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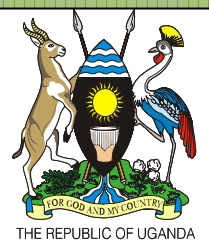
UGANDA PROGRAM FOR HUMAN AND HOLISTIC DEVELOPMENT

UPHOLD 2006

CSO-CSO Partnerships: What Makes Them Work?

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THE REPUBLIC OF UGANDA

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ABBREVIATIONS & ACRONYMNS

AB/HIV/AIDS	-	Abstinence, Be Faithful
ECHO	-	Environmental and Community Health Outreach Foundation
ACORD	-	Agency for Co-operation and Research in Development
ADP	-	Area Development Program
AFXB	-	Association Francois-Xavier Bagnound
ARVs	-	Anti-Retroviral Drugs
AVSI	-	The Association of Volunteers in International Service
BUDLEN	-	Bugiri District Literacy Education Network
CBOs	-	Community Based Organisations
CCF	-	Christian Children's Fund
CH	-	Child Health
CPCs	-	Community Participation Coordinators
CRS	-	Catholic Relief Services
CSO	-	Civil Society Organisation
FBOs	-	Faith Based Organisations
FLEP	-	Family Life Education Program
HIV/AIDS	-	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
IRC	-	International Rescue Committee
IRH	-	Integrated Reproductive Health
ITNs	-	Insecticide Treated Nets
LABE	-	Literacy Adult Education Program
M&E	-	Monitoring & Evaluation
MAV	-	Maturity Audio-Visuals
MoU	-	Memorandum of Understanding
NGOs	-	Non Government Organisations
OVC	-	Orphans and Vulnerable Children
PEPFAR	-	Presidential Emergency Plan for AIDS Relief
PFP	-	Private- For- Profit
PMTCT	-	Prevention of Mother-To-Child Transmission of HIV
PNFP	-	Private Not-For-Profit
RFA	-	Request For Application
RWIDE	-	Rural Welfare Improvement for Development
SDW	-	German Foundation for World Population
SPSS	-	Statistical Package for Social Sciences
SPW	-	Students Partnership World Wide

TASO	-	The AIDS Support Organisation
TIDO	-	Teso Islamic Development Organisation
TKL	-	The Kids League
UCOBAC	-	Uganda Community Based Association for Children
UPHOLD	-	Uganda Program for Human and Holistic Development
URHB	-	Uganda Reproductive Health Bureau
VCT	-	Voluntary Counselling and Testing

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CONCEPTS USED AND THEIR OPERATIONAL DEFINITIONS

Concepts used in this report are defined below to assist readers in understanding this report. These definitions were developed in consultation with the UPHOLD partnership steering committee.

Civil Society Organisations (CSOs)

The World Bank definition of Civil Society Organisations was adopted for this study. CSOs refer to an array of organisations, including: community groups, non-governmental organisations (NGOs), labour unions, indigenous groups, charitable organisations, faith-based organisations, professional associations and foundations.

Partnership

Partnership means a formal or informal understanding between or among parties, detailing specific roles and responsibilities to be performed to accomplish an agreed-upon set of activities. The partnership's rationale is to reinforce each other in order to achieve the best results from the activities undertaken or services offered.

Beneficiary

Beneficiary refers to the target population in defined geographical limits that a CSO intends to serve. For example, beneficiaries may be children under five, adolescents, widows, the elderly, mothers/caretakers of children under five, or people living with HIV/AIDS.

Grantee(s)

Grantees are the CSOs that received UPHOLD Family and Community Action Grant Program funds to implement specific activities or provide services in the technical areas of HIV/AIDS, education, and child and reproductive health. The grantee includes the lead agency and their partner(s).

Lead Agency

The lead agency is a CSO grantee with one or more CSOs under its direction. Its coverage is usually national or international. The CSOs working under a lead agency are often small CBOs recognised largely through the lead agency.

Comparative Advantage

Comparative advantage refers to the organisational characteristics of CSOs that may provide a service or implement an activity more productively relative to another CSO. For example, a CSO may have a comparative advantage because of experience, access to facilities (transport, equipment), financial base, or human resources. CSOs in partnership are expected to meet and agree on which partner should undertake specific activities based on comparative advantages.

EXECUTIVE SUMMARY

This study was undertaken in 27 of the 29 UPHOLD-supported districts in Uganda. The purpose was to explore factors underlying the success/failure of partnerships among Civil Society Organisations (CSOs). The study results are expected to provide lessons and recommendations to guide UPHOLD in future programming of Family and Community Action Grants. The study results are also expected to provide insights about strengthening partnerships between and among CSOs.

Specifically, the study objectives were to:

1) Analyse the nature of existing partnerships across the UPHOLD grantees.
2) Analyse and document processes and mechanisms used to establish partnerships.
3) Identify the strengths, weaknesses and challenges of partnerships.
4) Compare the performance (results of grant-funded activities) of CSOs in partnerships and those not in partnerships.
5) Identify the conditions under which partnerships succeed or fail.

In 2004, UPHOLD developed its Family and Community Action Grants Program with two underlying assumptions regarding CSO partnerships:

1) that partnerships lead to better results, and
2) that partnerships enable CSOs to cover a wider geographical area and increase the number of beneficiaries targeted/served.

The quantitative and qualitative data collection approaches and tools used in this study included: a semi-structured questionnaire, key informant interview guides, and a documents review checklist. The study covered 40 lead agency CSOs and 27 implementing partner CSOs. Information was also collected from UPHOLD central and regional staff and district government focal point persons for UPHOLD activities.

Key Findings

1. Of the 40 CSOs studied, the majority, 31, (78%) were in partnerships from the start of the grant program, compared with nine CSOs that were not in partnerships at the start of the grant program.

2.   All of the nine CSOs that did not start their grants with partnerships established partnerships later. Apparently most CSOs established partnerships upon recognizing service gaps that other players could fill in order to implement program activities more effectively.

3.   An in-depth analysis suggests that being in partnership is positively associated with achieving results. This is shown by the fact the majority (18, 72%) of the CSOs in partnership achieved satisfactory results from their grant-funded activities, compared with satisfactory results achieved by only (2, 33%) of the CSOs without partnerships. Evidence from qualitative data analysis (key informant interviews with CSOs in partnerships as well as UPHOLD staff) also suggests that partnerships achieve wider geographical coverage than do stand-alone programs.

4.   Some partnerships had problems, but most were resolved. Of the 27 lead CSO grantees interviewed, 14 reported conflict with partners. Of these, 12 (86%) resolved their problems. This finding was verified through partner interviews.

5.   The study identified key points about the processes for establishing partnerships that offer lessons for UPHOLD. The selection process for the CSO grants was rigorous. Being in partnership or indicating willingness to partner was one factor that increased the applicants' chances of receiving a positive review. Most partnerships lacked a history of working together. In fact, many of the partnership were 'brand new'.

Emerging Issues

1.   Lead agencies partnering with other CSOs to improve performance is commendable. Some partnerships brought other players on board in their course of implementation of their activities, whether at the start of the grant program or in the course of implementation. For example, ACORD Gulu and its partners later enlisted the services of Health Alert to fill the skill gaps in managing pediatric HIV/AIDS and handling opportunistic infections. Others worked with district local government institutions, especially health facilities and hospitals.

2.   Organisations applying for the Family and Community Action Grants were motivated to add the partnership component in order to receive favorable reviews. The respondents were concerned that new partnerships should be closely monitored until the working relationship is established, particularly when the partnership is formed primarily to help win the grant. For example, timely intervention by UPHOLD to resolve partnership problems between Student Partnership World wide (SPW) and Family Life Education Program (FLEP) was a result of close monitoring.

3. UPHOLD organised capacity building workshops to help grantees achieve their objectives. The respondents suggested that these capacity-building activities should be delivered more efficiently, so that they do not take too much of the time needed for implementation of grant-funded activities. In addition, when there was staff turnover among the grantees there was a need for orientation workshops for new staff.

4. A few partnerships experienced problems. These arose because some partner CSOs felt they were better project managers than their lead agencies. In other partnerships there were accusations of inefficiency and lack of transparency regarding the use of grant funds.

Recommendations

1. Partnerships should be encouraged between CSOs that have some history of working together. These seem to be more effective than new partnerships developed in part to suit grant application requirements.
2. Conflict resolution mechanisms adopted by successful partnerships should be emulated by lead CSOs. The donors should be involved only when the parties cannot resolve the conflicts. Open dialogue and regular joint planning meetings should be used to avert problems.
3. Partnerships are not one time events. UPHOLD should encourage appropriate partnerships after project implementation begins when service gaps have been identified and suitable partners are identified to fill these gaps.
4. Partnership-building should be an explicit focus of capacity-building. Future partnerships would benefit from the lead agencies transferring more of their technical capacities to the smaller CSOs in order to create more sustainable service delivery.

Lessons for UPHOLD from the Implementation of the Family and Community Action Grants Program

This study's results and conclusions bring out critical issues for UPHOLD with respect to the future of the Family and Community Action Grants Program:

- Partnerships work and produce results. The most effective partnerships emerge out of genuine necessity to provide services.
- CSO partnerships benefit from formal understandings. The grant-making agency should encourage formal agreements and memoranda of understanding (MoUs) among partners.
- CBOs are important conduits for service delivery. Most lead CSOs used local CBOs to implement grant activities, while the lead CSO provided logistical support and supervision.
- When problems arise in partnerships, early interventions lead to quick resolution without interrupting service delivery.

- Scrutiny of CSOs intending to partner may help to avert conflicts over technical competencies, funds management, and transparency.

- Building the capacity of all stakeholders is critical for effective service delivery.

- When in place, ideal conditions for partnerships influence the success of partnerships.

- Partnerships should be encouraged as natural and efficient implementation mechanisms, not necessarily as requirements for accessing grant funds.

Organisation of the Report

This report is organised into four sections. The first section covers the background to the study, theoretical and conceptual issues, research objectives and justification. The second section details the methodology used to implement the study and describes the data collection processes, analysis and study limitations. The third section presents the study results. The final section presents conclusions, emerging issues, recommendations and lessons for UPHOLD in relation to partnerships in service delivery.

1.0 INTRODUCTION

UPHOLD Uganda commissioned this study to explore factors underlying the success/failure of partnerships between Civil Society Organisations (CSOs) in service delivery. UPHOLD supports a competitive grants program for CSOs as a strategy for improving health, primary education, and HIV/AIDS prevention, care and treatment services in 29 districts. UPHOLD implemented it grant strategy in recognition of the fact that CSOs are important to service delivery, particularly when targeting disadvantaged groups and hard-to-reach settings.

1.1 Study Background and Rationale

Partnership as a strategy for improving service delivery is central to UPHOLD's holistic approach to development. In 2004 UPHOLD carried out a comprehensive study on partnerships between CSOs and local governments. UPHOLD subsequently launched a competitive grants support program, entitled the Family and Community Action (FCA) Grants Program. The FCA Grants were targeted to private sector organisations working with families and communities in the 29 UPHOLD-supported districts. Eligible grantees were private-for-profit (PFP) and private-not-for-profit (PNFP) organisations, including CSOs, faith-based organisations (FBOs) and other community-based organisations (CBOs).

The review and selection of grantees followed a widely publicized Request for Application (RFA) process. One consideration for a successful grant application was indication of plans for using partnerships to implement activities. UPHOLD assumed that partnerships would leverage different skills and expertise to provide effective and efficient service delivery to beneficiaries. UPHOLD also assumed that CSOs in partnership would tap each partners' comparative advantages to cover more target beneficiaries and larger geographic areas.

The RFA document suggested several partnership options. These included a lead NGO with a marketing firm or CBO partners; a lead FBO and several private school partners; large NGOs with a number of smaller CBO partners; and local governments and private- for- profit organisations. In addition to specifying prospective partners, each lead CSO applicant was asked to describe how they would manage the grant-funded projects, detail the respective roles and activities of each partner, and describe prior experience working together. The FCA Grants Program started to award grants in early 2005. The grant periods ranged from 12 to 24 months.

