create a stable environment through trust-building and dialogue and reduces the level of vulnerability.
- Merging the concepts of human rights and peacebuilding and the lack of a clear strategy for the objectives has reduced the impact on communities.
- Lack of coordination with other USAID pro-

grams, especially with the Northern Uganda Peace Initiative, reduced the impact on regional and national reconciliation.

- Lack of resources endangers the continuation of activities after termination in 2007 of the CRD support.
- Resources were delivered to implementors, while beneficiaries mostly received activities and had to finance necessary infrastructure on their own.
- Reconciliation is not possible without trust-building between conflict parties or the population and the government, as a preceding objective.
- Structural building, and not human rights workshops, is the best for community peace-building and reconciliation initiatives.

HIV/AIDS

- At the time of the proposal development, other USAID programs were not active in the areas covered by CRD, making the inclusion of this component important.
- Gender and reproductive health rights have been partially addressed through HIV/AIDS sensitization programs.
- The CRD supports the Ugandan national policies on HIV/AIDS and provides capacity-building to governmental structures and synergies with other actors.
- The local NGO partners chosen have functioned as multipliers of the CRD activities.
- The program has tried to be holistic and therefore inclusive, however the needs are enormous and cannot be covered by the CRD activity alone. It could have been more effective to concentrate on a reduced number of activities.
- Human resources available in health centers are already overloaded with tasks, so adding new tasks reduces the quality of service delivery.
- If HIV testing guidelines are not followed or properly implemented, the result can be an increase in conflict at the family level.
- The CRD has strengthened the capacity of districts in HIV/AIDS planning and data capture, which will enable them to sustain their activities.
- Local structures are still extremely underfunded, lack resources, and are not able to cope with client demand without external support.
- Behavioral change requires a long time to become a social norm. The time required is usually much longer than the life span of the CRD project.

Local Partner Management - 1

One of the eleven key principles of the CRD was to utilise local partners or community-based organisations to implement the project. During its five years of implementation, the CRD met a lot of challenges and also realized a lot of successes using this approach. Through annual participatory consultative meetings with local partners, government officials, and CRD clients, a number of key lessons learnt were highlighted. These lessons can be useful in the design and implementation of future consortium projects.

Local partnership initiation

- It was not important that all of the CRD agencies and local partners' visions and values lined up together for them to begin joint action. It was important that there be significant common ground and a shared mission for joint action. Thus, taking risks, cooperating, and showing care and honouring commitments as well as working together were essential in establishing trust.
- The initial external support needed by new local partners from a CRD agency was usually for leadership training, empowerment, and organisational development, including the principals of transparent management. Later, the focus shifted to support for resource mobilization, establishment of new services, and sustainable programming.
- A clear 'exit plan' should have been put in place and agreed between parties right from the initiation of the partnership. Constant communication should have been effected as the partnership grew. Especially, local partner capacity-building in resources mobilisation should have been put on the same footing as program sustainability.

Involving local government and donors in service delivery

- Local government support in the mobilisation of community participation in services delivery was quite effective, especially where it was not politically motivated or influenced.
- Local partners whose workplans fit into the host district's Local Government Development Plan for services delivery to the target community usually stood a better chance of entering into partnership with external donors, because of their local recognition.
- Excessive donor support or engagement in service delivery in some cases raised high expectations among the local partners and communities. It too encouraged donor dependency

and limited creativity for self-reliance among the local partners.

- A good number of local partners benefiting from linkages with the CRD and local governments developed a positive reputation and attracted new funding from other donors.

Best estimate of sustainability for local partnership

- Given the level of government and donor support to most partners and the low internal fund-raising mechanisms that are in place, many local partners are probably not self-sustainable.
- The quality and sustainability of the partnership was related to the degree to which the parties were willing to assess and examine one another from a learning perspective.
- Sustainability of the partnership was directly related to how effectively a CRD consortium member was able to manage, coordinate, and sustain the interest of the local partners to accomplish a common objective.

Major contributions of the consortium approach

- Working as a consortium is a good strategy for wide experience-sharing and expanding service coverage.
- Supporting local partner institutional capacity-building increases the coverage, impact, and sustainability of service delivery.
- Putting local partners at the forefront of service delivery increased their institutional capacity and built their credibility with the target community.
- Frequent management and coordination meetings at the consortium level in Kampala and at the local partner level in the field were important in assuring there were benefits to the clients accruing from the partnership efforts.
- The CRD consortium built strong coordination and networking skills among members and increased efficiency and cost-effectiveness in resource utilization. A contact list for all CRD agencies and staff that was widely shared between members and beyond was a valuable document that should be encouraged for future communication in a consortium.
- The CRD consortium's public and honest sharing of information about the project, client locations, and number of services rendered significantly improved communication and transparency and avoided duplication of services.

