ASSESSING CAPACITY BUILDING INTERVENTIONS OF INDIGENOUS ORGANIZATIONS STAFF ON SUSTAINABILITY OF HIV/AIDS SUPPORTED PROGRAMMES IN EAST CENTRAL UGANDA

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DECLARATION

I, **Edton Babu Ndyabahika** declare that the study entitled "**Assessing capacity building interventions of indigenous organizations staff on sustainability of HIV Child supported services in East central Uganda** is my original work and has never been presented to any other education institution for any award. Any other Authors work utilised here in, is highly acknowledged.

Signature……

Date……..

APPROVAL

This is to certify that **Edton Babu Ndyabahika** successfully carried out this research study under my guidance and supervision and is now ready for submission.

Signature……

JOHN BOSCO ALEGE

SUPERVISOR

Date……

DEDICATION

This book is dedicated to my Wife Mercy and children Edlyn, Evadne, Edgar and Edwin who have been a great source of motivation to accomplish this research.

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I am greatly indebted to those who have supported me in my pursuit of this academic achievement. My wife **Mercy Babu** Children, Asiimire, Ahabwe, Agaba and Arinaitwe and all my friends for all your support.

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I thank God for enabling me to successfully complete this course

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OPERATIONAL DEFINITIONS

Sustainability: For purposes of this study sustainability has been defined as the capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor.

Capacity is defined as, the ability of individuals and organizations or organizational units to perform functions effectively, efficiently and sustainably.

Capacity building is an evidence-driven process of strengthening the abilities of individuals, organizations, and systems to perform core functions sustainably, and to continue to improve and develop over time.

Indigenous organisation: A local non-governmental organization operating within a country at local level or in a restricted area (village, town, region) founded by the local populace to address local issues affecting the community.

ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immuno deficiency syndrome
CDC:	Centers for disease control and prevention
FBO:	Faith based Organisation
INGO:	International Organisation
MSH:	Management science for Health
NGO:	Non-Governmental Organisation
PEPFER:	Presidential Emergency plan for AIDS relief
PMTCT:	Prevention of Mother to Child transmission
STAR-EC:	Strengthening TB and HIV&AIDS responses in East central Uganda
UNICEF:	United Nations Children Education Fund
USAID:	United States Agency for International Development
UNAIDS:	United Nations programme on HIV&AIDS
UNDP:	United Nations Development programme
WHO:	World health organization

ABSTRACT

The study assessed capacity building interventions of indigenous organizations staff on Sustainability of HIV/AIDS child supported programmes in East Central Uganda. The study focused on the nine districts of the East central region in Uganda where the USAID funded Strengthening TB and HIV&AIDS responses (STAR-EC) project supported 13 indigenous organizations to deliver comprehensive services for HIV&AIDS in their respective communities. The purpose of the study therefore was to assess capacity building interventions of indigenous organization on sustainability of the Child supported HIV&AIDS services in East central Uganda (Iganga, Bugiri, Kamuli, Kaliro, Namutumba, Namayingo, Mayuge, Buyende). The specific objectives assessed included; Assessing technical, Organizational and Institutional, collaboration and linkages capacity of indigenous organizations on sustainability of HIV child supported interventions in East Central Uganda. The study was conducted using a cross-sectional descriptive study which incorporated both qualitative and quantitative methods. The design supported triangulation of information collected to assess capacity building Interventions on sustainability of HIV child supported programmes. The data was collected using questionnaires and key informant interviews. The analysis was done using the univariate, bivariate and multivariate measures. Key themes were also derived from the key informant interview qualitative data and triangulated with the quantitative data.

The study established that Training and continuous mentorship of staff and community resource persons in Comprehensive HIV and AIDS such as HIV counseling & testing (HCT); training in care and treatment and in guidance & counseling; Livelihood and Educational were likely to boost technical skills in the implementation of HIV and AIDS services at the community level in the study area hence sustainability. Joint Planning of HIV child supported services with community members was also identified as a key factor in sustaining technical capacity of indigenous organisations to deliver child supported HIV services

Building capacity of indigenous organizations in organizational development such as providing training, mentorship and coaching on developing strategic plans with clear Mission statement, core values, strategic plans, organizational policies and guidelines such as Human resource, finance and operational policies and the presence of well remunerated personnel and community resource persons are very critical in the sustainability of Child supported HIV services by the community. With regard to Institutional capacity, the findings indicated that community involvement in the design, planning, implementation, monitoring and evaluation are all critical in sustaining capacity of indigenous organization to deliver comprehensive services for HIV&AIDs, working with the community resource persons(linkage facilitators) right from the beginning and establishing a clear referrals mechanism for tracking children referred to obtain feedback were also cited as very critical in ensuring Children access services from other service providers.

Basing on the findings the study concluded that Technical, organizational and Institutional capacity of indigenous organizations have a strong bearing on sustainability of Child supported HIV services by indigenous organizations hence the need for development partners to invest in building capacity of these indigenous organizations

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This study assessed capacity building Interventions of Indigenous organizations on sustainability of care and support for children affected by HIV&AIDS in East Central Uganda. Capacity building of indigenous organization has been at the forefront of development partners to ensure sustainability of grass root interventions. The study will therefore assess whether capacity building of indigenous organizations by development partners increases sustainability of care and support services for children affected by HIV& AIDS. This chapter therefore presents the background to the study, statement of the problem, objectives of the study, research questions and conceptual frame work

1.2Background to the Study

Globally the HIV pandemic has devastated many families and communities. Children have been particularly affected by this scourge. As of 2014, an estimated 13.3 million [11.1 – 18.0 million] children worldwide had lost one or both parents to AIDS. More than 80 per cent of these children (11.0 million) live in sub-Saharan Africa (UNICEF 2014). According to Stephen Lewis foundation, of the estimated 3.2 million children under the age of 15 living with HIV, approximately 91% reside in sub-Saharan Africa. This has had grave effect on these children at household level. Some of the effects on children affected by HIV and AIDS include the loss of parental care and protection, decreased access to schooling and health care, increased child labour, increased risk of abuse and exploitation, psychosocial distress, stigma and discrimination, and poverty (Nyberg et al. 2012).

The role of indigenous organizations is emphasized because in many developing countries it is being recognized that Governments can no longer be the sole provider of goods and

services for eradicating poverty and ensuring sustainable development among its people. Accordingly, with the increasing demands on governments in many developing countries to meet the needs of their citizenry, non-governmental organisations (NGOs) are taking active and complementary roles in harnessing the potentials of the people for national development (Lekorwe and Mpabanga, 2007). Consequently, in the last decade capacity building of NGOs has grown in many developing countries. The justification was that NGOs were more flexible, adaptive and quick to respond to peoples' needs than governments (Lekorwe and Mpabanga, 2007).

In order to counteract the effect of HIV, development partners have invested in building the capacity of indigenous organizations to provide comprehensive HIV care and support for children and their care givers. Indigenous organizations have been receiving support from development partners to meet the increasing needs of these children. However, over the years, these organizations have been unable to meet the growing needs of vulnerable members of their communities especially the increased number of children affected by HIV&AIDS. In most cases, poverty complicates the situation further, while in others, a lack of knowledge and capacity limits the CSOs' impact.

PACT (2005) highlights that in responding to the HIV/AIDS pandemic, local NGOs bring a collection of experiences, technical capabilities, and linkages that make them more effective. NGOs often have a comparative advantage in responding to the complex and evolving landscape of HIV/AIDS in their respective communities. The strengths of local NGOs contribute significantly to their successes and the sustainability of their activities can be derived in one way or another from the close ties the organizations have with the populations they serve.

Without ample resources and skills, CSOs may channel their efforts and funds into interventions that have a limited effect and are unable to sustain and expand. International donors, while eager to engage local residents and groups in development projects are often unable to find CSOs with the capacity needed to make effective use of funding and resources hence the need to support capacity building interventions for these organizations. The result is that some children are reached but millions remain in need. Among those reached, many regress, are lost to follow- up, or are referred for care but never arrive the situation worsened if the donor funds supporting these organizations end. (MSH 2016). Local Organisations should therefore ensure that increased funding leads to effective and sustainable results requires a commitment to scaling up the local response to HIV/AIDS and building the capacity of the civil society sector to manage the scale-up

Sustainability therefore is a significant issue in ensuring provision of care and support for children affected by HIV&AIDS. Despite its relevancy, program sustainability remains a challenge in many countries. It is commonly observed that over time, programs fail to continue implementing activities or fail to continuously yield satisfactory outcomes a condition commonly termed as un sustainability of programs associated with adverse effects (Schediac-Rizkallah and Bone, 1998). Un sustainability can be costly for funders and result in wasted effort and adverse outcomes for children affected by HIV&AIDS, a key concern for funders, health leaders and program managers of service delivery programs including health services (Swerrisen, 2007).

Program sustainability is a major issue for many community based organisations (CBO's), especially in low income countries (Gruen, 2008). Evidence from different studies indicates that 40 per cent of all new programs initiated by development partners do not continue beyond the first few years following the termination of initial funding (Savaya et al., 2008).

Unsustainable programs have less impact on the local community for the long term, leave community needs unmet, are wasteful of human resource, monetary, and technical start-up inputs, and can reduce community trust and support for future HIV programmes (Shediac-Rizkallah & Bone, 1998)

While the importance of sustainability is mostly understood, the concept remains ill-defined (DeMiglio & Williams, 2013). In a fall prevention study, interpretations of sustainability varied among stakeholders (Hanson & Salmoni, 2011). Some considered sustainability as referring to the continuance of the program in its entirety, while others related it to certain program components (DeMiglio et al, 2013).

1.3 Statement of the problem

Sustainable service delivery is a major challenge in the HIV response and is often not adequately addressed in project design and implementation. In order to counteract the effect of HIV, development partners have invested in building the capacity of indigenous organizations to provide comprehensive HIV care and support for children and their care givers. Without ample resources and skills, sustainability of the HIV/AIDS child supported activities within the communities contributes to the unmet need for comprehensive HIV services in resource-limited countries.

Despite efforts by development partners to build capacity of indigenous organizations to provide comprehensive services for children affected by HIV and their care givers, the number of children in need of these services keeps growing while the services by indigenous organizations keep diminishing and in most cases only last as long as there are donor funds. It is therefore not clear whether capacity building interventions of indigenous organizations contribute to sustainability of HIV services after the donor funding has stopped

The USAID Funded Strengthening TB and HIV&AIDS responses in East central Uganda (STAR-EC) programme supported 13 indigenous organisations in technical, organisational and Institutional capacity for increased access to TB and HIV&AIDS services in East central region of Uganda since 2009. Programme data collected over 4 year period indicated that over the past five years, 5 out of 13 supported organisations improved their performance by only 40%. 8 organizations were struggling to meet their targets when the project pulled out its support in 2013. (STAR-EC programme report 2014). Further-more, organisations did not demonstrate significant improvement in HIV child supported services.

Failure by these organizations to continue supporting children affected by HIV after the donors have pulled out means that mortality among children will increase as many of them will lack care and treatment. Access to education will also pause a challenge as most households will lack the capacity to support these children with essentials to keep at school. Un sustainability can be costly for funders and result in wasted effort and adverse outcomes for children affected by HIV&AIDS, a key concern for funders, health leaders and program managers of service delivery programs including health services (Swerrisen, 2007).

This study therefore seeks to assess capacity building interventions on sustainability of care and support services for children affected by HIV&AIDS in East central Uganda

1.4 Objectives

1.4.1General objective

To assess capacity building Interventions of indigenous organizations on Sustainability of HIV/AIDS child supported programmes in East Central Uganda

1.4.2 Specific objectives

i. To assess technical capacity of indigenous organizations staff on sustainability of HIV child supported interventions in East Central Uganda

ii. To assess organizational capacity of indigenous organizations on sustainability of HIV child supported interventions

iii. To assess institutional collaboration and linkages of indigenous organizations on sustainability HIV child supported interventions

1.5 Research questions

i. What is the effect of technical capacity of indigenous organizations on sustainability of HIV child supported Interventions?

ii. What is the effect of organisational capacity of indigenous organisations on sustainability HIV child supported programmes

iii. What is the effect of Institutional collaboration and Linkages of indigenous organizations on sustainability of HIV child supported programmes?

1.6 Justification

Sustainable strategies must be built into project design and implementation to enable HIV efforts to continue after the project has run its course, particularly in countries highly dependent on donor funds.

Indigenous organizations have been receiving support from development partners to meet the increasing needs of HIV/AIDS affected children and their care takers. However, in recent years, these organizations have been unable to meet the growing needs of vulnerable members of their communities especially the increased number of children affected by HIV&AIDS. The absence of targeted research the effect of Capacity building of indigenous

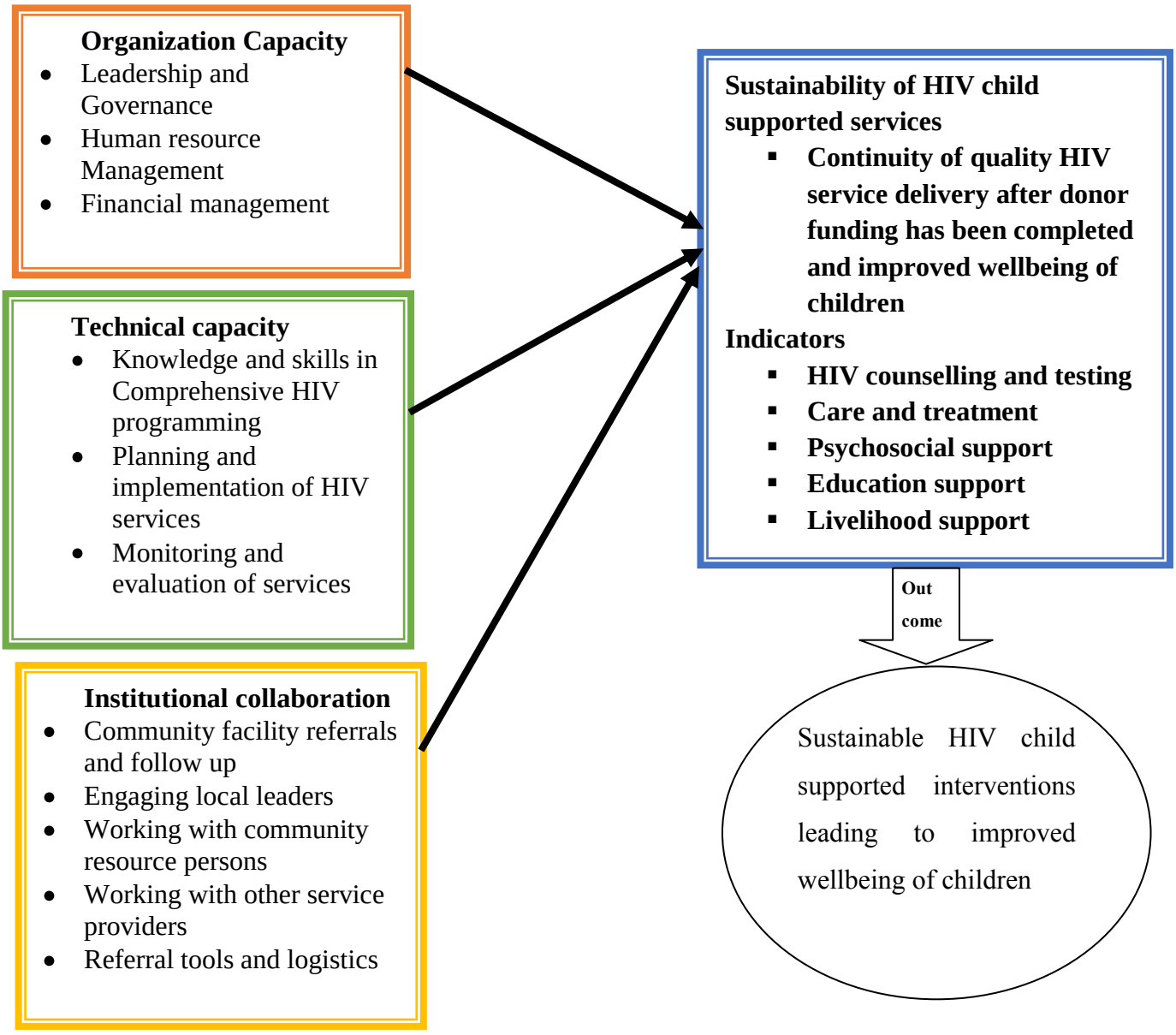
organisations and the associated sustainability challenges makes this research so important at this point in time.

