IMPROVING THE MONITORING AND EVALUATION SYSTEM FOR
THE FAITH-BASED APPROACH TO HIV/AIDS PREVENTION AT THE
ISLAMIC MEDICAL ASSOCIATION OF UGANDA (IMAU)

BY

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MARCH 2011
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DECLARATION

I, Hajjat Sarah Kaye do hereby declare that this programmatic report entitled “Improving the Monitoring and Evaluation System for the Faith-Based Approach to HIV/AIDS Prevention at the Islamic Medical Association of Uganda” has been prepared and submitted in fulfillment of the requirements of the MakSPH-CDC HIV/AIDS Fellowship Program and has not been submitted for any academic or non-academic qualifications.

Signed

…………………………………………Date…………………………………

Hajjat Sarah Kaye, Medium Term Fellow

Signed

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Host Institution Supervisor

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Dr. Walakira Yusuf
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Signed

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ACKNOWLEDGEMENTS

I wish to express my heartfelt appreciation to The Almighty ALLAH for the good health during the implementation of this activity. I further appreciate the support both technically and financially from MakSPH-CDC HIV/AIDS Fellowship Program.

Implementation of this activity has been done in a participatory manner and my sincere thanks goes to IMAU staff, Community educators, Religious Leaders for both Muslim and Christian faiths for sacrificing their valuable time to participate in the processes of improving the M&E system at IMAU.

I also wish to thank MakSPH -CDC HIV/AIDS Fellowship Program core staff and fellows for their support. Special thanks goes to the M & E Officer at IMAU Mr. Ainomugisha Dickson, Mr. Bukenya Lameck, my academic supervisor Mr. Lutalo Ibrahim, Host supervisor Prof. Kagimu Magid and Dr. Walakira Yusuf for the support and guidance right from proposal development throughout activity implementation to completion.

Lastly to my family, thank you for the support and patience shown during the whole period of training.
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<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral therapy</td>
</tr>
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<td>ARVs</td>
<td>Antiretroviral Drugs</td>
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<tr>
<td>CBOs</td>
<td>Community Based Organizations</td>
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<td>CDC</td>
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<td>FBOs</td>
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<td>Faith-Based Approach to HIV/AIDS</td>
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<td>Home-Based Care kits</td>
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<tr>
<td>HCT</td>
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<td>LFA</td>
<td>Logical Framework Approach</td>
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<td>MakSPH</td>
<td>Makerere University School of Public Health</td>
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<td>M&amp;E</td>
<td>Monitoring &amp;Evaluation</td>
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<td>SMC</td>
<td>Safe Male Circumcision</td>
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<td>SAIH</td>
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OPERATIONAL DEFINITIONS

Baseline: Data used as a reference with which future results can be compared.

Faith based approach to HIV/AIDS: This is a method of HIV/AIDS services delivery offered by incorporating one or more of the following 5 components into the process (IMAU, 2007):
1. Believing in God
2. Learning and using scientific knowledge as recommended by faith teachings to control and prevent HIV/AIDS.
3. Making use of religious teachings and practices to prevent and control HIV/AIDS.
4. Forming partnership with and making use of the religious leaders and their administrative structures in HIV/AIDS prevention and control.
5. Making use of the concept of self-control (struggle of the soul against temptation as recommended in faith teachings) by each individual to prevent and control HIV/AIDS.

Goal: A desired impact on a target.

Indicator: A quantitative and qualitative factor or variable that provides a simple and reliable basis for assessing achievement, change or performance.

Intermediate result: A milestone along the way to that final result.

Logical framework: A table which gives a summary of project plans.

Monitoring and Evaluation system: Is an information system designed to track what is being done and to show that what is done (program/project) is making a difference. It has a functional M&E unit, clear program/project goals and objectives upon which priority indicators are formulated, efficient methodologies
Objective: Formal statement of a desired outcome.

Results chain: Focuses on the achievement of results to define how one thinks project activities will contribute to the goal.

EXECUTIVE SUMMARY

Background

The Islamic Medical Association of Uganda (IMAU) is a faith-based non-governmental organization that has been promoting the faith-based approach to HIV/AIDS prevention, treatment and care and support for over 20 years. This approach has five components which are incorporated in processes for HIV/AIDS prevention, treatment, care and support by individuals, families and communities.

The main purpose of this approach is to encourage individuals, families and communities to use the strengths of their beliefs in their faith teachings to promote behaviours that support HIV/AIDS prevention and control. For example faith teachings promote avoiding sex outside marriage by abstaining from sex when not married (A) and being faithful to the spouse or spouses when married (B). This is the AB strategy that is being promoted in Uganda and is in line with the faith-based approach to HIV/AIDS. The ultimate goal of this strategy is to reduce new HIV infections. In effect, the majority of those who become more religious and follow their faith teachings are expected to reduce new HIV infections in their communities.

Incidentally, the outcomes and influence of the activities of the faith-based approach to HIV/AIDS prevention as used by IMAU’s community educators, who include religious leaders and their assistants, were not being adequately monitored and evaluated by the existing M&E system.
In addition, the inputs, processes and outputs that are expected to lead to the outcomes had not been adequately analyzed and documented due to the inadequate capacity in the IMAU M&E unit to analyze and document the available data. Baseline data on expected outcomes upon which to base future monitoring and evaluation activities was also lacking because opportunities to collect such data were not utilized in the past or they were not available.

The fellowship project was undertaken in a bid to bridge the gaps that existed in the monitoring and evaluation system of the faith-based approach to HIV/AIDS prevention used by IMAU.

**Methodology and results**

The project was implemented at Saidina Abubakar Islamic Hospital and its surrounding communities. The hospital houses the headquarters of Islamic Medical Association of Uganda and it is where the medium term fellow was sitting. The hospital is located at Wattuba, 14 km on Bombo road, north of Kampala City, in Wakiso District. IMAU hospital staff work with religious leaders close to the hospital to educate the surrounding communities about issues of HIV prevention and control using the five-pillar Faith-based Approach to HIV/AIDS. The religious leaders and their assistants were trained to use a curriculum with both scientific information and faith teachings, in the process of educating their communities.

Between August 2010 and March 2011 the following activities were done:

1. Formed the Fellowship Project Team
2. Retrieved and reviewed the existing M&E system of the Faith Based Approach to HIV/AIDS,
3. Analyzed the existing data to produce baseline indicators for the FBAA
4. Held a 4-day consultative workshop with the Fellowship Project Team.
5. Developed and documented the Strategic Direction for the FBAA.
6. Developed and documented the Logical model and Logical Framework for the FBAA.

7. Developed and documented the M&E matrix.

8. Obtained baseline qualitative data on the impact of HIV/AIDS in the community and the potential role of religiosity in combating HIV/AIDS.

9. Documented and disseminated project outcomes to the general IMAU staff, Religious leaders, community educators and other stakeholders. This included participating in documenting the findings for publication in peer reviewed Journals. One article was accepted for publication during the period of the fellowship. The article is entitled “Religiosity for HIV prevention in Uganda: a case study among Christian youth in Wakiso district”. It was accepted for publication in African Health Sciences.

As a result the project was successfully implemented and;

The IMAU monitoring and evaluation system for the faith-based approach to HIV/AIDS prevention was improved. This was done by developing relevant M&E tools which include strategic direction, the results chain, logical framework, results path and M&E matrix. All this was done using a participatory approach with stakeholders.

Baseline data on the expected outcomes of the faith-based approach to HIV/AIDS prevention were established. These included relevant levels of religiosity, relevant sex-related behaviours and HIV prevalence rates among young people 15-24 years old in Wakiso district.

An HIV sero-behavioral-religiosity survey can provide evidence-based data which can be used to monitor and evaluate the faith-based approach to HIV/AIDS prevention. However, there are limitations to attributing any observed future improvements in the baseline indicators to any one intervention
Recommendations

As a way forward, the fellowship team recommended that:

1. Saidina Abubakar Islamic Hospital and the surrounding communities should be supported by IMAU and other stakeholders, to develop into a surveillance site for monitoring and evaluating the faith-based approach to combat HIV/AIDS. This site should become a knowledge hub for all stakeholders interested in using the faith-based approach in their interventions for HIV/AIDS prevention and control.