UPHOLD's monitoring and evaluation technical support activities indicated that some grantees had successfully managed partnerships while others had not. Initial reports from the field suggested that some of the partnerships were affected by issues such as financial

management, transparent communication between the lead agency and partners, lack of information on the nature of partnerships, and power struggles/mistrust between the lead agency and the partners. UPHOLD concluded that the project and the grantees would benefit from a more systematic understanding of the positive and negative aspects of the partnerships with respect to working relationships and results achievement. Accordingly, UPHOLD commissioned this study.

1.2 Theoretical and Conceptual Background to Partnerships

There is increasing recognition of the need for partnerships in service delivery. Most actors in service delivery are not self sufficient due to limited resources and technical expertise (Sansom, 2003, Manor, 2002, Dowdeswell, 2004). Hence, with partnerships in place, efforts can be enhanced when actors provide services based on their comparative advantages. Benefits of partnership include improved efficiency and cost effectiveness.

The concept of partnership has been variously defined. Common defining characteristics include:

- mutual agreement
- shared understanding
- division of labor based on the respective comparative advantages of each partner.

Other definitions discuss mutual influence, careful balance between synergy and respective autonomy, respect, equal participation in decision-making, mutual accountability and transparency (Brinkerhoff, 2002). The ideal characteristics of partnerships include mutual benefit, open negotiations and binding outcomes, the most direct route to service, and agreement on common ways to work (www.peg.org.uk, 2000).

In practical terms, partnership means two or more individuals, groups or institutions that join together based on a mutual understanding to do business or conduct an activity for a common purpose, whereby each party agrees to make a contribution. These contributions can be in the form of money, property, labour, or skills. There are various forms of partnerships, including public-private and private-private (CSO-CSO[1]). The private–private/CSO-CSO partnership refers to the relationship among different CSOs (including NGOs, CBOs, and FBOs) at any level – mational, district and lower levels. This type of partnership is the focus of this study.

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[1] Examples of civil society have been noted to include a wide range of groupings such as NGOs[1], CBOs, the media, trade unions, cooperative societies, and professional. In this study them CSO refers to the grantee CSOs and their partners who benefited from the UPHOLD Family and Community Action Grant through the Request For Application (RFA).

1.3 Research Questions

The following key questions guided the conceptualization, implementation and analysis of the data:

1. How many CSOs are involved in partnership?
2. Which CSOs have partnership problems and how are they resolved?
3. Which CSOs have partnerships that are working well and what are the facilitating factors?
4. Which CSOs have partnership problems but continue to work?
5. What were the processes used to form the partnerships?
6. What is the value added if one engages in a partnership?
7. What has been achieved through partnerships that was not possible without them?
8. How can partnerships be strengthened?
9. If a partnership work, does it lead to improved performance? Is partnership an added advantage? (Effectiveness, efficiency, increased outputs).
10. If partnerships fail, does this lead to reduced performance?

1.4 Objectives of the Study

The overall objective of the study was to generate information for understanding the circumstances that affect CSO-CSO partnerships in service delivery.

1.4.1 Specific Objectives

1. To analyse the characteristics of partnerships among UPHOLD grantees.
2. To analyse and document processes and mechanisms used to establish the partnerships.
3. To identify the strengths, weaknesses and challenges of partnerships.
4. To identify which partnerships worked and why.
5. To compare outputs from UPHOLD grantees with partners and those without partners.
6. To identify the conditions under which partnerships succeed or fail.
7. To draw lessons from the implementation of project activities through partnerships.
8. To make recommendations concerning the Family and Community Action Grants Program.

1.5 Justification of the Study

This was an action-oriented study whose results are expected to help UPHOLD make decisions regarding implementing service delivery through partners. The 2004 Family and Community Action Grants Program assumed that **partnerships would yield substantial contributions to the successful implementation of service delivery and achieve higher**

coverage, both geographical and in number of beneficiaries. This study sought to validate these assumptions. UPHOLD was planning a new round of Year II PEPFAR (Presidential Emergency Plan for AIDS Relief) grants and considering plans for project extension. The results of this study were to provide insight into CSO-CSO partnerships so that UPHOLD could take actions to support partnerships for sustainability.

2.0 METHODOLOGY

2.1 Overall Design and Approach

This was an exploratory study design employing qualitative and quantitative data collection approaches. The approach was determined by the research questions. Data were generated on two major issues: 1) the extent to which partnerships have worked in terms of results achieved, and 2) an in-depth inquiry into the circumstances under which partnership succeed or fail.

2.2 Data Collection Methods

2.2.1 Qualitative Data

The study used mainly qualitative data collection techniques, specifically, documents review and key informant interviews. Key informant interviews involved interviews with UPHOLD central office staff in the grants and the monitoring and evaluation departments. Other key informants were the lead CSO and partner CSO managers, UPHOLD regional directors and Community Participation Coordinators (CPCs), and District Government Focal Persons responsible for UPHOLD activities. The interviews focused on attitudes and perceptions of the CSOs in partnership and the factors that enable or constrain the partnerships. UPHOLD documents were reviewed to generate information on the CSO grantees and their partners' work plans, targets set for each objective, performance reports in relation to objectives, and grantee selection criteria.

2.2.2 Quantitative Data

Quantitative data collection involved a survey of 67 CSOs (40 lead agencies and 27 partner CSOs[2] using a semi-structured questionnaire. This survey covered the number of CSOs in partnerships, dates of implementing their UPHOLD-grant-funded activities, conflict issues, categories of partners, and other open-ended questions designed to capture qualitative data. A second quantitative method applied a data extraction tool to the grantees' performance results as reported by the lead CSO. All grantees followed work plans with agreed-upon objectives. UPHOLD attempted to help each grantee formulate numerical targets for measuring the achievement of work plan objectives. Although not all objectives could be measured numerically, for the purposes of this study the first two numerically measurable objectives in each grantee's work plan were selected for this part of the analysis. These data were extracted from the grantees' quarterly or end of project reports.

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[2] For lead CSOs in partnership, at least one CSO partner was sought and interviewed; thus yielding a total of 54 respondents (27 Lead CSOs and 27 Partners).

Information on CSO results/achievements was extracted for the first two numerical objectives and analysis was limited to achievements for only for the first year of implementation. Operationally, satisfactory CSO results-achievement was defined as achieving 80% or more of planned targets over a one-year implementation period, and unsatisfactory results-achievement was defined as achieving less than 80% of planned targets for the same period.

2.3 Study Areas

Although the study was designed to cover the 29 UPHOLD-supported districts, it actually covered 27 districts, or approximately one-third of Uganda's districts. Two districts were excluded because there were no Family and Community Action grantees in those locations (Pallisa and Mubende). The study included all data collection for the Nakapiripirit district, minus a field visit, which was cancelled due to insecurity. The study attempted to obtain full coverage in order to bring out common experiences with partnerships, regardless of the grantees' differing operational contexts.

2.4 Data Collection Tools

A key informant interview guide was used to collect qualitative information. The tool's design was driven by the study objectives. Documents review took place prior to field data collection and continued through the field data collection phase. A documents review checklist was generated. The review checklist included the grantee review and selection process, successful CSO work plans, objectives and targets, CSO with partners, memoranda of understanding among CSOs, technical areas of service, and program activities implemented.

2.5 Data Analysis

The principle of triangulation of methods of data collection was applied to the analysis of the data generated using the methods described above. Information generated from key informant interviews was analyzed using content and thematic approaches. The themes of analysis were developed in relation to the study objectives and the theoretical assumptions behind partnership formation. The major analysis themes were: the nature of existing partnerships and the processes involved in forming the partnerships, successful and problematic partnerships, and reasons for success or failure.

Descriptive statistics were generated on existing partnerships, and related performance of CSOs based on result-achievement relative to planned and achieved targets. The CSOs and their partnerships were further analyzed to identify the presence of any of the theoretical elements of effective partnerships. For this part of the analysis the frequencies included partnerships reflecting agreed work plan and clear roles, mutual agreement on resource contributions, and formal understanding.

2.6 Study Limitations

Interviews were not conducted with CSOs in Nakapiripirit district because of insecurity at the time of the survey. However, performance records for the grantee, ACORD Nakapiripirit, were obtained from ACORD Gulu branch where the officer serves as the HIV/AIDS technical officer for both ACORD branches.

The research team was unable to access data on CSO performance for CSOs that had not submitted their reports to UPHOLD or had had their grants terminated (*see Attachment A in annex*). Nevertheless, the data obtained was representative enough to draw conclusions.

The analysis focused on one objective to measure CSO result achievement. The selection of the one objective was random, with all objectives having the same odds of being achieved. In addition, most CSOs that were reported to be performing well during interviews with UPHOLD staff tended to have this assertion supported by the analysis of performance results.

3.0 RESULTS AND DISCUSSION

The results are presented with a discussion of the study objectives.

3.1 CSOs and Partnerships Surveyed

The study collected information from 40 lead CSO and 27 CSO partner respondents. Table 1 below summarizes the respondents by category. The number of implementing partners is smaller than the number of lead CSOs because not all of the 40 lead CSOs had CSO partners. The documents review indicated that most lead CSO grantees had more than one CSO implementing partner. The thirteen CSOs without partners include those that had non-CSO partners, were stand alone CSOs, or had partners that were not accessed for interviews.

Table 1: Number of Respondent CSOs Surveyed

CSO Category	Frequency	Percentage (%)
Lead CSO (with partners)	27	67.5
Lead CSO (without partners)	13	32.5
Total	**40**	**100.0**

As shown in Table 2 below, other respondents included UPHOLD central and regional office staff and district government officials.

Table 2: Other Study Respondents

UPHOLD Central Office	**4**
UPHOLD Regional Offices	**11**
UPHOLD-District Focal Persons	**13**

3.2 Partnerships Identified

Different forms of partnerships emerged. Most of these partnerships were formed to meet the partnership requirements stipulated in the RFA for the Family and Community Action Grants Program. Some partnerships were developed after the grants were awarded.

There were several partnership options suggested in the RFA, including a partnership between a lead NGO with a marketing firm partner and a CBO partner, a lead FBO and several private school partners, or a large NGO with a number of smaller CBO partners. Six partnership categories were identified through this study, as shown in Table 3 below. Of the 31 CSOs surveyed that were in partnership, the majority (13, 42%) took the form of national CSOs partnering with local CSOs or community-based organisations (CBOs).

Table 3: Partnership Patterns Identified

CSO Number	CSO Category Description	Total in Category	Percentage (%)
1	International lead faith based organisations (FBOs) with CBOs	3	10
2	Lead national FBOs with CBOs	5	16
3	Local CBOs with local CBOs	4	13
4	National lead CSOs with local CBOs	13	42
5	International lead CSOs with local CBOs or national CSOs	5	16
6	National FBO with international	1	3
Total		31	100.0

(The detail of lead CSOs surveyed and their partners is shown as Attachment E)

These categories took into account the registration status of the lead and partner CSOs as reported during interviews with the CSOs' managers. Since most lead CSOs had several partners, the dominance of CSOs with similar descriptions influenced the placement into the categories identified above. The most common CSO partnerships were between national lead CSOs and local/district registered CBOs. This form was followed by lead national FBOs with district-registered CBOs, which were equal in number to international lead CSOs with local CBOs mixed with nationally registered CSOs. However, a number of lead CSOs (9, 23%) were not implementing their program activities with CSO partners.

3.3 The Key Processes for Establishing Partnerships

UPHOLD's Family and Community Action Grants RFA gave additional score points for CSOs that indicated willingness to partner with other CSOs to implement the grant-funded activities. Respondents commented during interviews that some CSOs teamed up to fulfill the partnership condition and to write the proposal together. Such CSOs included the Family Life Education Program (FLEP) writing with SPW, and Maturity Audio-Visuals with Greater Mbarara Archdeaconry, Church of Uganda.