Local Partner Management - 2

Negative effects of the consortium approach

- The consortium was run on different CRD agencies' member policies and guidelines, rendering it difficult to plan uniform capacity-building training for staff of consortium members and local partners.
- CRD consortium members recruited many local partners. Partner recruitment became a measure of success, though having many partners did not always create efficiency and effectiveness, as supervision and guidance became difficult.
- Objectives set by local partners relied heavily on donor requirements, which in most cases did not create ownership of the programs by the partners. Partners thus focused more on future funding than sustainability of their programs.
- The CRD M&E system relied heavily on quantitative data. There were few client satisfaction or outcome assessments during service delivery.
- Consortium staff members' skills in mentoring local partners, mediation, negotiation, conflict resolution, and interpersonal communication, as well as in clear and timely feedback and respect for agreements or MoUs, varied widely.

Future implementation strategies for a consortium project

- Common criteria for local partner identification and selection under a consortium, including exit strategies, is paramount. A consortium should devote significant time and resources in screening potential partners and ensuring their technical capacities are assessed and built right from the start. This will yield better partnership and quality service delivery.

- Initial local partnership formation must be based on limited objectives that are accomplishable in a short time. There must also be clarity of objectives of the partnership, a core attitude of respect for each other, and openness to mutual learning and flexibility to mold the relationship.
- A better and more successful consortium will be that which includes open and regular communication, such as monthly and quarterly coordination meetings, towards resolving problems on the project and sorting out fresh issues in the relationship.
- Lengthy time gaps in local partner funding and significant direction changes due to new funding requirements should be avoided, in order



CRD-supported local partner staff at a Fort Portal team-building training

- to sustain programmatic interest in the partnership as well as enhance service delivery.
- Integration of consortium activities into country programs is necessary to combine efforts of staff to produce better results and ensure learning across programs.
- Where volunteer groups are community-initiated and very active, consortium and local government program delivery mechanisms became more effective, as they play an intermediary role in continuous sensitization of the community about the importance of the programs.

Voices of our Partners - 1

KASESE WOMEN'S DESK - by Annet Kobusinge, Parish Social Worker, Kasese District

When there is a conflict in our communities, there is a lot of mass destruction, death, divorce, displacement, injury, battering, child abuse, poverty, and trauma, People's normal functions get affected. Children become orphans at an early age, become single parents, face the challenge of growing up on their own, or are brought up by just one parent. Women suffer a lot in such a situation, in that they become single mothers and widows and are left with the burden of tending their families alone. Apart from facing mental stress because of the loss of loved ones, people generally suffer economic stress. Additionally traditional, social, and cultural rules and values sanctioned by the community make life of the affected people very difficult.

Psychosocial interventions therefore focus on how individuals or communities deal with their coping mechanism, i.e. resilience on a practical and emotional level. Working in groups is a lot more effective in that it encourages individuals to work together. Sharing experiences as group members is vital, getting to know they are not the only ones going through this feeling, as other members in the group share lots of options on dealing with the problems. This as a result gives insight and understanding of one's problems in a broader perspective. So psychosocial interventions have helped individuals and community members to reduce the above problems through guidance, counseling, and savings and loan systems, as a way of making them busy and forgetting the past.

The CRD program has created an impact on individuals' lives

- The CRD program has built my capacity as a social worker and the community I am serving

- for self-reliance and has transformed participants' attitudes towards human development.
- The CRD program through the capacity-building trainings has also broadened my level of understanding and analysis of the psychosocial-related issues that are commonly faced in the communities.
- CRD training has also created a strong relationship between me and the community/people I deal with.
- Knowledge and skills on issues like growth and development and human behavior, to mention but a few, has been gained.
- Due to the CRD trainings, I have harmonized individuals and families with different conflicts.

All in all, community members are coping up with the situations and continuing to save and lend



A CRD-supported savings and loan association in Kasese

money to themselves for self-reliance and enterprise development.