2. The M&E unit at IMAU should be supported by IMAU and other stakeholders with more resources, including human, financial and technical resources.

3. IMAU should apply for more fellows from the MakSPH-CDC HIV/AIDS Fellowship program to continue to improve the M&E activities as well improving the quality of the HIV/AIDS services being offered.
1.0 INTRODUCTION AND BACKGROUND

1.1 Introduction

The Islamic Medical Association of Uganda (IMAU) is a faith-based non-governmental organization that has been promoting the faith-based approach to HIV/AIDS (FBAA) prevention, treatment and care and support for over 20 years. This approach has five components which are incorporated in processes for HIV/AIDS prevention, treatment, care and support by individuals, families and communities. These are:

1. Believing in God
2. Learning and using scientific knowledge as recommended by faith teachings to prevent and control HIV/AIDS.
3. Making use of religious teachings and practices to prevent and control HIV/AIDS.
4. Forming partnerships with and making use of religious leaders and their administrative structures in HIV/AIDS prevention and control.
5. Making use of the concept of self-control (struggle of the soul against temptation as recommended by faith teachings) by each individual to prevent and control HIV/AIDS.

The main purpose of this approach is to encourage individuals, families and communities to use the strengths of their beliefs in their faith teachings to promote behaviours that support HIV/AIDS prevention and control. For example faith teachings promote avoiding sex outside marriage by abstaining from sex when not married (A) and being faithful to the spouse or spouses when married (B). This is the AB strategy that is being promoted in Uganda and is in line with the faith-based approach to HIV/AIDS. The ultimate goal of this strategy is to reduce new HIV infections. In effect, the majority of those who become more religious and follow their faith teachings are expected to reduce new HIV infections in their communities.
The Islamic Medical Association of Uganda has been promoting the faith-based approach to HIV/AIDS without a good monitoring and evaluation system. In 2005, IMAU requested IPH/CDC/HIV/AIDS fellowship programme for a fellow to assist in improving the Monitoring and Evaluation of the faith-based approach to HIV/AIDS. A long term fellow Dr. Emmy Muramuzi was subsequently posted to IMAU. At the completion of his fellowship he made a report entitled “The Monitoring and Evaluation system for the faith-based network model programme for improving HIV/AIDS services at Islamic Medical Association of Uganda”.

In this report the key successes achieved included:

1. The capacity and skills of the monitoring and evaluation team to provide information was improved through improved storage facilities for both electronic data and hard copy data.

2. A documented monitoring and evaluation plan was made to guide future program implementation.

3. In order to address the challenges met, recommendations made in the report included the following:

4. IMAU should plan and conduct an evaluation of the faith-based approach to HIV/AIDS to assess its outcome. This will assist IMAU to sell the model for replication elsewhere.

5. IMAU should buy more computers and network data entry through a central server to quicken the process and reduce the workload of the M&E unit.

6. The IMAU M&E team should continuously supervise the data collection processes to improve the quality of the data collected.

7. IMAU should improve the human resource capacity at the M&E unit by involving more staff in this activity.
1.2 Background to IMAU

IMAU is a faith-based non-governmental organization of Muslim health professionals which was established in 1988. The headquarters of IMAU are at Wattuba, 14km on Bombo road in Wakiso district. This is also the location of Saidina Abubakar Islamic Hospital which is run by IMAU as a separate project. IMAU has been involved in HIV/AIDS activities since 1989. Initially, IMAU participated extensively in community mobilization and education on HIV/AIDS issues through Imams in 11 districts. Later in 1995, this activity was expanded to include Christian religious leaders. In 2005 when Saidina Abubakar Islamic Hospital was opened, IMAU started providing additional services for HIV/AIDS treatment, care and support. In delivering all its HIV/AIDS services IMAU strives to use the faith-based approach.

1.3 Situation analysis

The HIV prevalence in Uganda is still high at 6.4%. It is estimated that 110,000 new infections occur annually in Uganda. In communities in Wakiso district where IMAU is working the HIV prevalence is estimated to be 8.5% which is higher than the national average.

IMAU has been implementing the faith-based approach to HIV/AIDS among communities surrounding Saidina Abubakar Islamic hospital since 2005. The communities include 30 mosques and 30 churches around the hospital and 90 other places of worship elsewhere in Wakiso district. The religious leaders and their assistants in these places of worship educate communities through sermons, group talks and home visits. In addition they refer clients to health facilities for services such as prevention of mother to child HIV transmission (PMTCT) and Antiretroviral therapy (ART).

For example between April 2009 and March 2010 the planned outputs and achieved outputs for the PMTCT project were as follows:
Table 1: Planned and achieved outputs of IMAU’s PMTCT project April 2009 to March 2010

<table>
<thead>
<tr>
<th>Project activity</th>
<th>Planned Annual target</th>
<th>Planned quarterly target</th>
<th>Achieved in quarter (January 2010–March 2010)</th>
<th>Cumulative to date (April 2009–March 2010)</th>
<th>% of annual target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of new community members on PMTCT</td>
<td>30,000</td>
<td>7,500</td>
<td>8,996</td>
<td>48,086</td>
<td>160.30%</td>
</tr>
<tr>
<td>Provision of PMTCT/ANC services to pregnant women at SAIH, SANH, &amp; outreach health centres</td>
<td>4,000</td>
<td>1,000</td>
<td>804</td>
<td>2,803</td>
<td>70.10%</td>
</tr>
<tr>
<td>Referral of pregnant women for PMTCT services</td>
<td>4,500</td>
<td>1,125</td>
<td>804</td>
<td>3,097</td>
<td>68.80%</td>
</tr>
<tr>
<td>Post training follow up for IMAU trainers.</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>35</td>
<td>100%</td>
</tr>
<tr>
<td>Post training follow up for contact PMTCT service providers.</td>
<td>75</td>
<td>75</td>
<td>73</td>
<td>75</td>
<td>100%</td>
</tr>
<tr>
<td>Post training follow up for IMAU community educators.</td>
<td>450</td>
<td>450</td>
<td>510</td>
<td>572</td>
<td>127.10%</td>
</tr>
</tbody>
</table>

The existing M&E system has most of the components, however it lacks a logical framework and an evaluation plan. The M&E plan that was formulated focused mainly on the monitoring component of the system and this explains why the existing system cannot evaluate the outcome of the faith-based approach to HIV/AIDS prevention.

1.4 What had been done at IMAU on M&E of the FBAA

Table 2: Activities done at IMAU before the medium term fellowship project

<table>
<thead>
<tr>
<th>Designing an M&amp;E system</th>
<th>Partly done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of project Goal, purpose, objectives</td>
<td>Done</td>
</tr>
<tr>
<td>Development of a logical and results framework</td>
<td>Not done</td>
</tr>
<tr>
<td>Development an M&amp;E plan</td>
<td>Done</td>
</tr>
<tr>
<td>Development of an Evaluation plan</td>
<td>Not done</td>
</tr>
</tbody>
</table>
2.0 LITERATURE REVIEW

2.1 Monitoring and Evaluation:

Monitoring is the systematic collection and analysis of information as a project progresses. It is a valuable tool for good management. It helps NGOs and CBOs staff members to determine whether financial resources are sufficient and are being well used, whether the human capacity in their organizations is adequate and whether they are actually doing what they planned to do. Evaluation occurs at the termination of the project, but sometimes also at mid-term, when what was promised in the project proposal is compared with what has been accomplished and actual project impacts are measured against the strategic plans agreed upon with donors at the project outset (Hunter, 2009).

The importance of M&E has been well described in one report as follows (National Treasury South Africa, 2007):

The power of measuring results, makes one to see success from failure,
If you do not measure results, you cannot tell success from failure,
If you cannot see success, you cannot reward it,
If you cannot reward success, you are probably rewarding failure,
If you cannot see success, you cannot learn from it,
If you cannot recognize failure, you cannot correct it,
If you can demonstrate results, you can win public support and donor interest.

2.2 Results Chain

The results chain focuses on the achievements of results, and defines how you think project activities will contribute to your goal. It is composed of an activity or strategies (a group of activities), desired outcome, and the ultimate impact that these results will have on the HIV reduction target.
A goal is a formal statement of a desired impact on a target and an objective is a formal statement of a desired outcome.