Some CSOs already had partners with whom they were implementing activities supported by other donors when they applied for the UPHOLD grants. Still, these organisations had to review their profiles to be sure that they were forwarding acceptable grant applications to UPHOLD. Examples here include ACORD Gulu and Redeemed Bible Way Church Organisation, and AXFB (Association Francois-Xavier Bagnound) and Integrated Efforts against AIDS (ICEA) in Luwero district.

Some CSOs won the grant without indicating their partners. These are referred to as stand-alone CSOs. These include German Foundation for World Population (SDW), Uganda Reproductive Health Bureau, St Joseph's Hospital, World Vision Gulu, World Vision Kooki, and Tooro Kingdom. Some of these CSOs, specifically St. Joseph's Hospital and World Vision Kooki, eventually developed partnerships to support achievement of their targets.

The documents review did not indicate any clear methods or steps that the grant reviewers followed to verify the quality and relevance of previous or proposed partnerships.

At all levels of data collection respondents reported that UPHOLD initiated a series of partnership implementation processes after the final selection of successful grantees. There were two processes followed:

1) UPHOLD's start-up activities to prepare CSOs to implement their program activities in line with the expected procedures; and
2) Planning and strategizing across the CSO grantees and their partners.

The key start-up activities were workshops, (called 'SPAs') which included representatives from the lead and partner CSOs. These workshops provided orientation on the key aspects of program implementation, including technical and financial reporting, as well as basic technical skills required for specific services. Additional planning and strategizing took place through one-on-one support by consultants and UPHOLD technical and regional staff.

Interview respondents, in particular UPHOLD staff, expressed concern that the capacity building workshops concentrated more on how to capture and make financial and technical reports than they did on strengthening partnerships.

From the CSOs surveyed it became apparent that the CSOs also initiated start-up planning meetings to work out implementation modalities, assign roles, and agree on each partner's contributions. From these meetings some CSOs adopted an idea suggested by UPHOLD – having a memorandum of understanding between the lead CSO and its partners outlining the expected roles and responsibilities of each actor in the implementation of the grant activities

(**formal arrangements in the partnership**). Examples here included St Joseph's Hospital and its several partners, such as World Food Program, and AVSI (The Association of Volunteers in International Service) and ACORD Gulu.

Some CSOs informally agreed on partners' roles without formalizing a memorandum of understanding. In general, these implemented their activities without necessarily experiencing serious problems (**informal/loose arrangements in the partnership**).

Some CSOs won their grants without CSO partners being named in their proposals, but later deemed it necessary to have partners. Examples here include St Joseph's Hospital Kitgum, World Vision, ADP, Kitgum, World Vision, ADP, Kooki, and Kamuli Mission Hospital. These CSOs realized that they could not achieve their objectives without other resources. For example, the HIV/AIDS patients at St Joseph's Hospital needed nutritional support and ARVs, which the new partners were able to provide.

A few other CSOs continued implementing without partners. Examples include World Vision Gulu, SDW in Wakiso, and Mayanja Memorial Hospital in Mbarara. World Vision Gulu received a grant to implement activities related to voluntary counseling and testing (VCT) and prevention of mother to child transmission of HIV/AIDS (PMTCT) in seven sub-counties. It is a stand-alone CSO, although it works closely with TASO for referrals and with Lacor Hospital for services. This study established that this grantee did not consider partnerships to offer any benefits because the UPHOLD-funded programs fit well with the organisation's existing programs and they had the requisite skills and resources within their organisation.

> **"Perhaps we would need partners if we had say an OVC component or home-based care where we are not competent,"**
> **(Community Care Facilitator, World Vision, Gulu).**

3.4 CSO Performance by Results Achievement

The extent of results achievement by the CSOs was assessed by first reviewing their targets for the first year of implementation, and then looking at the first two numerical objectives. Of the 40 lead CSOs surveyed, data on results achievement was collected for (31, 76%) of them. The table below illustrates the performance of CSOs (including those in partnership and those without partners) based on results achievement. CSOs in partnership covered those recorded in UPHOLD's grant department as having partners and those that formed partnerships after receiving their grant award.

Table 4: Results Achievements by Partnership Status

	In partnership		Not in partnership		Total	
Achieving results	No.	%	No.	%	No.	%
Yes	18	72	2	33.3	20	64.5
No	7	28	4	66.7	11	35.5
Total	**25**	**100.0**	**6**	**100.0**	**31**	**100.0**

The data in Table 4 suggest that more of the CSOs in partnerships achieved results (18, 72%) during the first year than did those not in partnerships (7, 25%).

When the Odds ratio formula is applied, (OR 5.14, 95%, CI, 0.59<OR<54.11) these results suggest that CSOs in partnership have a higher potential to achieve results than do those not in partnerships. CSOs in partnership were five times more likely to achieve results than those not in partnerships. Key informant interviews with UPHOLD staff further confirmed that CSOs in partnerships performed better than those not in partnerships. Self-reports of CSOs in partnerships also suggested that partnerships make substantial contributions to the achievement of objectives. These findings point out the importance and potential value of partnerships, and validate the assumption that partnerships produce better results than do stand-alone CSO service providers.

3.5 Other Factors Affecting the Achievement of Results

It should be pointed out that being in partnership was only one of the factors that contributed to CSOs achieving or not achieving results. This study's findings indicated that there were other overarching determinants for achieving results, some positive and some negative. These are discussed below.

3.5.1 Positive Aspects

Role of UPHOLD: During interviews with CSOs and their partners respondents indicated that UPHOLD played an instrumental role in promoting partnerships. UPHOLD set into motion a number of start-up activities so that CSO grantees could develop their plans in partnerships or individually.

Role of district and lower local governments: The district and lower level local governments were also mentioned for facilitating the partnerships to achieve their targets. For instance, interviews with district focal persons for UPHOLD indicated that many of the local governments provided technical support and materials such as testing kits, reagents, condoms and transport.

3.5.2 Negative Aspects

Delays in release of funds for implementation: Respondents mentioned delays in the quarterly release of grant funds from UPHOLD as having a negative impact on results achievement. According to UPHOLD staff respondents, these delays affected CSOs that did not submit their routine financial reports.

Ambitious and unrealistic targets: A number of CSOs indicated that they set targets that were not realistically achievable. Examples of such CSOs included World Vision and Maturity Audio-Visual. In fact, some CSOs, such as Youth Alive in Kabuli, had to revise their targets downwards after consultation with the UPHOLD regional office.

Unfavorable timing of activities: Some CSOs blamed their performance on unfavorable timing. CSOs such as The Arua Kids League and LABE Yumbe, which were implementing education-related activities, were rendered idle when the school term closed. Others such as Rural Welfare Improvement for Development blamed their limited achievements on campaigns for political office, which made it difficult to mobilize the communities for educative sessions.

Too many start up activities: Some respondents indicated that the preparatory activities (which were mostly capacity building workshops) consumed a lot of time. As a result, some activities for a given quarter were actually implemented in the following quarter. Similarly, some CSOs, such as BUCADEF, had the district government for it partner, but was not pro-active in implementation. According to UPHOLD staff, BUCADEF looked to the district and the district in turn expected BUCADEF to be central in the implementation.

Transfers of staff and delays in their replacement: Some lead CSOs like World Vision, Kitgum took a long time to replace the technical person who was meant to implement activities under the UPHOLD grant. In fact, this grantee requested a no cost extension to implement the remaining activities with unused funds because of staffing gaps.

Elusive target population: Some CSOs blamed their limited progress on mobile target populations. For example, the technical person for HIV/AIDS for ACORD in Gulu and Nakapiripirit reported that the nomadic Karimajong herdsmen were difficult to mobilize. This occurred despite the fact that grantee selection took into account the CSO's presence in the targeted geographical areas and their presumed ability to mobilize the targeted population.

Inadequate transport: Grant-supported activities often entailed mobilization of target population towards utilizing health, HIV, and education services. As such, most CSOs,

especially implementing partners, blamed their limited progress on lack of or limited resources for transport to cover a wide geographic area.

3.6 In Depth Analysis of Partnerships

This section examines the partnerships studied to identify best practices. Best practice partnerships had the following characteristics:

1) Operated in line with the theoretical assumptions about effective partnerships
2) Partnering CSOs reported positively about each other
3) Received positive reports from UPHOLD staff.

Problematic partnerships did not exhibit these characteristics.

The key parameters used by UPHOLD to define best practices were results achievement, timely reporting, and harmonious co-existence among the partner organisations. Case studies, illustrative figures, and numbers or percentages are used as evidence.

The theoretical basis and sustainability of partnerships is well articulated in the literature. Much of the focus in the literature is on the key conditions for effective partnerships. The elements emphasized include mutual agreement on objectives, shared values/interests, shared information, mutual trust, common ways to work, shared understanding, division of labor based on comparative advantage, mutual accountability and transparency, sharing of resources/contributions and benefits, and conflict management mechanisms (Brinkerhoff, 2002, www.peg.org.uk, 2000). By implication, partnerships falling short of these elements were considered untenable.

3.6.1 Issues of Mutual Agreement

From the time of grant application the partnering CSOs were expected to have mutual understanding on several interrelated aspects relevant to the implementation of the grant-funded activities. These understandings were reported during interviews with UPHOLD central and regional office staff, and by the CSOs surveyed (both lead and partner CSOs).

The lead CSO grantees (27) and a corresponding number of implementing partners were asked if there was an agreed work plan based on demarcated roles before implementation. Most lead CSOs (24, 89.0 %) indicated that there was an agreed work plan, and this was confirmed by partners (22, 81.4%), (*see attachment for details on frequencies and cross tabulations*). For some CSOs this understanding was formalized through a memorandum of understanding (MoU) or a letter of commitment. Some partnerships operated without a formal understanding, but that were implementing their planned activities without apparent problems.

Two excellent examples of partnerships that reflected mutual agreement on work plans and roles between/among partners included: Kyembogo Holy Cross and its partner Kyarusozi Twomere Tukore People Living with HIV/AIDS, (PLWHAS) in Kyenjojo; and Kamuli Mission Hospital and its partner, Kamuli Parish Development Association (KAPIDA).

3.6.2 Division of Labor Based on Comparative Advantage

One of the key assumptions in the literature was that partnerships produce results because different actors contribute to the attainment of goals based on their comparative advantages. In practice, this study found division of roles among the CSO partners based on their comparative advantages.

Table 5: CSOs Reporting Sharing Roles

Were roles decided on who could do best?				
		Partner CSO		
		Yes	**No**	**Total**
Lead CSO	Yes	19 82.6% 86.4%	4 17.4% 80.0%	23 100.0%
	No	3 75.0 13.6%	1 25.0% 20.0%	4 100.0 14.8%
Total		**22** **81.5%** **100.0%**	**5** **18.5%** **100.0**	**27** **100.0** **100.0**

The majority of lead CSO grantees, (23, 85.0%) reported that roles were decided based on who could do the best and this was confirmed by the implementing CSO partners, (22, 81.4%) as shown in Table 5, above. There was no significant difference in agreement between the lead CSOs and the partner on this question; **k=.069, p=.718**.

Examples of partnerships with evidence of roles based on comparative advantages included AFXB (Association Francois-Xavier Bagnound) and its partner, Integrated Community Efforts against HIV/AIDS (ICEA); World Vision Kapeeka ADP and partners, Semuto, Kapeeka and Nakasseke health facilities; and ACORD Gulu and partner, Redeemed Bible Way Church Organisation.

3.6.3 Shared Values/Interests

During interviews the issue of shared values/ interests was reported to be critical for the success and sustainability of CSO-CSO partnerships. For instance, partnerships studied in the central region that worked well were those that received grant funds to implement activities in similar technical areas and/or shared religious values. Examples include World Vision Kooki and its partners, Mukisa Health Services and Crusade for National Development; Maturity Audio Visuals (MAV) and its partner, Greater Mbarara Archdeaconry; St Joseph's Hospital with its partners and most other faith-based organisations whose operations and relationships were largely influenced by religious values.