Information on the findings generated from this study will help in making recommendations regarding the proper implementation of community based programmes to ensure their sustainability of community interventions.

The study will add to the body of knowledge on designing capacity building interventions that will strengthen indigenous organizations for sustaining key community health interventions.

1.7 Conceptual frame work

Independent variable (IV) **Dependent Variable (DV)**



The conceptual frame work above illustrates capacity building interventions of technical, organizational and Institutional collaboration as independent variables and are conceptualized to play a major role in sustainability of HIV child supported services by indigenous organizations to improve the wellbeing of children as a dependent variable.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter reviewed the existing literature addressing issues related to capacity building and sustainability of HIV/AIDS child supported programmes. Literature on these studies was very instrumental while discussing results in chapter five.

2.1 Capacity building of Local NGOs

Globally, Non-Governmental organizations have fulfilled a variety of functions that have greatly contributed to community development. They offer services to residents of local communities, including social services, advocacy and networking, cultural opportunities and monitoring of government programes (Boris 1999). They enable individuals to take an active role in their communities and contribute to the overall well-being of these communities. Nonprofit organizations also provide the basis and infrastructure for forming social networks that support and strengthen communities.

According to Pact (2005), Local NGOs around the world have demonstrated their Capacity to mobilize communities and to act as Intermediaries for a wide variety of communities especially those that are vulnerable. The report also recognizes that NGO responses are increasingly becoming critical in tackling the HIV/AIDS pandemic. Indigenous NGOs have been found to be more efficient and effective at HIV services to local communities than Government agencies. Despite this recognition and efforts the report identifies the following as Some of the more commonly identified Limitations of local organisations ;limited managerial capacity, limited technical capacity lack of an enabling environment, competing priorities and donor focused syndrome and stigma and discrimination for people affected by

HIV&AIDS. Local NGO are also affected by lack of steady funding and inability to develop strategies for sustaining their interventions in the long term. Most organizations therefore often find themselves jumping from one project to another, frequently with different objectives and approaches, to keep the funding flowing. This limits their ability to focus and concentrate on becoming institutions of excellence in a particular service delivery area. The potential is for an organization to spread itself too thin by attempting to work in too many different areas (in which it often does not have technical experience or expertise). Local NGOs focused on HIV/AIDS may tend to follow funding streams without assessing the fit with their vision, missions and core values. The report indicates that the structures and values of indigenous NGOs may be similar to those of the donor, and NGOs can face pressure from a donor to conduct a project in a manner that would compromise an NGO's principles Edwards and Hulmes, (1997). Most of the identified weaknesses and criticisms among indigenous organisations revolve around aspects of institutional capacity and limited capacity to scale up interventions (DeJong, 2003; Drabek, 1987; Edwards and Hulme, 1992).

2.2 Technical capacity of indigenous organizations on sustainability of HIV child supported interventions in East Central Uganda

The burden of providing effective HIV/AIDS services, particularly to vulnerable groups, often falls on NGOs that may or may not have sufficient technical organizational and Institutional capacity, to address the vast needs in their communities in a way that would be considered adequate from a public health perspective. According to a report issues by PACT (2005) of the skills expected from local NGOs are overwhelming and an area of increasing concern particularly in the complex situation of responding to the HIV/AIDS pandemic in resource-limited settings. NGOs are expected to provide holistic community-based services in and also support routine monitoring, evaluation, and reporting. All of this is expected to be

accomplished with scarce resources, inadequate access to technical support or standards, and little to no government guidance or support. Sustainability becomes a significant problem because it is difficult for NGOs to obtain sufficient infrastructure and staff to expand their operations to serve the communities. Many local NGOs suffer from "brain drain" as trained professionals are hired away from their indigenous organizations after they have been trained by international NGOs with higher remunerations. As a result, attracting and sustaining fully qualified and trained staff is a big challenge

Country ownership requires that national and local partners have technical capacity to conduct planning, implementation, monitoring and evaluation of HIV interventions. According to a report by Mostert (2013) in this report, human resources in the organizations were seen as the biggest resources for sustaining interventions by community organizations. There was therefore need to attracts highly skilled people to indigenous organisations and strengthen their knowledge and skills to deliver quality services in their respective communities. Human capacity is one of the critical components required in an HIV M&E system. In the context of monitoring and evaluation, there are several terms that are used for human capacity building such as M&E training, education for M&E, and human resource development for M&E. This Guidance considers the term “human resource development” the most accurate description of the goals of human capacity building.

According Puntenney (2000) technical capacity should be viewed at an individual level to obtain and maintain the knowledge, skills and competencies (KSC) required to perform a variety of duties for a particular professional position or among a team of people responsible for HIV&AIDS services. Skills might be either general, technical or managerial depending on the component addressed. To strengthen quality service delivery staff and key stakeholders

must be involved in planning, monitoring and implementation of the projects. They must receive adequate training to enable them offer quality services.

According to UNAIDS report (2009) in a survey of 135 countries, 70% had conducted technical capacity building in monitoring and evaluation (M&E) through trainings at the national level and 46% at the local level. There was however, no professionally recognized, standardized program of study to develop monitoring and evaluation practitioners, and the wide range of M&E trainings sometimes led to duplication of effort and, conflicting, messages.

Puntney (2000) asserts that sustainability can be achieved when organizations recognize the full range of capacities and then build upon them systematically, generating strong relationships among the internal and external environment of the organization and building on already existing local resources. Capacity building therefore should be an inherent part of initiatives and activities including program activities in all technical areas covering prevention, care and treatment, and cross-cutting areas of health system strengthening and integrated health services for children affected by HIV&AIDS

Sustaining technical capacity also depends strongly on the continued presence of those trained in the organization. The organization must therefore have strategies to retain the personnel whose capacity has been built in comprehensive HIV services. If turnover of key professional staff is high, then the developed capacities may be lost, unless procedures are also in place for transferring the new skills to new leadership or staff members. (Mary. A., 2013) according to Mary (2013) Technical Capacity building therefore should be driven by clearly defined goals that state what the initiative is intended to achieve and how it will

accomplish its objectives, and the expected prevention, care and treatment targets and HIV/AIDS program outcomes.

PEPFER (2015) Human resources for health strategy, states that human resource gaps in HIV care provider is as high as 50-79% in many PEPFAR countries, scaling up HIV treatment for key populations requires addressing root causes of the lack of health worker staffing and retention especially at high-volume sites and/or high HIV-burden areas such as among the fisher folks, commercial sex workers. She suggests that the overall strategy should be to strengthen in-country human resource management systems to improve recruitment, deployment, remuneration and retention of HIV/AIDS health workers at high-volume sites and/or high HIV-burden areas.

Persoon (2016): According to a report, Community involvement and development capacity was mentioned as an important factor in sustaining interventions for children affected by HIV&AIDS. She argues that since the community is a big part of the program, they should be organized right at the inception of the projects on how they will contribute in a meaningful way to the programme. The indigenous organizations therefore, should invest in people, and keep them informed. The terms for this community engagement should not be set by the organization but by the community itself, and should build on the work already happening within the community. In a nut shell for sustainability of HIV services to occur, indigenous organizations must have a clear strategy to involve community members in planning, implementation and monitoring and Evaluation of HIV programes.

2.3 Organizational capacity building

Organizational capacity building is often based on institutional assessments that systematically look at internal strengths and weaknesses of organizations and is used to develop strategic responses to identified weaknesses. Interventions can be trainings, one on one mentoring, or technical support to develop systems and standard operating procedures, documents or tools, curriculum and or laboratories, hiring of staff to fill organizational positions that need enhancement. Organizational capacity include, leadership and governance, policies and procedures financial Management, monitoring and evaluation, information communication policies of an organization.

Cordes et al. (2000) identifies two broad decisions when indigenous organizations make while attempting to succeed in their complex environments and sustain their HIV interventions. The decision is to focus more on the internal or external aspects of the organization. Internal strategies comprise various organizational management initiatives designed to produce greater organizational Efficiency, effectiveness, and flexibility. This approach might focus on; organizational leadership and governance, policies and procedures, financial management. Strategies such as increased staff training, greater use of volunteers, or more community outreach programs can reduce the costs of delivering services and build stronger community programes. Externally oriented capacity-building strategies attempt to bring out the relationship between individual local organizations and the funding and political Environment in which they operate. WEISBROAD brings out the fact that there is evidence that nonprofit organizations are becoming increasingly business oriented and more inclined to diversify goods and services to expand their financial capacity and sustainability (Weisbrod 1998). This may compromise their organizational structures, vision and mission. It may also in turn compromise delivery of comprehensive quality services for HIV&AIDS.

MSH (2012) technical report emphasizes that competent leadership and effective management are critical for any organization facing complex challenges and pressure to produce sustainable results. Leadership and management are especially important to indigenous organizations in sub-Saharan Africa in light of the HIV and AIDS pandemic and the crisis in human resources for health.

Githingi (2009) reveals that With regard to organizational policies and procedures, an examination of the available literature reveals lack of commonly accepted definition of the concept of policy is the agreement is on the domain, function and processes of policy (Gil, 2006). Schorr (2008); Miller and Riessman (2008); and Miller and Roby (2000); define a policy in terms of action to reduce inequality through redistribution and access to resources, rights and social opportunities across board. Freeman and Sherwood (2001) look at policy as principles whereby societies and/or institutions come together to seek solution to common problems.

Ismail suggests that, when making policies it's critical that the organization consults the key stakeholders that will utilize these policies. Transplanting policies or guidelines that are foreign to the local communities can lead to substantial dislocation of social and economic relations and cause social disharmony (Ismail, 1997). Policies and procedures are critical in ensuring greater accountability and rationality in decision making while delivering services to people affected by HIV&AIDS. This will in turn promotion of efficiency and reducing social economic challenges and the ability to justify actions and programs on the basis of evidence generated on the ground. Good policies should therefore build on traditional (local) knowledge, values and perceptions, seeking to understand, appreciate and use them, and possibly integrating them with the community to guide sustainable delivery of HIV services to vulnerable community members (Willy, 2003).

Financial Management is another key aspect of organizational sustainability. In a survey conducted by Persoon (2016) Financial stability and the efficient use of resources and finances were mentioned as essential factors. Even though financial resources were often mentioned, they were not cited as the most important factor, for sustainability of community based interventions. Some of the factors mentioned related to internal and external funding of HIV Interventions in communities. Persoon mentions that to ensure sustainability, all interviewees mentioned that the community members should try to contribute financially to increase the internal funding for HIV services. This could be through using the community available resources. The report mentioned respondents castigating local organizations for only looking at donors and not at local resources. When local contribution do not come in, a community or project will be too dependent on external resources hence unsustainable when the funding is stopped.

Resources therefore are very critical in ensuring sustainability of child support services for HIV&AIDS. Resources can affect the organization's ability to carry out its mission, attract competent leadership and members of staff, and get its work and message out to the community. Although resources do not necessarily have to be extensive, they do have to be well managed. Transparency and accountability are therefore very key in ensuring effective usage of these resource. Bringing organizational capacity up to scale to deliver essential services and programs is one of the continual challenges of indigenous organizations.

Organizational capacity building may also need to focus on strengthening the capacity of human resource in the area of health care and human resources for health, In-service training programs/centers for health facility staff in order to meet the on-going training needs for health care providers in the community over time. At the individual/workforce level, specific

cadres of staff at the national, regional, district, service delivery sites, and community organizations will require training and post-training mentoring and support in all technical and management areas.

UNDP. (2008) highlights full implementation may involve training for several different types of staff and ensuring that the new work fits within their job description Previous research about sustainability often addressed this type of program, when it became clear that continued implementation after initial funding was not automatic or easily achieved by most organizations.

Leadership and Governance are very critical components of Organizational capacity. The Urban Institute report (2000) indicates that; many innovative health promotion programs are implemented by indigenous organizations or in community settings and require the coordinated work of several different cadres of staff at community and facility level. Many innovations that take place within a single organization involve coordinated efforts among several different kinds of staff, at community, facility and organizational level such as nurses, Psychosocial support agents, health educators, and outreach workers such as linkage facilitators; therefore, the organization's leadership and administrative support becomes very instrumental in both implementation and later sustainability. As noted above, leadership is closely tied to vision and mission of the organisation and must therefore offer strategic direction to the organisation. While Leaders possess vision and can translate those ideals into the organization's mission, the staff do the implementation to help originations realize their mission. Most importantly, leaders have a commitment to the mission and a willingness to work toward fulfilling it. They articulate the organization's dream of what can be and then mobilize the resources necessary to make their Mission a reality. For sustainability to occur

Interventions for new policies, procedures, and technologies are likely to have high rates of sustainability, once the change in policy, procedure, or technology is in place and fully implemented. Capacity building requires a comprehensive, continuous and logical process that begins with Strategic planning and is followed by assessments of capacity needs, planning for capacity building interventions, and periodic monitoring and evaluation of these interventions. Managers need to cultivate support among the organisation's stakeholders; senior managers and political authorities are especially important because they usually sanction any major changes that may take place within or across organisations.