A good results chain should meet the following criteria:

- Results oriented to desired results (e.g. reduction of HIV infections)
- Causally linked i.e. a clear “if … then” connection between successive boxes implementing the project activities.
- Demonstrates change, how one hopes the relevant factor will change (e.g improve, increase or decrease).
- Reasonably complete: sufficient boxes to construct logical connections but not so many that the chain becomes overly complex.

To be successful, a project must be based on both a sound project theory, in other words, an accurate results chain and a good implementation plan. When a project does not produce desired results people usually assume that the project team did not carry out the planned activities well enough. Projects may fail due to theory failure, even when the project team does an excellent job in implementing the project activities. Results chains are used as an important tool to help in the development of the action plan including the objectives and strategic activities. The results chain is also used when designing a monitoring plan for the analysis and adaptation phase. Hence it analyzes the extent to which you have achieved your goals and objectives, and why you have seen progress or lack thereof. An example is that if you have implemented your project as planned but have not achieved the desired results then you should examine what assumptions in the result chain may not be valid and make necessary changes to strengthen your project theory. The result chain can also provide important inputs for the feedback and evaluation because it defines your project theory. This provides evaluation with a framework for measuring the progress of the project.
2.3 Logical Framework Approach
The Logical Framework Approach (LFA) is a long established activity design methodology used by a range of major multilateral and bilateral donors. It is based on a systematic analysis of the development situation, particularly key development problems and the options for addressing these problems.

It can be applied in a range of circumstances and to a range of types of activities. Although mainly used in the past for the well-established forms of activities, it can also be used for new forms of activities such as program support and macro-policy support.

The LFA is an analytical, presentational and management tool which can help planners and managers accomplish the following

- analyze the existing situation during activity preparation
- establish a logical hierarchy of means by which objectives will be reached
- identify the potential risks to achieving the objectives, and to sustainable outcomes
- establish how outputs and outcomes might best be monitored and evaluated
- present a summary of the activity in a standard format, and
- monitor and review activities during implementation.

LFA can be used throughout the management of activities to achieve the following

- identifying and assessing activity options
- preparing the activity design in a systematic and logical way
- appraising activity designs
- implementing approved activities, and
- monitoring, reviewing and evaluating activity progress and performance.
LFA is best started early in activity design. It is more difficult to use the LFA to review and/or restructure ongoing activities which were not designed using LFA principles and practices. As LFA is an ‘aid to thinking’, it has widespread and flexible application.

Activity planning and management should always be approached as a team task. This means that adequate opportunity should be given to colleagues and key stakeholders to provide input to the process and product of LFA. This can be supported by

- taking time to explain the principles of LFA and clarifying the terminology used
- integrating effective team work and adult learning methods into meetings with stakeholder groups, and
- ensuring that stakeholder groups are involved in situation and/or problem analysis, particularly in early design.

However, LFA is not a tool that all participants should necessarily be expected to understand or use. While ‘logical’ in concept, its effective application poses many challenges, even to the experienced user.
3.0 STATEMENT OF THE PROBLEM, PROJECT JUSTIFICATION, GOAL AND OBJECTIVES

3.1 Problem Statement

The outcomes of the activities of the faith-based approach to HIV/AIDS prevention being used by IMAU’s community educators, who include religious leaders and their assistants, are not being adequately monitored and evaluated in the targeted communities by the existing M&E system.

The expected positive outcomes include:
1. Increased religiosity for those who follow their faith teachings.
2. Increased number of people with behaviours that are likely to reduce new HIV infections such as abstaining from sex and being faithful in marriage.
3. Reduced new HIV infections in the target communities.

In addition, the inputs, processes and outputs that are expected to lead to the outcomes have not been adequately analyzed and documented. One reason for this problem is that there is inadequate capacity in the IMAU M&E unit to analyze and document the available data. Another reason is that there is no baseline data on expected outcomes upon which to base future monitoring and evaluation activities. This is because opportunities to collect such data might not have been utilized in the past or they were not available.

These problems were addressed by building the capacity of the M&E unit to analyze and document available data through development of the logical model and results framework. This was done by practically analyzing and documenting the available data so that the M&E team learns by doing. In addition there was an opportunity to obtain baseline data from one of IMAU’s projects. IMAU undertook home-based HIV counseling and testing among its target communities surrounding Saidina Abubakar Islamic Hospital. In this project young people 15 – 24 years were asked about their religiosity and sex-related behaviors. They were also tested for HIV infection. The HIV infections in this age group are expected to be mostly new cases. The HIV prevalence rates in this age group was therefore, expected to be close to the HIV incidence rates (new cases). This
project provided an opportunity to collect baseline data on expected outcomes which would be used in future monitoring and evaluation activities. The M&E team built its capacity to produce baseline data by participating in analyzing and documenting this baseline data.

3.2 Project justification

It is assumed that the faith-based approach to HIV/AIDS leads to favorable outcomes regarding HIV prevention and control. However, there is limited documented evidence for this assumption. There is need to document the inputs, processes, outputs and outcomes of this approach so that if it is found useful it can be replicated elsewhere. If the approach does not lead to the expected positive outcomes then modifications may need to be made by IMAU and other advocates of the approach to see if the desired outcomes can be achieved.

3.3 Goal and Objectives of the Fellowship Project Activity

3.3.2 General objective

To improve the monitoring and evaluation system of the faith-based approach to HIV/AIDS prevention among communities targeted by IMAU, surrounding Saidina Abubakar Islamic Hospital.

3.3.3 Specific objectives

1. To develop, in a participatory manner, relevant monitoring and evaluation tools for the faith-based approach to HIV/AIDS prevention including the strategic direction, results path/chain, logical framework and M&E matrix.

2. To establish baseline data on the expected outcomes of the faith-based approach to HIV prevention including levels of religiosity, relevant sex-related behaviours and prevalence rates of HIV infections among young people 15-24 years old in the target communities, using the existing data.
4.0. METHODOLOGY

4.1 Formation of the fellowship team

4.2. Consultative workshop

Improvement in the M&E system is only meaningful when translated into action at all levels. This is only possible if implementers know what to do, when to do it and how to do it. To achieve this objective a 4-day consultative workshop was conducted and the strategic direction formulated. The workshop was done in a participatory manner with the fellowship team including religious leaders and service providers. The outcome of the workshop included developed results chain/pathway, Logical framework and M&E matrix. The Goal, Mission, Vision and objectives of the FBAA were identified.
4.2.4 Development of Monitoring and Evaluation Matrix

Baseline data was incorporated into the matrix. Each objective was assigned an evaluation question and baseline and follow up questions. Data collection was subdivided into frequency, collection tool and the responsible person. Last but not least, the matrix was designed to show how the information was to be used.

4.1.1 Getting baseline data

A convenience sample of Muslim communities from 30 mosques around the hospital had been selected to participate in a research project to study religiosity and HIV infections. IMAU uses the faith-based approach to HIV/AIDS for Christian communities as well and 30 churches surrounding the hospital had also been chosen to participate in the study. Because of different faith traditions, the baseline data for Christians and Muslims was obtained separately. The main study was a case-control study. Cases were defined as respondents between 15-24 years who tested positive for HIV. Controls were defined as respondents who
tested HIV negative in the same age group. They were selected randomly from HIV negative respondents at the completion of the study. The respondents were identified through home-based HIV counseling and testing which was done by IMAU hospital staff for communities surrounding the places of worship but specifically targeting homes with 15-24 year old clients.