Table 6: Partnerships with Clear Goals

Did you enter the partnership with clearly defined goals?				
		Partner CSO		
		Yes	**No**	**Total**
Lead CSO	Yes	19 90.5 86.4%	2 9.5% 40.0%	21 100.0 77.8%
	No	3 50.0% 13.6%	3 50.0% 60.0%	6 100.0 22.2%
Total		**22 81.5% 100.0%**	**5 18.5% 100.0**	**27 100.0 100.0**

Another theoretical assumption was that effective partnerships have goals clearly spelt out early in the partnership. The lead and partner CSOs surveyed were asked if they entered the partnership with clearly defined goals. Twenty-one, (77.8%) lead CSO grantees reported having entered the partnership with clearly defined goals and this was confirmed by (22, 81.5%) implementing partners (see Table 6, above). Further analysis showed that there was significant difference in the agreement between lead and partner CSOs on whether they entered the partnership with clearly defined goals; **k=.430, p=.024.** This could be due to the fact that some CSOs entered the partnership with no history of working together. This means that there had to be orientation on goals during the course of program implementation.

The value attached to human life and the interest in prolonging life and/or preventing deaths due to HIV/AIDS among the population in Kitgum was crosscutting for most CSOs that joined the partnership. In contract, the termination of the grant for Rakai Health Sciences was attributed to a divergence of interests and values between the CSO grant applicant and

UPHOLD. The case studies of Maturity Audio-Visuals and Fort Portal Education Secretariat are other examples of partnerships with shared values and interests.

3.6.4 Sharing of Information

Partnerships that share information stand a good chance of continuity and achievement because such sharing widens the partners' knowledge about the services being delivered and allows for strategizing to improve services. Information sharing entails not only the project's successes registered but also addresses the challenges encountered.

This study found that information sharing was regularly practiced by partnerships through quarterly joint review meetings. The issues discussed and shared included the available/remaining resources, achievements with respect to planned and allocated activities, and the challenges and strategies for the next quarter's work plan.

Table 7: CSO Sharing Information

Do you share reports/documents of activities implemented?				
		Partner CSO		
		Yes	**No**	**Total**
Lead CSO	Yes	18	7	25
		72.0%	28.0%	100.0%
		94.7%	87.5%	
	No	1	1	2
		50.0%	50.0	100.0%
		5.3%	12.5%	7.4%
Total		**19**	**8**	**27**
		70.4%	**29.6%**	**100.0**
		100.0%	**100.0%**	**100.0%**

This study found that most (25, 92.5%), lead CSO grantees reported sharing information with their partners, which was confirmed by (19, 70.3%) of the partners interviewed as indicated in Table 7. There was no significant difference in agreement between lead and partner CSOs with respect to sharing of reports and other information; **k=.092, p=.512**.

3.6.5 Mutual Trust

The study found that there were a few conflicts at the beginning of the grant implementation, most of which were resolved. The main causes of conflicts were linked to a lack of trust and suspicion. The case study of Kamuli Mission Hospital and relationships with its partners presents a clear case where trust was not only present, but also other theoretical elements. It

is clear in this case that the partners trusted each other to carry out their roles in the partnership.

3.6.6 Conflict Resolution Mechanisms

Of the 27 lead CSO grantees interviewed, slightly over half (14, 52.0%) reported having conflicts with partners, but most (86.0%) reported resolving the conflicts. When the 27 partners were asked about conflicts, fewer than half (12, 44%) confirmed ever conflicting with the lead CSO. More than half (7, 58.3%) of those reporting conflict reconciled with their lead CSO partners (*see Figure 1*).

Most of the conflicts centered on the utilization of grant funds, struggles for supremacy, and in some cases, differences of opinion on how to proceed with implementation of activities. The most commonly cited way of resolving conflicts was for the partners to open up to each other on financial matters by making reference to the funding guidelines and permissible expenses.

> **"The budget provided for only 6,000 shillings as daily allowance for staff going for field work which the staff of our implementing partner felt was unreasonable. We clarified to our partners on the funding guidelines and the acceptable budget lines and promised to take up the matter with UPHOLD regional office. When this was done UPHOLD regional office responded by increasing the allowance to 15,000 Ug shillings which was promptly communicated,"** (Chairman Ibanda Child Development Center).

Others made partner representatives signatories on the grant cash account. In a few cases UPHOLD intervened to address the problem. This was the case with LABE and BUDLEN, where the grant was terminated, and SPW and FLEP, where the problem was resolved by giving each organisation an independent grant.

Figure 1: Conflict Reporting and Resolution
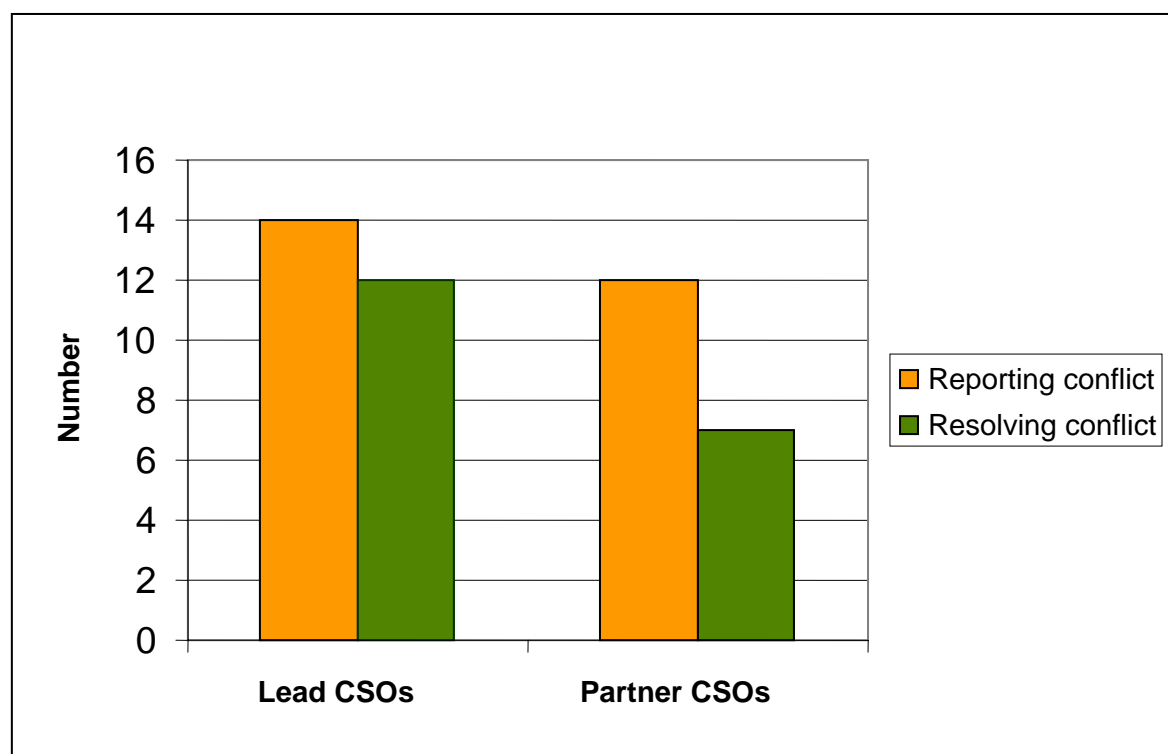
3.6.7 Mutual Contributions and Sharing of Resources

The documents review and interviews indicated that the grant application review process emphasized the importance of the contributions of prospective CSO partners. The organisational profiles of lead and partner CSOs were scrutinized for staff experience and skills, and for the presence/possession of other resources relevant to the implementation of activities specified in the grant application.

Most (24, 89.0%) of the lead CSOs interviewed reported having established which resources each party in the partnership had when the grant application was developed, and this was verified by (20, 74.0%) of the implementing partners. It was further reported during field interviews that the lead CSOs and their implementing partners were playing distinct but complementary roles geared towards achieving set targets. For instance, it was common for lead CSOs to provide the funds and property, while the partner CSOs contributed labour. This was especially true for CSOs partnering with community- based organisations.

3.7 Case Studies of Partnerships that Worked Well

The previous section of this report focused on partnerships in terms of meeting the theoretical assumptions about successful partnership. This section presents case studies that were selected

based on the researchers' impressions and positive reports from UPHOLD respondents and District Government Focal Persons for UPHOLD's activities. These case studies bring out the key issues in the partnerships and the lessons for UPHOLD in the implementation of community action through partnerships.

CASE 1

ACORD Gulu was the lead CSO that received the grant to implement HIV/AIDS-related activities with the Redeemed Bible Way Church Organisation as one of the implementing partners.

The partnership reflected the division of roles right from the outset based on each organisations' competencies. ACORD provided logistical and support supervision while the partner – Redeemed Bible Way Church Organisation, took charge of the mobilization and sensitization of the target population towards HIV/AIDS services. The implementation of these activities was also highlighted by review meetings to address emerging challenges. It was out of such review meetings that the organisations enlisted the services of Health Alert; one of the local CSOs, to provide technical support for activities pertaining to orphans and vulnerable children (OVC).

This partnership was commended by UPHOLD regional office staff and our results show that the partnership performed satisfactorily in terms of results achievement. In addition, the lead and partner respondents both expressed appreciation of each other's input since they started implementing the grant together. Without the partnership, the lead CSO observed that they would be far from what they had achieved.

"With our partners we have achieved our intended coverage and our targets have been reached. We set in our objectives and have exceeded our targets because of common vision. Actually if our partners left us alone our achievement would drop because we play a facilitative role rather than direct service provision. Our partners have enough manpower and live within the communities of the target population and most of them are volunteers. They only call us when they lack expertise." (ACORD, Technical Advisor for HIV/AIDS).

This demonstrates that indeed partnerships in service delivery call for mutual agreement on role performance and other issues that may affect the implementation of planned activities. This allows for the performance of tasks based on each player's abilities and there should be appreciation of each others strengths and weaknesses.

CASE 2

Kamuli Mission hospital is a faith based organisation (FBO) under the Catholic faith that received a one year grant as a lead CSO to implement HIV/AIDS related activities with Kamuli Youth Development Association (KAPDA), one of its implementing partners. A memorandum of understanding was signed in which KAPIDA was responsible for mobilization and sensitization of the target population through drama about VCT and Prevention of Mother To Child Transmission of HIV/AIDS (PMTCT). Essentially, they were creating awareness and promoting the utilization of the two services while Kamuli Mission hospital staff would provide VCT services to those who would have turned up for the services in response to the mobilization through activities spearheaded by KAPIDA.

The partnership worked well because apart from mutual agreement on tasks performed there was a strong element of transparency especially regarding the utilization of the grant funds. The lead CSO observed the principle of openness regarding all aspects of implementing the activities. It was noted, for instance, that the budget lines were clearly communicated to all stakeholders in an open forum. On such fora the interests and expectations of the different partners would be expressed and a compromise position struck.

"The problem we had at first was lack of lunch allowance but when we approached our partners, they informed us that it was not on budget, we continued without lunch but finally the lead agency contacted UPHOLD and some allowance was given." (Male respondent, KAPIDA).

The issue of transparent communication in partnerships, especially where financial matters are concerned, is critical for the success of partnerships. When this is in place the attention of the actors is directed at performing the assigned tasks to achieve the partnership goals. This may partly explain why this partnership achieved satisfactory results.

CASE 3

St Joseph's Mission Hospital, Kitgum, is faith based health care oriented private not-for-profit organisation that received a one-year grant in March 2005 to provide VCT and home-based care services.

This was an exemplary and unique partnership in the sense that the partners were enlisted later after the grant was awarded out of sheer need to provide effective services in the areas specified. The partnership worked because the partners shared the same values, had joint planning meetings, initiative and commitment from the grant program coordinator of the lead CSO and evidence of resources contributions. One could also argue that this was also because Kitgum is a war torn area which has attracted quite a big number of international non governmental organisations (NGOs) that provide humanitarian assistance to the suffering population in the area.