It is critical that one team (in an organisation) or one organisation (in a system) takes responsibility for managing the overall capacity building process. In some countries, the national HIV M&E technical working group plays this role in the national capacity building process. Over time, the capacity building process should become a permanent part of the M&E activities, supporting strategic investment and sustaining commitment to systematic capacity building.

The 2008 Kampala Declaration and Agenda for Global Action recommended that "governments, civil society, the private sector, and professional organizations work together to strengthen leadership and management capacity at all levels" (WHO, 2008). In addition to health care professionals, scale-up of HIV/AIDS prevention, treatment, and care programs must rely heavily on personnel from outside the clinical health sector who can free up time for health care providers to perform clinical work. For example, laboratory technicians can play an essential role in the administration and monitoring of ART. Other types of personnel with needed competencies include, for example, nutritionists; counselors; behavioral

specialists; management personnel; information technologists; procurement and distribution professionals; drug regulatory professionals; data analysts; and experts in monitoring, evaluation, and operations research.

Managerial skills, Leadership, strategic and global thinking, capability to bring together diverse stakeholders, team work and cooperation, project management (including budgeting), management of human and financial resources, strategic planning; organizing skills; facilitation, negotiation, transparency, diplomacy, objectivity, flexibility, conflict management, organizational commitment and professional networking. In a report by Persoon (2016) Human resources most frequently mentioned by the interviewees was the involvement and participation of the local community as a key human resource. This process of involvement should start from an early phase, preferably the design phase of the program. To achieve this, the community should have the need for the program, see the value in the program's output, and should be willing to contribute to the program with local resources. If these resources cannot be financial, it should be applied in an alternative form. The local people should feel responsible for the program from the beginning. To reach this goal, the implementers should listen to and understand the community, their needs, the context and they should be familiar with theory of change on the local level.

Furthermore, it is important that management and support functions for HIV programming be performed by personnel with expertise in those roles and not by clinical service providers, whose time is much better spent attending to medical matters. The report indicates that there is a global imbalance in health worker ratios. In the Americas, the ratio of clinical service providers to management and support staff is almost 1:1; in Africa, that ratio is almost 5:1 (Dare, 2010; WHO, 2006). A considerable increase in clinical care could be delivered

without adding more clinicians if the community resource persons capacity in HIV/AIDS programming were increased.

A variety of institutions have engaged in partnerships to combat the burden of HIV/AIDS in Africa. Examples of partnerships between the public and private sectors, faith-based organizations (FBOs), militaries, and academic institutions are described below.

PEPFAR defines a public–private partnership as a "collaborative endeavor that combines resources from the public sector with resources from the private sector to accomplish the goals of HIV/AIDS prevention, treatment and care" (PEPFAR, 2009). Such partnerships contribute to the fight against HIV/AIDS by bringing outside resources to areas of local need. They ensure sustainability of programs by enhancing the skills and capacities of local organizations; increasing the public's access to the unique expertise and core competencies of the private sector; facilitating scale-up of proven, cost-effective interventions through private-sector networks and associations; expanding the reach of interventions by accessing target populations (for instance, through workplace programs); and sharing program costs and promoting synergy in programs. Additionally, partners make in-kind contributions that otherwise would be beyond the reach of implementers (PEPFAR, 2009).

There are many examples of successes achieved by such partnerships. In 2007, for example, PEPFAR through CDC and Becton, Dickinson and Company (BD), a leading global medical technology company with laboratory expertise launched a 5-year public private partnership to improve overall laboratory systems and services in African countries severely affected by HIV/AIDS and TB (CDC, 2010). The partnership's implementation strategy includes three key components developed in collaboration with ministries of health, national reference laboratories, and implementing partners:

The collaboration is greatly expanding the amount of laboratory training offered to all PEPFAR-supported countries in Africa, and is increasing the number of health care workers trained to provide quality HIV testing and improved TB diagnostics (CDC, 2010).

Foster, (2005). Capacity building is a real challenge; the need is great and institution strengthening takes a great deal of time, effort, and commitment. There are a number of challenges, such as the tendency to build dependency or overwhelm a fledgling organization with funds and demands. Experience to date suggests that capacity building for its own sake does not work very well. Positive results have been obtained through a combination of relevant training programs and gradual increases in responsibility and decision-making power. Partnerships between organizations with different strengths, such as administrative capacity and local technical knowledge, have been effective, although there needs to be a commitment to hand implementation responsibility over to the local organization within an agreed upon time frame. Donors must also promote mentoring of local NGOs to enable them to become intermediary organizations

2.4 Institutional collaboration and linkages of indigenous organizations on sustainability HIV child supported interventions

Wilder Foundation (2000) notes that for capacity approaches to truly achieve their potential, attention must be given to the web of connections affecting all the persons, organizations, groups and communities involved. This strategy in part is building social capital, but it is also good management practice. Formal coalitions or partnerships developed during a funded initiative are more likely to be sustained than the activities delivered during the funded period, if partnership members continue a commitment to meeting and working together.

Outreach can increase the resources available to an organization, but it does not replace the need for an effective strategy to secure new or additional resources.

An organization can have a vital mission, good leadership, and sufficient resources, but unless it is known in the community, its impact will be limited. Outreach is an essential Element for strengthening and extending the work of community-based organizations. It can take many forms, including marketing and public relations; community education and advocacy; collaborations, alliances, and partnerships; networking; and more.

A report by PACT 2005 Indicates that Local NGOs are uniquely positioned to initiate and establish close working relationships with other locally based groups in the public, private, and voluntary sectors. Partnerships and collaborations among different institutions allow local NGOs to focus on more specialized programmatic areas and enhance their ability to increase referrals to other NGO and governmental services. These partnerships also encourage networking, sharing best practices, and mentoring, thus encouraging more local ownership. Some initiatives may involve developing long-term collaborative relationships among organizations, such as coalitions, collaborations, or partnerships. Many partnerships and coalitions also develop program-focused activities involving individual providers, more complex coordinated programs, or advocacy for new policies. However, the coalition or partnership itself may be worth sustaining, even if its programmatic activities come to an end for the longer term vision. Sustaining the partnership could lead to new joint activities with other sources of funding, to better coordination among community agencies, or to joint advocacy for needed policy change in the targeted content area. Research shows that isolated organizations are the ones most likely to struggle and fail (Galaskiewicz and Bielefeld 1998) conclude that without supportive networks and effective outreach efforts, organizations may

limit their access to resources and fail to establish a positive image or reputation within the community

Persoon (2000) mentions that Partnership was seen as an important and crucial aspect even when it was not always mentioned as one of the first factors influencing sustainability. It was mainly concluded that it is difficult to succeed in combating HIV scourge when working alone. Partnerships are therefore a fundamental component of an effective capacity building strategy because of their central role in establishing ownership, support, and sustainability of capacity building interventions. Partnerships supporting capacity building occur at multiple levels, from strategic national partnerships that prioritize a country-level plan for capacity building in HIV services and programs, to implementation partnerships that support specific capacity building activities in different technical program areas at the grassroots such as community resource persons.

Therefore, partnerships and collaboration for capacity building can include national and regional government entities, local research and development institutions, nongovernmental organizations, networks, communities, academia and the private sector. According to the report some respondents referred to a value chain in which you have horizontal and vertical relations. Others referred to a cobweb, in which you know exactly who you can refer to within the network. With regard the sustainability, it is important that partners are linked to each other on all levels and are in line with each other and in touch with community resource persons.

Partnering can be beneficial for multiple aspects of a project, including funding and diversity of disciplines and perspectives which makes the program stronger. Partnering can also be

used to exchange information like a partnership with the University or by helping implementing the program on local level, by partnership with a local NGO.

Urban Institute (2000) emphasizes the need for local organisations to invest in community resource persons who conduct referrals and linkages for people living with HIV%AIDS. Community-based resource should therefore not be taken for granted. They require continual renewal to maintain their value and effectiveness. Leadership is a particularly important factor. Sustainable development theory suggests that human and social capital should be treated much like natural resources—that is, carefully nurtured and effectively used to provide long-term, sustainable benefit to local communities. It also highlights the need to assess capacity on a scale larger than a single organization

Puntney (2000) emphasizes that local organizations should maintenance an atmosphere in which representatives from participating organizations and community structures can critically evaluate the program, and adopt the lessons leant and best practices for scale up. To achieve sustained improvements in capacity and performance, Puntley suggests that capacity building must continually focus on supporting ownership of the process by the community members, otherwise, there is the risk that capacity will diminish once donor resources or interest end. Partnerships should therefore develop and change over times, with outcomes that demonstrate increased leadership by local leaders, and a shift in the role of the supporting or donor engagement to less direct involvement over time and scale up by the local community themselves.

Partnerships will be pivotal to capacity building and will ensure that local institutions own and lead the capacity building process. Additionally, it is crucially important for the partners

to engage within not only the cultural and contextual reality but also the governmental and national planning framework of the host country, as well as to coordinate with other organizations on the ground.

Stigma and discrimination is considered to be a hindrance to fostering effective referral and linkages. The report by PACT (2005) it's therefore important for the local leaders to support the reduction of the stigma surrounding HIV/AIDS by: involving people living with HIV/AIDS in stigma research and program design and evaluation; empowering communities to address stigma through awareness of accurate and updated information about HIV/AIDS and accompanying stigma; integrating and/or mainstreaming HIV prevention, care, treatment, and support activities into existing programs and facilities whenever possible; promoting legal and policy environments that keep stigma and discrimination in check; developing more practical tools for understanding and addressing the stigma; creating an environment that promotes stigma reduction within healthcare facilities, i.e., one that includes training, sensitization, and performance standards (The Synergy Project, 2005).

US government investment in capacity building through PEPFAR, within the context of national HIV/AIDS plans, seeks to assist host governments 'efforts to know their epidemics and respond strategically to prevent new infections, care for and treat infected and affected populations, and mitigate the social and economic consequences. Effective capacity building efforts target government, local research and development institutions, nongovernmental organizations, networks, communities, academia and the private sector, with a goal toward enhancing the short and long term potential for these institutions to support the local response and for host governments to lead, manage and monitor internal and external efforts to address HIV/AIDS in the country. Part of this process includes a country's ability to drive the process

to identify, source and manage on-going capacity building efforts as a sustained government-led effort to target change.

Githingi (2009) in his research report indicated that respondents acknowledged the role played by the community in sustainability of community based projects, majority of the respondents agreed that there is a very major role played by the community in sustainability of community based projects; the most outstanding role was identified as the provision of security to the projects.

Urban Institute (2000): Emphasize the need to determine community preferences and balance competing interests. This can be attained through involving community members in the design and planning of HIV interventions. As Serageldin (1994) noted, people and their social institutions must be included in the community planning process to increase the probability of achieving a successful outcome. Empirical evidence indicates that lasting change generally comes from local involvement. (Roseland, 1998).

In Improving partnerships and networking, program planning strategies that come out of an Analysis of the operating environment and the input of stakeholders result in effective programs. Stakeholders provide valuable input into the criteria for partner selection in a particular context. Clear expectations and Priorities articulated by donors in solicitations and planning meetings help organizations determine if this is the right opportunity for them and sets up the ground rules for a mutually beneficial relationship. Competing priorities must be accommodated in a relationship in which both donors and NGOs expect mutual trust, respect, flexibility, transparency, and responsiveness to poor communities. Donors must display trust in local partner organizations to effectively plan interventions and target beneficiaries in their own communities. The ability and willingness of a donor to partner with a local NGO as a

colleague and peer providing advice and assistance in managing funding is much more effective than simply "funding" the local NGO.

According to foster (2005) Donors can improve communication and collaboration by consciously and actively encouraging governments to cooperate with and trust local NGOs (and vice versa) by including both parties in meetings, conferences and workshops, on project design and oversight committees, and through joint implementation of donor-funded activities. Donors can also prioritize the tracking of spending to identify where additional resources are needed and ensure that information on resources is made available to local NGOs to ensure sustainability. This is in agreement with Persoon (2000) without focus on the assessing resources in line with the sustainability of a program, the intended impact will be affected Sarriot *et al.*, (2004), Scheirer, 2005, Savaya, Spiro & Elran-Barak, 2008). For sustainability to become a routine component of a program, there is a need for greater clarity about factors influencing sustainability

To sum the issues of Institutional partnership, referrals and linkages the PACT report (2000) recommends that to effectively address HIV/AIDS, multilateral, bilateral, International NGOs, and the private-sector must identify effective, efficient, and responsible channels to provide indigenous partners with the resources they need for sustainability. Without a sustained local response to the pandemic, donors and INGOs have no exit strategy hence sustainability of the numerous HIV interventions will remain a challenge.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter presents an overview of the methods to be used in the study. Areas covered include; the study design, study area, sampling strategies sample size, study population, Eligibility criteria including inclusion criteria and exclusion criteria, data collection methods, data analysis, management and interpretation, quality control issues and ethical considerations have been discussed.

3.1 Study design

This study used a cross-sectional descriptive study which incorporated both qualitative and quantitative methods. The design supported triangulation of information collected to assess capacity building Interventions on sustainability of HIV child supported programmes

3.2 Study population

The study included all staff of the indigenous organizations and community resource persons that worked with these organizations

3.3 Inclusion criteria

The study included all staff and community resource persons of the Indigenous organizations that were supported by STAR-EC 2009-2013, who accepted to be part of the study and signed consent forms

3.4 Exclusion criteria

The Study excluded all those staff and community resource persons of indigenous organizations who did not sign consent forms and dint take part in the study.

3.5 Sample size calculation

The sample size was calculated using Kish Leslie Formula (1965) for cross sectional studies, $\mathbf{n = Z^{2pq}/(e)^2}$ Where, n is sample size required, Z is a Standard normal deviation at 95% confidence interval corresponding to 1.96, the proportion in the target population estimated to have characteristics being measured. This means that P is the assumed population of both the community and NGO staff who have participated in the activities of the organization and by assumption this is 50%,Q is the difference(1-P), e, is the error allowed-Absolute error between the estimated and true population proportion (5%) Z = 1.96, P = 0.5, Q = 1-0.5= 0.5 and e = 0.05

$$n = \frac{(1.96)^2 x 0.5 x 0.5}{(0.05)^2} \qquad \mathbf{n = 384}$$

But for the population less than 10 000, the following formula was used.

Nf =n/1+ (n/N) (Mugenda &Mugenda, 2003)

Where; nf =desired sample for population less than 10,000

n=desired sample size for population greater than 10,000.

N=estimate of the population size=375

Hence the desired sample size is 384/1 (384/375)

nf= 384/ (1+1.02)

nf =384/2.02

nf =**190 Plus 10% non-response rate**

nf = 211

The sample size is was one hundred and sixty eighty.

3.6 Sampling Procedure

Three levels of sampling were used to eliminate bias and obtain a representative sample.

The first level of sampling was purposive which included all Indigenous organizations (staff) that were supported by STAR-EC 2009-2013 involved in HIV/AIDS child supported activities in East and central Uganda.

Second level a sampling frame was obtained by compiling a list of all the project staff in the study area (270). The third level of sampling was simple random sampling where all the names of the study population were written, put in a container and picked at random with the help of the research assistant without replacement until the required sample size was obtained

3.7 Eligibility criteria

3.7.1 Inclusion criteria

The study included all those NGO staff and community members that worked with the NGOs in the HIV/AIDS child supported programmes and accepted to be part of the study and signed the consent forms.

3.7.2 Exclusion criteria

The study excluded all those NGOs and their staff that did not have HIV/AIDS child supported programmes and community staff who did not accept to take part and did not sign the consent form to take part in the study.

3.8 Sources of data

Primary data: This was collected from the participants using a detailed structured questionnaire. The information collected included information on social demographic characteristics of the respondent, the technical capacity given to indigenous organizations ,

organizational capacity building and institutional collaboration with indigenous organizations on sustainability of care and support services for children affected by HIV& AIDS in East Central Uganda

Secondary data: This included reviewing all information captured as the programme was being rolled and academic scholarly materials from different documents such as reports, journals, among others.

3.9 Study variables

3.9.1 Dependent variable

Sustainability of HIV/AIDS child supported programmes

3.9.2 Independent variables

These shall include; Social demographic characteristics of the respondents. Their Sex, Age, Education level and Cadre. Technical capacity building, planning and implementation of HIV child supported programmes, Monitoring and evaluation of HIV supported interventions, knowledge and skills HIV child supported programming and Organizational capacity building, leadership and management, Human resource management and Financial Management and Institutional collaboration and referral capacity

3.10 Data collection techniques

Questionnaires: The questionnaire covered four sections with the first section covering the social demographic characteristics of the respondent, information concerning the respondent's Technical capacity building's, respondent's organizational capacity building, and the Respondent's Institutional collaboration capacity

Key Informant Interview: this technique will was used to collect information from Local government officials and health workers who participated in the implementation of the STAR-EC project. This was supplemented by the responses obtained through the questionnaires.

3.10.1 Plan for Data Entry, Analysis and Interpretation

3.10.2Data Entry and Editing

After the data collection exercise, the responses got from the interviews were cleaned to ensure that the information given by the respondents was accurately recorded and consistent. The completely filled questionnaires were coded, each question in the questionnaire was also coded with numbers 1,2,3....k, variable entry sheet was created and data entered into the variable fields accordingly using EPIDATA, data was cleaned and exported to STATA 10.0 OR 12 software for analysis.

3.10.3 Plan for Data Analysis

3.10.4 Uni-variate analysis

One variable was analyzed at a time to understand its distribution. All independent variables and the outcome variable were analyzed on their own. Results obtained were presented in form of frequency tables computing means and medians for continuous data.

3.10.5 Bi-variate analysis

Each independent variable was analyzed against the outcome. The data on the variable was tested for statistical significance between the dependent and the independent variables in question. During the analysis, the association of each exposure variable (Independent variable) and the outcome variable (Dependent Variable) was determined using binary

logistic regression. Odds ratios, together with their corresponding P values and confidence intervals were computed based on a two-tailed test and are to be performed at the 5% error rate.

3.10.6 Multivariate analysis

Basing on Bivariate analysis, all the variables that will had a P value ($P < 0.05$) was considered for multivariate logistic regression models and stepwise elimination method was used to remove all the non-significant variables with $P > 0.05$.

3.10.7 Qualitative data analysis

Qualitative data was captured using both recording and note taking, the recorded data was transcribed and thematic key themes were analyzed thematically in accordance with the study objectives.

3.10.7Quality control issues

To ensure a high data quality collection exercise the following criteria was used;

3.10.8 Reliability

Open and closed-ended questions were used to provide adequate information on HCW's adherence and associated factors in the study population. The researcher used simple and specific words (Objective) that were used in the questionnaire to ensure a high level of reliability.

3.11 Pre-testing of the data tools

The developed questionnaire was pretested the HIV/AIDS child supported programmes in Jinja district using the accessible population to access how effective the tool would meet the

collection criterion of the required information from the respondents. Following the pre-test, the questionnaires were checked for completeness, accuracy and consistency, after which it was adjusted accordingly to include the missing information and corrections.

3.11.1 Training of research assistants

To ensure that Information collected will address the objectives, only research assistants with a minimum of a diploma in education from any health related field were recruited and trained in the usage of the structured questionnaire with particular emphasis on the information needed.

3.11.2Controlling Errors

In order to reduce grammar errors in the tool, there was proof reading of the draft by colleagues before submission of the final draft to the supervisor

3.11.3 Measures to reduce bias

To reduce bias in this study, the following were done; A blend of sampling methods were used to reduce on the selection bias, various data collection methods was used to reduce on the information bias and Both multivariate and Bivariate analyses were conducted to reduce on the confounding due to bias

3.12 Ethical considerations

The study began, after the approval of the proposal by IHSU University and research committee.

Informed Consent: The research participants were enrolled in the study after written informed consent. However, the participants were first sensitized and informed of the objective and purpose of the study before consent was obtained.

Privacy and confidentiality: to promote confidentiality, the names of those who consented was not be used in the questionnaires to ensure confidentiality of the data obtained from the respondents. The participants were informed that their participation in the study was voluntary and they could withdraw from the study at any time.

Nondiscrimination and Non Bias: To ensure that there is no Bias in selection of the participants and data obtained a blend of sampling methods were used as explained in the sampling criteria. The study participants were randomly selected to avoid bias and discrimination.

3.13 Limitations of the Study

There were limited studies on this topic which in in turn limited the literature review. The study population was scattered across 6 districts thus took a lot of time to reach out to them. I had to recruit and train research assistants to reach out to respondents in some district.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.0 Introduction

This chapter presents the study findings on the assessment of capacity building interventions of indigenous organizations on sustainability of HIV Child supported services. The study findings revealed that 126(63.0%) of the respondents had taken part in the implementation of HIV child supported services compared to 74(37.0%) did not participate in the communities of East Central Uganda.

4.1 Demographic Characteristics and sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

The table below reveals that 103(51.5) of female respondents and 97(48.5%) were male.

With reference to age, 101(50.5%) of respondents were aged 25-30 years, 66(33.0%) aged 31-39 years, 22(11.0%) aged 40-49 years and 11(5.5%) were above 50 years.

With reference to level of education, 50(25.0%) of respondents were found to be senior 4 leavers, 53(26.5%) had An Advanced -level certificate, 57(28.5%) had diplomas and 40(20.0%) had degrees.

The study findings also established that 55(27.5%) of the respondents were in Youth Alive, 81(40.5%) were in MUCOBADI, 48(6.8%) NAFOPHANU, 11(5.5%) FOCREV and 5(2.5%) were from UDHA. 101(50.5%) of the respondents had spent 1-5 years in the organization, 85(42.5%) 5-10 years and 14(7.0%) had spent more than 10years.

Table 1: Social Demographic Characteristics of the respondents

Variables	Frequency	Percent
Gender		
Male	97	48.5
Female	103	51.5
Total	**200**	100.0
Age		
25-30yrs	101	50.5
31-39yrs	66	33.0
40-49yrs	22	11.0
≥50yrs	11	5.5
Total	**200**	100.0
Level of Education		
Below S4	50	25.0
Certificate	53	26.5
Diploma	57	28.5
Degree	40	20.0
Total	**200**	100.0
Place of work		
Youth alive	55	27.5
MUCOBADI	81	40.5
NAFOPHANU	48	24.5
FOCREV	11	5.5
UDHA	5	2.5
Total	**200**	100.0
Length of time spent working for the organization		
1-5 years	101	50.5
5-10 years	85	42.5
> 10 years	14	7.0
Total	**200**	**100.0**

Source: primary data

4.2 The influence of Demographic Characteristics and sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

At the bi-variate level, age of the respondents taking part in capacity building intervention has strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 8.332 p-values =0.040.

Table 2: Demographic factors influencing sustainability of HIV/AIDS child supported programs in East Central Uganda.

	Sustainability of HIV and AIDS programmes			
Variables	**Yes**	**No**	**Chi-square**	**P-value**
Gender				
Male	64(50.8)	33(44.6)	.717	.397
Female	62(49.2)	41(55.4)		
Total	**126**	**74**		
Age				
25-30yrs	58(46.0)	43(58.1)	8.332	.040*
31-39yrs	44(34.9)	22(29.7)		
40-49yrs	13(10.3)	9(12.2)		
≥50yrs	11(8.7)	0(0.0)		
Total	**126**	**74**		
Level of Education				
Below S4	33(26.2)	17(23.0)	3.013	.390
Certificate	31(24.6)	22(29.7)		
Diploma	40(31.7)	17(23.0)		
Degree	22(17.5)	18(24.3)		
Total	**126**	**74**		
Place of work				
Youth alive	36(28.6)	19(25.7)	5.294	.258
MUCOBADI	48(38.1)	33(44.6)		
NAFOPHANU	32(25.4)	16(21.6)		
FOCREV	5(4.0)	6(8.1)		
UDHA	5(4.0)	0(0.0)		
Total	**126**	**74**		
Length of time spent working for the organization				
1-5 years	62(49.2)	39(52.7)	.229	.892
5-10 years	55(43.7)	30(40.5)		
> 10 years	9(7.1)	5(6.8)		
Total	**126**	**74**		

*significant<0.05

4.3 Technical Capacity Interventions and sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

139(69.5%) of the respondents had participated in the planning of the HIV/AIDS Child supported services by indigenous organizations while 61(30.5%) did not. 108/139 took part in data collection, 77/139 consultative meetings, 75/139 decision making.

150(75.0%) received specialized training in HIV child supported services by indigenous organizations while 50(25.0%) did not. Of these 150 respondents, 125/150 received training in HIV counseling, 87/150 care and treatment, 90/150 in guidance and counseling and 93/150 in livelihood support 89/150 in education support services.

Table below reveals that 157(78.5%) of the respondents receiving adequate commodities for the provision of HIV/AIDS care and support programs services by indigenous organizations while 43(12.5%) did not. The study findings revealed that 135(67.5%) of the respondents received HCT test kits, 82(41.0%) ARVs, 90(45.0%) OIs and 97(48.5%) received registers.

146(73.0%) of the respondents acknowledged the existence of programs geared towards strengthening skills of young people by indigenous organizations while 54(27.0%) did not. Of these programs to strengthen young people were: OVC 137/146, Reproductive health 111/146, livelihood support 133/146 and 95/139 education support respectively.

Table 3: Technical Capacity Intervention

Variable	Frequency	Percentage
Participate in planning of HIV child supported services		
Yes	139	69.5
No	61	30.5
Total	**200**	100.0
If YES, planning activities done		
Data collection	108	77.7
Consultative meetings	77	55.4
Decision making	75	54.0
Received specialized training		
Yes	150	75.0
No	50	25.0
Total	**200**	100.0
Type of trainings received		
HIV/AIDS counseling & testing (HCT)	125	83.3
Care and treatment	87	58.0
Guidance & counseling	90	60.0
Livelihood support	93	62.0
Educational support	89	59.3
Participated in the implementation of HIV child support services		
Yes	126	63.0
No	74	37.0
Total	**200**	100.0
Implemented activities done		
HCT	118	59.0
PMTCT	89	44.5
ART	78	39.0
Participate in planning HIV/AIDS child supported service		
Yes	108	54.0
No	92	46.0
Total	**200**	100.0
Is this organization receiving adequate commodities for the provision of HIV/AIDS care and support programs?		
Yes	157	78.5
No	43	21.5
Total	**200**	100.0
Types of commodities		
HCT test kits	135	67.5
ARVs	82	41.0
OIs	90	45.0
Registers	97	48.5
Existing programs geared towards strengthening of young people's skills		
Yes	146	73.0
No	54	27.0
Total	**200**	100.0
Programs that strengthen young people's skills		
OVC	137	68.5
Reproductive health	111	55.5
Livelihood support	133	66.5
Education support	95	68.3

4.4 Technical Capacity Interventions influencing sustainability of HIV/AIDS child supported programs in East Central Uganda.

At the bi-variate level, age of the respondents taking part in capacity building intervention has strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 8.332 p-values =0.040.

The study established that receiving specialized training at the inception of the project in capacity building intervention was found to have a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 4.811 p-values =0.028.

Activities like data collection done during planning in capacity building intervention was found to have a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 6.933 p-values =0.008.

HCT one of the activities done in capacity building intervention was found to have a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 14.212 p-values =0.000.

An organization receiving adequate commodities such as HCT kits, ARvs were found to have a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 12.939 p-values =0.000.

Having HCT test kits had strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 4.723 p-values =0.030.

Table 4: Technical Capacity Interventions influencing sustainability of HIV/AIDS child supported programs in East Central Uganda.

	Sustainability of HIV and AIDS programmes			
Variables	**Yes**	**No**	**Chi-square**	**P-value**
Participate in planning of HIV child supported services				
Yes	91(72.2)	48(64.9)	1.191	.275
No	35(27.8)	26(35.1)		
Total	**126**	**74**		
If YES, planning activities done				
Data collection	77(611.1)	31(41.9)	6.933	.008*
Consultative meetings	54(42.9)	23(31.1)	2.730	.098
Decision making	50(39.7)	25(33.8)	.692	.405
Received specialized training				
Yes	98(77.8)	52(70.3)	1.401	.236
No	28(22.2)	22(29.7)		
Total	**126**	**74**		
Type of trainings received				
HIV/AIDS counseling & testing (HCT)	86(68.3)	39(52.7)	4.811	.028*
Care and treatment	56(44.4)	31(41.9)	.124	.725
Guidance & counseling	58(46.0)	32(43.2)	.146	.702
Livelihood support	64(50.8)	29(39.2)	2.524	.112
Educational support	60(47.6)	29(39.2)	1.341	.247
Implemented activities done				
HCT	87(69.0)	31(41.9)	14.212	.000*
PMTCT	61(48.4)	28(37.8)	2.111	.146
ART	50(39.7)	28(37.8)	.067	.796
Is this organization receiving adequate commodities for the provision of HIV/AIDS care and support programs?				
Yes	109(86.5)	48(64.9)	12.939	.000*
No	17(13.5)	26(35.1)		
Total	**126**	**74**		
Types of commodities				
HCT test kits	92(73.0)	43(58.1)	4.723	.030*
ARVs	62(49.2)	20(27.0)	9.481	.002*
OIs	55(43.7)	35(47.3)	.250	.617
Registers	73(57.9)	24(32.4)	12.1411	.000*
Existing programs geared towards strengthening of young people's skills				
Yes	96(76.2)	50(67.6)	1.759	.185
No	30(23.8)	24(32.4)		
Total	**126**	**74**		
Programs that strengthen young people's skills				
OVC	97(77.0)	40(54.1)	11.360	.001*
Reproductive health	74(58.7)	37(50.0)	1.439	.230
Livelihood support	83(65.9)	50(67.6)	.060	.806
Education support	61(48.4)	34(45.9)	.114	.736

ARVs commodity had a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 9.481 p-values =0.002.

The presence of registers were found to significantly influence sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 12.141 p-values =0.000.

Finally programs like OVC geared toward strengthening young people skills in capacity intervention was found to have a strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 11.360 p-values =0.001.

4.4.1 Qualitative Data on Technical Capacity

Table 5:Showing type of specialized training at the Inception of the project and the organizations that benefited

Type of Training	**Name of Organization**
▪ Community volunteers mobilization and coordination skills ▪ HIV and OVC Quality assurance and management ▪ Home based HIV counseling and Testing ▪ Organizational development and strategic planning ▪ HIOV prevention among Commercial sex workers and other key populations	**UDHA**
▪ Elimination of mother to child transmission (EMTC) ▪ Child protection policies and structures ▪ Mainstreaming of child protection issues ▪ Pediatric care ▪ OVC standards and vulnerability assessments ▪ Livelihood support and integration ▪ Developing score cards-measures the standard of service delivered at a particular health facility: use score cards to engage duty bearers	**MUC**
▪ Technical Support for OVC ▪ OVC programming ▪ Quality assurance ▪ Mitigating the negative impact of community organization to increase support for OVC ▪ Engaging duty bearers eg community based department, councils, DEOs ▪ Apprenticeship training for OVC was challenged on the basis that children	**IDAAC**

complete when they are still below 18 years ▪ Peer and child to child counseling ▪ Monitoring and evaluation of children programmes ▪ HCT,PSS, ▪ Peer education	
▪ Train health workers in nutritional Management and managing malnutrition ▪ equipment such as weight boards, weighing scales ▪ Early infant diagnosis, how to pick the samples and filling of tools and registers	**HOI**
▪ Adolescent focal person who were trained in adolescent friendly services ▪ Training of youth peer educators to sensitize fellow youth about positive living , preventive measure against HIV and STIs, formed some drama groups, this stopped after donors ended the support from STAR-EC, ▪ Helping hands projects supporting the youth in income generating activities ▪ condom training identified condom focal persons ▪ PHDP/PW programmes with focus on the youth ▪ Pediatric ART ▪ Psychosocial support for children living with HIV&AIDS ▪ Trainings and mentorship in comprehensive delivery of HIV services ▪ Work planning and budgeting ▪ Monitoring and evaluation and tracking reporting indicators ▪ Training in the whole spectrum of Organizational Capacity assessment, strategic planning, proposal development ▪ Use and application of data collection tools, eg standard MOH tools ▪ Referrals and linkages for CSO eg the referral wheel ▪ key and priority populations eg Commercial sex workers, how to identify assesse their needs and linking them to care support and how to report using standard MOH tool ▪ Dealing with Youth to improve their capacity, promoting combination preventions ▪ Voluntary Male Medical Circumcision and care support ▪ Training in young positives handling ▪ training Psychosocial support groups	**HOB**

4.5 Stakeholder's involvement in planning, monitoring and Evaluation of HIV child supported programmes by indigenous organizations.

Partner organizations were all involved in planning, monitoring and evaluation.

4.5.1 Planning

Work with the district health offices, members of the DHTs, discuss during meetings on integration of services for children into the district development plan. Work with probation and community development officers to do tailored trainings that fall in their mandate of child protection.

Identification and prioritization of interventions for proper targeting according to the burden. Review meetings to discuss performance and seeking guidance on where services are most needed. Carry the stakeholders to do joint monitoring with us to advise. Involve district and sub-county officials in direct implementation eg HCT. ***The donor Invites us while planning for programmes*- KI from HOB.**

A startup meeting with Local Governments and also along the way were involved in periodic review meetings to discuss successes and challenges and take ways from the implementation of the programmes. Involve the district in evaluating the services provided to the communities

4.5.2 Implementing/Monitoring:

Working with VHTs, some trained as community resource persons. Using community groups such as drama. SACCOs, stepping stones (groups according to sex and age and tailor made the training by involving community to discuss analyze and offer solutions so that they come up with activities and programmes to fit within their context. Health workers are involved in health out reaches. ***NGOs do not involve us in their planning but at implementation for out***

***reaches*.** Offer support to follow up mothers in the community. Conduct joint review meetings for performance.

4.5.3 Evaluation

Donors, government and the local organizations organize joint review meetings

4.5.4 Benefits of Organizational Capacity

Improved capacity to handle finance; Picked all the best practices eg financial tools being used by STAR-EC tools; The OCA results-organisational has not done an OCA most issues have been addressed; Helped to come up with strategic a plan which expires this year- the plan was developed by us and Used by Us; Gave a challenge to staff to continue learning eg training as peer educator. Capacity assessment: Capacity building plan supported by STAR-EC to prioritize

Training in leadership governance and financial management, capacity building extended to the board which helped the organization where board members identified things that were not working well. We went through a process of reviewing our policies and stepped skills andstarted functioning well. Their quarterly board meetings were making a difference. Continuous mentorship and coaching helped to set up systems eg in finance. bidding for other grants because the systems became stronger. More trainings in HIV related trainings which sharpened our skills to look for more funding when our programming was stepped up. All our policies were reviewed others were developed eg HR procurement, transport and logistics manual this has helped us to win more grants. Organizational capacity assessment helped us to keep evaluating our performance. Gender mainstreaming. Monitoring and evaluation. Financial Management. Strategic planning and management. Management up and down wards. Reporting has significantly improved and accountability. Capacity built

with HMIs, open MRS entering HIV data electronically. Provided modems for internet connection. Training focal persons in DHIs II. Capacity built in performance reviews. Organizational development focus. Head office was less involved in the capacity building, the assessment were done at the regional office. Most of the trainings focused on the regional office. The design of this capacity building lacked inclusive involvement of head office. Training of the board was good and helped in informing and realigning the board. I have noticed that all those organization where the board was involved and trained they have been able to organize more resources to support children.

4.6 Organization Capacity on sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

169(84.5%) of the respondents confirmed the presence of Board of Director while 31(15.5%) did not. 169(84.5%) of the respondents confirmed the presence of Board of Director while 31(15.5%) did not.

152(76.0%) of the respondents confirmed the presence of written mission statement while 48(24.0%) did not. 167(83.5%) of the respondents confirmed the presence of written vision while 33(16.5%) did not. 145(72.5%) of the organizations had core values while 55(27.5) did not.

Table 6: Organization Capacity on Sustainability

Variable	Frequency	Percentage
How long the organization has been in existence		
1-5 years	102	51.0
5-10 years	78	39.0
>10 years	20	10.0
Total	**200**	**100.0**
Presence of a board of directors		
Yes	169	84.5
No	31	15.5
Total	**200**	100.0
How long has the BOD been in office		
1-5years	97	48.5
> 5 years	103	51.5
Total	**200**	**100.0**
The organization has a written mission statement		
Yes	152	76.0
No	48	24.0
Total	**200**	**100.0**
The organization having a written vision statement		
Yes	167	83.5
No	33	16.5
Total	**200**	**100.0**
Organization has core values		
Yes	145	72.5
No	55	27.5
Total	**200**	**100.0**
The organization having a strategic plan		
Yes	142	71.0
No	58	29.0
Total	**200**	**100.0**
When does the strategic plan expire		
1 year	93	46.5
2 years	75	37.5
>3 years	32	16.0
Total	**200**	**100.0**
Presence key staff in all departments		
Technical HIV child support (yes)	127	63.5
Finance (yes)	124	62.0
Monitoring & evaluation (yes)	130	65.0
Referrals & linkages(yes)	125	62.5
Community resource persons (yes)	122	61.0
Type of capacity building training received		
Leadership & governance	116	58.0
Strategic planning	116	58.0
Finance management	131	65.5
Humans resources management	114	57.0
Organizational development	118	59.0
Monitoring & evaluation	122	61.0
Resource mobilization	111	55.5
Child mobilization meetings		
Every week	94	47.0
Once a month	81	40.5
Never	24	12.0

Once a year	1	.5
Total	**200**	**100.0**
Engagement of the community		
Yes	126	63.0
No	74	37.0
Total	**200**	**100.0**
Receive facilitation		
Yes	120	60.0
No	80	40.0
Total	**200**	**100.0**
Challenges in monitoring HIV child supported program		
Stigma and discrimination	117	58.5
Inadequate transport	113	56.5
Lack of documentation	104	52.0
How often do you monitor progress of intervention		
Every week	100	50.0
Once a moth	78	39.0
Never	22	11.0
Total	**200**	**100.0**
Has Key policies in place		
Yes	105	52.5
No	95	47.5
Total	**200**	**100.0**
Key policies in place		
Human resource policy	110	55.0
Finance policy	116	58.0
Operations policy	103	51.5
Communication policy	88	44.0
Procurement policy	104	52.0
Standard operating procedures	110	55.0
Are policies used in decision making		
Agee	107	53.5
Disagree	93	46.5
Total	**200**	**100.0**
Strategies to mobilize resources		
Proposal writing	112	56.0
Fundraising	82	41.0
Membership & subscription fees	89	44.5
Partnerships	96	48.0
User fees	65	32.5
Sustainable strategies in place		
Writing proposals	98	49.0
Charging user fees	69	34.5
Offering consultancy services	78	39.0
Operating other business to generate resources	84	42.0
Building capacity of communities to take charge	93	46.5
Key challenges		
Inadequate funds	100	50.0
Inadequate qualified staff	76	38.0
Inadequate commodities & supplies	76	38.0
Negative community attitudes	85	42.5

142(71.0) of the organizations had strategic plans while 58(29.0%) did not. Of these 93 were expiring within one year, 75(37.5%) within two years and 32(16.0) within more than 3 years. With regard to the Presence of key staff in all departments; Technical HIV child support 127(63.5), Finance 124(62.0%), Monitoring & evaluation 130(65.0%), Referrals & linkages 125(62.5%),

Community resource persons 122 (61.0%).

150(75.0%) received specialized training in HIV child supported services while 50(25.0%) did not. Of these 150 respondents, 125/150 received training in HIV counseling, 87/150 care and treatment, 90/150 in guidance and counseling and 93/150 in livelihood support 89/150 in education support services.

4.7 The influence of organization capacity on sustainability of HIV/AIDS child supported programmes by indigenous organization

An organization having a written mission statement and core values was found to have a strong significant association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 17.618 p-values =0.000 and X^2 8.050 p-values =0.005 respectively.

An organization knowledge of the expiry of its strategic plan was found to have a strong significant association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 6.521 p-values =0.038.

The study established that having key staff in the finance department positively influenced an association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 12.1499 p-values =0.000. An organization having capacity building before project inception was found to positively influence on sustainability of HIV

/AIDS child supported programmes by indigenous organizations in East Central Uganda with X^2 5.026 p-values =0.028.

An organization having a procurement policy was found to have a strong significant association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 13.385 p-values =0.000.

Finally an organization having inadequate funding was found to have an effect on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 4.204 p-values =0.040.

Table 7: Organization Capacity on sustainability of HIV/AIDS child supported programs

Sustainability of HIV and AIDS programmes				
Variable	**Yes**	No	**Chi-square**	**p-value**
How long the organization has been in existence				
1-5 years	61(48.4)	29(39.2)	2.488	.288
5-10 years	39(31.0)	23(31.1)		
>10 years	26(20.6)	22(29.7)		
Total	**126**	**74**		
Presence of a board of directors				
Yes	106(84.1)	63(85.1)	.036	.849
No	20(15.9)	11(14.9)		
Total	**126**	74		
How long has the BOD been in office				
1-5years	65(51.6)	32(43.2)	1.300	.254
> 5 years	61(48.4)	42(56.8)		
Total	**126**	**74**		
The organization has a written mission statement				
Yes	108(85.7)	44(59.5)	17.618	.000*
No	18(14.3)	30(40.5)		
Total	**126**	74		
The organization having a written vision statement				
Yes	110(87.3)	57(77.0)	3.572	.059
No	16(12.7)	17(23.0)		
Total	**126**	74		
Organization has core values				
Yes	100(79.4)	45(60.8)	8.050	.005*

No	26(20.6)	29(39.2)		
Total	**126**	**74**		
The organization having a strategic plan				
Yes	93(73.8)	49(66.2)	1.306	.253
No	33(26.2)	25(33.8)		
Total	**126**	74		
When does the strategic plan expire				
1 year	66(52.4)	27(36.5)	6.521	.038*
2 years	39(31.0)	36(48.6)		
>3 years	21(16.7)	11(14.9)		
Total	**126**	74		
Presence key staff in all departments(yes)				
Technical HIV child support	78(61.9)	49(66.2)	.374	.541
Finance	86(68.3)	38(51.4)	5.653	.017*
Monitoring & evaluation	88(69.8)	42(56.8)	3.508	.061
Referrals and linkages	85(67.5)	40(54.1)	3.575	.059
Community resources	75(59.5)	47(63.5)	.312	.576
Received capacity building training				
Yes	97(77.0)	46(62.2)	5.026	.025
No	29(23.0)	28(37.8)		
Total	**126**	**74**		
Type of capacity building training received (yes)				
Leadership & governance	77(61.1)	39(52.7)	1.353	.245
Strategic planning	75(59.5)	41(55.4)	.325	.569
Finance management	86(68.3)	45(60.8)	1.143	.285
Humans resources management	71(56.3)	43(58.1)	.059	.808
Organizational development	72(57.1)	46(62.2)	.486	.486
Monitoring & evaluation	77(61.1)	45(60.8)	.002	.966
Resource mobilization	75(59.5)	36(48.6)	2.232	.135
Child mobilization meetings				
Every week	66(52.4)	28(37.8)	6.027	.110
Once a month	48(38.1)	33(44.6)		
Never	12(9.5)	12(16.2)		
Once a year	0(0.0)	1(1.4)		
Total	**126**	**74**		
Engagement of the VHT				
Yes	82(65.1)	44(59.5)	.632	.427
No	44(34.9)	30(40.5)		
Total	**126**	**74**		
Receive facilitation				
Yes	80(63.5)	40(54.1)	1.730	.188
No	46(36.5)	34(45.9)		
Total	**126**	**74**		
Challenges in monitoring HIV child supported program				
Stigma and discrimination	77(61.1)	40(54.1)	.956	.328
Inadequate transport	75(59.5)	38(51.4)	1.267	.260

Lack of documentation	68(54.0)	36(48.6)	.529	.467
How often do you monitor progress of intervention				
Every week	64(50.8)	36(48.6)	.5448	.760
Once a moth	47(37.3)	31(41.9)		
Never	15(11.9)	7(9.5)		
Total	**126**	**74**		
Has Key policies in place				
Yes	68(54.0)	37(50.0)	.294	.587
No	58(46.0)	37(50.0)		
Total	**126**	**74**		
Key policies in place				
Human resource policy	73(57.9)	37(50.0)	1.186	.276
Finance policy	72(57.1)	44(59.5)	.103	.749
Operations policy	61(48.4)	42(56.8)	1.300	.254
Communication policy	59(46.8)	29(39.4)	1.103	.294
Procurement policy	78(61.9)	26(35.1)	13.385	.000*
Standard operating procedures	73(57.9)	37(50.0)	1.186	.276
Are policies used in decision making				
Agee	67(53.2)	40(54.1)	.014	.904
Disagree	59(46.8)	34(45.9)		
Total	**126**	**74**		
Strategies to mobilize resources				
Proposal writing	68(54.0)	44(59.5)	.571	.450
Fundraising	56(44.4)	26(35.1)	1.670	.196
Membership & subscription fees	52(41.3)	37(50.0)	1.439	.230
Partnerships	64(50.8)	32(43.2)	1.065	.302
User fees	43(34.1)	22(29.7)	.411	.522
Sustainable strategies in place				
Writing proposals	61(48.4)	37(50.0)	.047	.828
Charging user fees	48(38.1)	21(28.4)	1.948	.163
Offering consultancy services	53(42.1)	25(33.8)	1.343	.246
Operating other business to generate resources	54(42.9)	30(40.5)	.103	.749
Building capacity of communities to take charge	58(46.0)	35(47.3)	.030	.862
Key challenges				
Inadequate funds	70(55.6)	30(40.5)	4.204	.040*
Inadequate qualified staff	49(38.9)	27(36.4)	.114	.735
Inadequate commodities & supplies	47(37.3)	29(39.2)	.071	.791
Negative community attitudes	55(43.7)	30(40.5)	.185	.667

*significant $p<0.05$

4.8 Qualitative data on Organizational (Internal capacity) challenges facing Local organizations to ensure sustainability of |HIV child supported services in your community

Concretizing institutional systems beyond individuals; for instance, personalizing things affects organizations. Poor documentation and record keeping, where information is donor driven. Breaking the founder syndrome, for instance TASO founder goes to TASO once a year. High turnover of staff and poor fulfillment of contractual obligations and entitlements as provided for in the Labour Laws that are not considered as important by the NGOs. Financial interference by the founders. Funding breaks pauses a challenge to staff retention. Limited facilitation to staff including; accommodation for offices, failure to maintain, failure to meet rent and being evicted/. Most funders do not support infrastructure. Limited follow up of children due to limited financial support. Testing for HIV PCR, transportation of samples of dray spot to the central Public laboratories. HIV coordination is very weak due to funding, lack transport more members from upcountry. No meetings have been happening for the last one year due to limited funding. Limited capacity of staff in terms of skills. Donor demands are higher than our capacity; for example IT policy, for an organization struggling to master a few polices including very strict compliance to policies for instance anti-terrorism. There is also limited capacity of the Board members including in doing fundraising and doing strategic planning, sometimes they are not that level, part of their loads ends up with the technical team. Limited capacity to sustain programmes, one to-two-years "we are busy *chasing money instead of money chasing you*". Un predictable funding, as a result organizations need up aligning their work to the donor needs

4.9 Effects of Institution collaboration linkages on sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

111(55.5%) of the respondents received capacity building in institutional referral and linkage at project inception while 89(44.5%) did not. 92(46.0) have a coordinated system while 108(54.0) don't.

Systems and tools that were in place include: service provider registers 87(43.5%), Referral registers 84(42.0), Referral forms 93(46.5), linkage facilitators 87(43.5) and feedback mechanism 91(45.5).

92(46.0) work with partner organization while 108(54.0) don't. Services were children are commonly referred for include: HIV counseling 89(44.5), HIV care and treatment 84(42.0), other health conditions 78(39.0), education support 77(38.5), livelihood support 78(39.0), psychosocial support 68(34.0) and other wrap around service 77(38.5).

107(53.5) of the organization engage local leaders while 93(46.5) don't. They engage local leaders in the following activities: community meetings 71(35.5), awareness creation 96(48.0) community mobilization 94(47.0), resource mobilization 75(37.5) and advocacy campaigns 109(54.5).

96(48.0) follow up children referred to the health facility while 104(52.0) don't. The common challenges involved with referral of children affected by HIV & AIDS include: limited service providers 86(43.0), lack of transport 79(39.5), negative attitude of health workers 66(33.0), stigma and discrimination 84(42.0) and poor records of referrals 82(41.0).

Table 8: Institution collaboration linkages

Variable	Frequency	Percentage
Received capacity building in institutional referrals & linkages at project inception		
Yes	111	55.5
No	89	44.5
Total	**200**	**100.0**
Have a coordinated system with health care referrals		
Yes	92	46.0
No	108	54.0
Total	**200**	**100.0**
If yes, what systems are in place?		
Service provider registers	87	94.6
Referrals registers	84	91.3
Referral forms	92	100.0
Linkage facilitators	87	94.6
Feedback mechanism	91	98.9
Presence of partner organization		
Yes	92	46.0
No	108	54.0
Total	**200**	**100.0**
Services referred for children		
HIV counseling & testing	89	44.5
HIV care & treatment	84	42.0
Other health conditions	78	39.0
Education support	77	38.5
Livelihood support	78	39.0
Psychosocial support	68	34.0
Other wrap around services	77	38.5
Are there any programs that engage the local leaders to participate in planning of HIV child related services		
Yes	107	53.5
No	93	46.5
Total	**200**	**100.0**
How these leaders are engaged		
Community meetings	71	35.5
Awareness creations	96	48.0
Community mobilization	94	47.0
Resource mobilization	75	37.5
Advocacy campaigns	109	54.5
Is there any follow up of children referred to the health facility		
Yes	96	48.0
No	104	52.0
Total	**200**	**100.0**
Common challenges involved of referrals of children		
Limited service providers	86	43.0
Lack of transport	79	39.5
Negative attitude of the health workers	66	33.0
Stigma and discrimination	84	42.0
Poor records of referrals	82	41.0

4.10 The effect of institutional collaboration linkages on sustainability of HIV/AIDS child supported programmes by indigenous organization

The study established that provision of education support was found to have a strong significant association with sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 6.561 p-values =0.010.

Table 9:The effect of institutional collaboration linkages on sustainability of HIV/AIDS child supported programmes by indigenous organization

Sustainability of HIV and AIDS programmes				
Variable	**Yes**	**No**	**Chi-square**	**p-value**
Have a coordinated system with health care referrals				
Yes	60(47.6)	32(43.2)	.359	.549
No	66(52.4)	42(56.8)		
Total	**126**	**74**		
If yes, what systems are in place?				
Service provider registers	58(46.0)	29(39.2)	.888	.346
Referrals registers	49(38.9)	35(47.3)	1.353	.245
Referral forms	54(42.9)	39(52.7)	1.817	.178
Linkage facilitators	56(44.4)	31(41.9)	.124	.725
Feedback mechanism	55(43.7)	36(48.6)	.470	.493
Presence of partner organization				
Yes	57(45.2)	35(47.3)	.080	.778
No	69(54.8)	39(52.7)		
Total	**126**	**74**		
Services referred for children				
HIV counseling & testing	55(43.7)	34(45.9)	.099	.753
HIV care & treatment	53(42.1)	31(41.9)	.001	.981
Other health conditions	43(34.1)	35(47.3)	3.399	.065
Education support	40(31.7)	37(50.0)	6.561	.010*
Livelihood support	44(34.9)	34(45.9)	2.382	.123
Psychosocial support	41(32.5)	27(36.5)	.324	.569
Other wrap around services	45(35.7)	32(43.2)	1.116	.291
Are there any programs that engage the local leaders to participate in planning of HIV child related services				
Yes	67(53.2)	40(54.1)	.014	.904
No	59(46.8)	34(45.9)		
Total	**126**	74		
How these leaders are engaged				
Community meetings	47(37.3)	24(32.4)	.483	.487
Awareness creations	58(46.0)	38(51.4)	.529	.467
Community mobilization	62(49.2)	32(43.2)	.665	.415
Resource mobilization	46(36.5)	29(39.2)	.143	.705
Advocacy campaigns	74(58.7)	35(47.3)	2.457	.117
Is there any follow up of children referred to the health facility				
Yes	63(50.0)	33(44.6)	.546	.460
No	63(50.0)	41(55.4)		
Total	**126**	74		
Common challenges involved of referrals of children				
Limited service providers	54(42.9)	32(43.2)	.003	.958
Lack of transport	49(38.9)	30(40.5)	.053	.818
Negative attitude of the health workers	42(33.3)	24(32.4)	.017	.896
Stigma and discrimination	54(42.9)	30(40.5)	.103	.749
Poor records of referrals	47(37.3)	35(47.3)	1.926	.165

*significant $p<0.05$

The services this organization refers children were found to have a strong significant association with sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda with X^2 5.651 p-values =0.017.

Awareness had a positive association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda. That is community mobilization (X^2 4.261 p-values =0.039).

4.11 Qualitative data on how the local Government has integrated core HIV child supported services in the project area (Districts) in to the development plan to ensure sustainability

There is joint planning and implementation including; conducting outreaches; engaging district leadership in project activities. Linkages with district planning have been very critical so that they tap available resources within the district; built trust with the district and have built capacity of these health workers; Integration of outreaches had also continued; Micro planning meetings with key stakeholders; joint support supervision have also continued being done quarterly with the CAO; this has improved coordination in most distrcts; Some partners signed Memorandum of Understanding with the districts There are however some challenges with some local NGOs where;District Council is ignorant of the NGO world, people think NGO is the place of eating, for instance one of the districts refused to support the strategic plan because the councilor's needed to be facilitated by giving them money. . let's work together right from the start; NGOs should disclose their money but the some Local government think all the money should be Handled. Nevertheless, some challenges were encountered by the districts including; some resources are allocated to OVC but are never get released; people designated to do the work would want facilitation.

Table 10: Results of Multivariate Analysis

		95% C.I.for EXP(B)	
Variable	**ODDS RATIO**	**Lower**	**Upper**
Type of trainings received			
HIV/AIDS counseling & testing (HCT)	2.703	1.370	5.332
Care and treatment	1.190	.633	2.236
Guidance & counseling	1.577	.824	3.015
Livelihood support	.728	.370	1.432
Educational support	2.016	1.025	3.966
Participate in planning of HIV child supported services			
Yes	2.520	.882	7.195
If YES, planning activities done			
Data collection	3.437	1.468	8.046
Consultative meetings	1.928	.875	4.249
Decision making	.968	.452	2.072
Type of trainings received			
HIV/AIDS counseling & testing (HCT)	1.877	1.021	3.449
Implemented activities done			
HCT	3.043	1.642	5.641
Types of commodities			
ARVs	2.542	1.242	5.202
Registers	2.714	1.408	5.230
Programs that strengthen young people's skills			
Livelihood support	2.420	1.203	5.727
Educational support	2.018	.807	5.046
Lack of transport	2.969	1.271	6.936
Availability of key staff			
Monitoring & evaluation	2.361	.948	5.879
Referrals & linkages	2.167	.716	6.560
Progress monitoring			
Once a month	2.074	.596	7.213
Organization key policies			
Presence of a procurement policy	7.598	3.120	18.505
Strategies to mobilize resources			
Fund raising	1.831	.770	4.357
Systems to ensure smooth referrals			
Linkage facilitators	1.719	.834	3.545
How leaders are engaged in projects			
Advocacy	1.762	.945	3.285

Table 10 shows the Multivariate analysis of capacity building interventions on of sustainability of HIV child supported programmes by indigenous organization in Uganda. With Binary Logistics Regression, Type of trainings received like HIV/AIDS counseling & testing (HCT) (OR 2.703, 95% CI 1.370-5.332), Care and treatment (OR 1.190 95% CI .633-2.236), Guidance & counseling (OR 1.577, 95% CI .824-3.015), Livelihood support (OR .728, 95% CI .370-1.432), Educational support (OR 2.016, 95% CI 1.025-3.966), Participate in planning of HIV child supported services (OR 2.520, 95% CI .882-7.195), Planning activities done like data collection (OR 3.437, 95% CI 1.468-8.046), Consultative meetings (OR 1.928, 95% CI .875-4.249), Decision making (OR .968, 95% CI .452-2.072), type of trainings received like HIV/AIDS counseling & testing (HCT) (OR 1.877, 95% CI 1.021-3.449), Implemented activities done like HCT (OR 3.043, 95% CI 1.642-5.641), Types of commodities like ARVs (OR 2.542 95% CI 1.242-5.202), Registers (OR 2.714, 95% CI 1.408- 5.230), Programs that strengthen young people's skills like Livelihood support (OR 2.420, 95% 1.203-5.727), Educational support (OR 2.018, 95% CI .807-5.046), Lack of transport (OR 2.969, 95% CI 1.271-6.936), organization policies like the procurement policy (OR 7.598, 95% CI 3.120-18.505) strategies for mobilizing resources like fundraising (OR 1.831, 95% CI .770-4.357), linkage facilitators (OR 1.719, 95% CI .834-3.545) and Advocacy (OR 1.762, 95%CI .945-3.285) were the capacity building interventions on of sustainability of HIV child supported programmes by indigenous organization in Uganda.

CHAPTER FIVE: DISCUSSION

5.0 Introduction

This study was set out to assess Capacity building of indigenous Organisations on sustainability of Child supported HIV&AIDS services in Eastern and Central Uganda. In this chapter, major findings are discussed in comparison with findings from similar studies conducted elsewhere. Significant similarities and differences that exists with the current study findings and relevant literature from previous studies are also compared and contrasted with findings from this study.

5.1 Demographic Characteristics and sustainability of HIV/AIDS child supported programs by indigenous Organization in East Central Uganda

At the bi-variate level of analysis, age (X^2 8.332 p-value=0.040) of the respondents taking part in capacity building intervention has strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda.