The Diocese of Kasese Women's Desk is continuing to express its gratitude to the staff of the CRD project, and especially to CRS, for the relationship they exhibited during the project implementation period. The capacity built has enabled a strong sustainability strategy within the organization. I am not afraid to announce that the Kasese Women's Desk will remain a strong partner with IRC and CRS in increasing the front against poverty in the district.

Voices of our Partners - 2

AIDS CARE, EDUCATION, & TRAINING NGO (ACET) - by Beatrice Adong, Capacity-Building Officer, Kitgum District

ACET Kitgum, with funding from the CRD through the IRC Kitgum office, was able to initiate thirty-five village savings and loan associations in five internally displaced peoples' camps (Agoro, Palabek Gem, Akwang, Amida, and Labuje) in Kitgum district. Also through the CRD, thirty-five savings and loan association facilitators were trained by CARE International.

The program's goal was to build the capacity of the community through training and to empower them to initiate economic activities and improve on their standard of living. This, in turn, would help mitigate the impact of poverty and HIV/AIDS among the community.

Case study: Amida IDP Camp

After the end of the loan cycle, which lasted between eight and twelve months, the seven village savings and loan association groups' savings were a maximum of US\$ 2,000,000 and a minimum of US\$ 600,000. Meanwhile US\$ 112,000 was the highest amount taken home by any of the members. One of the village savings and loan associations from Amida testified on the benefit of the program as follows:

- Jane is a person living with AIDS and a 38-year-old widow with six children. She comes from Akworo Parish. She testified that she joined the savings and loan association group called Amida People Living with HIV/AIDS Group in July 2005.
- In their group, each of their thirty members' weekly savings was US\$ 500. At the end of the savings and loan cycle, Jane received US\$ 178,000 as her savings, and she used US\$ 20,000 to buy a pig that she intends to replicate. She used another US\$ 60,000 for paying

her son's third-term school fees in the Kitgum Comprehensive College. The balance she injected into her business.

- Jane further said that her participation in the saving and loan association has enabled her to get money that she had never received as a result of her business or any other work, hence has made it possible for her to buy nutritious food that is enabling her to cope



CRD-supported small enterprise development in Kitgum

with the anti-retroviral treatment which was a problem before. This has given her the interest and zeal to save weekly.

- Jane's advice to all widows and persons with HIV/AIDS who are strong is to join their village savings and loan association, if they have the access.

Voices of our Partners - 3

CARITAS KITGUM - by Grace Arach, Social Worker, Kitgum District

I am a social worker in charge of the three sub-counties of Palabek, Kal Gem, and Ogili. Caritas Kitgum is a Catholic organization that began under the Catholic Church to support the poor and vulnerable.

I started my work with Caritas as a volunteer on internship in 2002. Fortunately after the completion of my course, the organization welcomed me back to work as a centre counselor in the Caritas Pajule Reception and Rehabilitation Centre, where I worked for three years. With the influx of returnees and the needs that were arising from the children we reunited in the community that needed close follow-up, I got a transfer to the above three subcounties.

In the new placement, I realized that I as a counselor had only pushed my clients to the Cape of Good Hope. The reception centre had done very little in their process of reintegration, resettlement, and rehabilitation. In 2004, as I started my work in the new area of placement, the challenge was that the returnees had all the best potentials of coping from their past experiences when supported or encouraged but that all these ideas needed a holistic approach that my organization was only able to support partly.

In 2005, we wrote a project proposal to the CRD through CRS on the needs we identified in the community, so that our support would become more holistic. Luckily we were funded and became able to implement peacebuilding programs through community discussions and dialogue, sensitization, support to acceptable traditional ways of conflict resolution, and coping with trauma by people affected by war in the area, so that

the lost relationships and hope that came as a result of war were addressed.

Now my sincere appreciation goes to the CRD, who so much strengthened my activities in the community and more especially built my capacity, which as a result has highly increased my knowledge in handling communities in conflict. I am so proud that the CRD has made me strong in assessing, analyzing, and interpreting the problems of my community. I see my role has become easy because I now only guide, since the community members know their problems, their causes, and their solutions. More interestingly, before I got the training, I was unable to understand mental problems in relation to trauma, which in the com-



CRD and CRD-supported local partner staff at a Soroti skills training

munity I work with and has been counted as one of the most serious problems. I now have a strong conviction that I am able to work in any part of the world following my experience in peacebuilding and holistic approaches to problem solving, strengthened by the CRD capacity-building.

My only advice to all community workers is that seeking for community knowledge and involvement is very important in any kind of support to be extended to them. This made me achieve great success.

Voices of our Partners - 4

BUNDIBUGYO ASSOCIATION OF WOMEN LIVING WITH HIV/AIDS (BAWILHA) - by Muhindo Libbuma, Project Officer, Bundibugyo District

The BAWILHA Home-Based Care Project was supported by the CRD through CRS. It was implemented in the five subcounties of Kasithu, Bukwanga, Bundibugyo Town Council, Harugale, and Busaru. The project has left a structure in the community, especially at the parish level, where volunteers work in the parish. The project selection was done by BAWILHA in collaboration with the local council chairpersons, who recommended volunteers for BAWILHA to recruit. The volunteers under the CRD are forty-eight, being twenty-six men and twenty-two women.

Case study: Community Aide

Madina of Kanyasimbi Parish in Bundibugyo Town Council was recruited and trained as a Community Counseling Aide (CCA) in November 2004. She was recommended by her chairperson due to her empathetic character. She is married and has two children.

Madina's life became so much dedicated to HIV/AIDS services after her training in November 2004 that, by the subsequent month, she had already selected her two clients. Since then, she has never missed making a report on a monthly basis. She has been so active that she has identified up to seven other clients outside her parish. Nonetheless the CCA's face challenges like having no field clothing, rain gear, and identification tags. They also don't have any packages for their clients nor a first aid kit, yet they must reach out to their clients.

However, whereas the foregoing seems to be general, Madina's job even led her to separate from her husband: "When my mother fell sick, I encouraged her to go for VCT. In fact I came for her and took her directly. Unfortunately she tested HIV positive and thereafter she was advised to start anti-retrovirals. My mother was lonely, but lucky enough I had been trained as a CCA and had the basic knowledge and skills of home-based care. I then requested my husband to let me go and attend to my mom, but he stopped me and restricted me in all way possible. But I assured him that I would not allow my mother to die while treasuring all the necessary skills. I then assured him that hindering me from taking care of my mother meant that he had no profound love for me. I then took a decision between my mother's

life and marriage, and obviously saving life superseded marriage."

Madina appreciates a lot the training she received, because it has helped her take care of her mother. Her mother originates from the Bamasaba land, and she is a widow. Madina's mother is living positively and thanking BAWILHA for having trained her daughter: "I can assure you that if my daughter had not stood in for me, I would have died. I was totally bedridden, but my daughter found me at the verge of death, while in the house alone with siblings, until she decided to risk her marriage for my sake. I also thank the other CCA's that is Musisi and Oliver, who joined hands with my daughter to take care of me. I can now walk to and from the hospital."

Madina's struggle with her mother's life versus marriage has encouraged a group of people infected by HIV/AIDS to form a group in Mataisa and start a savings and credit group on a revolving basis. They make savings on a monthly basis, and the group chose to meet at Madina's mother's home, because of her courageous personality. The impact it has created is that the people around Madina's mother's home have appreciated their sero-status just by emulating her. Her improved life as a result of her daughter's care have ruled out the misconception that AIDS treatment kills more than improves health. The culture of saving for the future irrespective of one's sero-status has been inculcated into the group members as a result of Madina's decision to care for her mother.

Lessons Learnt

- In matters of life and death, it is upon an individual to make an informed decision of whether to choose life or death.
- The responsibilities that we take can lead to domestic violence, but love for the life of others is as important as everybody's life.
- We should always be enthusiastic whenever we are called upon to acquire knowledge and skills. Madina's skills and knowledge of home-based care have helped her to take care of her mother and save her life.
- The work of the CCAs has transformed and changed the community's attitudes towards HIV/AIDS, at least there has been a tremendous increase in people going for HIV tests, and there is also a reduced stigma as a result of the establishment of the CCA's at the parish level.
- As a result of the CRD, some CCAs have been trusted so much by the community and have been elected as local councilors.

Voices of our Partners - 5

NATIONAL YOUTH ORGANISATION FOR DEVELOPMENT (NAYODE) - by Sylvia Kaugho, Field Officer, Kasese District

Kasese district was attacked by Allied Democratic Forces rebels in 1996. Economic activities and social structures were disrupted, people were displaced from their communities, schools were closed, minor ethnic conflicts started erupting, and the situation was traumatic especially for the elderly, women, and children. In 2002, the CRD was introduced, and NAYODE became an implementing partner of Save the Children in Uganda, giving psychosocial support to persons affected by war in the six subcounties of Bugoye, Karusandara, Ihandiro, Bwera, Kisinga, and Katwe.