In the partnership, World Food Program (WFP) offered support by providing 1,864 HIV/AIDS patients with food on a monthly basis while The AIDS Support Organization (TASO) supported by training VCT counselors and Catholic Relief Services (CRS) supported 500 clients with Antiretrovial Drugs (ARVs). International Rescue Committee supported with condom distribution for sexually active clients and European Union provided support with ARVs to 70 clients while Associazione Volontari per il Servizio Internazionale (AVSI) – The Association of Volunteers in International Services, provided Home Based Kits.

In the light of the above it is no surprise that the partnership achieved satisfactory performance and actually exceeded the set targets for the two numerical objectives assessed. The partnership performance was lauded by all UPHOLD respondents at the head and regional offices.

From this case study it can be observed and concluded that the success of partnerships in service delivery is a function of several factors including but not limited to availability of resources possessed by partners, open planning sessions among partners, common concern about a problem to be addressed and commitment and initiative of the lead partner reflected in the sourcing of partners and/or accepting them.

CASE 4

Maturity Audio Visuals (MAV) received a one year grant to create community awareness about VCT and PMTCT together with its partners – Greater Mbarara Archdeaconry and Christian Organisation Development (ACOID).

The partnership worked well because there were clear shared values among the partners. Above all, the lead CSO had worked with its partners before and had never clashed over anything.

"Take our example we are all God fearing people who have interacted a lot in our work of God. We knew each other and this helped us a lot in the partnership. I will say proudly that we drew a lot from what we believe. What we believe as people influence a lot of what we do. We have organisations and names to protect. We had to be transparent to each other. By the way, the chairman of the lead CSO is a born again. He had a duty to prove it and so we are." (Archdeacon of Greater Mbarara Archdeaconry).

The case study shows that partnerships bound by shared religious or other values survive and can achieve their objectives. The relationship becomes even stronger when the partnering CSOs have worked together before. A history of working together is good because there is no room for mutual suspicion of each other's intentions. In fact, this partnership is one of the excellent examples mentioned during interviews with UPHOLD staff based at the southwestern regional office. The partnership also achieved satisfactory results in relation to their set targets.

CASE 5

Fort Portal Diocese Education Secretariat is a faith-based Organisation (FBO) and had Engabu Za Tooro Muka Charitable Organisation as one of its implementing partners. The grant was awarded for one and half years to implement education- related activities in primary schools in Kyenjojo district. The specific grant implementation activities were: mobilization of the community members to get involved in education of their children by attending school open days, observing children during class, talking to teachers, discussing absenteeism of their children, and hygiene monitoring.

This partnership worked well in the sense of achieving satisfactory results and from the assessment of UPHOLD staff in the Rwenzori regional office. Unlike other successful partnerships already mentioned this one worked without the division of roles among partners which meant a separate performance of tasks. The activity implementation approach adopted here was one of team work. The planned activities were all implemented jointly. This approach was good in two broad senses; 1) it engenders a sense of transparency since all the resources would be marshaled towards planned activities with every partner as a witness and 2) it ensures the continuity of activity implementation even when some of the partners are away.

The partnership was effective largely due to the fact that the planned activities were implemented in a spirit of team work. This enabled the achievement of quick results in a short time but was also a means of showing transparency in the use of resources, especially the financial aspect. Moreover, the lead CSO commands high social respect by virtue of being under a religious body and directed by a Reverend priest.

"I am a professional manager and I know how to motivate people outside office. And that is why I put little money from other sources to supplement the filed allowances on the UPHOLD grant. Besides, the church is also respected in the area of education and hence everybody is cooperative and that is why we are making good progress with our targets even before we reach the middle of our grant period." (Director of Fort Portal Diocese Education Secretariat)

The lesson from the case study is that innovation and strategizing on the part of partners, consensus, leadership of the partnership and public opinion about the service provider, all have a bearing on the success of partnerships in community service delivery. The idea of working as a team came from a consensus building process and the lead CSO is under the church and directed by a religious leader.

3.8 Achievements of Partnerships

One of UPHOLD's assumptions before implementing the Family and Community Action Grant Program was that partnerships would lead to increased beneficiary and geographic coverage. The majority, (74%) of CSO respondents said because of the partnership they reached bigger target populations and covered a wider geographical area than they had planned or ever achieved alone. The same number of implementing partners confirmed this finding.

Figure 2: Partnerships Achievements
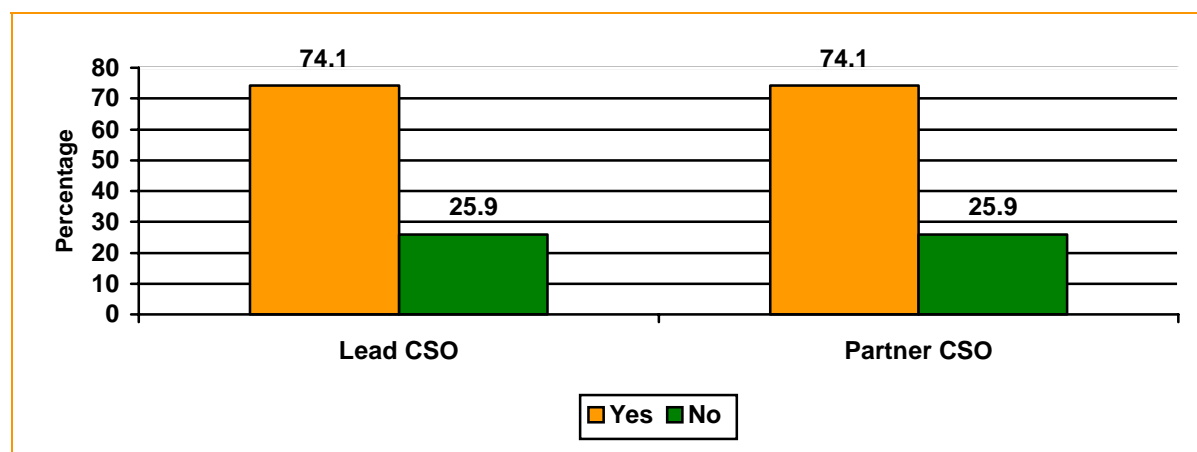
The partnership between LABE, (Yumbe) and its partner, Needy Kids Orphanage Support Center, typifies partnerships achieving wider geographical coverage in the implementation of their program activities. LABE received the grant to implement activities on literacy basic education. According to the understanding reached with the partner, Needy Kids Orphanage Support Centre was to carry out field mobilization while LABE was to carry out the facilitation and the technical aspects on adult basic education. It was reported that because of this partnership, LABE's presence in the area was felt and together the two organisations were able to cover a big geographical area in a short time.

> **"Because of the Needy Kids we have covered very many schools yet we have only two of our field staff based in Yumbe. The bulk of the work is no doubt done by our partners. We only give the facilitation while Needy Kids does the mobilization ensuring its own staff and training."** (LABE Acting Deputy Secretary).

3.9 Case Studies of Problematic Partnerships

This section presents case studies of three problematic partnerships and provides insights into some partnership problems, their causes, and approaches used to resolve them. It should be noted that the partnerships reviewed were generally in harmonious relationships. There were only a few isolated cases where conflicts cropped up. Other than the following two cases, the rest resolved their conflicts using mechanisms already explained. It is important to note that most of the problems were temporary and arose at the start of the grant. As earlier observed the problems pertained to utilization of the grant funds, struggles for supremacy between the partners, lack of mutual respect, failure to appreciate each other's strengths and limitations, feelings of marginalization, and political linkages which were counter-productive in partnership arrangements.

CASE 1

Student Partnership World Wide (SPW) is an international lead agency that received two separate grants, each for one year's duration, to implement HIV/AIDS-related activities with its partners in Kamuli and Mayuge districts. SPW started implementing with several partners but disagreed with one of them – Family Life Education Program (FLEP), at very early stages of implementation.

The disagreement arose during the induction workshop organized by UPHOLD when SPW program activities were re-designed. Following this re-design and re-allocation of the work plan activities, SPW, the lead agency, felt sidelined. In the original set up, according to the RFA, the project objectives and activities were integrated, which meant that the lead agency was going to be involved in the implementation of all activities. However, during the start up workshop, the objectives were repackaged and all the VCT activities were left to FLEP while SPW remained with abstinence activities.

SPW accused FLEP of wanting to take over the leadership position because it felt superior to SPW. There was no mutual respect in the short-lived partnership. FLEP refused to sign the memorandum of understanding (MOU) document with SPW when other partners were beginning to implement their assigned tasks in December 2005.

"Some of our partners are big organisations with their own procedures and they feel autonomous even when in partnership. In such cases when the lead agency calls for reports on activities done, they take their time first doing their activities outside the partnership." (SPW Manager).

FLEP considered that it had better project management skills compared to the lead agency. They accused the lead agency of bureaucratic delays in releasing funds.

There are several lessons from this case study. First, there can be irreconcilable differences between partners and timely and appropriate interventions can limit further damage to the relationship. UPHOLD was quick to know that the partnership was untenable considering that the disagreements were early and these were CSOs that had not worked together before.

Second, CSOs in partnership should learn to appreciate each other's strengths and weaknesses and view each other with a common focus playing complementary roles. This did not appear to be the case for the partnership in question. Mutual respect was evidently lacking.

Thirdly this was a clear case of partnership for strategic reasons interspersed with selfish interests of partners which could not last. From the interviews with FLEP officials SPW was forwarded to be the Lead Agency simply because they thought being international would earn them extra points during the review of the RFAs.

Fourthly, it shows that rather than building the capacities of each other some CSOs accuse others of incompetence. FLEP was accusing SPW the Lead agency of incompetence and lacking the basic skills to lead the partnership.

Interestingly SPW performed satisfactorily in terms of results achievement. This was probably because UPHOLD intervened and resolved the conflict early enough to allow them enough time to concentrate on their program activities.

CASE 2

Another case of partnership in the eastern region was between Literacy Adult Basic Education (LABE), the lead agency, and its partner Bugiri District Literacy Education Network (BUDLEN) to implement literacy education–related activities targeting parents, children in schools and surrounding communities in Bugiri district.

The partnership activities started in September 2005 but the relationship broke down after a few weeks when BUDLEN stopped working. BUDLEN stipulated that it was not resuming work until LABE banked the cash due to them on their accounts so they can manage it directly, a condition to which, which LABE objected.

LABE continued without the partner until December 2005, when UPHOLD intervened to resolve the impasse. BUDLEN resumed work for a few days and then stopped working after their conditions were not met.

Apparently while BUDLEN saw the UPHOLD grant as an economic opportunity, LABE was concerned that the partner was an incompetent organisation that could not be left alone to manage funds. LABE had to adhere to the funding and accountability guidelines from UPHOLD, and thus the conflict.

The case study suggests the element of suspicion and mistrust over the way grant funds were to be managed. This supports the theoretical assumption that mutual trust and transparency are critical elements for the success of partnerships. The element of greed and self-interest, rather than achievement of program objectives, seemed to be primary in this partnership.

CASE 3

Rural Welfare Improvement for Development (RWIDE) was the lead CSO that received a one- year grant starting in March 2005 to implement activities geared towards the utilization of VCT and PMTCT services and to campaign for the adoption of ABC HIV/AIDS control and prevention strategy.

One of its implementing partners was Maama International Mission. There was no MoU signed with the partners apart from a commitment letter written signed by the partners. In this letter each partner was allocated a geographical area to mobilize communities to utilize the existing PMTCT and VCT services.

However, this partnership was marred by accusations and counter- accusations between the partners. The lead CSO accused the partner of not being committed to the activities because of their political inclinations and involvement in campaigns for their favorite candidates vying for parliamentary seats.

"Our partners have let us down; for instance Maama International Mission had been given bicycles from UPHOLD to give to counselors involved in mobilizing people towards VCT and PMTCT but only gave those counselors who were supporting the candidate backed their director." (Director, RWIDE).

As an administrative measure, the lead agency stopped assigning this partner other project related activities and with held the money meant for the activities in the partner's area of operation.

Maama International Mission also accused the lead CSO of monopolizing the implementation of the activities of the project and equipment received from UPHOLD.