5.2 Effect of technical capacity of indigenous organizations on sustainability of HIV child supported Interventions?

Age of the respondents taking part in capacity building intervention (X^2 8.332 p-values =0.040); receiving specialized training at the inception of the project in capacity building intervention was (X^2 4.811 p-values =0.028); data collection done during planning in capacity building intervention (X^2 6.933 p-values =0.008); HCT as one of the key activities done in capacity building intervention (X^2 14.212 p-values =0.000); Organizations receiving adequate commodities such as HCT kits and ARvs (X^2 12.939 p-values =0.000); And

Having HCT test kits (X^2 4.723 p-values =0.030) had strong significant association with sustainability of HIV /AIDS child supported programmes by indigenous organizations in East Central Uganda with

At multivariate analysis level this study established that; organizations whose staff received a training in HIV and AIDS counseling & testing (HCT) were twice likely to boost their technical capacity (OR 2.703, 95% CI 1.370-5.332), while those trained in care and treatment (OR 1.190 95% CI .633-2.236) and Guidance & counseling (OR 1.577, 95% CI .824-3.015), were also likely to have their technical capacity improved. Findings from this study are similar to findings of another study conducted by Pact (2005), on Indigenous NGOs; where it was acknowledged that technical capacity in terms of competencies in HIV counseling & testing, care and treatment, and education support to staff potentially affected the technical capacity of the organization to deliver quality HIV and AIDS services. Similarly, the above findings were consistent with a programme report developed by Mostert (2013) in which it was emphasized that Country ownership of HIV programmes require that national and local partners have technical capacity to conduct planning, implementation, monitoring and evaluation of HIV interventions. Specifically, the trainings should target comprehensive HIV and AIDS management including prevention, HCT, Care & support. Human resources in the organizations were seen as the biggest resources for sustaining interventions by community organizations. Thus, the need to attract highly skilled people to the local organizations and strengthen their knowledge and skills to deliver services in their respective communities. While Puntenney (2000) recommended that technical capacity should also be viewed at an individual level to obtain and maintain the knowledge, skills and competencies (KSC) required to perform a variety of duties for a particular professional position or among a team of people responsible for HIV and AIDS services delivery. The author maintains that skills

are defined as general, technical or managerial depending on the component addressed of programming addressed.

Lastly, this study also established that organizations that had Livelihood support (OR 2.420, 95% 1.203-5.727) and Educational support (OR 2.016, 95% CI 1.025-3.966) were twice likely to have equipped their staff with technical skills in the implementation of HIV and AIDS services at the community level. The above findings were in line with findings in several studies conducted by Mary A., (2013), PEPFAR (2015), and Persoon (2016), on technical capacity of local organizations. Their findings emphasized on the need to build capacity among human resources for health through training and education support so as to deliver quality services; for technical knowledge within the local organizations is very critical for its sustainability. However, there was no specific finding on the role of Livelihood support and technical capacity of indigenous organizations. The above findings were also confirmed by the KIs in East central Uganda in which they said;

"*More trainings in HIV related technical areas have sharpened our skills to support children living with HIV and AIDS to improve their quality of life. We were able to identify children from the community that needed support and offer the referrals to the health facilities. We made sure that these children received HIV counselling and testing and those who were found HIV positive were immediately enrolled for care and support. The training received also helped us to offer psychosocial support, livelihood and education to these children*

The similarity in findings between this study and the other studies conducted elsewhere is possibly because comprehensive HIV training in areas such as; HIV counseling & testing, treatment care and support, training staff on livelihood to support care givers and educational support for the staff are critical components of HIV Programming especially as

organizations embark on implementing the ambitious UNAIDS 90-90-90 approach of HIV programming. The 90-90-90 approach anticipates that by 2020 90% of people living positively will be diagnosed, 90% of those diagnosed will be on treatment and 90% viral suppression.

5.3 Effect of organizational capacity of indigenous organisations on sustainability HIV child supported programmes

This study established that, an organization having a written mission statement and core values X^2 17.618 p-values =0.000 and X^2 8.050 p-values =0.005 respectively, had strong significant association on sustainability of HIV child supported programmes. Similarly, existence of a strategic plan (X^2 6.521 p-values =0.038); having key staff in the finance department (X^2 12.1499 p-values =0.000); An organization having capacity building before project inception (X^2 5.026 p-values =0.028); An organization having a procurement policy (X^2 13.385 p-values =0.000); Lastly, an organization having inadequate funding (X^2 4.204 p-values =0.040) were found to have a strong positive association with sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda.

At multi-variate level participation in planning of HIV child supported services (OR 2.520, 95% CI .882-7.195), Planning activities done like data collection (OR 3.437, 95% CI 1.468-8.046), Consultative meetings (OR 1.928, 95% CI .875-4.249). Findings from this study are in agreement with findings from a study conducted by (Persoon, 2016) which established that active participation of project staff in planning together with the local community was key in the success of the project, preferably from the design phase of the program. This is something that this study established to be key in the sustainability of HIV programming by the local organizations in the study area. Whereas, planning of HIV child supported and data collection consultative meetings, Decision making, implemented activities done like HCT

and types of commodities like ARVs were found to be significant at Multivariate level. While according to Puntenney (2000) knowledge, skills and competencies should be instituted among staff and are required to perform a variety of duties for a particular professional position or among a team of people responsible for HIV. In this case skills are defined as either general, technical or managerial depending on the component addressed. To effectively strengthen service delivery staff and key stakeholders must be involved in planning, monitoring and implementation of the projects. They must receive adequate training to enable them provide quality services.

This study also established that decision making (OR .968, 95% CI .452-2.072), Implemented activities done like HCT (OR 3.043, 95% CI 1.642-5.641), Types of commodities like ARVs (OR 2.542 95% CI 1.242-5.202), Registers (OR 2.714, 95% CI 1.408- 5.230), Programs that strengthen young people's skills like Livelihood support (OR 2.420, 95% 1.203-5.727),

The above findings are in line with findings of an assessment conducted by MSH (2012) in which the technical report emphasized competent leadership and effective management which involved decision making as critical for any organization to produce sustainable results. Similarly, a UNDP (2008) programme report indicated that organizational capacity building may also needs to focus on strengthening the capacity of human resource in the area of health in-service training programs/centers for hospital staff in order to meet the on-going training needs for health care providers. While at the individual/workforce level, specific cadres of staff at the national, regional, service delivery sites, and community organizations require training and post-training mentoring and support in all technical and management areas including in decision making. However, several literature reviewed did not find programs that strengthen young people's skills such as Livelihood support in ensuring sustainability of HIV and AIDS interventions at the community level.

Some respondents during the KII had this to say; the project boosted our organizational capacity for instance, *all our policies were reviewed others were developed like Human Resources, procurement, transport and logistics manual this has helped us to win more grants. Organizational capacity assessment helped us to keep evaluating our performance. Gender mainstreaming, monitoring and evaluation. Financial Management. Strategic planning and management. Management up and down wards. Reporting has significantly improved and accountability. Capacity built with HMIs, open MRS entering HIV data electronically. Provided modems for internet connection. Training of the board was good and helped in informing and realigning the board"*

Additionally and according to the KIs, "All our policies were reviewed others were developed like Human Resources, procurement, transport and logistics manual this has helped us to win more grants. Organizational capacity assessment helped us to keep evaluating our performance. Gender mainstreaming, monitoring and evaluation. Financial Management. Strategic planning and management. Management up and down wards. Reporting has significantly improved and accountability. Capacity built with HMIs, open MRS entering HIV data electronically. Provided modems for internet connection. Training of the board was good and helped in informing and realigning the board"

However, Some KIs interviewed in Eastern Uganda said this;

"There is financial interference by the founders; funding breaks pauses a challenge to staff retention. Limited facilitation to staff including; accommodation for offices, failure to maintain, failure to meet rent and being evicted/. Most funders do not support infrastructure. Limited follow up of children due to limited financial support. Testing for HIV PCR, transportation of samples of dry spot to the central Public laboratories. HIV coordination is

very weak due to funding, in some organizations, no meetings had been happening for the last one year. Donor demands are higher than our capacity; for example IT policy an organization is struggling to master a few polices including very strict compliance to policies for instance anti-terrorism. There is also limited capacity of the Board members including in doing fundraising and doing strategic planning, sometimes they are not that level, part of their loads ends up with the technical team. Limited capacity to sustain programmes, one to-two-years "chasing money instead of money chasing you". Un predictable funding, as a result you to align the way you work to the proposal not what your core business is".

One of the leaders of the organizations indicated that after the donors had pulled out, it was difficult to sustain interventions for children. All the outreaches have been closed, we no longer receive any supplies and commodities for HIV and most of the staff we trained have left the organization for greener pastures

5.4 Effect of Institutional collaboration and Linkages of indigenous organizations on sustainability of HIV child supported programmes

This study established that provision of education support (X^2 6.561 p-values =0.010); the services this organization refers children to (X^2 5.651 p-values =0.017); and level of awareness (X^2 4.261 p-values =0.039) all had a positive association on sustainability of HIV child supported programmes by indigenous organizations in East Central Uganda.

At multivariate analysis level, educational support (OR 2.018, 95% CI .807-5.046), Lack of transport (OR 2.969, 95% CI 1.271-6.936), organization policies like the procurement policy (OR 7.598, 95% CI 3.120-18.505) also had significant influence on sustainability of Child supported HIV programmes

Studies conducted by The Urban Institute (2000) and Githingi (2009) did not find educational support, lack of transport and policies such as procurement policy to be associated with sustainability of HIV interventions by local organizations. Instead their report highlighted on the major role played by the community in sustainability of community based projects; the most outstanding role being identified as the provision of security to the projects. Lastly, strategies for mobilizing resources like fundraising (OR 1.831, 95% CI .770-4.357), linkage facilitators (OR 1.719, 95% CI .834-3.545) and Advocacy (OR 1.762, 95%CI .945-3.285) were the capacity building interventions on of sustainability of HIV child supported programmes by indigenous organization in Uganda.

Findings from this study are similar to the findings of a study conducted by H. Wilder Foundation (2000) in which he found out that for capacity approaches to truly achieve their potential, attention must be given to the web of connections affecting all the persons, organizations, groups and communities involved. This strategy in part is building social capital, but it is also good management practice. For instance mobilizing resources to fund HIV and AIDS interventions from locally available sources. As such coalitions or partnerships developed during a funded initiative are more likely to be sustained than the activities delivered during the funded period, if partnership members continue a commitment to meeting and working together.

While PACT (2000) maintained that to effectively address HIV and AIDS service delivery multilateral, bilateral, International NGOs, and the private-sector must identify effective, efficient, and responsible channels to provide indigenous partners with the resources they need for sustainability. Without a sustained local response to the pandemic, donors and INGOs have no exit strategy hence sustainability of the numerous HIV interventions will remain a challenge.

One KI in particular emphasized that "*linkages with district planning are very critical so that they tap into the available resources within the district; build trust with the district and have capacity built among the health workers; Integration of outreaches, Micro planning meetings with key stakeholders; joint support supervision, improve coordination and the need for the Local NGOs to disclose their money for purposes of transparency. Nevertheless, some challenges were encountered including; some resources are allocated to OVC but are never get released; people designated to do the work would want facilitation. While at the very beginning we had challenges".*

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter presents conclusions drawn from the study and the possible programme or intervention improvement, policy and further research recommendations to improve sustainability of HIV and AIDs supported programmes.

6.1 Conclusion

This study established that;

Training in Comprehensive HIV and AIDS such as HIV counseling & testing (HCT); training in care and treatment and in guidance & counseling; Livelihood and Educational were likely to boost technical skills in the implementation of HIV and AIDS services at the community level in the study area hence sustainability of HIV services at community level.

Joint Planning of HIV child supported services; Planning activities like involvement of communities planning, data collection to generate evidence for planning and implementation; Consultative meetings with key stakeholders at community level; involving communities in key Decision making; type of trainings received like HIV and AIDS counseling & testing (HCT); Implemented activities like HCT; Availability of types of commodities like ARVs and registers, programs that strengthen young people's skills like livelihood support; were significant in ensuring sustainability of HIV child supported services by indigenous organizations

Building capacity of indigenous organisations in organizational development such as, presence of Strategic plans, Mission statement ,core values, organizational policies and

guidelines such as Human resource, finance and operational policies and the presence of technical personnel and community resource persons are very critical in the sustainability of Child supported HIV services by indigenous organizations.

With regard to Institutional capacity, the findings have indicated that involving community members right from the design and implementation such as working with the community resource persons (linkage facilitators) right from the beginning and establishing a clear referrals mechanism for tracking children referred, to obtain feedback are very critical in ensuring Children access services from other Partners. Institutional linkages therefore ensure sustainability of HIV child supported programmes by indigenous organizations.

6.2 Recommendations

All implementing partners should initiate trainings and continuous mentorship of staff and community resource persons in HIV and AIDS programming such as HCT, care treatment and support, livelihood and creating access to other forms of educational for staff, so as to increase on the technical skills and competences of the staff to support children affected by HIV&AIDS

Development partners should invest in building capacity of indigenous organization by ensuring that these organizations have strong structures, organizational policies and procedures and have technical staff that are well remunerated

Leaders and Managers of indigenous organizations should encourage participatory problem diagnosis and Planning of HIV child supported services, improve data management and

demand for data use for evidence informed practice; adequate and timely supply of ARVs and other consumables.

Indigenous organisations should make a deliberate effort to strengthen young people's skills through education and in livelihood enhancement strategies so as to enable them and their households earn some income so as to access critical HIV&AIDS services

Indigenous organization should put in place a mechanism for development and utilization of organizational policies like human resource, finance, operations. Indigenous organisations should ensure that there are systems and procedures for delivering services to the communities they serve

Indigenous organizations should diversify their sources of funding to ensure sustainability. They should train all staff in friends and fund raising, create income generating activities, introduce user fees where applicable and invest in utilizing locally available resources to ensure sustainability of services for children

Indigenous organizations need to go back to the community and strengthen the relationship, strengthen community structures to sustain interventions using both formal and non-formal community structures such as; Faith Based Organizations , involve religious and cultural leaders in designing and implementing sustainable interventions

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APPENDICES

APPENDIX 1:QUESTIONNAIRE

Introduction: -This study is being carried out to assess capacity building interventions on Sustainability of HIV/AIDS child supported programmes by Indigenous Organizations in East Central Uganda. Please feel free to respond genuinely; the information collected will be treated with utmost confidentiality. Return the questionnaire to the person who gave it to you. Thank you for your co-operation.

Instructions: Please put a tick (√) in the box corresponding to your answer of choice or fill in the blank spaces as applicable.

Serial number……..

PART 1.SOCIAL DEMOGRAPHIC CHARACTERISTICS.

1. What is your sex?

i) Male [ ] ii) Female [ ]

2. What organization do you work with?

- Youth Alive [ ]
- MUCOBADI [ ]
- NAFOPHANU [ ]
- FOCREV [ ]
- UDHA [ ]
- AIC [ ]
- YAWIA [ ]
- BIWIHI [ ]
- IDAAC [ ]
- URHB [ ]
- JINJA DIOCESS

- FLEP

3.In which age group do you belong?

(a) 25-30 yrs [ ]

(b) 31-39 [ ]

(c) 40-49 [ ]

(d) 50 and above [ ]

4. What is your level of education?

i) Below S.4 [ ] ii) Alevel Certificate [ ] iii) diploma [ ] iv) degree [ ]

v) Above degree [ ]

5. How long have you worked for this organization?

1-5 yrs [ ] 5-10 yrs [ ] 10 yrs above [ ]

6. what is your title/cadre?

i) Yes [ ] ii) No [ ]

7. Where are you located?

District:…….Sub-county…….Parish

PART 2. TECHNICAL CAPACITY INTERVENTIONS ON SUSTAINABILITY OF HIV CHILD SUPORTED SERVICES

8. Did you receive any specialized training at the Inception of the project? Please tick where applicable

I (HIV counseling and testing (HCT)

Ii) Care and treatment

iii) Psychosocial support

iv) Guidance and counseling

v) Livelihood support

Vi) Educational support

vii) Any other Please indicate_____

9. Do you participate in planning of HIV child supported services in your organization?

i) Yes [ ] ii NO [ ]

if yes what are some of the planning activities are you involved in

i) Data collection

ii) Consultative meetings

ii) Decision making

iii) Any other please indicate_____

10. Do you participate in the Implementation of HIV child supported services in your community?

i) Yes [ ] ii No [ ]

If yes, what are some of the implementation activities are you involved in

- HCT [ ]
- PMTCT [ ]
- ART [ ]
- Livelihood support [ ]
- Education support [ ]
- Psychosocial support [ ]
- Guidance and counseling [ ]
- Any other Please indicate_____

11. Is this organization receiving adequate commodities for the provision of HIV/AIDS care and support programmes ?

Yes [ ] No [ ]

If yes what are some of the commodities received

- HCT test kits
- ARVS
- OIs
- Registers
- Other Please Indicate_____

12. Are there any existing programmes geared toward strengthening of young people's skills?

Yes [ ] No [ ]

If yes please mention them

- OVC[ ]
- Reproductive health[ ]
- Livelihood support [ ]
- Education support [ ]
- Other Please indicate_____

13. Are there HIV child supported interventions currently the organization is implementing?

i) Yes [ ] ii No [ ]

if yes Please tick as appropriate

- HIV counselling and testing [ ]
- Care and treatment [ ]
- Psychosocial support [ ]
- Education support [ ]
- Livelihood support [ ]
- Any other please indicate_____

14. What are the challenges involved in Implementing HIV child supported Interventions in your organization?

- Lack of funds [ ]

- Lack of transport [ ]
- Lack of personnel [ ]
- Stigma and discrimination [ ]
- Shortage of supplies [ ]
- Others Please elaborate [ ]

PART3. ORGANISATION CAPACITY ON SUSTAINABILITY

15. For how long has this organization been in existence?

i) 1-5 years [ ] 5-10 years [ ] 10 years and above [ ]

16. Does this organization have a board of Directors?

i)Yes [ ] No [ ]

if yes, How long have the board of directors been in office?

i)1-5 years [ ] ii) 5 and more years [ ]

17. Does the Organisation have a written vision?

a) Yes [ ] b) No [ ]

18. Does the organization have a written mission statement?

i) Yes [ ] No [ ]

19. Does this organization have core values? Yes [ ] No [ ]

20. Does this organization have a strategic plan? Yes [ ] No [ ]

If yes when will the strategic plan expire? 1 year [ ] 2 years [ ] 3 and above [ ]

21. Does the organization have key staff in all the departments, Tick Appropriate?

- Technical HIV child support Yes [ ] No [ ]
- Finance Yes [ ] No [ ]
- Monitoring and Evaluation Yes[ ] No [ ]
- Referrals and linkages Yes [ ] No [ ]
- Community resource persons Yes [ ] No [ ]

- Other Pease elaborate _____

22. Did you receive capacity building (mentorship, coaching, and training) in any of the areas mentioned above? Yes [ ] No [ ]

If yes please tick as appropriate the capacity building received

- Leadership and Governance [ ]
- Strategic planning [ ]
- Finance management [ ]
- Human resource management [ ]
- Organizational development[ ]
- Monitoring and Evaluation[ ]
- Resource mobilization [ ]
- Any other Please elaborate_____

23. How often do you have HIV/AIDS child supported meetings in this community?

(a) Every week [ ] (b) once a month [ ] (c) never [ ] (d) once a year [ ] e) others specify…….

24. Was there engagement of community members/VHTs in these meetings?

a) Yes [ ] b) No [ ]

25. Have you received some facilitation to monitor progress of these programmes ?

a) Yes [ ] b) No [ ]

if yes what are the challenges involved in monitoring HIV child supported programmes in your organisation?

- Stigma and discrimination [ ]
- Inadequate transport [ ]
- Lack of documentation [ ]
- Others Please elaborate_____

26. How often do you monitor progress of interventions?

(a) Every week [ ] (b) once a month [ ] (c) never [ ] (d) once a year [ ] e) others specify…….

27. Does the organisation have key policies in place?

i) Yes [ ] No [ ]

if yes please tick as appropriate

- Human resource policy Yes[ ] No [ ]
- Finance policy Yes[ ] No [ ]
- Operations policy Yes[ ] No [ ]
- Communication policy Yes[ ] No [ ]
- Procurement policy Yes[ ] No [ ]
- Standard operating procedures Yes[ ] No [ ]
- Others please specify [ ]

28. In your opinion are these policies used in decision making of the organisation? on a scale of 1-5

i) Strongly agree [ ] ii Agree [ ] iii strongly disagree [ ] iv (disagree) [ ]

29. What strategies do you use to mobilise resources in this organization?

- Proposal writing [ ]
- Fundraising [ ]
- Membership and subscription fees [ ]
- Partnership [ ]
- User fees [ ]
- Others Please elaborate_____

30. What sustainability strategies are in place to continue HIV child supported services in this organisation after donors have pulled out?

- Writing proposals [ ]
- Charging user fees [ ]
- Offering consultancy services [ ]
- Operating a business to generate resources [ ]
- Building capacity of communities to take charge of these services [ ]
- Other strategies (Please elaborate)_____

31. What do you find as key challenges to sustaining HIV child Interventions in your organization?

- Inadequate finance[ ]
- Inadequate qualified staff[ ]
- Inadequate commodities and supplies[ ]
- Negative community attitude to HIV services [ ]

Others please elaborate_____

PART 4.EFFECT OF INSTITUTIONAL COLLABORATION LINKAGES ON SUSTAINABILITY

31. Did you receive capacity building in institutional referrals and linkages at the inception of the project? Yes [ ] No [ ]

32. Is there a coordinated system with health care referrals between the community and health facilities?

a) Yes [ ]

b) No [ ]

if yes what systems are in place to ensure smooth referrals

- Service providers register[ ]
- Referrals register[ ]

- Referral forms[ ]
- Linkage facilitators[ ]
- Feedback mechanism[ ]
- Others Please elaborate_____

33. Are there any partner organisations that this organisation works with?

Yes [ ] No[ ]

If yes, is there a written memorandum of understanding with these organizations? Yes [ ] No [ ]

34. What are the services this organization commonly refer children for (Please tick as appropriate

- HIV Counseling and testing [ ]
- HIV care and treatment [ ]
- Other health conditions [ ]
- Education support [ ]
- Livelihood support [ ]
- Psychosocial support [ ]
- Other wrap around services
- Others Please elaborate _____

35. Is there any programme that engages the local leaders to participate in planning of HIV child related services?

Yes [ ] No [ ]

If yes how are these leaders engaged

- Community meetings [ ]
- Awareness creation [ ]
- Community mobilization [ ]

- Resource mobilization [ ]
- Advocacy campaigns
- Other, Please elaborate_____

36. Is there any follow up of Children referred to the health facility?

Yes [ ] No [ ]

37. What are the common challenges involved with referrals of Children affected by HIV&AIDS from your organization?

- Limited service providers [ ]
- Lack of transport [ ]
- Negative attitude of health workers [ ]
- Stigma and discrimination [ ]

Poor record of referrals [ ]

Other Please elaborate_____

ASSENT FORM

Introduction:-This survey is being carried out assess capacity building interventions on sustainability of HIV child supported programmes by indigenous organizations in East central Uganda.

Procedure:

If you assent to take part in the study for a day the following will be done to you:

i. I will read this consent form to explain to you the study. If you are interested in participating in the study, you may sign the assent form today or come back at a later time.
ii. You will be given a questionnaire (approximately 20-30 Minutes) by a study assistant.

iii. A copy of this consent form will be given to you. Your signature or Thumb Print below means that you have had this study explained to you, have been given the opportunity to ask questions and get answers and by signing on this form you declare your willingness to participate in this study.

Confidentiality: All information collected will remain confidential.

Questions:

If you have any problems/ questions relating to this study you may ask them now or at any time during the study contact me on Telephone No.0772730623 or check with the department of IHPM at IHSU.

Statement of assent:

I have read or been explained to the details of the survey and the purpose of this interview and I have been given a chance to ask questions. By signing this consent form, I agree to voluntarily participate in this survey and to follow all the study procedures as explained to me.

I hereby document my agreement by signing below:

Signature participant

APPENDIX II: KEY INFORMANT INTERVIEW

Introduction: -This study is being carried out to assess capacity building interventions on Sustainability of HIV/AIDS child supported programmes by Indigenous Organizations in East Central Uganda. Please feel free to respond genuinely; the information collected will be treated with utmost confidentiality.

PART 1. TECHNICAL CAPACITY INTERVENTIONS ON SUSTAINABILITY OF HIV CHILD SUPPORTED SERVICES

1. What are the core services provided by indigenous organizations in your community with regard to children affected by HIV&AIDS?

2. Did key stakeholders receive any specialized training at the Inception of the project to offer these services?

3. How have you involved stakeholders in planning, monitoring and Evaluation of HIV child supported programme by indigenous organisations?

4. What are the challenges involved in Implementing HIV child supported Interventions by indigenous organizations in east central?

5. How can these challenges be adderssed to ensure sustainability of HIV child supported interventions in your community?

PART3. ORGANISATION CAPACITY ON SUSTAINABILITY

6. How did capacity building interventions at the inception of STAR-EC project benefit indigenous organizations in this community?

7. What do you consider to be key organizational (Internal capacity) challenges facing Local organizations to ensure sustainability of |HIV child supported services in your community?

8. How has the local Government integrated core HIV child supported services in the District development plan to ensure sustainability?

9. What sustainability strategies are in place to continue HIV child supported services in this community after donors have pulled out?

PART 4. EFFECT OF INSTITUTIONAL COLLABORATION LINKAGES ON SUSTAINABILITY HIV CHILD SUPORTED PROGRAMMES

10. Is there a coordinated system with health care referrals between the community and health facilities in this community?

11. How are the indigenous organizations collaborating with local Government to ensure sustainability of HIV child supported services in this community?

12. What are the common challenges involved with referrals of children affected by HIV in your community

13. How can these challenges be addressed to improve sustainability of HIV child supported programmes?

APPENDIX III: INTRODUCTORY LETTER

IHSU INTERNATIONAL HEALTH SCIENCES UNIVERSITY
sanitas per scientiam

making a difference to health care

Dean's Office-Institute of Public Health and Management

Kampala, 4th September 2016

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.....

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Dear Sir/Madam,

RE: ASSISTANCE FOR RESEARCH

Greetings from International Health Sciences University.

This is to introduce to you **Edton Babu Ndyabahika Reg. No.2012-MHP-RL-FEB-009** who is a student of our University. As part of the requirements for the award of a Masters Degree of Public Health, the student is required to carry out field research for the submission of a Research Dissertation.

Edton would like to carry out research on issues related to: **Assessing Capacity Building Interventions of Indigenous Organizations on Sustainability of HIV Child Supported Services in East Central Uganda.**

I therefore request you to render the student such assistance as may be necessary for his research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student.

IHSU INTERNATIONAL HEALTH SCIENCES UNIVERSITY sanitas per scientiam
05 SEP 2016
INSTITUTE OF PUBLIC HEALTH AND MANAGEMENT
P.O. Box 7782, Kampala - Uganda

Sincerely Yours,

Alege John Bosco
Dean, Institute of Public Health and Management

The International Health Sciences University
P.O. Box 7782 Kampala – Uganda
(+256) 0312 307400 email: deaniphm@ihsu.ac.ug
web: www.ihsu.ac.ug

APPENDIX IV: CORRESPONDENCE LETTER

MULTI-COMMUNITY BASED DEVELOPMENT
INITIATIVE (MUCOBADI)
P.O BOX 285, BUGIRI-UGANDA
TEL: +25643425013, +256712311783
E-mail: info@mucobadi.org,mucobadi@yahoo.com
Website: www.mucobadi.org

6th /September/2016

Mr. Edton Babu Ndyabahika,

Institute of Public Health and Management,

The International Health Sciences University.

P.O BOX 7782 KAMPALA-Uganda.

Dear Sir,

RE: **ACCEPTANCE TO CONDUCT RESEARCH AT MUCOBADI.**

Greetings from Multi-community based Development Initiative (MUCOBADI).

Reference is made to your letter dated 4th/September/2016 requesting to conduct research at MUCOBADI in partial fulfillment of the requirements for the award of Master's degree of Public Health, I therefore write to officially permit you to conduct the research related to: **Assessing Capacity Building Interventions of indigenous Organizations on Sustainability of HIV child supported Services in East Central Uganda** using the study methodology of your choice.

In addition, you have been granted permission to use the study findings for academic purpose and if need be publish the findings obtained during the course of the research.

Yours Sincerely,

Pp- .....

Mutumba Moses

Executive Director

256-781532111/256-701311783

MUCOBADI
P.O BOX 285,BUGIRI-UGANDA
PLOT 2,AYAZIKA ROAD,NDEBBA CELL,BUGIRI MUNICIPALITY

YOUTH ALIVE UGANDA

5th September 2016

Edton Babu Ndyabahika
Institute of Public Health and Management
The International Health Sciences University
P0 BOX 7782 Kampala –Uganda

RE: ACCEPTANCE TO CONDUCT RESEARCH AT YOUTH ALIVE

This letter is in reference to your letter dated 4th September 2016 requesting for permission to collect data at Youth Alive Uganda in partial fulfillment for the requirements for an award of a Masters degree in Public health. I therefore write to permit you to collect both quantitative and qualitative data on the topic: ***Assessing capacity building interventions of indigenous organization on Sustainability of HIV child supported services in East central Uganda.*** By this letter you are also granted permission to use the study findings for academic purposes and if need be publish the findings obtained during the course of the study.

Yours sincerely,

Kanaaba Joseph
Executive Director