Schools

In schools through life clubs, NAYODE facilitated the growth of sports, drama, picture drawing, and debates for peace, psychosocial support, healing, harmony, and love. This created a friendly environment during competitions. The project also involved the school management committees and parents, for the sustainability of the activities in the schools. Dialogue meetings were conducted, targeting life club members and other clubs in the school. It was interesting to see children debating on issues affecting them and their areas.

What is a life club?

This is a forum in the schools where children converge to discuss issues concerning or affecting their lives, empowered with life skills and with the guidance of their patrons/matrons. These clubs are a good socio-cultural initiative, where both girls and boys share, play together, develop their talents, learn to cope with the increased risks and challenges, care for each other, and voice issues affecting them. Under the CRD programme, fifty-two clubs were formed in twenty-six schools with a membership of 1,580 members targeting 10,400 children.

Community

Working with identified community support structures, community members were engaged in cultural galas and interactive dialogue meetings for healing, psychosocial support, and harmony. Why cultural galas and dialogue meetings? This enabled the community members to express their culture through dance, music, drama, and positive healing rituals. The preparations involved all social

structures in the community to avoid conflict of beliefs and ideologies. Only those agreed upon were promoted and performed. This accelerated the healing of the victims of war and was a coping mechanism for the members. Communities were also engaged in constructive dialogue, where psychosocial support and peace were discussed. This strengthened the members' resilience.

Impact of the CRD programme?

- Increased knowledge of the patrons/matrons, SMC members, and life club members on psychosocial basic helping skills, human rights, and child participation
- Increased school enrolment and retention resulting from an improved school environment, where children share and play together, plus the improved teacher/child relationship
- Increased coherence and non-violent resolution of conflict among children who now prefer to report the matter to the teacher than fight
- Acceptance and utilisation of healing rituals among the different ethnic groups on their own
- Increased capacity of families and other community support structures in identifying and supporting children with psychosocial needs, thus providing a conducive environment for children to live in

How did we achieve this success?

With commitment by the programme staff, partners, community volunteers, and psychosocial counsellors, plus teamwork, a willingness to learn, a collaborative approach, sharing, and participation as the key ingredients, we succeeded in implementing the CRD programme. This has been enhanced by positive partnership with SCiU and a strong consortium headed by IRC.

What next?

With the communities settled back, economic activities booming, schools operating normally, and the government supporting infrastructure and health programmes in the district, children and community members are happy, and development is going on. However there is a need to address issues of the HIV/AIDS scourge, which is hitting our communities so hard, and to train children in conflict prevention and mediation skills so as to sustain the successes of the CRD program. NAYODE has developed a proposal on conflict prevention and mediation and HIV/AIDS and has shared it with SCiU.

Voices of our Partners - 6

KITGUM CONCERNED WOMEN'S ASSOCIATION (KICWA) - by Cavine Anek, Psychosocial Program Officer, Kitgum District

I have worked for KICWA for a period of three years now. KICWA is a reception, rehabilitation, and reintegration centre that handles formerly abducted children. It is a CRD partner that receives funding through IRC. KICWA has been in partnership with IRC for over eight years now.

Being a CRD-funded CBO, I got the privilege to join the biggest capacity-building workshop that the CRD had organized for its local partners. Much as we covered a lot of things in the eleven months of training, I tried to focus mainly on child-related topics, so that I may help in programming our activities with children. In July and August 2006, I embarked on training the KICWA staff on child-related topics, so that I bring them at some level with me to make child programming as a team.

In relation to childhood development and the basic psychosocial needs for them, I realized that using a holistic approach is the best way to achieve this goal. As a result of this, I was in a position to incorporate all war-affected children in the psychosocial programs, not basically focusing on the formerly abducted children by forming them in groups in six camps.

Following the CRD training, I have realized that

the role of play forms a very important aspect in child development. I have realized that play is a very vital factor in psychological, social, and cognitive development of children. In my program, I now realize that play is a natural behavior of children that encourages their development by imitating and by using their imaginations.

The CRD gave me good knowledge on handling psychosocial activities through games, and as result I realized the following:

- Child creativity and curiosity are reactivated further.
- Play has allowed the war-affected children to



CRD staff and parents of abducted children in northern Uganda

learn and cope with the events in life (i.e. the IDP camp situation) and express their emotions and experiences and is the easiest way to communicate/interact with adults.

In conclusion, the CRD trainings were the best in preparing me to face challenges in life.

Consortium Management - 1

In May 2007, the CRD consortium agencies AVSI, CRS, IRC, and SCiU held a program analysis workshop to document best practices from our five years of partnership. The workshop, facilitated by IRC's Deputy Vice President of Programs Sue Dwyer and East Africa Deputy Regional Director Kurt Tjossem, had two objectives:

- To identify and document lessons from the CRD program that will inform management of and support for future programs of similar scale, duration, and profile
- To give partners an opportunity to give general feedback to IRC and contribute to IRC's institutional learning process

The workshop analyzed the four key areas of partnership, organizational support and oversight, technical assistance, and structure and staffing. With respect to these topics, the analysis engaged participants in a discussion that sought to answer two questions: what should we do similarly in future programs, and what should we do differently? The analysis that follows is intended to guide and inform the CRD consortium partners in future programs of similar scale, duration, and profile.

Summary

The CRD program analysis demonstrated that effective leadership of similar competitive opportunities requires five main elements:

- Highly professional staff with a sophisticated skill set
- Clear understanding of the role of prime and proactive donor relations
- Exceptional design, monitoring, and evaluation systems and tools that are developed from the outset
- Effective structure and reporting lines in relation to IRC's other programs incountry
- Clear definition of quality assurance and the technical support role in relation to partners from the outset

Skill set of staff

Programs such as the CRD are more complex and have higher expectations put on them, and thus require staff with a different level of skills and experience, than is expected for other programs. This means that senior management—chiefs of party and directors—must have outstanding leadership skills and be able to garner the respect of donors and international partners. The high profile nature of these programs requires staff, both management and technical, to have strong pre-

sentation and communication skills and the ability to present the program clearly and professionally. These staff must have experience with multi-year programs and the capacity to think and plan strategically and with a long-term vision. Furthermore, these programs tend to be more complex in structure and technical profile than conventional programs. As a result, they demand that senior staff have the ability to manage complex teams and coordinate diverse partners, and they may require that technical staff have specialized technical expertise. Overall, staff in these programs must have an exceptional level of professionalism compared to traditional aid workers.

Role of prime

The prime agency must demonstrate excellent leadership of the program and take a proactive approach to donor and partner relations. This involves ensuring regular and transparent communication and a clear understanding and articulation of the capacity and roles and responsibilities of the partners. The CRD program experience demonstrates the importance of establishing open and trusting relationships with partners from the earliest stages of proposal and budget development, setting the stage for effective collaboration throughout the life of the project. An additional role of the prime is to assure the overall quality of the program.

It is also essential that the lead agency takes a proactive role with regards to donor relations. Unlike other programs that expect quarterly or semi-annual reports and minimal contact with the donor, these programs require intensive and regular meetings and communication. The chief of party must be dynamic, outgoing, and highly engaged, have strong social and diplomatic skills, and through regular meetings and social engagements, he or she must be in a position to develop an excellent relationship with the donor.

Effective design, monitoring, and evaluation systems

Effective design, monitoring, and evaluation of such programs requires specialized skills and significant time and resources from the earliest stages of the program. The logical framework or PMP, M&E plan, and data collection tools should be developed in a participatory manner before the start of the program, and ideally baseline data collection should take place before implementation begins. In the CRD case, the program design and USAID requirements were output-focused, mean-

Consortium Management - 2

ing the key indicators were predominantly quantitative goods and services. Future programs should avoid focusing solely on outputs and ensure that their strategies include qualitative as well as quantitative indicators and measurable effects and objectives, so the program will have data on whether or not behaviors and other changes were achieved.

These programs must also ensure that the roles and responsibilities of M&E and other support staff are clear and that the individuals in such positions have the skills and capacity to fulfill these. Given the complexity of such programs, the prime may consider having a partner or consultant that is responsible for M&E.

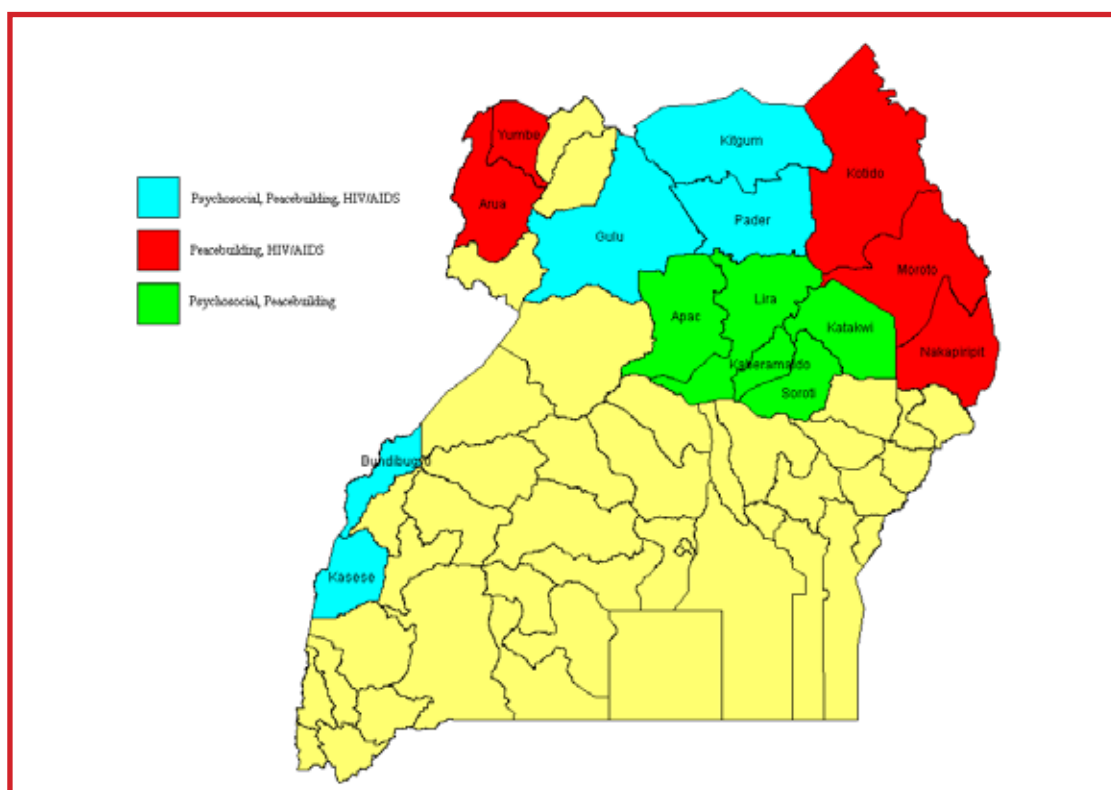
The duration and scale of these programs present unique learning opportunities. As such, a sophisticated evaluation and research plan must be included in the design and budget of the program. A sophisticated evaluation design means one conceived to demonstrate proven effectiveness: changes in outcomes that can be attributed to the program and/or the relative effectiveness of different approaches. This necessitates involving qualified academic partners, collecting data in advance of implementation, and extra resources above and beyond traditional budgets.

Effective structure

The unique and high-profile nature of these programs often means that they can be seen as separate from and elite in relation to the other country programs. To prevent this misconception, the prime must ensure these programs fit within a coherent country program strategy and that systems are developed to foster coordination and collaboration with other programs. This is espe-

cially important when a program has an office that is separate from the rest of the country program (common in USAID-funded programs).

Finally, the partnership structure of such programs should be determined by the strategic value of such relationships. In other words, partnerships are most effective when the rationale for the relationship is the synergy that results when each partner brings something unique (geographic presence or technical expertise) to the program. Partner capacity and strategic value should be assessed during proposal development stage.



Map of CRD program implementation from 2002 through 2007

Quality assurance and technical support

The lead agency is ultimately responsible for quality assurance of all partners' work. This is non-negotiable and entails putting in place systems that allow regular assessment of partner implementation and progress according to the logframe and workplan. Depending on their capacities and the nature of the partnerships, the prime may or may not provide technical support to partners, and likewise the partners may or may not provide technical support to each other. Regardless, it is essential that all roles, including the quality assurance expectations, are made clear in the initial partnership negotiations.

CRD Contact Information

Timothy Bishop
CRD Chief of Party
International Rescue Committee
Plot 7 Lower Naguru East Road, Naguru
Kampala, Uganda



CRD-supported children in Soroti, northern Uganda

Implemented by



Funded by



This publication was made possible through support provided by the U.S. Agency for International Development, under the terms of award number 617-A-02-00010-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development