"We cannot even use their motor cycle to go to the field yet its just there lying idle. We cannot even use the computer they got from UPHOLD; so the lead agency is not transparent at all." (Financial Manager, Maama International Mission).

The director of Maama International Mission, who is also the woman member of parliament for Kyenjojo district, did not have kind words about the lead agency.

"We could implement an activity and the lead agency could not pay us on time. We even wanted to ask UPHOLD whether they were given in some quarters. We felt sidelined by the lead agency yet we have better capacity to do all the mobilization

activities. We have for instance a radio; Kyenjoojo District Radio (KDR) which we could use to mobilize men and women which the lead agency does not have"

The lesson from this case study is that the involvement of CSO in political campaigns breeds conflict in the partnership and has the potential to negatively affect achievement of set objectives because this divides the commitment and may also lead to diversion of resources allocated for program activities. The other danger is that CSO leaders taking sides in political campaigns may result into community rejection of programs activities in which they have direct involvement.

Lack of transparency again comes up as the basis conflict in this partnership. The principle of transparency and accountability regarding the use of resources; financial and otherwise should be emphasized by UPHOLD and observed by all actors in the partnership

In the light of the accusations and counter accusations, there need on the part of UPHOLD to do close monitoring of partnerships to identify the cause of conflicts and reconcile the conflicting parties.

4.0   CONCLUSIONS

Partnerships achieve results when compared to stand-alone efforts. More CSOs (18 out of 25) were in partnerships and achieved results (performed satisfactorily) in terms of achieving set targets compared to two out of six not in partnerships and achieving results. There was also evidence from qualitative data indicating that partnerships enable the achievement of results. Key informant interviews with the lead and partner CSOs, the District Focal Persons, and UPHOLD staff all confirmed this finding.

Partnerships also enable the achievement of increased beneficiary and geographical coverage. Seventy four per cent of the lead CSOs in partnerships reported achieving higher geographical coverage and this was confirmed by the same percent of the CSO implementing partners. Partnerships not only increase the number of actors but also the number targeted for services.

Most partnerships described as successful fulfilled the theoretical assumptions about partnership success. The majority of partnerships exhibited mutual agreement, division of labor based on comparative advantages, shared interests and values, common goals, sharing of information, mutual trust, conflict resolution mechanisms, and mutual contributions and sharing of resources.

UPHOLD assumed that partnerships would leverage different skills and expertise. There was evidence that performance and allocation of roles was based on the comparative advantages. Even where some partners had limited skills, respondents reported appreciation of each others weaknesses and strengths. There was also evidence from qualitative data that exemplary partnerships divided labour based on partners' abilities (refer to case studies).

Most partnerships that met the theoretical assumptions also performed satisfactorily in terms of results achievement and have continued to thrive. Examples of such partnerships were ACORD Gulu, Kamuli Mission Hospital, Kyambogo Holy Cross, St Joseph's Hospital Kitgum, Ibanda Child Development Centre, LABE Yumbe, World Vision Kapeeka, Maturity Audio-Visuals and Fort Portal Diocese Education Secretariat. Interestingly, some problematic partnerships like SPW and Bandimagwara performed satisfactorily. However, the sustainability of such partnerships is in doubt.

Partnerships can evolve out of genuine need to provide efficient services. Some partnerships unfolded well after the grant had been awarded to them as stand- alone CSOs. Examples

include St Joseph's Hospital Kitgum and World Vision Kooki. The majority (31, 78.0%) of 40 CSOs were in partnerships. The remaining nine (23) either had local governments as their partners or were stand-alone CSOs.

Divergent views and interests can ruin partnerships. A few partnerships did not take off largely due to power struggles, mistrust over the utilization of grant funds and disagreements over the mode of operations.

Problems may arise in the partnerships but the willingness to sit and resolve these problems is important. Quite a number of the problems that cropped up in the partnerships were resolved.

The CSO partnerships were an outcome of several processes before and after the grant was awarded. These processes were highlighted by UPHOLD's announcement for RFAs and the response received, the review process, and subsequent selection of lead CSO grantees.

On the part of the CSO grants applicants were required to mobilize partners and complete the application forms. Some proposed former partners while others solicited new partners; others formed and entered the partnerships later. The next step was the grant review and selection whereby all stakeholders, including the district representatives and UPHOLD regional and central offices, had a hand in the selection of grantees. Following the selection of the successful CSO grantees were the start up activities initiated by UPHOLD, which were largely capacity building workshops intended to equip them with skills required to implement the supported activities.

The successful CSOs and the partnerships that emerged were mainly between lead national CSOs with CBOs. In fact (13, 42%) of 31 CSOs in partnerships were in this category. These were followed by international with national, (5, 16.1%) and the same number, (5,16.1%) for lead national FBOs partnering with CBOs.

4.1 Emerging Issues

1. Lead agencies partnering with other CSOs to improve performance is commendable. Some partnerships brought other players on board in their course of implementation of their activities, whether at the start of the grant program or in the course of implementation. For example, ACORD Gulu and its partners later enlisted the services of Health Alert to fill the skill gaps in managing pediatric HIV/AIDS and handling opportunistic infections. Others worked with district local government institutions, especially health facilities and hospitals.

2. Organisations applying for the Family and Community Action Grants were motivated to add the partnership component in order to receive favorable reviews. The respondents were concerned that new partnerships should be closely monitored until the working relationship is established, particularly when the partnership is formed primarily to help win the grant. For example, timely intervention by UPHOLD to resolve partnership problems between Student Partnership World wide (SPW) and Family Life Education Program (FLEP) was a result of close monitoring.

3. UPHOLD organised capacity building workshops to help grantees achieve their objectives. The respondents suggested that these capacity-building activities should be delivered more efficiently, so that they do not take too much of the time needed for implementation of grant-funded activities. In addition, when there was staff turnover among the grantees there was a need for orientation workshops for new staff.

4. A few partnerships experienced problems. These arose because some partner CSOs felt they were better project managers than their lead agencies. In other partnerships there were accusations of inefficiency and lack of transparency regarding the use of grant funds.

4.2 Recommendations

1. Partnerships should be encouraged between CSOs that have some history of working together. These seem to be more effective than new partnerships developed in part to suit grant application requirements

2. Conflict resolution mechanisms adopted by successful partnerships should be emulated by lead CSOs. The donors should be involved only when the parties cannot resolve the conflicts. Open dialogue and regular joint planning meetings should be used to avert problems.

3. Partnerships are not one day-event. UPHOLD should encourage appropriate partnerships after project implementation begins when service gaps have been identified and suitable partners are identified to fill these gaps.

4. Partnership-building should be an explicit focus of capacity-building. Future partnerships would benefit from the lead agencies transferring more of their technical capacities to the smaller CSOs in order to create more sustainable service delivery.

4.3 Lessons for UPHOLD from the implementation of the Family and Community Grants

This study's results and conclusions bring out critical issues for UPHOLD with respect to the future of the Family and Community Action Grants Program:

- Partnerships work and produce results. The most effective partnerships emerge out of genuine necessity to provide services.
- CSO partnerships benefit from formal understandings. The grant-making agency should encourage formal agreements and memoranda of understanding (MoUs) among partners.
- CBOs are important conduits for service delivery. Most lead CSOs used local CBOs to implement grant activities, while the lead CSO provided logistical support and supervision.
- When problems arise in partnerships, early interventions lead to quick resolution without interrupting service delivery.
- Scrutiny of CSOs intending to partner may help to avert conflicts over technical competencies, funds, and transparency.
- Building the capacity of all stakeholders is critical for effective service delivery.
- When in place, ideal conditions for partnerships influence the success of partnerships.
- Partnerships should be encouraged as natural and efficient implementation mechanisms, not necessarily as requirements for accessing grant funds.

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ATTACHMENTS

Attachment A: Consultancy Deliverables

1. A detailed methodology of the proposed study
2. Data collection instruments for the various methods of data collection
3. A research report detailing:
   a. A brief synthesis of literature experiences
   b. The nature of partnerships currently being implemented under UPHOLD's community Action grants.
   c. Context that has shaped the nature of partnerships
   d. Best practices of successful partnership under the UPHOLD community action grants
   e. Examples problematic partnerships under the UPHOLDS Family and Community Action Grants
   f. Factors (including external) that influenced success or failure of partnerships among the UPHOLD's Family and community Action grants
   g. Which challenges do you encounter for Lessons learnt on the partnership A list of recommendations on what to continue with in the current partnerships arrangements, and how partnerships facing problems could be improved

Attachment B: CSO achievement: Above 80%

REG.	Name of CSO	Tech. Area	Grant Period in years	Objective	Planned Target	Actual No.	Achievement in % age	In partnership?	Comments
South W.	1.Maturity Audio Visual	HIV	1	1	22,217, Adults 15-49 yrs	4005	18%	Yes	Unrealistic Targets
				2	600 (Adults) 15-49	6063	101%		
South W.	2.Ibanda child Development Center	HIV	1	1	14,000 (Youths) age: 15-19	17,565	125.5%	Yes	
				2.	2,000 couples aged 19-49 years	2687	134.4%		
Rwenzori	3.Kyembogo Holy Cross	HIV	1	1	5,000 Adults 15-49	17,565	125.5%	Yes	
				2	2,000 couples aged 19-49 yrs	2687	134.4%		
Rwenzori	4.Bandimagwara Cultural group	HIV	1	1	6,000 adults age: 15-49	7,561	126%	Yes	
				2	400 couples	358	89.5%		

Rwenzori	5.Rural welfare Improvement for development	HIV	1	1	5800 Adults age 15-49	1653	10%	Yes	
				2	500 +ve Mothers	837	138%		
Rwenzori	6.F.Portal Diocese Educ. secretariat	EDU.	18Months	1	108 Pri. Schools	109	100%	Yes	
Central	7.German Foundation DSW	HIV	1	1	6,000 Youths	12,832	213%		
				2	4,500 Primary children	5,680	126.2%		
Central	8.Kisubi Hospital	HIV	1	1	5,280 Adults age 15-49	5,177	98%	No	
					150 positive pregnant				
				2	mothers	61	138%		
Central	9 AfXB	HIV	1	1	8,000 adults between 15-49	NIL	0%	Yes	
					18,000 adults 15-49				
				2		15,917	88%		

Central	10.World Vision Kapeka	HIV	1	1	180 HIV +ve mothers 6,000 Adults 15-49	119	66%	Yes	
				2		5,563	92.7%		
Eastern	11.Kamuli Mission Hospital	HIV	1	1	100 pregnant mothers	624	624%	No	
				2	13,000 sexually active individuals including 16,000 couples	7,295	56.1%		
Eastern	12.Idudu Development Association	CH	I	1	2 years target 1,500 children btn 0-2 yrs	3,961	264%	Yes	
					10,690 children under 5				
				2		7141	66.8%		
Eastern	13.Students Partnership Wide Mayuge	HIV	1	1	38,808 Adults btn 15-49	52370	135%	Yes	
				2.	67,417 Primary School Children	45,576	122%		

Eastern	14.Students Partnership Wide Kamuli	HIV	1	1	47,152 people sexually active	24,026	50.9%	Yes	
					19200 Primary School Children				
				2		21,024	109.5%		
North	15.ACOWA Family Helper Katakwi	CH	I	1	1,272 Children under 1 year	1,558	122.5%	Yes	
					5701 children under five years				
						7,949	139.4 %		
North East	16.Dokolo social service center	CH	I	1	2 Yrs target 1,882 children under 1 year	2,316	123%	Yes	
					10,084 children under				
				2	five years	14,176	140 %		
North	17.St. Joseph's Hospital Kitgum	HIV	I	1	5,000 Adults age of 15-50	6,255	125%	No	
					550 HIV/AIDS Clients				
						1,034	188%		