The fellow and the M&E officer retrieved and reviewed data from this study on religiosity and HIV infection. They used the 2 laptops procured by the Fellowship program funds to expedite their work. They were then able to establish baseline indicators on the expected outcomes of the Faith-Based Approach to HIV/AIDS prevention. These indicators include level of religiosity, relevant sex-related behaviours and prevalence rates of HIV infections among the young people of 15 to 24 years as the target group.
5.0 RESULTS
Between August 2010 and March 2011 the following activities were done:

1. Formed the Fellowship Project Team
2. Retrieved and reviewed the existing M&E system of the Faith-Based Approach to HIV/AIDS,
3. Analyzed the existing data to produce baseline indicators for the FBAA
4. Held a 4-day consultative workshop with the Fellowship Project Team
5. Developed the Strategic Direction for the FBAA
6. Developed and documented the Logical model and Logical Framework for the FBAA
7. Developed and documented the M&E matrix
8. Obtained baseline qualitative data on the impact of HIV/AIDS in the community and the potential role of religiosity in combating HIV/AIDS.
9. Documented and disseminated project outcomes to the IMAU staff, religious leaders, community educators and other stakeholders. This included participating in documenting the findings for publication in peer reviewed Journals. One article was accepted for publication during the period of the fellowship. The article is entitled “Religiosity for HIV prevention in Uganda: a case study among Christian youth in Wakiso district”. It was accepted for publication in African Health Sciences.

5.1 STRATEGIC DIRECTION
The Strategic Direction for IMAU’s Community Faith-Based Approach to HIV/AIDS prevention was agreed upon as follows:

5.1.1. Vision
Wakiso district free from HIV and its effects using religious principles

5.1.2. Mission
To promote behaviour change in Wakiso district to reduce HIV prevalence using the faith-based approach through community mobilization, home visits and upholding religious-based family values.

5.1.3 Goal

To contribute to the reduction of HIV prevalence in Wakiso district by 2015.

5.1.4. Objectives

1. To increase the proportion of people who know their HIV status by 2015
2. To increase demand for HIV services (prevention, treatment and care) through community awareness campaigns by 2015
3. To increase the level of religiosity among the people of Wakiso District by 2015

5.1.5. Strategic Activities

1. Conduct HIV counseling and testing
2. Refer clients for HCT Services
3. Conduct home visits
4. Create HIV/AIDS service demand
5. Carry out family counseling to uphold religious-based family values
6. Train Religious Leaders and community educators
7. Conduct community education and mobilization
8. Distribute IEC materials including relevant faith-based teachings

5.2 RESULTS CHAIN

5.2.1 Development of the Results Chain/path

Through group discussions in a workshop, the project team developed IMAU faith based project results chain. The chain included linkage between the strategies, outputs, intermediate results and the impact. The results chain illustrates the flow of activities implemented by IMAU. Later on, IMAU decided to print canvas banner indicating the developed results chain that was displayed in
IMAU’s board room for better understanding of IMAU undertakings and its intended results as illustrated below in figure 2:
Figure 3: Results chain/path analysis: pathway to change using the faith based approach to HIV/AIDS prevention

Reduction in HIV prevalence in Wakiso District

Intermediate result 8
Reduced risk behavior

Intermediate result 6
Increased number of people who know their Sero-status

Intermediate result 7
HIV/AIDS treatment and care services scaled up

Intermediate result 5
Increased utilization of HCT services

Intermediate result 4
Increased demand for HIV/AIDS services

Intermediate result 3
Increased religiosity in the target population

Intermediate result 2
Increased community awareness of HIV

Intermediate result 1
Increased community awareness of HIV

Output 2
Community mobilized and sensitized

Output 5
Community members referred for HIV services

Output 4
People provided with HBCKs and psycho social support

Output 3
IEC material distributed

Output 1
Community educators and religious leaders trained

Strategy 5
Conducting HIV counseling and testing

Strategy 6
Conducting Home VISITS based on the FBAA

Strategy 4
Distributing IEC materials including relevant faith based teachings

Strategy 3
Training Religious Leaders and community educators for community mobilization

Strategy 2
Conducting community education and mobilization using the FBAA

Strategy 1
Carrying out Family counseling to restore family values using FBAA

Intermediate result 6
Family members counseled

Intermediate result 7
People counseled and tested for HIV

Intermediate result 9
HIV/AIDS treatment and care services scaled up
The results path has 6 strategies described below:

**Strategy 1: Conducting community education and mobilization using the FBAA**

IMAU conducts community education and mobilization with the aim of increasing the community awareness about HIV issues to enable the community members access the HIV/AIDS services available within the community. The immediate results for this strategy is community mobilized and sensitized that leads to increased community awareness of religiosity, increased religiosity in the target population, increased community awareness of HIV/AIDS, increased demand for HIV/AIDS services, increased utilization of HCT services, increased number of people who know their HIV sero-status, HIV/AIDS treatment and care services scaled up, reduced risky behaviours and finally the end result is reduced HIV prevalence in Wakiso District.

**Strategy 2: Training Religious Leaders and community educators for community mobilization**

IMAU trains religious leaders and community educators for community mobilization to equip them with skills to enable them support community structures in the fight against HIV/AIDS. The output of this strategy (educators and religious leaders trained) influences the immediate result of increased community awareness of religiosity, increased religiosity in the target population, increased community awareness of HIV/AIDS, increased demand for HIV/AIDS services, increased utilization of HCT services, increased number of people who know their HIV sero-status, HIV/AIDS treatment and care services scaled up, reduced risky behaviours and finally reduced HIV prevalence in Wakiso District. This leads to an output of community.

**Strategy 3: Distributing IEC materials including relevant faith-based teachings**

IMAU also distributes IEC materials to its clerks. Materials distributed always increase community awareness and consequently, leads to increased demand for HIV/AIDS services, increased utilization of HCT services, and increased number of people who know their HIV sero-status, reduced risky behaviours and then reduced HIV prevalence in Wakiso District. The materials may be both hard copy and electronic.
Strategy 4: Conducting home visits based on the FBAA
This leads to community members referred for HIV services, people provided with HBCKs and psycho-social support, increased demand for HIV/AIDS services, increased utilization of HCT services, increased number of people who know their HIV sero-status, reduced risky behaviours and then reduced HIV prevalence in Wakiso district.

Strategy 5: Carrying out family counseling to uphold religions-based family values using FBAA
This leads to family members counseled, increased demand for HIV/AIDS services, increased utilization of HCT services, increased number of people who know their HIV sero-status, reduced risky behaviours and then reduced HIV prevalence in Wakiso district.

Strategy 6: Conducting HIV counseling and testing
This leads to people counseled and tested for HIV, increased demand for HIV/AIDS services, increased utilization of HCT services, increased number of people who know their HIV sero-status, reduced risky behaviours and reduced HIV prevalence in Wakiso district.
5.4. THE LOGICAL FRAMEWORK FOR THE FAITH-BASED APPROACH TO HIV/AIDS PREVENTION

The project team developed logical framework for the FBAA. The Logical Framework clearly demonstrates the “cause and effects: and “means to end” relationship of the Faith-based approach to HIV/AIDS prevention logic. It shows how particular lower level strategies lead to higher level results. The key performance indicators for each level in the framework were also developed with clear means of verification specified, showing where to find monitoring information on each indicator. The developed logical framework is shown in table 3 below:

Table 3: Logical Framework

<table>
<thead>
<tr>
<th>Narrative</th>
<th>OVI</th>
<th>MOV</th>
<th>Assumption/risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>To reduce HIV prevalence in Wakiso district by 2015</td>
<td>Reduced HIV infections in Wakiso District from 8% by 2015</td>
<td>Ministry of Health Reports</td>
<td></td>
</tr>
</tbody>
</table>

**OBJECTIVES**

1. To increase the proportion of people who know their sero-status by 2015

Percentage of people who know their sero-status increased by 60% by 2015

HCT reports

HCT services are conducted throughout the entire project period

2. To increase demand for HIV services (treatment and care) through community awareness campaign by 2015

Percentage increase of people who have never tested but are willing by 50%

Community study

The Islamic hospital has the facilities for those who are referred for Palliative care services. HIV drugs (ARV) are provided by M.O.H.

Percentage increase of PHAs in enrolled in care by 20%

MOH ART reports

Health centers III in Wakiso district have been staged as IMAU outreaches for easy accessibility for HIV services.
3. To increase the level of religiosity among the people of Wakiso District by 2015

| Percentage increase in the number of Muslims with Sujuda from 42% to 60% in Wakiso district |
| Percentage increase in the number of people who pray either at church or privately from 60% to 80% among Christians in Wakiso district. |
| Community study |
| Curriculums which contain scientific knowledge recommended by faith teachings are available for use by the religious leaders and community educators. |

**OUTPUTS**

| 1 Increase in the number of community members who understand HIV related issues and the importance of being religious |
| 50% increase in the number of community members who understand HIV related issues and the importance of being religious |
| Community study |
| Community sensitization on HIV related issues is performed |

| 2 Increased access to HIV/AIDS (prevention, treatment and care) services |
| 30% increase in the number of clients accessing HIV/AIDS services by 2015 |
| Project reports |
| Availability of all HIV services within the hospital setting. |

| 3 Reduced risk behaviors among family members |
| 40% reduction in reported HIV risk behaviors among family members in Wakiso district by 2015 |
| Community study |
| Family counselors are adequately equipped to carry out counseling activities. |

**STRATEGIES**

| 1.1 Conducting community education and mobilization using the FBAA |
| At least 2,500 community members educated and sensitized about HIV/AIDS monthly, using the faith based approach. |
| Activity reports |
| Curriculum on the faith based approach to HIV/AIDS will be available for use by the religious leaders and community educators. |

<p>| 1.2 Training Religious Leaders and community educators for community mobilization |
| 200 community educators and religious leaders trained |
| Trainers’ reports. |
| Training funds are available |</p>
<table>
<thead>
<tr>
<th>1.3 Distributing IEC materials including relevant faith based teachings</th>
<th>9000 IEC materials distributed to the community</th>
<th>Activity reports</th>
<th>IEC materials are printed and available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Conducting Home visits based on the FBAA</td>
<td>500 bedridden PHAs provided with HBCKs and psycho social support</td>
<td>Activity reports</td>
<td>Availability of transport and staff allowances</td>
</tr>
<tr>
<td>2.2 Conducting HIV counseling and testing</td>
<td>At least 700 clients counseled, tested and given HIV results monthly</td>
<td>HCT reports</td>
<td>Memorandum of understanding was signed between IRCU, MJAP and IMAU to provide the testing kits to be used during the exercise.</td>
</tr>
<tr>
<td>2.3 Pregnant HIV mothers referred for PMTCT</td>
<td>At least 250 pregnant women referred for PMTCT services monthly</td>
<td>PMTCT referral cards</td>
<td>Availability of referral cards</td>
</tr>
<tr>
<td>2.4 HIV negative uncircumcised males referred for SMC?</td>
<td>At least 500 HIV negative uncircumcised males referred for SMC monthly</td>
<td>HIV service referral cards</td>
<td>The Islamic hospital has the facilities for those who are referred for SMC</td>
</tr>
<tr>
<td>2.5 Members of HIV affected households referred to the family counseling clinic?</td>
<td>At least 20 HIV affected household members referred to the hospital family counseling clinic monthly</td>
<td>Family counseling clinic register</td>
<td>Family counselors are readily available on a daily basis</td>
</tr>
<tr>
<td>3.1 Carrying out Family counseling to restore family values using FBAA</td>
<td>At least 30 families counseled monthly to restore family values using the FBAA</td>
<td>Activity reports</td>
<td>Availability of transport and staff allowances</td>
</tr>
</tbody>
</table>
The essence of using the Logical Framework Approach for project planning and monitoring is to clearly analyze and demonstrate the “cause and effect” and “means to end” relationship underlying the program logic. The risks and assumption column makes explicit the assumptions about how particular lower level activities or objectives will lead to higher level results. This analysis should be done during the planning phase. For example, in the Faith Based Approach to HIV/AIDS prevention, Logical framework, the activity of conducting home visits based on the FBAA will lead to conducting community education and mobilization using FBAA as a strategy, on the assumption that curricula on the faith based approach to HIV/AIDS will be available for use by the religious leaders and community educators. This will cause an increase in number of community members who will understand HIV related issues and the importance of being religious as an output by 50%. The objective is to increase the level of religiosity among people of Wakiso District by 2015. This can be verified for example by the number of Muslim youth with Sujda increasing from 42% to 60%. For the Christian youth, the number of people who pray privately is expected to increase from 60% to 80%. All these will lead to an ultimate goal of reduced HIV prevalence in Wakiso District.

If an activity of conducting HIV counseling and testing with a target of 700 clients counseled tested and given results, is done, using the strategy of training 200 religious leaders, service providers and community educators, with the assumption that, training funds will be available, then we expect 30% increase in number of infected clients that access HIV/AIDS (prevention, treatment and care) services assuming that there is availability of all HIV services within the hospital setting. We then expect to meet our objective of a 50 % increase, in demand for HIV services (treatment and care) through community awareness campaigns by 2015, leading to an ultimate goal of reduced HIV prevalence in Wakiso District.

If an activity of 20 members of households referred to the family counseling clinic is done, assuming that family counselors are readily available on a daily basis with transport and allowances, and using the strategy of conducting community education and mobilization using the FBAA curriculum by 200 community educators, then this will lead to 40% reduction in risky behaviours among family members. Then, the objective of
an increase by 60% in the number of people who will know their HIV sero-status will be achieved. This will lead to an ultimate goal of reduced HIV prevalence in Wakiso District.

Once the results and risk assumptions have been made, the indicators must be made and also targets should be set. For each indicator, it is important to determine what information will be collected and to specify details of how the information will be handled. For example for the FBAA, the information obtained will be used to determine the effectiveness of IMAU interventions and also to determine the impact of religiosity on risky behaviours related to HIV infections.

The Means of Verification column is mainly to specify where to find monitoring information on any indicator. Example includes activity reports and Ministry of Health ART books.
5.5. THE MONITORING AND EVALUATION MATRIX:

This was developed to show the required data related to the strategies, outputs objectives and the ultimate goal. It is shown in table 4 below. The baseline values for indicators in the M&E matrix were obtained from IMAU project reports and the data from the field study that was done on the relationship between religiosity and HIV infections.

The relevant baseline sero-behavioral-religiosity indicators were included in the M&E matrix.

This study was done between July 2010 and December 2010 among 2933 Christian youth and 1224 Muslim youth aged 15-24 years, who were counseled and tested for HIV. In this study, it was found that lower levels of the following religiosity dimensions were associated with higher rates of HIV infections among Christian youth: asking for God’s help amidst daily activities (odds ratio 1.87, p = 0.029), feeling guided by God amidst daily activities (odds ratio 1.98, p= 0.017), feeling thankful for God’s blessing (odds ratio 1.95, p=0.009), praying privately (odds ratio 1.64, p=0.012), trying hard to be patient in life (odds ratio 1.63, p= 0.031) and trying hard to love God (odds ratio 1.58, p=0.022). Among Muslim youth the following religiosity dimensions were associated with higher rates of HIV infections: those who had no Sujda, the dark spot on the forehead, (odds ratio 2.74, p=0.024) and those who fasted 1 month or less in a year (odds ratio 2.46, p= 0.028).

Among Christians the baseline proportion of the youth who abstained from sex was 25% overall and 54% among teenagers. The baseline proportion of Christian youth who were being faithful in marriage was 54% overall, and 41% in males and 65% in females. Among Muslim youth, the proportion who abstained from sex was 28% overall and 58% among teenagers. The baseline proportion of Muslim youth who were being faithful in marriage was 52% overall and 34% in males and 69% in females.
5.5. Qualitative baseline data on the impact of HIV/AIDS in the community and potential role of religiosity in combating HIV/AIDS.

This qualitative data was obtained from the following story:

Could religiosity have prevented HIV/AIDS in the family?

The story of Haniifa who got HIV infection at 12 years

In one of the households visited in Wattuba Village found in Nangabo Sub County in Wakiso District, was a young girl 17 years old. When we asked her where the elders were, a big middle aged lady came out of the house crawling. At first we thought that she had no legs. Her abdomen was also big. She welcomed us very well. We introduced ourselves and the purpose of the visit. The purpose of the visit was to educate the household about the HIV/AIDS infection and thereafter to test the targeted group of 15 to 24 years.

She told us to go ahead and test the young girl, who was her grand-daughter. By this time we had already known her name as Haniifa (not her real name). As the procedure was, we first counseled her about the testing exercise and the HIV/AIDS disease. She accepted to be tested. After the testing, the results were HIV positive. What surprised us was that she looked to be unbothered. Later we realized she had been tested before and had accepted her condition.

The team was so much interested and keen to know exactly how she acquired the disease. Fortunately, Prof Kagimu also got interested in this case because she was one of the few HIV positive cases got in the target group of Muslim youth. When he went to the home to visit Haniifa, he thought that it would be good to include her on the SAIH counseling team, thinking that she could do a good job in counseling her fellow youth about the disease, after appropriate training.

She was taken to SAIH laboratory for the CD4 count. Her count was 450. The Clinicians thought that she should be given septrin and monitored since she was near. It was suggested that SAIH recruits her as a volunteer. She was so happy for this offer and her, grandmother accepted it as well.
She was placed to assist at the reception. Her health was fine during the first year.

Later she started getting some ailments. She developed a distended abdomen. Many people thought that she was pregnant, but she wasn’t. She was diagnosed with a cancer called Kaposi’s sarcoma.

In the process they started giving her ARVs and she responded with a bit of improvement. She was later hospitalized due to her worsening condition. She recovered after a while, and everyone thought that she was improving. Later the condition worsened. At this time relatives decided to take her home. She was taken away from hospital on Saturday and on Sunday at 6.00p.m, she was announced dead!

We were surprised because we thought that she was recovering. She was buried in her ancestral village.

Those of us, who could not attend the burial, had to go to the grandmother to express our condolences. When we met her, she narrated the whole story concerning Haniifa. She told us that she had to disclose everything to us. She told us that she gave birth to 3 children, 2 girls and a boy. They all died of AIDS. The 2nd girl and the boy died without giving birth. So Haniifa’s mother was the only one who gave birth to Haniifa in 1993. At the time of birth the mother and Haniifa were both negative. Haniifa’s mother then moved to her father’s home in Masaka because the grandmother did not approve Haniifa’s father. He was a Muslim and her daughter was a Christian. In Masaka that is where the grandmother thought Haniifa’s mother acquired the HIV/AIDS infection. She spent there one year and when she surfaced at her mother’s home in Wattuba, she looked sickly. This was the time she was diagnosed and she tested HIV positive. When Haniifa was two and half years old, her mother died. After this, the grandmother had only Haniifa as her biological offspring.
Staying with the disabled grandmother, at the age of 12, Haniifa was difficult to control. She started to dodge school, and also started going out with men and sleeping over in night clubs.

The grandmother told us that Haniifa became pregnant at the age of 13. She had left home by the time she got pregnant. Realizing that she was pregnant and had contracted sexually transmitted diseases she opted to come back to her grandmother.

The grandmother sent her to Saidina Abubakar Islamic Hospital (SAIH) where she delivered a baby who died after some 2 months. She was tested for HIV as part of SAIH’s PMTCT program and found to be HIV positive. This is why she was not bothered about the results when she was tested positive at her home.

The grandmother described her as being a very difficult child, narrating all the bad risky behaviors she engaged in. These included theft, prostitution and participating in Karaoke and night clubs. The grand mother went ahead and narrated that,

“I warned Haniifa about AIDS. I told her, “Haniifa, if you had seen how your mother, her sister, and brother had suffered with AIDS you would not go out with so many men in Karaoke”. Haniifa used to reply to me and she said, “Grandmother you are old and you are on the wall. You cannot stop me from my enjoyment. I am still young”.

When Haniifa’s grandmother was asked whether her granddaughter’s religion was helpful, she replied

“Her religion was not helpful. Her father was a Tabliq but his religion was not in his behavior. He was arrogant and unappreciative of what I had done for his daughter. I am a Catholic but I did not change Haniifa’s religion. I insisted she remains in her fathers religion”.

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When Haniifa’s grandmother was asked whether religion could help in HIV/AIDS prevention, she replied,

“Religion could help but many people do not listen to it attentively and they do not put their religion into practice”.

At this moment the grandmother confessed that she could not tell SAIH about her bad behaviors fearing that she could be dismissed. Her workmates also noted that Haniifa was not very religious. She was not praying regularly despite staff offering her with the praying attires. After her death, we all wondered whether religiosity could have prevented HIV/AIDS in this family.
### Table 4: MONITORING AND EVALUATION MATRIX

<table>
<thead>
<tr>
<th>Narrative Summary</th>
<th>Monitoring &amp; Evaluation Questions</th>
<th>Baseline data</th>
<th>Data collection</th>
<th>How the information will be used</th>
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<tr>
<td><strong>GOAL</strong></td>
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<tr>
<td>To reduce HIV prevalence in Wakiso district by 2015.</td>
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<td></td>
<td>The information will be used to determine the possible effectiveness of IMAU’s project interventions in conjunction with other interventions aimed at HIV prevention.</td>
</tr>
<tr>
<td></td>
<td>A reduction in HIV prevalence in Wakiso district from 8.5% by 2015.</td>
<td>Numerator: Number of HIV positive people in Wakiso district.</td>
<td>Overall HIV prevalence at 8.5% in Wakiso district. 15-24 years old Christians 4%. 15-24 year old Muslims 2%</td>
<td>Once (end of project period)</td>
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<tr>
<td></td>
<td></td>
<td>Denominator: Total number of people in Wakiso district</td>
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<tr>
<td><strong>PURPOSE (OUTCOMES)</strong></td>
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<td>To increase the proportion of people who know their HIV sero-status by 2015</td>
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<td></td>
<td></td>
<td>Data collected and the information obtained will be used to support evidence-based planning and decision making for the next HIV Prevention projects</td>
</tr>
<tr>
<td></td>
<td>A 60% in the number of people who know their sero-status by 2015.</td>
<td>Numerator: How many people tested HIV positive?</td>
<td>21,051</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator: How many people have been tested and given results?</td>
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<tr>
<td>To increase demand for HIV services (treatment and care) through community awareness campaigns by 2015</td>
<td>1. A 50% increase in the number of people who have never tested but are willing to test for HIV by 2015.</td>
<td>Numerator: Total number of people willing to test for HIV.</td>
<td>33%</td>
<td>Twice (At the beginning and end)</td>
</tr>
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<td></td>
<td></td>
<td>Denominator: Total number of people who have not tested for HIV.</td>
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<td></td>
<td>2. A 20% increase in the number of PLHAs enrolled in care.</td>
<td>Numerator: New PLHAs enrolled in care.</td>
<td>995</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Denominator: Total number of people of PLHAs enrolled in care at the start of the project.</td>
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</table>
3. To increase the level of religiosity among the people of Wakiso District by 2015

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<tr>
<td>1.</td>
<td>A 20% increase in the number of Muslim youth with Sujda in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Muslim youths with Sujda. <strong>Denominator:</strong> Total number of Muslim youths.</td>
<td>42%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<tr>
<td>2.</td>
<td>A 20% increase in the number of Muslim youth who fast more than 1 month in a year in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Muslim youths who fast more than 1 month in a year. <strong>Denominator:</strong> Total number of Muslim youths.</td>
<td>86%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<tr>
<td>3.</td>
<td>A 20% increase in the number of Muslim youth who attend mosque more than once a week in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Muslim youths who attend mosque more than once a week. <strong>Denominator:</strong> Total number of Muslim youths.</td>
<td>38%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<td>4.</td>
<td>A 20% increase in the number of Muslim youth who wear a Muslim cap in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Muslim male youths who wear a Muslim cap. <strong>Denominator:</strong> Total number of Muslim male youths.</td>
<td>20%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<td>5.</td>
<td>A 20% increase in the number of female Muslim youth who wear Hijab in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Muslim female youths who wear Hijab. <strong>Denominator:</strong> Total number of Muslim female youths.</td>
<td>39%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<td>6.</td>
<td>A 20% increase in the number of Christian youth who pray privately in Wakiso district by 2015. <strong>Numerator:</strong> Total number of Christian youths who pray privately. <strong>Denominator:</strong> Total number of Christian youths.</td>
<td>60%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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</table>
| 7. A 20% increase in the number of Christian youth who ask for God’s help in daily activities in Wakiso district by 2015. | **Numerator:** Total number of Christian youths who ask for God’s help in daily activities.  
**Denominator:** Total number of Christian youths. | 22% | Twice (At the beginning and end) | Survey questionnaires | M&E Officer | To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection |
| 8. A 20% increase in the number of Christian youth who feel guided by God in daily activities in Wakiso district by 2015. | **Numerator:** Total number of Christian youths who feel guided by God in daily activities.  
**Denominator:** Total number of Christian youths. | 23% | Twice (At the beginning and end) | Survey questionnaires | M&E Officer | To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection |
| 9. A 20% increase in the number of Christian youth who feel thankful for God’s blessings many times a day in Wakiso district by 2015. | **Numerator:** Total number of Christian youths who feel thankful for God’s blessings many times a day.  
**Denominator:** Total number of Christian youths | 28% | Twice (At the beginning and end) | Survey questionnaires | M&E Officer | To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection |
| 10. A 20% increase in the number of Christian youth who try hard to be patient in dealing with self and others in Wakiso district by 2015. | **Numerator:** Total number of Christian youths who try hard to be patient in dealing with self and others.  
**Denominator:** Total number of Christian youths | 34% | Twice (At the beginning and end) | Survey questionnaires | M&E Officer | To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection |
| 11. A 20% increase in the number of Christian youth who try hard to love God in Wakiso district by 2015. | **Numerator:** Total number of Christian youths who try hard to love God.  
**Denominator:** Total number of Christian youths | 52% | Twice (At the beginning and end) | Survey questionnaires | M&E Officer | To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection |
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th>Numerator: Total number of Christian youths who read the Bible more than once a day.</th>
<th>Denominator: Total number of Christian youths</th>
<th>10%</th>
<th>Twice (At the beginning and end)</th>
<th>Survey questionnaires</th>
<th>M&amp;E Officer</th>
<th>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</th>
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<tbody>
<tr>
<td>12.</td>
<td>A 20% increase in the number of Christian youth who read the Bible more than once a day in Wakiso district by 2015.</td>
<td>Numerator: Total number of Christian youths who read the Bible more than once a day.</td>
<td>Denominator: Total number of Christian youths</td>
<td>10%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<tr>
<td>13.</td>
<td>A 20% increase in the number of Christian youth who fast according to religious tradition more than 1 month per year in Wakiso district by 2015.</td>
<td>Numerator: Total number of Christian youths who fast according to religious tradition more than 1 month per year.</td>
<td>Denominator: Total number of Christian youths</td>
<td>32%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<tr>
<td>14.</td>
<td>A 20% increase in the number of Christian youth who wear a cross in Wakiso district by 2015.</td>
<td>Numerator: Total number of Christian youths who wear a cross.</td>
<td>Denominator: Total number of Christian youths.</td>
<td>15%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
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<tr>
<td>15.</td>
<td>A 20% increase in the number of Christian youth who attend church more than once a week in Wakiso district by 2015.</td>
<td>Numerator: Total number of Christian youths who attend church more than once a week.</td>
<td>Denominator: Total number of Christian youths.</td>
<td>20%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>To determine the impact a high level of religiosity has on reducing risky behaviors towards HIV infection</td>
<td></td>
</tr>
<tr>
<td>4. To reduce HIV-related risky behaviours and increase protective behaviours among community members</td>
<td>1. A 30% increase in Christian youth who report abstaining from sex Wakiso district by 2015.</td>
<td>Numerator: Total number of sexually active Christian youths who report abstaining from sex. Denominator: Total number of sexually active Christian youths.</td>
<td>Overall – 25% Teenagers - 54%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
<td>Surveys with both serological, behavioral and religiosity components should be institutionalized and conducted every 2-3 years in order to improve data availability so that evidence based planning and decision making can be made for HIV Prevention.</td>
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<tr>
<td>2. A 30% increase in Christian youth who report being faithful in Wakiso district by 2015.</td>
<td>Numerator: Total number of married Christian youths who report being faithful. Denominator: Total number of married Christian youths.</td>
<td>Overall – 54% Males - 41% Females - 65%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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<td>3. A 30% increase in Christian youth who report condom use in Wakiso district by 2015.</td>
<td>Numerator: Total number of sexually active Christian youths who report condom use. Denominator: Total number of sexually active Christian youths.</td>
<td>Ever used – 77% Condom use during last sex outside Marriage - 60%</td>
<td></td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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<td>4. A 30% reduction in Christian youth who report having multiple lifetime sexual partners in Wakiso district by 2015.</td>
<td>Numerator: Total number of sexually active Christian youths who report having multiple lifetime sexual partners. Denominator: Total number of sexually active Christian youths.</td>
<td>Overall – 81% Males - 86% Females - 75%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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<td>5. A 30% reduction in Christian youth who report having multiple lifetime sexual partners outside marriage in Wakiso district by</td>
<td>Numerator: Total number of married Christian youths who report having multiple lifetime sexual partners outside marriage.</td>
<td>Overall – 57% Males - 63% Females - 46%</td>
<td>Twice (At the beginning and end)</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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<td>2015.</td>
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<tr>
<td>6. A 30% reduction in Christian youth who report having multiple lifetime marital sexual partners in Wakiso district by 2015.</td>
<td><strong>Denominator:</strong> Total number of married Christian youths.</td>
<td>Numerator: Total number of married Christian youths who report having multiple lifetime marital sexual partners.</td>
<td>Overall – 20% Males - 17% Females - 16%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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<tr>
<td>7. A 30% reduction in Christian youth who report ever having sex during menstruation in Wakiso district by 2015.</td>
<td>Numerator: Total number of sexually active Christian youths who report ever having sex during menstruation.</td>
<td>Numerator: Total number of sexually active Christian youths.</td>
<td>Overall – 18% Males - 17% Females - 21%</td>
<td>Twice (At the beginning and end )</td>
<td>Survey questionnaires</td>
<td>M&amp;E Officer</td>
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</table>
10. A 30% reduction in Christian youth who report ever being drunk in Wakiso district by 2015.

**Numerator:** Total number of Christian youths who report ever being drunk.
**Denominator:** Total number of Christian youths.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
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</thead>
<tbody>
<tr>
<td>70%</td>
<td>76%</td>
<td>62%</td>
</tr>
</tbody>
</table>

Twice (At the beginning and end)

Survey questionnaires

M&E Officer


**Numerator:** Total number of sexually active Christian youths who report ever taking alcohol before sex.
**Denominator:** Total number of sexually active Christian youths.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
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<tr>
<td>41%</td>
<td>42%</td>
<td>40%</td>
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Twice (At the beginning and end)

Survey questionnaires

M&E Officer


**Numerator:** Total number of Christian youths who report ever using narcotic drugs.
**Denominator:** Total number of Christian youths.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
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<tr>
<td>5%</td>
<td>9%</td>
<td>2%</td>
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</table>

Twice (At the beginning and end)

Survey questionnaires

M&E Officer

13. A 30% increase in Muslim youth who report abstaining from sex Wakiso district by 2015.

**Numerator:** Total number of sexually active Muslim youths who report abstaining from sex.
**Denominator:** Total number of sexually active Muslim youths.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Teenagers</th>
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<tr>
<td>28%</td>
<td>58%</td>
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</table>

Twice (At the beginning and end)

Survey questionnaires

M&E Officer

14. A 30% increase in Muslim youth who report being faithful in Wakiso district by 2015.

**Numerator:** Total number of married Muslim youths who report being faithful.
**Denominator:** Total number of married Muslim youths.

<table>
<thead>
<tr>
<th>Overall</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>52%</td>
<td>34%</td>
<td>69%</td>
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</table>

Twice (At the beginning and end)

Survey questionnaires

M&E Officer
15. A 30% increase in Muslim youth who report condom use in Wakiso district by 2015.

- **Numerator**: Total number of sexually active Muslim youths who report condom use.
- **Denominator**: Total number of sexually active Muslim youths.
- **Condom use during last sex outside Marriage** - 64%
- **Twice (At the beginning and end)**
- **Survey questionnaires**
- M&E Officer


- **Numerator**: Total number of Muslim youths who report ever drinking alcohol.
- **Denominator**: Total number of Muslim youths.
- **Twice (At the beginning and end)**
- **Survey questionnaires**
- M&E Officer

17. A 30% reduction in Muslim youth who report ever using narcotic drugs in Wakiso district by 2015.

- **Numerator**: Total number of Muslim youths who report ever using narcotic drugs.
- **Denominator**: Total number of Muslim youths.
- **Twice (At the beginning and end)**
- **Survey questionnaires**
- M&E Officer
### OUTPUTS

| 1. Community members who understand HIV related issues and the importance of being religious | A 50% in the number of community members who understand HIV related issues and the importance of being religious and using the FBAA in Wakiso district by 2015. | Numerator: New community members educated and sensitized on HIV related issues and the importance of being religious and using the FBAA. **Denominator:** Total number of community members educated and sensitized on HIV related issues and the importance of being religious and using the FBAA at the start of the project. | 170,665 | Monthly | Attendance Reports | Project coordinator | Information will be used for monitoring achievement of project results. |
| 2. Increased access to HIV/AIDS (prevention, treatment and care) services | A 30% increase in the number of clients accessing HIV/AIDS services through IMAU service centres in Wakiso district by 2015. | Numerator: New clients accessing HIV/AIDS services. **Denominator:** Total number of clients accessing HIV/AIDS services at the start of the project. | 13,625 | Monthly | IMAU HCT & HBHCT tools, MOH cards, PRE-ART & ART registers | M&E officer | Information will be used for monitoring project activity results |

### STRATEGIES

| 1.1 Conducting community education and mobilization using the FBAA | At least 2,500 community members educated and sensitized about HIV/AIDS monthly, using the faith based approach in Wakiso district. | 170,665 | Monthly | Activity Reports | Project coordinator | Information will be used for monitoring project activity progress |
| 1.2 Training Religious Leaders and community educators for community mobilization | 200 community educators and religious leaders trained annually. | 200 | Annually | Attendance Reports | Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 1.3 Distributing IEC materials including relevant faith based teachings | At least 9000 IEC materials distributed to the community in Wakiso district annually. | — | Annually | Activity Reports | Asst. Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 2.1 Conducting Home visits based on the FBAA | 500 bedridden in Wakiso district PHAs provided with HBCKs and psycho social support by 2015. | — | Monthly | Activity Reports | Asst. Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 2.2 Conducting HIV counseling and testing | At least 700 clients counseled, tested and given HIV from Wakiso district results monthly | 12,630 | Monthly | HBHCT tools, MOH cards, survey questionnaires | Field activities coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 2.3 Pregnant HIV mothers referred for PMTCT | At least 250 pregnant women referred for PMTCT services monthly | 16 | Monthly | Referral cards | Asst. Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 2.4 HIV negative uncircumcised males referred for SMC? | At least 500 HIV negative uncircumcised males referred for SMC monthly | 783 | Monthly | Referral cards | Asst. Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 2.5 Members of households concerned about HIV/AIDS related issues referred to the family counseling clinic? | At least 20 HIV affected household members referred to the hospital family counseling clinic monthly | 980 | Monthly | Referral cards | Asst. Project coordinator | Information will be used for monitoring achievement of project activity outputs. |
| 3.1 Carrying out family counseling to uphold religious-based family values using FBAA | At least 30 families counseled monthly to restore family values using the FBAA | 98 | Monthly | Family counseling register | Sister-in-charge | Information will be used for monitoring achievement of project activity outputs. |
5.7. Dissemination of results
The results were disseminated to stakeholders through workshops and publications as follows:

1. A workshop was held for IMAU staff, community educators and religious leaders on 30/04/2011. During the workshop findings of the project including baseline data were presented and discussed.

2. A workshop was held with other stakeholders including USAID, MJAP, IRCU and PREFA, held on 05/07/2011. The findings of the project were presented and discussed.

3. The fellow participated in discussing and documenting findings from the data analysis for publication in peer reviewed Journals. During the period of the fellowship, one paper was accepted for publication. It is entitled “Religiosity for HIV prevention in Uganda: A case study among Christians in Wakiso district”. It was accepted for publication in African Health Sciences as shown in figure 5. Two other papers were accepted for publication with minor revisions.
Religiosity for HIV prevention in Uganda: a case study among Christian youth in Wakiso district.

Journal: African Health Sciences
Manuscript ID: WKR0-2011-06-0165.R2
Manuscript Type: Original Article
Date Submitted by the Author: 08-Aug-2011
Complete List of Authors:

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Islamic Medical Association of Uganda

Dick Ainomugisha;
Islamic Medical Association of Uganda
Figure 5: Religious leaders and community educators during dissemination workshop.

Figure 6: The Fellow (standing) presenting results to stakeholders.
6.0. LESSONS LEARNT, CHALLENGES FACED, CONCLUSIONS AND RECOMMENDATIONS

6.1. Lessons learnt

1. The development of the monitoring and evaluation plan has improved understanding of IMAU’s faith-based approach to combat HIV/AIDS. The staff and stakeholders can now easily see what to do, when to do it, how to do it and the expected impact.

2. The faith-based approach to combat HIV/AIDS being implemented by the religious leaders and community educators on the ground is likely to be making a significant contribution to HIV prevention and control. These volunteers are driven by their faith in their work at community level. It is likely that some of the religious leaders and community educators have become role models to some individuals in the community who in turn are practicing voluntarism and good behaviours likely to reduce new HIV infections.

3. Inter-religious cooperation of religious leaders from various religious faiths help them to learn from each other’s faith and to complement each other’s efforts in serving communities. They address a common problem of HIV/AIDS for the common good of improving the health of their communities.

4. The faith-based approach to combat HIV/AIDS is implementable and measurable using a set of indicators incorporated in an M&E matrix. However this needs strong partnership with various stakeholders and close monitoring of program implementation.

5. Implementation of the fellowship program has been successful because of the participatory approach employed in implementation of the activity. Such an approach motivates for action among implementators, enhances ownership of projects and promotes learning.

6. The findings of the faith-based approach to combat HIV/AIDS can be documented and published when an appropriate effort is made.
6.2. Challenges faced during implementation of the fellowship project activity.

Although the project activity was generally smoothly implemented, the following challenges were met.

1. Data on some religiosity components such as the knowledge of the 5 components of the FBAA had not yet been collected. There were also other indicators where baseline data could not be obtained. It was considered to be expensive to go back to the field to collect this data.

2. Funding for the M&E activities was limited. It was not possible to cover all HIV/AIDS activities that IMAU does such as those at SAIH and collaborating health facilities.

6.3 Conclusions

The project was successfully implemented and planned objectives were achieved. The following are our conclusions:

1. The IMAU monitoring and evaluation system for the faith-based approach to HIV/AIDS prevention was improved. This was done by developing relevant M&E tools which include strategic direction, the results chain, logical framework, results path and M&E matrix. All this was done using a participatory approach with stakeholders.

2. Baseline data on the expected outcomes of the faith-based approach to HIV/AIDS prevention were established. These included relevant levels of religiosity, relevant sex-related behaviours and HIV prevalence rates among young people 15-24 years old in Wakiso district.

3. An HIV sero-behavioral- religiosity survey can provide evidence-based data which can be used to monitor and evaluate the faith-based approach to HIV/AIDS prevention. However, there are limitations to attributing any observed future improvements in the baseline indicators to any one intervention.
6.4. Recommendations

The following are our recommendations:

1. Saidina Abubakar Islamic Hospital and the surrounding communities should be supported by IMAU and other stakeholders, to develop into a surveillance site for monitoring and evaluating the faith-based approach to combat HIV/AIDS. This site should become a knowledge hub for all stakeholders interested in using the faith-based approach in their interventions for HIV/AIDS prevention and control.

2. The M&E unit at IMAU should be supported by IMAU and other stakeholders with more resources, including human, financial and technical resources.

3. IMAU should apply for more fellows from the MakSPH-CDC HIV/AIDS Fellowship programme to continue to improve the M&E activities as well improving the quality of the HIV/AIDS services being offered.
REFERENCES:


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The power of measuring results: National Treasury South Africa, Integrating Performance measurement (M&E) in the planning process using Results Based Management – A case study presented by Shamil Haricharan at the InWEnt regional and Inter disciplinary Alumni conference held 11th – 14th November 2007 in Dares-salaam, Tanzania.