North	18.ACORD Gulu	HIV	1	1	4,000 sexually active people in IDP between15-49	4,697	117%	Yes	
					900 PLWAS	905	100%		
Eastern	19.Youth Alive	HIV	1	1	5,285 Youth aged 9-24	5,573	105%	Yes	
				2	5,110 sexually active individuals including 600 couples	6,635	129%		
North	20.World Vision Gulu	HIV	1	1	180 HIV positive mothers	119	66%	No	
					6,000 adults 15-49				
				2		5,563	92.7%		

Attachment C: CSO achievement: Below 80%

REG.	Name of CSO	Tech. Area	Grant Period in years	Planned Target	Actual No.	Achievement in % age	In partnership?	Comment
South W	1.Mayanja Memorial Hospital Foundation Mbarara	HIV	I	13,000 ADULTS AGE: 15-49	5,865	45.1%	Yes	
Rwenzori	2.Fort Portal Diocese HIV Focal Point – Kyenjonjo	HIV	I	17,000 adults age 15-49	5,142	30.2%	Yes	
Rwenzori	3.World Vision Bundibugyo	HIV	I	250 pple living with PLWA	196	78.4%	Yes	
Rwenzori	4.Rural welfare improvement for Development (RWDE) Kyenjonjo	HIV	I	16,000 Adults age: 15-49	1,653	10%	Yes	

Central	4.Environmental and Community Health out reach (ECHO) Luwero	HIV	I	5,800 Adults age: 15-49	3,024	52%	Yes	
Central	5.BUCADEF Wakiso	CH	I	2 yr target 7 7,584 Children under 5 years	3,411	44.9%	No	
Central	6.Huys Link community Initiative Wakiso	CH	I	2 target: 18175 children under 5 years	6,027	33..2 %	No	
Eastern	7.Uganda Reproductive Health Bureau (URHB) Bugiri	HIV	I	13,900 adults btn 15-49 yrs including couples	8,352	60%	No	
North East	8.ACCORD Nakapiripriti	HIV	I	7,000 sexually Active people btn 15-49 years	441	6.3%	Yes	

North East	9.Teso Islamic Development Organisation Katakwi	CH	I	2 yrs target 16,000 children under 5 years	7,782	48.6%	Yes	
North East	10.Rural Health Concern (RUHECO) Lira	RH	I	2 yrs target 5,970 females btn 15-49	939	15.7%	Yes	

Attachment D: CSO Missing Data on Result Performance

Region	Name of CSO
1.Central	World Vision Kooki
2. Central	Rakai Aids Information Network
3. Eastern	Literacy and Adult Basic Education
4. North	Kids League
5. North	World Vision Gulu
6. North	Literacy and Adult Basic Education
7. Rwenzori	Tooro Kingdom
8. South West	Bushenyi Medical Center
9. South West	Kaaro Rural Development Organisation
10.South West	Rukungiri Gender and Development Association
11. South West	Rukungiri Women Development Center

Attachment E: Frequencies and Cross Tabulations of Responses for Lead and Partner CSOs

Was there a formal understanding reached on the areas of partnership?	Responses	
	Lead CSO	**Confirmed by Partner CSO**
Yes	19	20
No	8	7
Total	27	27

Agreed work plan based on demarcated roles between the partners?	Responses	
	Lead CSO	**Confirmed by Partner CSO**
Yes	24	22
No	3	5
Total	27	27

The roles and responsibilities of each partner clearly laid out?	Responses	
	Lead CSO	**Confirmed by Partner CSO**
Yes	23	19
No	4	8
Total	27	27

Consensus on respective roles and responsibilities?	Responses	
	Lead CSO	**Confirmed by Partner CSO**
Yes	27	21
No	0	6
Total	27	27

Roles were decided on who could do the job best?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	23	22
No	4	5
Total	27	27

There was a clear understanding of what resources were available for the partners from our own organisation?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	24	20
No	3	7
Total	27	27

Do you ever sit together with your partners to take collective action where a problem is identified?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	26	23
No	1	4
Total	27	27

Have you ever had a conflict since you entered into partnership?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	14	12
No	13	15
Total	27	27

Did you enter the partnership with clearly defined goals?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	21	22
No	6	5
Total	27	27

Has your organisation gained anything yet from this partnership?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	17	15
No	10	12
Total	27	27

Do you share reports / documents of activities implemented?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	25	19
No	2	8
Total	27	27

Did you resolve the conflict?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	12	7
No	2	5
Total	14	12

Were there any positive lessons learnt from the conflict?	Responses	
	Lead CSO	Confirmed by Partner CSO
Yes	12	9
No	2	3
Total	14	12

Attachment F: CSO-CSO Partnership Patterns

1. International Lead FBO vs CBOs

LEAD	PARTNER (CBO)
World Vision	Crusade for National Development CSO
	Mukisa Health Services CBO
World Vision Kitgum	NOODA
World Vision Bundibugyo	Karugutu Association of PGWAs
	Karugutu Religious Leaders Forum
	Semuliki Rural Development Forum

2. Lead Indigenous/National FBOs with CBOs

Fort Portal Diocese Educational Secretariat:	Muka Charitable Organisation
	Protect the Children
	Engabu Za Tooro
Fort Portal Diocese HIV Focal Point:	Kaihura Post Test Club
	Development Foundation for Rural Areas (DEFORA)
Kyembogo Holy Cross:	Kyarusozi Twomere Tukole PLWs
	Kyamutasa Peer Educators
Kamili Mission Hospital:	Kapida-kamuli Parish Development Association
	Youth Alive
Maturity Audio Visual:	Association of Christian in Development
	Mayanja Memorial Hospital Foundation
	Creator Mbarara Archdeaconry
	A/C

3. Local CBSs vs Local CBOs

Rural Welfare:	Bakanga Think Tank Reconstruction Movement
	Rural Reconstruction Movement
	Mama International Movement
Bandimagwara Cultural Group:	Bubandi Youth Drama Group
	Green Dove Pupeteers
Bushenyi Medical Centre	Bwera Women's Drama Group
	West Ankole Diocese
	Community Health Empowerment

4. National Lead CSOs vs Local CBOs

Rukungiri Gender and Sector Development Association:	Rukungiri Multi-Sector Development Association
	North Kigezi Child Development Association
	Bugyera Bakyara Tukole
	Bwanda Women's Group
	Buromba Community Development
	Marumba Women Group
	Nyakishenyi Gender and Development Association
	Nyakagyeme Development Association
Buganda Cultural Development Foundation (BUGADEF):	Farmer Groups in the 6 Districts of Kiboga Mubende Mukono Mpigi, and Wakiso
	Kasanda Cornerstone Foundation Mubende
Rakai Aids Information: Network (RAIN)	ANAPPCAN Uganda Chapter
	Mporogoma and Flaying Eagles Drama Groups
Literacy and Adult Basic Education (LABE) Bugiri	Bugiri District Literacy and Adult Basic Adult Education Network

Kids League Arua: Arua Kids League

Straight Talk Foundation Partners

Idudi Development Association: People and Development Initiative(PADI)

Tweyambe Women's Club

St Mulumba Mayuge Micro Finance Ltd

Youth Alive: Kamuli Mission

Rural Health Concern   Samwonya Drama Actors

(RUHESO) Lira: Limaro Health Care

Acowa Health Project Katakwi: Katirie Child Family Program

Dokolo Social Service Center   Apyennyang

Dokolo Child Family   Adita CCF

Program Lira:

Teso Islamic Development   Health Needs Uganda

Organisation: Soroti Rural Development Agency

Rukungiri Women   BIKODA

Development Company: NYADESA

Rakai Health Sciences: RH

Rakai Health Sciences AIDS

5. International Lead CSOs vs Local CBOs

SPW Kamuli: FLEP

SPW Mayuge

AXFB Luwero: Integrated Community Efforts(I.C.E)

DSW-Germany Foundation for World

Population

Plan-Luwero

Accord Gulu: Agong Youth Alliance

Redemed Bible Way Church

Community AIDS Resource
Persons of Pabbo S/C
Health Alert

Accord Nakapiripirit

6. National FBOs vs International CSOs

St Josephs Kitgum   AVSI
Mission Hospitals: TASO
                                     CRS
                                     IRS
                                     European Union

7. Lead CSOs without CSO Partners

Kaaro Rural Development Association
Tooro Kingdom
Mayanja Memorial Hospital Foundation
Huys Link Community Initiative
German Foundation for World Population
(DSW)
Environmental and Community Health
Organisation (ECHO) Luwero
World Vision Gulu
Uganda Reproductive Health Bugiri
World Vision, Kapeeka

Attachment G: CSO Grantee/Partner Questionnaire

Introductory remarks

My name is--I am part of the study team commissioned by UPHOLD- Uganda in conjunction with Futures Group International to understand issues pertaining to the operations of CSOs which received support under UPHOLD's family and community support action grant program to improve service delivery under specific technical areas. This study cover all the 29 UPHOLD supported districts. The findings from this study will be used to guide future planning decisions regarding work with partners in service delivery and will inform the next steps to be taken by UPHOLD and other stakeholders for improving service delivery. You have therefore been identified as one of the important study participants to share with us your views and experiences in regard to the general question of CSOs in service delivery. Your responses during the discussions will be treated with utmost confidentiality.

Do you accept to participate? 1=Yes 2= No

Instructions for interviewers

This tool will be administered to any of the key staff of the CSO grantee and staff of
(lead partner organisation), under the family and community action grants program.

S**ection A**: **CSO Background Information**

1. Name of CSO grantee_____

2. Year of formation   _____

3. Year of registration _____

4. Status of registration   1=Valid 2= Expired

5. Date of effective operations after the grant had been received_____

6. How would you describe your organisation?(**Read out the options below)**

                    1= Indigenous NGO
                    2= International NGO
                    3= Faith-Based Organisation (FBO)
                    4= Community Based Organisation CBO
                    5= Private sector private for profit
                    6=Other specify…………………………………….

7. What is your organisation's vision?

_____

_____

9. Who are the direct beneficiaries/ target population of programs?

1=Under-five children 2=women of reproductive age 3= people living with HIV/AIDS (PLWHAS) 4=Young men 5=Young women 6=Private health providers 7=Teachers 8=Health workers

10. What is the geographical coverage of your activities in terms of:

Area/Administrative Unit	Total Number of Units
Villages	
Parishes	
Sub-counties	
Districts	

Section B: CSO-CSO Partnerships, goals and rationale

11. We are aware that since you got the grant you have been implementing program activities. Are you with any partner?

1 = <u>Yes</u>   2 = <u>No</u>   3 = <u>Do not remember/Don't Know</u>

12. If yes, which ones_____

13. If not, why?

_____
_____
_____
_____
_____

14. How would you describe your partner(s) **(Interviewer read out please)**

        1= Indigenous NGO

        2= International NGO

        3= Faith-Based Organisation (FBO)

        4= Community based Organisation CBO

        5= Private sector private for profit

        6= Government/public institution / structures

        7= Other specify……………………………….

15. Was there a formal understanding reached on the areas of partnership

1=Yes **(Interviewer confirm this by requesting to see it)** 2=No

16. When was this understanding reached? Indicate year and month_____

The table below includes issues pertaining to the understanding reached.
Find out if the following were addressed:

	Issue(s)	1=Yes,2 =No
18.	Agreed work plan based on demarcated roles between the partners.	
19.	The roles and responsibilities of each partner clearly laid-out.	
20.	The basis of demarcating the roles was the respective organisations' previous experience.	
21.	Consensus on respective role and responsibilities.	
22.	Roles were decided on who could do the job best.	
23.	There was a clear understanding of what resources were available for the partners from our own organisation **(Resources are not only financial/human/equipments/ reputation/ etc)**.	

24. Did you enter the partnership with clearly defined goals? 1=Yes 2=No 3=Don't Know

25. If yes, is there a document describing the partnership goals? 1=Yes 2=No 3=Don't Know

26. Can progress be measured against the goals? 1=Difficult 2=Not so easy 3=Easily

27. Did you have a choice among potential partners?

      1=None 2=Few (two-three 3=more (four or more)

28. Why did your organisation enter this partnership? **(Tick as appropriate)**

	Reason (s)	**1=Yes, 2. No**
a.	We entered in the partnership because we thought our partners could do (the things that they were supposed to) more efficiently.	
b.	We entered in the partnership because we had many more things to do and our time could be better utilized doing other things	
c.	We entered in the partnership because we wanted to build capacities of the local team/ partner *(Sustainability issues).*	
d.	We entered in the partnership, also because it was part of the mandate/ guidelines.	
e.	We entered in the partnership because they were the more appropriate /better placed for the given requirements.	

29. Do you ever sit together with your partners to take collective action where a problem is identified.1= Yes **(Check to see the minutes)**   2=No

30. Do you share reports / documents of activities implemented? 1=Yes **(Check for evidence of these reports / documents)**   2=No

31. What activities were you implementing before joining the partnerships?

_____
_____
_____
_____

32. What activities have you added since you joined the partnership?

_____
_____
_____
_____
_____

33. Are there activities you are implementing without partners currently?

_____
_____
_____

34. Which ones?

Section C: Benefits from partnership(s)

35. Has your organisation gained anything yet from this partnership? 1=Yes2=No **(skip to question 36)**

36. If yes, how has the partnership benefited your organisation? (**Tick as appropriate please**)

	Benefit(s)	1=Yes, 2= No
a.	Helped us to reach new target groups, new group of people who were elusive when we were acting alone.	
b.	Helped us to expand in geographical areas, where we did not have any direct presence.	
c.	Improved our access to the existing target groups.	
d.	We have reduced the duplication of efforts.	
e.	Helped us bring down the cost of reaching out to the target groups.	
g.	Because of the partnership more services are reaching the target group.	
h.	Our target group is more *satisfied*	
I	Helped us come up with new, and more effective ideas	

37.If not why---

----

38. What else would you say has enabled the realization of your organisational goals?

    1=UPHOLD support

    2= Commitment from organisational staff

    3=Supportive local leaders

    4=Positive response from target population

    5=Other (specify)……………………………….

39. What are the possible ways in which your organisation will be affected if the current partnership broke down?

    1= We will be much better off, will progress much better

    2= We may gain moderately

    3= Will be neutral

    4= Will be moderately hit (will meet up to 75% of the targets)

    5= Will be very severely hit (will meet less than 50% of the

40. Have you ever had any conflict since you entered into partnerships?

(Applicable to only CSO who are in partnership)

1= Yes 2= No 3= Don't Know

41. What was cause of the conflicts?

_____
_____
_____
_____

42. Did you resolve it 1=Yes 2=No

43. Was there any positive lessons learnt from the conflict? 1=Yes 2=No

44. If yes, what were these lessons………………………………………………..…………

Section D: Commitment and Sustainability of partnerships

45. What were the forces behind the formation and current activities of the partnerships?
    1=Donors
    2=Organisational members
    3=Project beneficiaries
    4=Partners' initiative
    5= Other (specify)……………………………….

46. In your opinion, how long do you think this partnership will continue in one form or the other?
    1=Short run (1-2 years)
    2=Medium run (3-5 years)
    3=Long run over (5 years)
    4=Can not tell

47. Why do you think so?

_____
_____
_____

Section E: Trust building

48. In which of the following areas of competence do you trust your partners? **(Interviewer Read out Please)**

	Areas	1=Yes, 2= No
A	Community participation	
B	Managerial /efficient allocation/planning	
C	Effective networking/ fundraising	
D	Motivating employees/ interpersonal skills	

49. What are the other competencies of your partners?

_____
_____
_____

50. What were your initial expectations from your partners?

_____
_____
_____

51. What expectations were not/have not been met by your partners?

_____
_____
_____

52. Is there mutual respect between you and your partners? (Probes on reasonable demands on each others' time, reporting requirements, and consultations before partnership activities take place, recognition of each others contributions)

_____
_____
_____

53. How is maturity in decision- making reflected in partnership? (Probes on active participation, influence in decisions, presence of democracy in decision-making etc)

_____
_____
_____

54. Do you participate in regular partnership activities?

_____
_____
_____

55. Are you satisfied with the extent of this participation?

_____
_____
_____

56. Do you keep your partners informed about any developments whether good or bad?

_____
_____
_____

57. In your view and from your experience what are the constraints to effective partnership between CSOs? **Probes for:** Problems, source of problems, solutions

_____
_____
_____

58. Would you continue operating at all without these partnerships?

_____
_____
_____

59. Why do you think so?

_____
_____
_____

60. In your view what is required to improve and sustain these partnerships beyond UPHOLD tenure in Uganda.

_____
_____
_____

Thank you very much for your time

Attachment H: Data Extraction Form on Performance of Uphold CSO Grantees (Case of First Year of Operations)

Name of CSO:

Partners: 1.

2.

3.

4.

Grant Period:

District

Region

Contact person:

OBJECTIVES:

1

2

OUTPUT ACHIEVED

OBJECTIVE	QUARTER 1		QUARTER 2		QUARTER 3		QUARTER 4		TOTALS
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
1									
2									

Note: Write Reasons

Explanations on performance

1. Reasons for failure:

2. Reasons for success:

Attachment I: Names of Study Participants

District Focal Point Persons

	Name		**District**
1.	Mugisha	Elias	Rakai
2.	Opwonya	John	Gulu
3.	Ngabirano	Fred	Bushenyi
4.	Ndazarwe	Francis	Rukungiri
5.	Abwang	Bernard	Mbarara
6.	Kyeyune	Fred	Luwero
7.	Mwesigye	Charles	Bundibugyo
8.	Byaruhanga	Joseph	Kyenjojo
9.	Dr. Kababa	Lubaya Dominic	Katakwi
10.	Dr. Isiko	Paul	Mayuge
11.	Dr. Tiwagalana	David	Kamuli
12.	Dr. Kirya	Stephen	Bugiri
13.	Mr. Adroko	Dickson	Arua

UPHOLD Staff Interviewed

HEAD OFFICE

	Name		**Position**
1.	GEOFFREY	MUSISI	Grants Manager
2.	MADINA	NAKIBIRIGE	Grants Officer
3.	JOSEPH	MABIRIZI	M & E Specialist
4.	GODFREY	MAGUMBA	Private Sector Specialist

RWENZORI

5.	MUNDAKA	ALICE	Regional Director

NORTH

6.	CHRISTINE	LALOBO	Regional Director
7.	ONESMUS	DRALEGA	Community Participation Officer
8.	FRANCESCA	AKELLO	Community Participation Officer

CENTRAL

9.	RICHARD	OFWONO	Regional Director
10.	SILVERNUS	TURYAMWIJUKA	Community Participation Officer
11.	SUZAN	MWEBEMBEZI	Community Participation Officer

EAST

12.	MARTIN	KALEEBA	Regional Director

NORTH EAST

13.	JAMES	CHARLES OKELLO	Regional Director

SOUTH WESTERN

14.	ESPILDON	TUMUKURATE	Regional Director
15.	LOIS	KATEBIRE	Community Participation Officer

Lead CSOs & Partner CSOs Surveyed

	LEAD CSOs Surveyed	Names of Respondents		Partner CSOs	Names of Respondent
	EASTERN				
1.	Literacy Adult Education – Bugiri		1.	Bugiri District Literacy and Adult Education Network	
2.	Kamuli Mission Hospital	Mr. Watuwawau Monica Kyatereka Joseph	2.	Kamuli People's Integrated Development Association	
3.	Youth Alive	Joseph Skinner Kanaba	3.	Kamuli Mission Hospital	
4.	Student Partnership Worldwide Kamuli	Maasa Butono	4.	Family Life Education Program – Kamuli	
5.	Student Partnership Worldwide – Mayuge		5.	Community Integrated Development Association for Poverty Alleviation (CIDAPA)	
6.	Idudi Development Association	Basilirwa Samuel	6.	People and Development Initiative	
	NORTHERN				
7.	ACCORD Gulu	Sunday Abwola	7.	Redeemed Bible Way Church Organisation	
8.	World Vision – Kitgum	Ms. Rose Omaro			
9.	World Vision Gulu	Ms. Grace Okello			

	LEAD CSOs Surveyed	Names of Respondents	Partner CSOs		Names of Respondent
10.	Literacy Adult Education (LABE) Yumbe	Ms. Stella Keihangwe	8.	Needy Kids Orphanage Support Centre	
11.	Kids League – Arua	Mr. Swaleh			
12.	St. Joseph's Hospital Kitgum	Robert Ocwora			
	NORTH EASTERN				
13.	Dokoro Christian Children Fund	Agnes Irango	9.	Adita Christian Children Fund	
14.	Rural Health Concern (RUHECO)	Okello Moses	10.	Amonya Drama Actors	
15.	Teso Islamic Development Association (TESDA)	Hajji S. Etegu	11.	Health Need Uganda	
16.	ACOWA Family Helper Project	Asio Alice	12.	Katine Child and Family Program	
17.	Uganda Reproductive Health –Bugiri				
	CENTRAL				
18.	World Vision Kapeeka	Ms Robinah Kasule	13.	Semuto Health Centre III	
19.	AFXB	Mr. Kibalya William	14.	Integrated Community Efforts Against AIDS (ICEA)	
20.	Rakai Aids Information Network (RAIN)	Bantubalamu Richard	15.	ANPPCAN Rakai	
21.	Environment Community Health Organisation (ECHO)	Katerega Godfrey	16.	Wabusaana Health Centre Three	Mr. Kivanyuma Humphrey
22.	German Foundation for World	Bernard Tusiime			

	LEAD CSOs Surveyed	Names of Respondents	Partner CSOs		Names of Respondent
	Population (SDW)				
23.	Kisubi Hospital (KICA)	Mr. Michael Agaba Dr. Peter Kaddu			
24.	World Vision Kooki				
25.	Huys Link Community Initiative	Bateganya David			
26.	Buganda Cultural Development Association	Ms. Justine Nantongo			
	SOUTH WESTERN				
27.	Rukungiri Gender Development Association	Mr.Perezi Bitakamanyirwe	17.	Nyakagyeme Development Association	
28.	Rukungiri Women Development Company	Ms. Mary Kamugisha	18.	Buyanja Integrated munity Development Association	Ms Doreen Busingye
29.	Bushenyi Medical Centre	Mr. Rukanga	19.	Mothers Union West Ankole	Ms Mugasha Kellen
30.	Ibanda Child Development Centre	Ms. Hope Twenamasiko	20.	Ruhoko Health Centre IV	
31.	Maturity Audio Visuals	Mr. Namara Joseph	21.	Greater Mbarara Arch Deaconry	Reverend Bagarukayo
32.	Kaaro Rural Development Association	Ms.Kamugungunu			
33.	Mayanja Memorial Hospital Foundation	Dr. Benon Mugerwa			
	RWENZORI				
34.	Fortportal Diocese Education	Fr. George William Mugenyi	22.	Muka Charitable Organisation	Ms. Akugizibwe Annet

	LEAD CSOs Surveyed	Names of Respondents		Partner CSOs	Names of Respondent
	Secretariat				
35.	Fortportal HIV Focal Point	Fr. Leopold Kaahwa	23.	Development Foundation for Rural Areas (DEFORA)	Kemigabo Christine Rev. Steven Kalyebala
36.	Kyembogo Holy Cross Family Centre	Sr. Angella Birungi and Owen Ayebare	24.	Kyarusozi Twomere Tukore Network of People Living With HIV/AIDs	Ms. Tusiime Florence
37.	Bandimagwara Cultural Group	Baker Samuel	25.	Bubandi Youth Grammar Group	Mr. Mwesige Richard Mujuku
38.	Rural Welfare Improvement For Development (RWIDE)	Mubiru Vincent	26.	Maama International Mission	Mr. Byabasaija Deognatius
39.	World Vision Bundibugyo	Sylvester Kiiza	27.	Karugutu Association of People Living with HIV AIDs	Mary Syathamira, Mpaka John & Kisembo Mutesera
40.	Tooro Kingdom Cultural Organisation	Mugenyi Wilson			

NOTES: