Outcome harvesting evaluation of

# 20 years of cooperation between the Danish and Ugandan Disability Movements, 1996-2018

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Final Report

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## Abbreviations

| | |
|---|---|
| CP | Cerebral Palsy |
| CSO | Civil Society Organisation |
| CWD | Children with Disabilities |
| M&E | Monitoring and Evaluation |
| NGO | Non-governmental organisation |
| OPD | Organisations of Persons with Disabilities |
| PWD | People with Disabilities |
| PWE | People with Epilepsy |
| PWID | People with Intellectual Disabilities |
| PWSI | People with Spinal Injuries |
| SRHR | Sexual and Reproductive Health Rights |
| WWD | Women and girls with Disabilities |
| YWD | Youth with Disabilities |

## Participating organisations' acronyms

| | |
|---|---|
| BISOU | Brain Injury Support Organisation of Uganda |
| DPOD | Disabled Peoples Organisations Denmark |
| ESAU | Epilepsy Support Association Uganda |
| MHU | Mental Health Uganda |
| NUDIPU | National Union of Disabled Persons of Uganda |
| NUWODU | National Union of Women with Disabilities of Uganda |
| SIA | Spinal Injuries Association - Uganda |
| UNAC | Uganda National Association of Cerebral Palsy |
| UNAPD | Uganda National Action on Physical Disability |
| UPPID | Uganda Parents of Persons with Intellectual Disabilities |

# 1. Background to evaluation

The Danish disability movement has been supporting the Uganda disability movement through Danida funding for over 20 years. Over the years a total of 12 Danish Organisations of Persons with Disabilities have engaged in long term partnerships with 13 sister organisations in Uganda, with many of partnerships dating back to the late 1990s. Over the years (in 2002, 2006 and 2012) three organisations – the Danish associations of the Blind, the Deaf and the Deafblind – have phased out their support to their Ugandan partners and are therefore not covered by this report. However, the remaining 9 Danish and 10 Uganda organisations of persons with disabilities (OPDs) are still involved in either recent or current partnerships. It is the story of these 10 partnerships this report is based on. (See Annex A for info on partnerships).

| Duration of partnership | Danish partner | Ugandan partner |
|---|---|---|
| 1996 – 2017 | **DPOD:** Disabled Peoples Organisation Denmark | **NUDIPU:** National Union of Disabled Persons of Uganda<br>**NUWODU:** National Union of Women with Disabilities of Uganda (since 1999) |
| 1998-2018 | **DEA:** Danish Epilepsy Association | **ESAU:** Epilepsy Support Association Uganda |
| 1998-2017 | **The Danish National Organisation LEV** | **UPPID**: Uganda Parents of Persons with Intellectual Disabilities |
| 1999-2018 (continuing) | **SIND**: The Danish Association for Mental Health | **MHU**: Mental Health Uganda |
| 2007-2018 (continuing) | **SUMH**: Danish Association of Youth With Disabilities | **NUDIPU Youth**: National Union of Disabled Persons of Uganda – Youth section |
| 2010-2018 (continuing) | **CPDK:** Danish Association of People with Cerebral Palsy | **UNAC**: National Association for Cerebral Palsy: Uganda |
| 1999-2018 (continuing) | **DHF**: The Danish Association of the Physically Disabled<br>**Danish Brain Injury Association** (2011-17)<br>**Parasport Denmark** (2011-18) | **UNAPD**: Uganda National Action on Physical Disability<br>**BISOU**: Brain Injury Support organisation of Uganda<br>**SIA**: Spinal Injuries Association of Uganda |

By early 2018, after 20 years of partnership, the Danish disability umbrella – *Disabled Peoples Organisations Denmark* (DPOD) - has phased out its traditional project-based collaboration with the two disability umbrellas in Uganda, *National Union of Disabled Persons of Uganda* (NUDIPU) and the *National Union of Women with Disabilities in Uganda* (NUWODU). This provides an important opportunity to take stock of the collaboration over the years – not only of the collaboration between the disability umbrellas but more broadly between the two disability movements. It was decided to do an Outcome Harvesting (OH) evaluation involving both Danish and Ugandan partners.

Along with the Uganda Magazine produced in 2018, this is the first time the achievements of all the recent/ongoing partnerships between Ugandan and Danish disability organisations have been collated to provide a joint picture of the collaboration between the two disability movements.

## 1.1. Purpose of the evaluation

1) To **document key outcomes/results** of the collaboration between the Danish and Ugandan disability movements over the past 20 years.
2) To serve as a joint **capacity building and 'hands on' experience introducing the outcome harvesting method** to partners in the Danish and the Ugandan disability movements. The

process was also expected to generate a better understanding of the drivers of change, the difference between activity and outcome monitoring, and the importance of being able to document results.

3) To serve as a **test case for engaging in co-funded joint interventions** across DPOD and its member organisations and for joint capacity building among North and South partners.

In essence, therefore, the purpose of the evaluation was learning rather than accountability. In addition to the main purposes listed above, the outcome harvesting process **was expected to provide a number of potential add on benefits / uses**:

- strengthen partnerships across Danish and Ugandan OPDs,
- result in better future outcome-based monitoring and reporting,
- provide input into a future partnership strategy,
- outcomes may be useful for future communication and fundraising purposes.

## 1.2. Users and use of the findings and the outcome harvesting process

The **main users** of the outcome evaluation report are the Danish and Ugandan partners who are expected to make use of the report for different purposes:

- **DPOD, NUDIPU and NUWODU** – who will use report as an end of partnership evaluation which will serve as documentation of key results of the partnerships between the Danish and Ugandan disability umbrellas member organisations and at the same time the collaboration between the two disability movements in general.
- **Danish and Ugandan partners -** who are expected to make use of the report and the OH method - in future programming, monitoring and documentation of results.
- **Ugandan partners** - who may use the documentation of outcomes in an evidence-based approach to fund raising, advocacy and efforts to engage in new partnerships.
- **Danish partners -** who may be able to draw on findings related to the added value of Danish partners in the development of a coming partnership strategy.

**Other users / audiences** are:

- the back donor - Ministry of Foreign Affairs in Denmarkcurrent and potential strategic partners in Uganda
- other Danish disability organisations engaged in international development.

## 1.3. How to use this report

Five evaluation questions were agreed (see box 1). A total of 88 outcomes were identified and described across the ten partnerships and form the basis for this report. While the full-length outcome statements, together with associated information, is contained in an Excel database as Annex E, this evaluation report focusses on answering the five evaluation questions. In this report, the outcomes are referenced as follows: [UGANDAN OPD NAME-outcome number]. For example: [BISOU-1].

***Box 1: Evaluation questions***

***Outcomes** – type, distribution and progress over time*

- What **type of outcomes** have been achieved and how are they distributed across partnerships and across the key types of intervention? (Chapter 3, 4)
- To what extent have outcomes achieved with Danish cooperation **changed over time** or over the duration of each partnership? (Chapter 3,4, Anneks G)

***Process of change***

- What are the main characteristics of the **pathways of change**? (Chapter 4, Annex G)

***Role of partnerships***

- To what extent have Ugandan DPOs engaged in **strategic partnerships** both within and outside the disability movement, and what are the examples of synergy that this can create? (Chapter 5)
- What is the **added value** of partnerships between Danish and Ugandan DPOs? (Chapter 6)

# 2. The outcome harvesting approach

The evaluation used Outcome Harvesting (OH)[1], a participatory approach in which the evaluator facilitates the collection of evidence of what has been achieved, and works backward to determine whether and how the project or intervention contributed to the change.

In line with OH, the outcomes harvested in this evaluation were defined as:

Observable **changes in the behaviour** i.e. relationships, activities and actions of individuals, groups, organisations or institutions that represent achievements of Uganda's disability movement to which Danish cooperation has contributed.

Outcomes may be expected or unexpected, positive or negative. The Ugandan-Danish cooperation may have contributed to the changed behaviour in a small or large way, directly or indirectly, intentionally or not.

To be considered sufficiently credible to be used in this evaluation, each outcome had to meet the required quality standards, that is, it had to be formulated as an **'outcome statement'** comprising three key elements:

- a description of the **outcome** itself (who changed what, where and when),
- its **significance** (why is this change important)
- and **contribution** of both the Ugandan and (where relevant) the Danish partners to the outcome (however, small or big the contribution may have been). Note that in OH, it is assumed actors other than those delivering a project also contributed to outcomes. However, in line with the core requirements of OH, only the Ugandan and Danish OPD contributions were described in the outcome statements.

In addition to this a couple of additional questions were added on partnerships and on lessons learnt in order to address evaluation questions on this (see Annex C: Outcome statement template).

Outcome Harvesting consists of the following six steps:

1. ***Design the Outcome Harvest:*** Questions to guide the harvest are developed based on the main intended use of the main intended users. Users and evaluators also agree on the process: What

[1] See Wilson-Grau, R. (2018), Outcome Harvesting: Principles, Steps and Evaluation Applications, Information Age Publishing, Charlotte, NC, USA.

information is to be collected, how, from whom and when in order to credibly answer the questions.
2. ***Review documentation and draft potential outcome descriptions*** by identifying and formulating draft outcome statements contained in secondary sources of information: reports, evaluations, press releases and other documentation.
3. ***Engage with informants in formulating outcome descriptions:*** During this step, the evaluators coach the sources to formulate their outcomes.
4. ***Substantiate:*** A selected number of outcome statements are substantiated with one or more independent people to ensure accuracy or deepen understanding or both so that the whole set of outcome statements are credible enough for the intended uses.
5. ***Analyse and interpret:*** Organising outcome statements so they are manageable and then provide evidence-based answers to the prime questions.
6. ***Support use of findings:*** This step takes place after the evaluation questions have been answered. The evaluators discuss with the users how they can best be supported so they make better use of the process and findings.

See **Annex B** for an explanation on how the steps were applied in this evaluation, **Annex C** for the template developed, which was to be filled for each outcome, and **Annex D** for the results of the substantiation process.

**OH is a participatory evaluation approach.** In this evaluation, this had three implications:

- **10 Ugandan and 6 Danish OPDs** participated in step 3 – a four day outcome harvesting workshop – identifying and describing their outcomes. Sources of information typically included the chair of the board (or other board member), the director and the responsible project officer from each Ugandan OPD plus in most cases two representatives from each Danish partner. These were the most suitable sources because they knew best what has been achieved and how their organisations contributed to the achievements.

- The **role of the external evaluators in OH differs from that in many more traditional evaluations**. The external evaluator's role was not to identify and describe outcomes but to facilitate a process through which the participants identified what their outcomes have been, then described them as concisely and robustly as possible. The role of external evaluator was shared by Richard Smith and Goele Scheers who have both specialised in Outcome Harvesting over the past 8-10 years. Richard was overall lead for the OH process and all six steps. Goele was fully involved in the design and implementation of the workshop and VIP activities in Uganda, but otherwise played more of a supportive and consultative role during the process.

- Finally, the M&E officer in **DPOD, who commissioned the study, had an important and ongoing role** being responsible for overall facilitation throughout the process as well as co-developing the evaluation design with the external evaluators, introducing the method to Danish OPDs, co-facilitating the harvesting workshop, and, lastly, jointly analysing and interpreting the data to answer the evaluation questions.

# 3 Statistical analysis of outcomes

**Evaluation questions addressed**:

Question 1: What **type of outcomes** have been **achieved** and how are they **distributed across partnerships** and **across the key types of intervention** that have characterised Danish-Ugandan cooperation?

Question 2: To what extent has the **type of outcomes** achieved with Danish cooperation **changed over time** or over the duration of each partnership?

Question 3: What are the main characteristics of the **pathways of change**?

A total **of 88 outcomes were identified and described** by the ten Ugandan-Danish partnerships (see **Annex E: Outcome database)** who participated in the outcome harvesting exercise. The ten Ugandan OPDs identified between 6 to 14 outcomes each – most outcomes among the two umbrella organisations (NUDIPU 14 and NUWODU 11) but with all other organisations identifying between 6-9 outcomes each. While 88 outcomes are many they do not necessarily give a full picture of all key achievements during that period, as limitations on the institutional memory of participants, inadequacies in the documentation, and time constraints during the workshop are likely to have limited the number of outcomes identified and described.

This should be kept in mind when reading the report. The 88 outcomes **do not represent a full picture but show a clear trend** on the types of change which has been achieved and the role that the organisations of persons with disabilities – the OPDs – have had in this.

**A note on the interpretation of numbers of outcomes**
Outcomes are not equal in terms of scope or scale. For example, consider two outcomes about the early phases of the creation of two DPOs:

- UPPID-1 (summary version): Between 1999-2011, parents of PWID formed 39 district associations in 4 regions.
- MHU-1 (summary version): In 1999, the first MHU district association was formed by hospital users, providers and care givers.

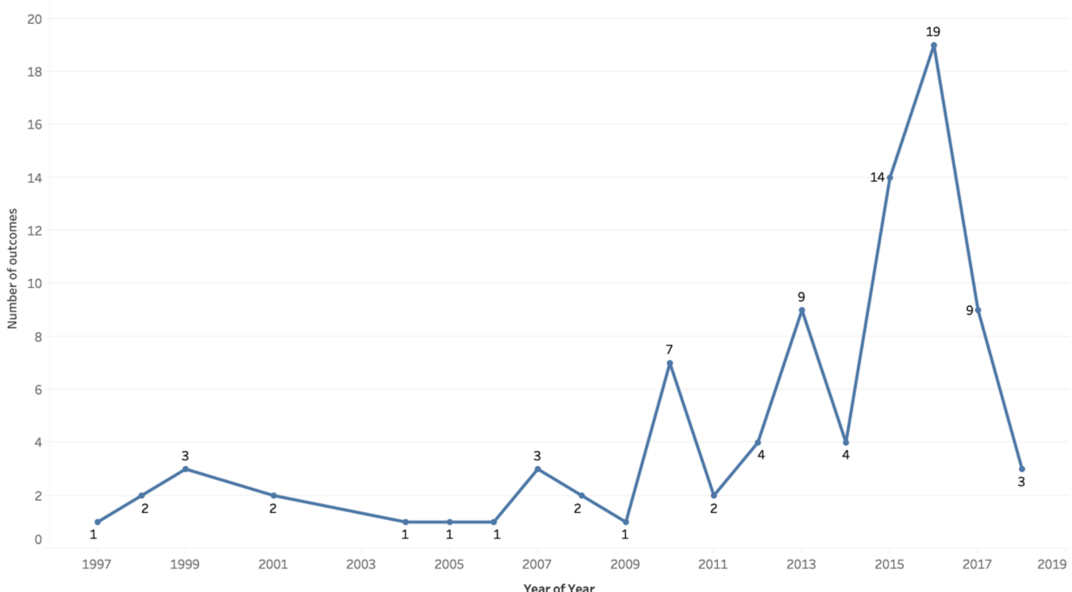
In the UPPID example, the outcome describes the creation of UPPID structures in numerous districts over more than a decade. In contrast, the MHU example describes the formation of the first MHU structure in a single district. Both outcomes are significant but their scale and scope differ markedly.

## 3.1 Outcomes across time

The harvested outcomes materialised between 1997 and 2018, a period of 21 years! While there are some examples of outcomes from the early years of collaboration, most of the outcomes were recorded for more recent years, specifically from 2010 and particularly 2013-2017 (

Figure).

**Figure 1: Number of outcomes per year**




A number of factors help **explain why most outcomes were harvested from recent years**:

- The most likely explanation is that is harder for people to think back and recall, in detail, the changes that occurred in earlier years. Furthermore, only some of the workshop participants had been involved throughout their organisation's history.
- Only six out of the ten partnerships go back 20 years in time. Four of the partnerships - with BISOU (brain injury), SIA (spinal injuries), UNAC (cerebral palsy)and NUDIPU Youth (youth umbrealla) - started later.
- It is possible that more outcomes have been achieved in more recent years as organisations have developed their capabilities and expanded their ambitions.
- Behaviour change outcomes typically take time to materialise after activities such that they may occur months or years after an intervention.
- Outcomes – particularly those related to policy change - may have taken years to achieve with several milestones along the way. In a few cases different milestones have been described, but often only the final outcome has been included.

Despite the challenge of remembering older outcomes in sufficient detail, it is **impressive that outcomes could be described over a 21 year period** and that 27% (24 outcomes) materialised in 2010 or earlier. The inclusion of these early outcomes adds an important dimension to this harvest as it provides information on how achievements and strategies have changed over time.

## 3.2 Outcomes across social actors

An outcome is defined as the change in behaviour of social actors – which can include both individuals and groups of people as well as organisations and institutions. The Ugandan OPDs have **influenced a wide variety of social actors which can be categorised into eight main types** ranging

from persons with disabilities themselves to a range of actors at local, national and in a few cases international level (Figure).

**Figure 2: Social actors influenced across the Ugandan-Danish cooperation**

Almost half of the outcomes – 42 of the 88 - evidence the influence of the movement on social actors ***internal*** to it: Persons with disabilities themselves (23), their close family members or caretakers (8) and the organisations that represent them - Ugandan organisations of persons with disabilities (OPDs) (11). Such outcomes include persons with disabilities taking action to create new OPDs, local OPD structures such as the creation of district associations, and OPDs changing their governance or management processes or constitutions to involve members in decision making or otherwise be more democratic and accountable. It also includes many examples of persons with disabilities organising themselves in self-help groups and registering as local community based organisations which then gives them the right to apply for local government resources and qualify as beneficiaries for government programmes.

The other half (46) of the social actors influenced are ***external*** to the disability movement, and most frequently included government at the national level (14) passing new laws and policies, as well as service providers and civil society organisations (16) who have taken measures to include persons with disabilities in their target groups and their services. Other external social actors include local government including persons with disabilities in their programs or resource allocation (8), and community members taking on a more supportive role (4).

The range of social actors influenced illustrates how the disability movement works at different levels or spheres of society. This ranges from the individual- and family level, via the local community level, to society- and in a few cases also the international level. (See chapter 4 for in depth presentation and analysis of outcomes by social actors).

## 3.3 Outcomes across OPDs

The ten Ugandan OPDs have all achieved outcomes with persons with disabilities, and nearly all achieved outcomes with service providers and civil society organisations. But despite these common trends, there are also some noticeable **differences in terms of which social actors each of the Ugandan OPDs have sought to influence** (see Figure 3). The disability umbrella NUDIPU has contributed to many of the policy changes with the national level government. In the women's disability umbrella NUWODU and in NUDIPU Youth focus has been on change among women and girls, or among youth with disabilities, on the ground within their local communities. The Epilepsy

Support Association of Uganda (ESAU) has been particularly successful in influencing service providers and civil society organisations to include persons with epilepsy in their services. And not surprisingly the Uganda National Association of Persons with Cerebral Palsy (UNAC) and the Uganda Parents of Persons with Intellectual Disabilities (UPPID) are the two organisations with most outcomes aimed at parents and close caretakers. (See Annex G for presentation of outcomes for each Ugandan OPD).

**Figure 1: Social actors influenced within each of the ten partnerships**

| Organisation | Type of social actor |
|---|---|
| BISOU | Ugandan DPO |
| | People with disabilities |
| | Community members |
| | Civil society organisations & service providers |
| | International funders & intergovnmental organisations |
| ESAU | Ugandan DPO |
| | People with disabilities |
| | Civil society organisations & service providers |
| | National government |
| | International funders & intergovnmental organisations |
| MHU | Ugandan DPO |
| | People with disabilities |
| | Community members |
| | Civil society organisations & service providers |
| | Local government |
| | National government |
| NUDIPU | Ugandan DPO |
| | People with disabilities |
| | Civil society organisations & service providers |
| | Local government |
| | National government |
| | International funders & intergovnmental organisations |
| NUDIPU youth | People with disabilities |
| | Civil society organisations & service providers |
| | Local government |
| NUWODU | People with disabilities |
| | Community members |
| | Civil society organisations & service providers |
| | Local government |
| | National government |
| SIA | Ugandan DPO |
| | People with disabilities |
| | Family members |
| | Civil society organisations & service providers |
| | Local government |
| | National government |
| UNAC | Ugandan DPO |
| | People with disabilities |
| | Family members |
| | Civil society organisations & service providers |
| UNAPD | People with disabilities |
| | Family members |
| | Local government |
| | National government |
| UPPID | Ugandan DPO |
| | People with disabilities |
| | Family members |
| | Community members |
| | Civil society organisations & service providers |

0 1 2 3 4 5 6

Count of Type of social actor

## 3.4 Outcomes by type of change

In outcome harvesting, four types of behaviour change are commonly distinguished: activity, relationship, policy and practice.

**Types of behaviour changes and examples**

**Activity:** A social actor doing something differently. Example: Parents of children with Cerebral Palsy formed 5 parent support groups and registered 4 youth support groups [UNAC-4]

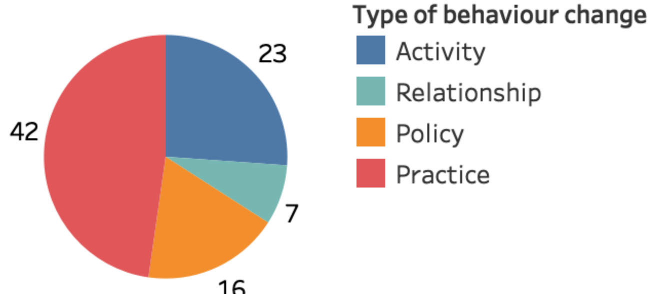
**Relationship:** The way two or more societal actors interact with one another. Example: The International Bureau for Epilepsy (IBE) accepted the Epilepsy Support Association Uganda (ESAU) as a full member. [ESAU-2]

**Policy:** A collective social actor – group / community / organisation – changes its rules, norms or laws. Example: 16 self-help groups for people with acquired brain injury developed their own constitution to govern their group. [BISOU-6]

**Practice:** A collective social actor implements one or more new policies or an individual social actor makes an ongoing or multi-dimensional change that represents a pattern. Example: Police, Health workers and Community Development officers started handling cases reported by women with disabilities without discrimination. [NUWODU-6]

When looking at change processes, earlier changes often take place at the level of activities and relationships. Then, as alliances and credibility are built and evidence amassed, some breakthroughs in influencing policy can be hoped for. Organisational practices reflect the implementation of policies whereas individual or community-level practice changes are a pattern of behaviour that goes beyond a one-off activity. As such, in this report we understand practice changes to be those that have been long lasting and can be expected to be durable.

**Figure 2: Types of behaviour change: activity, relationship, policy, practice**




All four types of behaviour change are evident in the 88 outcomes (Figure 2). But notably, practice-type changes were most numerous, indicating that **nearly half the outcomes (42) were achievements that went beyond short-term or one-off activities** to actually make a lasting, positive change for persons with disabilities. In contrast, only 23 activity-type changes were recorded. It is likely that the balance between activity and practice changes could have been reversed if the harvest had looked at changes over a shorter time frame. This is because when harvesting over a long period, sources are likely to have prioritised harvesting the more long-lasting policy and practice changes.

Should greater efforts be directed to relationship changes?

**Relationship changes are relatively few**. When seeking to influence societal change, building or influencing relationships is often an important step in a process of change. The low number recorded in this harvest may be because such changes were rather infrequent. But it may also be because of the long period the harvest covered: such changes typically represent a greater proportion of outcomes when a harvest covers a shorter period because such harvests allow processes of change to be described in more detail and processes typically include changes in relationships.

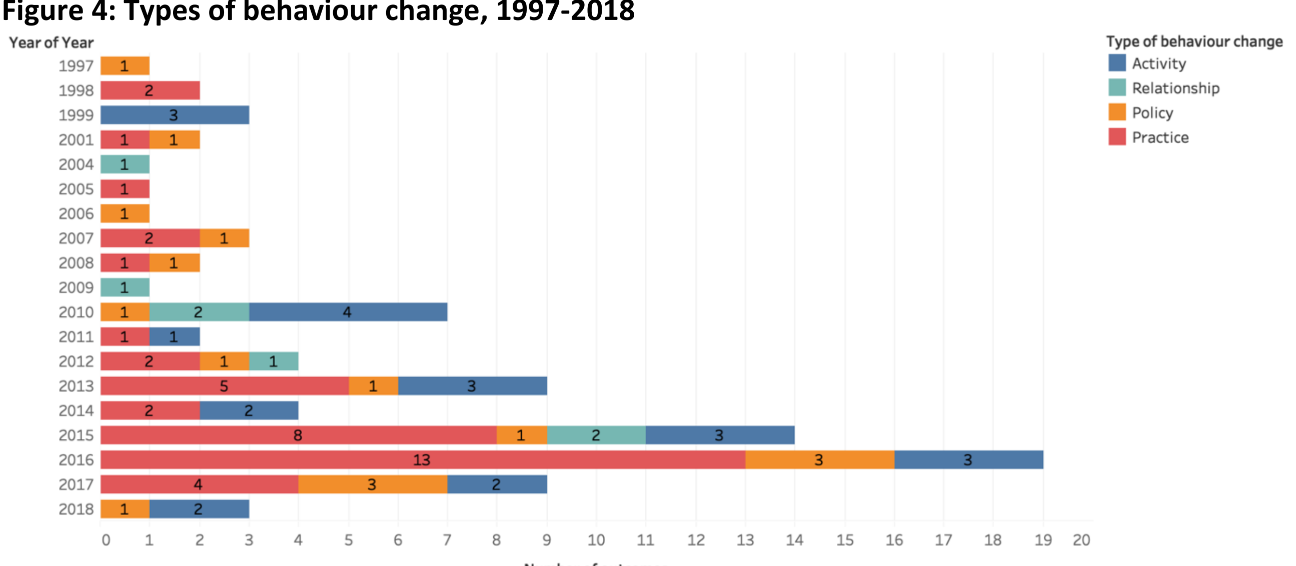
**Figure 3: Frequency of types of behaviour change for each partnership**

Most partnerships had a mix of activity, relationship, policy and practice changes. NUDIPU, (as could be expected for an umbrella organisation), had a relatively high proportion of policy-type changes, followed by UNAPD (physical disability). In contrast BISOU (braindamage) and UPPID (intellectual disability) had relatively few practice changes and UPPID had a high proportion of activity-type changes.

When looking at Figure 4 showing types of behaviour change over time, it is striking that **policy and practice changes have occurred throughout the period**. The Ugandan disability movement has long been influencing not only activities and relationships but also changing the context for persons with disabilities through policy changes (whether in government or within organisations) and sustained, positive changes in what social actors do i.e. their practices.

Furthermore, **practice-type of changes have been the single most common type of outcome since 2013.** This pattern, along with the continuation of some policy changes, suggests the disability movement has **been very capable of helping to bring about changes that can be expected to last** beyond the projects they were initiated under.

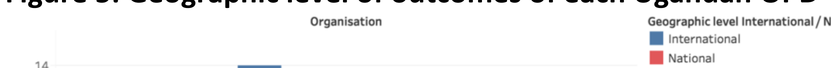
**Figure 4: Types of behaviour change, 1997-2018**

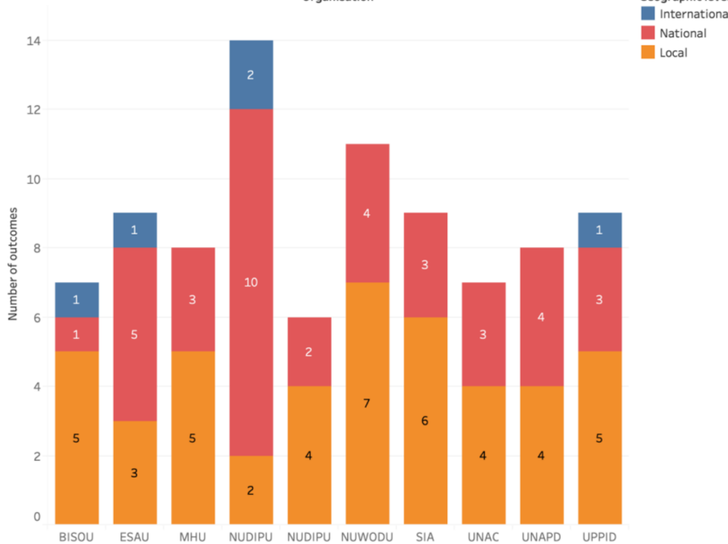


## 3.5 Outcomes by geographical location

A little less than half of the outcomes (38) have taken place at the national level, and a little more than half (45) at the local level. In addition four organisations mention a total of 5 examples of outcomes at the international level (international organisations) (Figure 5). All OPDs achieved a mix of local and national outcomes. This combination of outcomes reflects a balance in the outcomes between, on the one hand, setting the agenda and influencing services nationally and, on the other hand, promoting empowerment of persons with disabilities and their families and implementation of national policies locally.

**Figure 5: Geographic level of outcomes of each Ugandan OPD**




Local-level outcomes generally occurred in a limited number of locations – with each organisation typically working in 2-6 of Uganda's 112 districts where a particular project was implemented. If we assume that the intention of local-level projects is not only to make a positive difference to the lives of persons with disabilities in the targeted project locations but also to be a catalyst for wider change within the targeted districts and even more widely, then the outcome data does not provide evidence that this has happened very widely.

Have DPOs been able to scale up from pilot projects as anticipated? If not, what new strategies could be tried?

Do Ugandan DPOs want to do more to help promote good practice and learn from others regionally and internationally? Is this something Danish DPOs can be an ally in?

Considering the two umbrella organisations, there is a notable difference in the geographic distribution of NUDIPU and NUWODU outcomes. **Whereas the majority of NUDIPU's outcomes were at the national level, with NUWODU the picture is reversed**. The relatively high proportion of local-level outcomes achieved by NUWODU appears to reflect a focus on project-level work with a number of actual successes demonstrating the kinds of changes that could be realised more widely in the country if they could be scaled up. With NUDIPU, the high proportion of national-level outcomes is consistent with an already established umbrella organisation whose main function is high-level strategic work influencing policy and practice of national social actors.

**The influence of Ugandan OPDs internationally appears to have been little**. Given the evident achievements of the Ugandan disability movement there may be potential for at least some of the Ugandan OPDs to have a larger role in the region and farther afield in sharing their learning and being part of the global community of practice.

## 3.6 Outcomes by key types of intervention

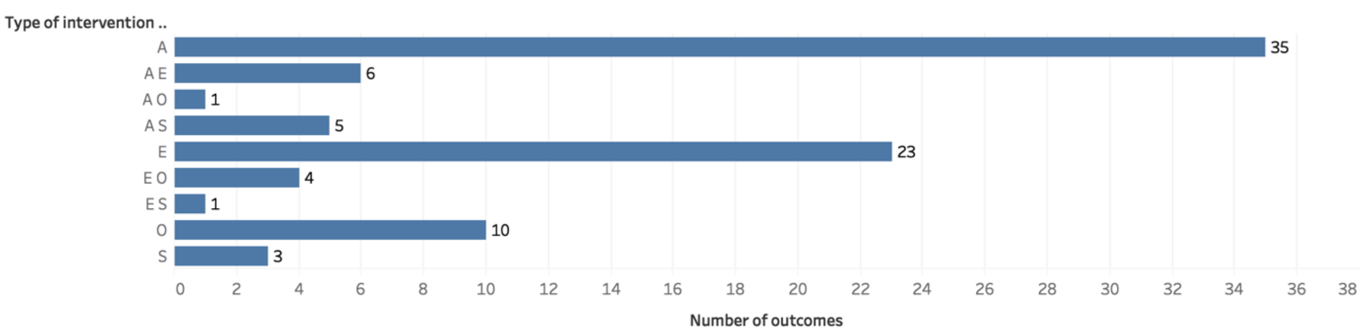
In order to help understand how change has been achieved we have gone through all the contribution descriptions made towards the 88 outcomes and have categorised them into four types of interventions described in the *Danish Disability Fund – Guidelines and Good Advice* (DPOD, English version, 2019):

- Organisational development,
- Strategic service delivery
- Advocacy including awareness raising
- Empowerment

While the three first areas make up the three key components of the *development triangle* commonly guiding Danish NGOs in their rights based approach to development, the fourth area of empowerment of persons with disabilities and their close relatives have been added by the disability movement. Empowerment is often seen as a pre-condition for working with the other aspects of the development triangle.

All four intervention types are reflected in the outcomes. The **most frequently used intervention type was advocacy** - either used on its own or alongside other interventions - in 47 of the 88 outcomes (Figure 6). Empowerment was used to help realise 34 of the outcomes, organisational development 15 outcomes and strategic service delivery 9 outcomes. Multiple intervention types were used for 17 outcomes, and a single intervention type for 71 outcomes.

**Figure 6: Key types of intervention contributing to the outcomes**
A = advocacy; E = empowerment; O = Organisational change; S = Strategic service delivery



# 4. Qualitative analysis of outcomes – by social actor

In this chapter outcomes are presented in more detail in relation to each type of social actor. The full outcomes containing a description of the outcome, its significance and the contribution made towards the outcome by the Uganda organisation and in some cases also the Danish partner - can be found in Annex E. However, a summary version - outcome maps - showing just the outcome descriptions is presented in this chapter. To make is easier to distinguish between outcomes from different OPDs, each organisation has been given their own colour:

- the disability umbrellas are light green (NOWODU) and dark green (NUDIPU + NUDIPU Youth),
- the organisations representing physical disabilities are light blue (UNAPD), dark blue (SIA), purple (BISOU) and red (UNAC),
- the organisations representing mental health and intellectual disabilities are light yellow (MHU), and yellow (UPPID), and finally the OPD representing Epilepsy is orange (ESAU).

| | |
|---|---|
| NUDIPU | Umbrella |
| NUDIPU Y | Umbrella |
| NUWODU | Umbrella |
| UNAPD | Physical disability |
| SIA | Spinal injuries |
| BISOU | Brain damage |
| UNAC | Cerebral palsy |
| MHU | Mental health |
| UPPID | Intellectual disability |
| ESAU | Epilepsy |

## 4.1. How it all started

The most important outcomes in the history of the Ugandan disability movement were achieved in the very first years!

- The first major outcome was the parliament approval of the Constitution of Uganda in 1995 (prior to Danish support) which prescribes affirmative action to address existing imbalances affecting socially marginalized groups, including persons with disabilities.
- Then a year later in line with the Constitution, which among other issues ensures a fair representation of marginalized groups, the Local Government Act was passed in 1996 stipulating for the first time that a certain number of seats must be reserved for persons with disabilities at all five political levels.
- To ensure that it was actually possible to conduct elections of persons with disabilities in all parts of Uganda, NUDIPU established district structures throughout the country making it easy to market the NUDIPU structures to the Election Commission. The local government bodies at all levels subsequently agreed to use NUPIDU structures to mobilise persons with disabilities to stand in elections.
- Finally, following a huge, nationwide mobilisation effort by NUDIPU reaching every village with civic education, more than 141,000 persons with disabilities in 1998 ran for elections at all five administrative levels using the NUDIPU established structures. 47,000 males and females with disabilities were elected.

As the Director of NUDIPU, Edson Ngirabakunzi, said; "*If the disability movement had closed down the very next day, we would still have had influence. We had created a system that ensured political representation of persons with disabilities throughout the administrative system. It was a huge achievement*."

The mobilisation and election of 47,000 persons with disabilities was the result of a chain of changes – one leading to the next - involving different social actors: Parliament, the Election Commission, local government bodies, and persons with disabilities themselves. And the disability movement played a key role at every stage in making it happen. Two of the outcomes have been described as part of the outcome harvesting process and are presented here in a shortened version – with the outcome description, the explanation of why the outcome is significant, and the description of how the change agent – in this case NUDIPU – contributed to the process. The idea is to give a taste of what type of information the outcome harvesting method can provide and in which form.

| Outcome description | Significance | Contribution |
|---|---|---|
| NUDIPU-1: The Local Government Act of 1997 stipulated for the first time that a certain number of seats must be reserved for persons with disabilities at all five political levels.<br><br>The local government bodies at all levels subsequently agreed to use NUPIDU structures to mobilise persons with disabilities to stand in elections in 1998. | The 1995 Constitution mandated the inclusion of people with disabilities at political structures at all five administrative levels. However, before 1997 there were no representatives of persons with disabilities at the village, sub county and district level. | NUDIPU influenced the National Constitution making it possible for the disability sector to lobby for the inclusion of politically elected representatives. In 1996, NUDIPU influenced the inclusion of disa-bility in the Local Government Act.<br><br>To ensure that it was possible to conduct elections of PWDs in all parts of Uganda NUDIPU established district structures throughout the country making it easy to market the structures to the Election Commission. |
| NUDIPU-2: In 1998, at least 141,000 persons with disabilities contested seats at all five administrative levels in Uganda using the NUDIPU established structures. 47,000 males and females with disabilities were elected. | Before this, few if any people with disabilities stood for election to local government bodies because of the widespread stigma resulting in low self-esteem. The willingness of so many people with disabilities to stand for election following the creation of the NUDIPU structures and the civic education program demonstrates a transformation in awareness and confidence. | NUDIPU led a huge, nationwide mobilisation effort reaching every village including civic education on elections, how to stand as candidates, how voting works etc. |

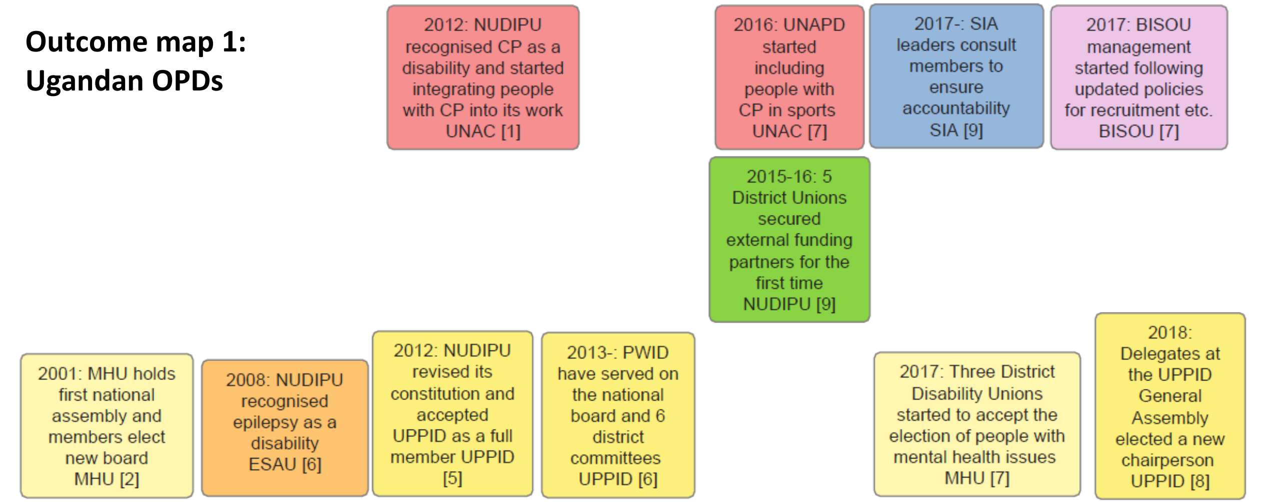
In the remaining chapter the 88 outcomes are categorised and presented by the different types of social actors that have been influenced – starting with the actors internal to the disability movement: Ugandan OPDs, persons with disabilities, and their close families – and then moving to external social actors from the local- to the national and the international level.

## 4.2. Ugandan OPDs – diversity and recognition of other disabilities

Six new disability organisations have become established with Danish support including:

- the National Union of Women with Disabilities of Uganda (NUWODU),
- Mental Health Uganda (MHU),
- Epilepsy Support Association (ESAU),
- Uganda Parents of Persons with Intellectual Disabilities (UPPID),
- the Uganda National Association of Cerebral Palsy (UNAC)

- as well as the National Association of the Deaf Blind in Uganda (not part of this evaluation).




In total 11 of the outcomes are related to significant changes within the disability movement itself. First and foremost this includes the **establishment, recognition and integration of OPDs** into the disability movement. The establishment of new disability organisations has often started with a few individuals who have taken the initiative to form a new organisation (also see outcome maps for persons with disabilities, family members and service providers) which has been followed by a process of mobilising persons with disabilities to establish local and national level structures, and seeking to gain formal recognition and integration into the disability movement.

This was not a straight forward process and has taken time (see box). Recognition within the disability movement has taken place firstly at the national level, where new organisations have become acknowledged and become members of the disability umbrella (ESAU-6, UPPID-5, UNAC-1). It has then subsequently moved to the local level, where representatives from the new disability organisations are gradually being elected into the Disability Unions (UPPID-6, MHU-7), which act as a mini disability umbrellas at the district level.

**Background**: When the collaboration first started in the late 1990s NUDIPU only represented the three well recognized disability categories - the blind, the deaf, and the physically disabled. But following the adoption of the Convention of the Rights of Persons with Disabilities in 2006 and its broad and evolving understanding of disability, the disability movement was challenged to embrace a wider range of disability categories and thus embrace the concept of diversity within their own structures. Following an intense, lengthy and politically loaded process of internal consultation, a principle decision was made at the first Annual General Meeting in the history of NUDIPU in 2011 to work towards broadening its membership. The Constitution was revised and representatives from the incoming member organisations were elected to constitute the Board for the first time at the General Assembly in December 2013. By 2018 NUDIPU represented eight organisations, with an additional six organisations established and seeking to meet the requirements for formal membership.

**Strengthening sustainability of local structures**: The national umbrella organisation NUDIPU has played a key role in bringing different disability groups together and establishing disability structures from village to district level, including district unions, throughout the country. But maintaining and supporting the district union structure is becoming increasingly difficult as population growth and the frequent sub-division of districts in leading to an ever growing number of districts. The outcome of five district unions managing to secure external funding is therefore a promising development towards more financially sustainable district structures.

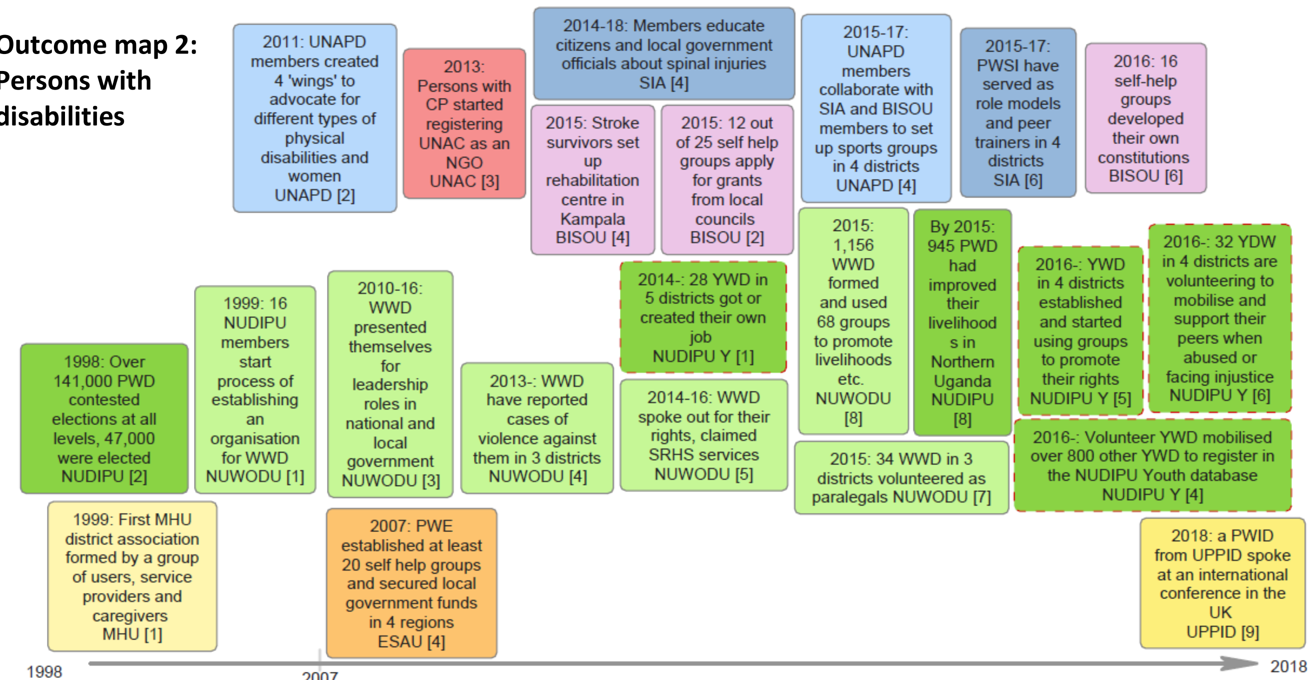
| Outcome description | Significance | Contribution |
|---|---|---|
| **NUDIPU-9**: In 2015-16, five District Unions (Kasese, Lira, Jinja, Nwoya and Gulu) were, for the first time, able to seek and secure external funding partners to support the implementation of various projects in their communities. For example, Gulu won funding from Motivation UK, VSO, AVSI, World Vision and Pact Omega while Lira won support from, among others, Pact Omega, ILO, and the Disability Rights Fund. | District Unions were totally dependent on NUDIPU for their activities. All 5 District Unions where NUDIPU worked to build capacity on resource mobilisation were successful in winning funds from funding partners for the first time. The recognition of District Unions by funding partners is of great significance as it shows the potential of 112 functional District Unions to contribute to the sustainability of the disability structures and programmes. | NUDIPU built the capacity of District Associations by developing training manuals on different aspects - an "empowerment package" including training on resource mobilisation, lobbying and advocacy. |

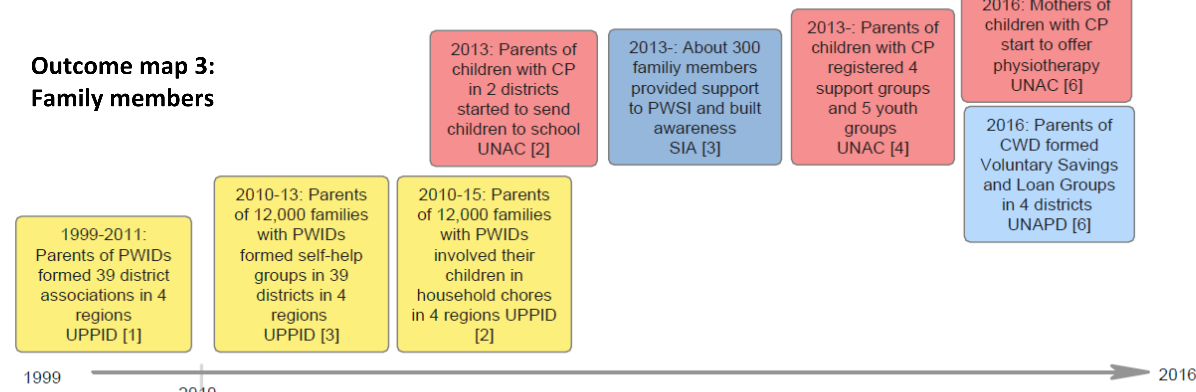
**Strengthening democracy and good governance of OPDs**: Other significant internal changes within the disability movement has been improvements in the governance and management practices mentioned by organisations of persons with brain injuries [BISOU-7], spinal injuries [SIA-9], and intellectual disabilities [UPPID-8].

## 4.3. Persons with disabilities and their families

Outcomes created through the mobilisation and change of behaviour of persons with disabilities (23) and their close family members (8) is by far the biggest group making up a third of all the outcomes identified.  Not surprisingly all ten Ugandan OPDs have worked with and achieved behavioural change among persons with disabilities and their close family members who have been mobilised to take on many different roles. This has led to improvements within their organisations, to service provision among their peers, and has resulted in a number of benefits also in their own lives, for instance improvements in their self-esteem, support networks and quality of life, in their access to services, savings and sources of income, as well as in their political participation and engagement with the local community.

**Outcome map 2: Persons with disabilities**






Examples of change in the behaviour of persons with disabilities and their families include:

- **forming sports groups or other self-help groups** to provide peer support, address stigma and low self-esteem, promote livelihoods, access local government funds and to promote their rights (BISOU-2, ESAU-4, NUDIPU-8, NUDIPU Youth-5, NUWODU-8, UNAC-4, UNAPD-4,6, UPPID-3)
- changing **attitude and behaviour towards their children** with disabilities – starting to send children to school (UNAC-2 cerebral palsy) or to involve them in household chores (UPPID-2 intellectual disability)
- **women becoming more assertive** claiming sexual and reproductive health services, reporting cases of violence against them, and taking on leadership roles (NUWODU 3, 4 and 5).

The key role of self-help peer groups is illustrated in the significance explanations below.

| Outcome descriptions | Significance |
| --- | --- |
| **UPPID-3**: Between 2010 and 2013, parents (12,000 families) of People with Intellectual Disabilities formed self-help groups in 39 districts and used the Self Help Kit to raise awareness about PWID's in the communities. | (shortened version) By participating in the groups and the awareness training, parents have gained a better understanding of intellectual disability, how to deal with it and bring up their children. The self-help kit enabled the parents to provide practical help to each other, take care of each other's children, and provide psycho-social support to other parents i.e. counselling re. bereavement, stress, sick child etc. Through this awareness raising by the parents, prejudices and discrimination were reduced in both families and communities and led to more inclusion. |
| **UNAPD-4**: In 2015-2017, members of SIA, UNAPD and BISOU formed 11 disability sports groups in 4 districts (Kampala, Mubende, Nebbi and Busia) and used these as advocacy tools for talent identification, active participation, awareness raising and profile building among PWDs. | (Shortened version) Not only do sports activities bring people together, who were previously isolated and scattered. The sports groups serve as Mutual Support Groups in building personal empowerment of their members, serving as a base for personal development (personal mobility, self-confidence, social standing etc., and also collective development (ie many also serve as Village saving and loan groups, register as CBOs and seek governmemt funding, etc.). Finally it helps make PwD visible in the community and proves that 'disability does not mean inability'. |
| **ESAU-1:** In 1998-2000, the psychiatric unit at Mbarara Referral Hospital accommodated self-help meetings in Rubindi and some other sub-counties for patients visiting the clinics to get epilepsy medication[2]. | Before people with epilepsy (PWE) lived in isolation and were deeply stigmatized without knowing that the condition in many cases can be treated. The self-help groups gave PWE a sense of belonging and self-confidence needed to come out into wider society, overcoming stigma and discrimination. ESAU did not exist as an independent organisation at this point. The formation of the self -groups marked the first steps towards its creation. |

[2] Outcome belongs under service providers but is included here to illustrate the role of self-help groups in overcoming stigma.

Examples from four organisations also show how members are stepping in to offer key services to other peers, and at the same time serving as important role models. This includes:

- Mothers of children with cerebral palsy who **offer home-based physiotherapy** and psychosocial services and give basic training to others in their communities [UNAC-6].
- Persons with spinal injuries and their families **who advise other survivors on spinal injuries** and how to address it to avoid secondary complications (SIA-6).
- Stroke survivors who have set up a **rehabilitation centre in Kampala** (BISOU-4).
- Women with disabilities who volunteer to become **paralegals advising on sexual reproductive health issues, legal rights** and reporting mechanism in situations of violence, and provide help in domestic conflict resolution (NUWODU-7).

The key role, this type of community based services can play, is illustrated in the significance explanations below.

| Outcome descriptions | Significance |
|---|---|
| **UNAC-6**: In 2016, mothers of children with CP started to voluntarily offer home-based physiotherapy and psychosocial services and give basic training to others in their communities. Hospitals and other OPDs now refer children with CP to these UNAC-organised voluntary services. | Physiotherapy plays a crucial role. It helps in the strengthening the muscles of the body and reduces the amount of spaticism. Without it children with CP are not be able to walk and talk as well. It also teaches them independence. There is a gradual improvement in quality of life for children with CP who are provided with Physiotherapy services (from UNAC-5 but also applies to UNAC-6) |
| **SIA-6**: Between2015 to 2017, people with spinal injuries have served as role models/peer trainers, building the self esteem of fellow members in the four districts of Kabarole, Lira, Iganga and Kampala through training in life skills to manage their spinal injury. | There were high death rates due low self-esteem, isolation, marginalization, lack of skills in managing a spinal injury and denial among people with spinal injuries. But after the peer group training by other people with spinal injuries members have been able to move on and live positively thus reducing the death rate. Members easily trust those who have lived with spinal injuries before them - this builds more confidence and quickens acceptance. |

Finally persons with disabilities have also played important roles in the development of organisational structures, registering new OPDs (cerebral palsy -UNAC1), forming district associations (mental health-MHU1, intellectual disability-UPPID1), creating wings to advocate for certain groups among their members (physical disability-UNAPD2) and identifying and registering youth with disabilities in the local community (NUDIPU Youth-4).

## 4.4. Local communities

While all ten organisations work at the community level and seek to influence the attitudes and behaviour of community members – whether directly or indirectly – only four outcomes have been identified at the level of the local community. This is possibly because change in community attitude can be fluffy and hard to concretise, and is an area where there has been a lack of proper monitoring and documentation.  Rather than describe the changes at community level, many have

**Outcome map 4: Local communities**

2015: Community members in 8 districts started to help and care for PWABI
BISOU [3]

2015: 256 male leaders became advocates for sexual reproductive health rights of WWD
NUWODU [9]

2010-16: Communities in 39 districts in 4 regions became supportive and inclusive of PWID
UPPID [4]

2016: Listeners to radio in 8 districts became interested in mental illness
MHU [5]

2010 → 2016

chosen to describe the changed behaviour of persons with disabilities, their family members, local service providers or local government officials, all of which contributes to changes in attitudes and behaviours of local community members.

Of the four outcomes, three refer to local communities taking on a supportive role:

- **Male leaders have become advocates** for sexual reproductive health rights of women with disabilities. As patriarchy plays a big role, the involvement of local male leaders has been effective in influencing the attitudes of the rest of the community (NUWODU-9)
- Community and family members, who know people with aquired brain injury (PWABI), are now **helping and taking caring of them in case of ceasures/convulsions** unlike before where they feared handling PWABIs, relating attacks to witch craft and transmittable diseases (BISOU-3).
- Community members have **changed their behaviour** towards persons with intellectual disabilities. Previously they were not allowed to play with non-disabled children, were given nicknames, and if loitering were mistreated and could be beaten severely by community members. But following a range of interventions to raise the understanding of intellectual disabilities, people in communities now report cases of mistreatment to the local authorities, refer persons with intellectual disabilities to sources of help, follow them home if lost, and allow them to participate in community activities (sports), social functions (weddings, going to market, church), playing with non-disabled children (in schools) and allow them to get jobs and be self-employed [UPPID-4].

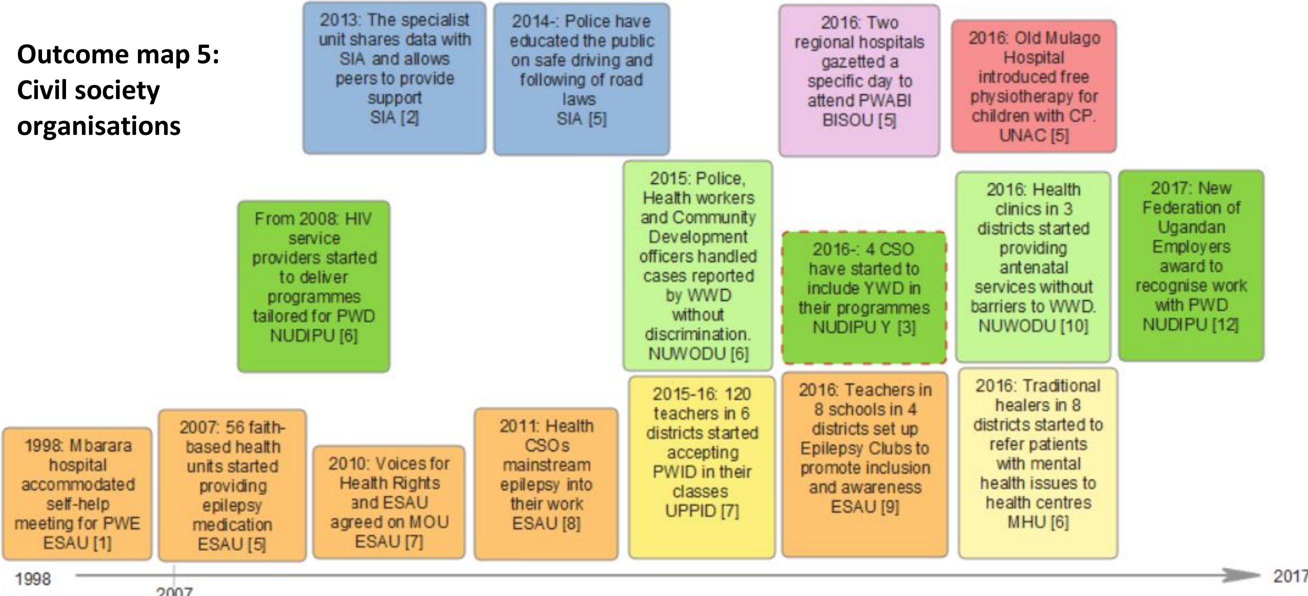
## 4.5. Civil society organisations and service providers

Sixteen outcomes relate to civil society organisations, mostly organisations engaged in service delivery, as well as to service providers – both formal and informal providers.

The involvement of stakeholders outside the disability movement to provide services or projects which are inclusive – ie. take into consideration the needs of persons with disabilities – is key, as it will allow a much wider coverage than what could ever be achieved within the districts and projects handled by the OPDs themselves. As Danish development aid cannot be used for regular service provision, the role of OPDs in service delivery is more one of creating demonstration projects and developing implementation models which can be replicated and scaled up, collecting experience and evidence of what works and what does not, and creating awareness among other service providers of how to make their services more inclusive.

There are many good examples of the Ugandan disability organisations managing to influence organisations and service providers particularly within the area of health. Examples include:

- **Facilitating disability organisations access to new potential members**: Mulago hospital gives the Spinal Injuries Association information on patients who are newly injured and allow spinal injury peer trainers to provide counselling services on a weekly basis (SIA-2).
- **Removing fees**: Old Mulago hospital abolished the 5,000 Ugandan shilling fee per treatment and started providing physiotherapy for free to children with cerebral palsy (UNAC-5).
- **Improving services**: The regional hospitals of Kiboga and Lira have recognised persons with acquired brain injury as a special category of persons with disabilities and have formed guidelines and gazetted a specific day (Thursday) to attend and give drugs to this group (BISOU-5)
- **Reducing barriers to treatment**: Three health centres in the districts of Nebbi, Gomba and Buyende provide antenatal care services to all pregnant women with disabilities without the women facing physical, attitudinal and communication barriers (NUWODU-10).




While these outcomes are significant and indicate a recognition of the OPDs, their special needs and the advocacy work they have done to make this happen, the outcomes also seem to be limited in scope as the **changes they have made do not seem to have spread to other hospitals or clinics** (yet).

The scope seems to have been bigger when working with civil society organisations, private and semi-governmental service providers. Examples include:

- 56 private faith based health units in all regions of Uganda who have worked with the Epilepsy Support Association to **provide affordable and regular medication for epilepsy** (ESAU-5).
- Major HIV service providers who have increased the awareness of the needs and concerns of persons with disabilities, started to specifically target persons with disabilities and, among other improvements, resulted in **improved access to HIV testing, counselling and treatment** in the 11 TASO centres (NUDIPU-6) and in targeting youth with disabilities in various projects and initiatives (NUDIPU Youth-3).

It is worth noting that **Ugandan OPDs are innovative in their collaboration**. This includes three recent and promising initiatives engaging with unusual social actors, and/or engaging with social actors on issues going beyond their normal sphere of work: Examples include:

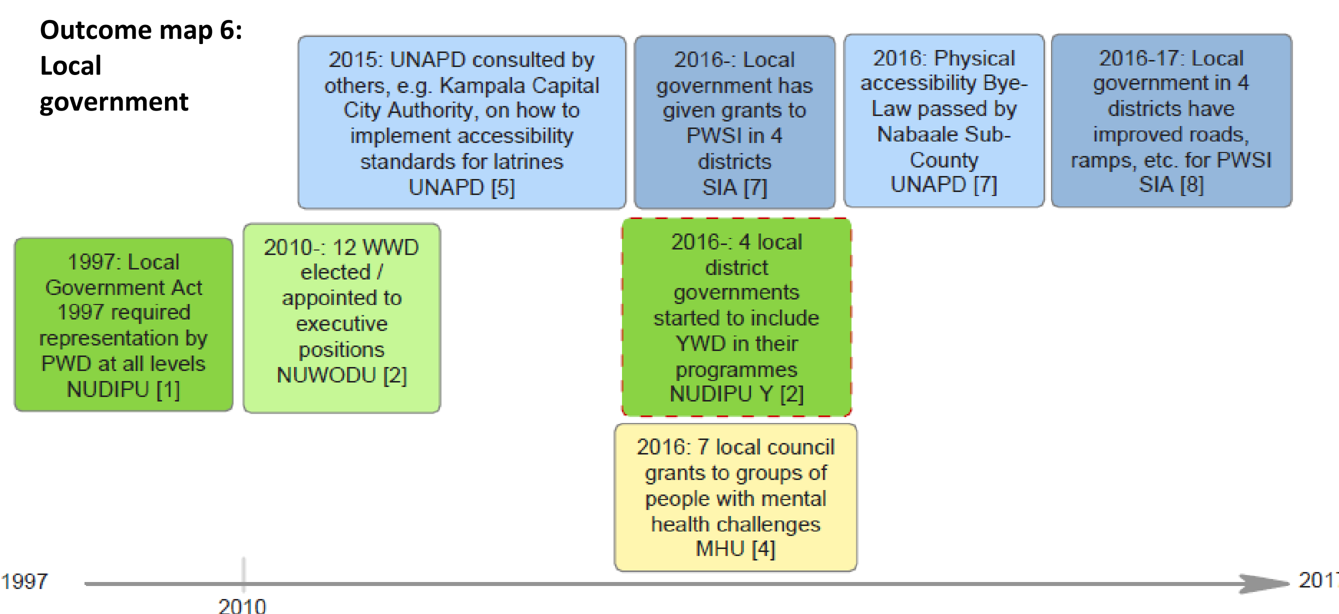
- Traditional healers and herbalists in 8 districts who have started to refer patients with mental health issues to health facilities (MHU-6).
- Teachers in 8 primary and secondary schools who have set up and continue to run epilepsy clubs (E-Clubs) to promote inclusion of children with epilepsy and build awareness about the condition and how it can be managed (ESAU-9).
- The Federation of Ugandan Employers creating a new award category to recognise employers in Uganda who have made reasonable progress towards inclusive employment (NUDIPU 12).

## 4.6. Local government

Eight outcomes involve local government actors who play a key role in making sure legislation, policies and programmes decided at national level, are actually being implemented or followed on the ground.

The most frequent example of support from local government is **the allocation of grants** to groups of people with disabilities who have become registered as local community based organisations. While it is (only) mentioned twice here (SIA-7 spinal injuries, MHU-4 mental health) it has also been mentioned many times in outcomes describing achievements of self-help groups.  Closely related to this is the involvement of persons with disabilities in government programmes such as Operation wealth creation, Women Entrepreneur- and Youth Livelihood programmes (NUDIPU Youth-2).

**Outcome map 6: Local government**



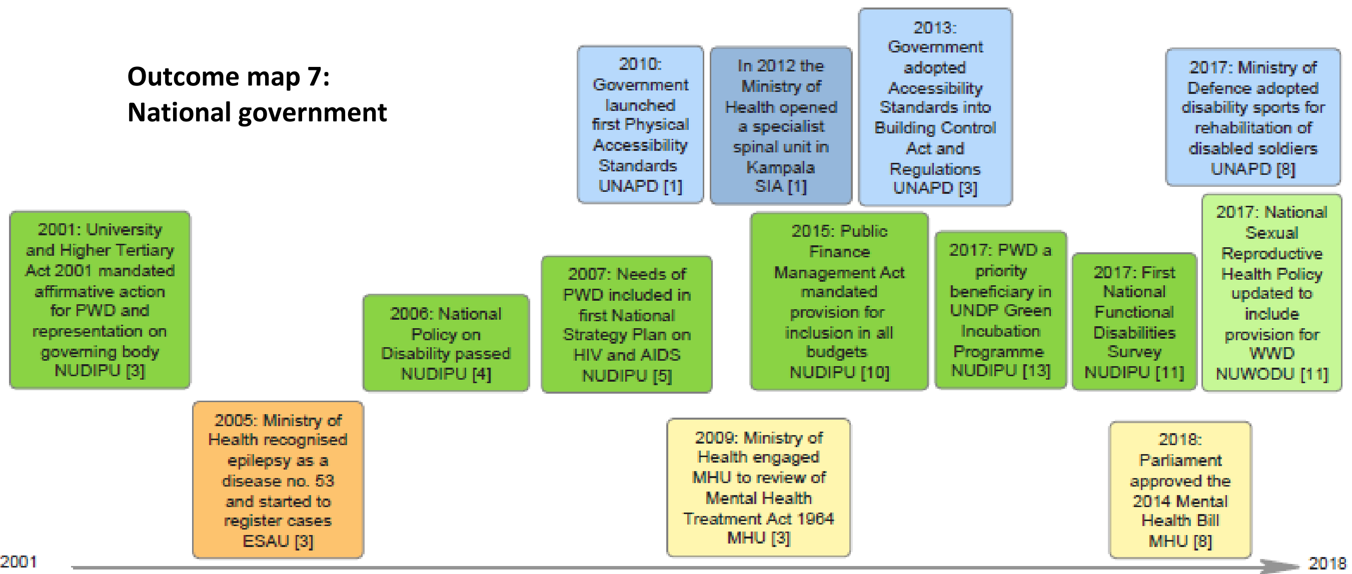

Other examples of local government support include improvements in **physical accessibility**:

- District authorities improving roads and providing ramps in public places (markets, hospitals, schools, churches) and in some public buildings (SIA-8).
- Nabaale Sub-County, Mukono district, passing a physical accessibility bylaw to ensure that the National Accessibility Standards from 2010, will be enforced at local level (UNAPD-7).
- Kampala Capital City Authority consulting the Uganda National Action on Physical Disability on inclusive designs of latrines and the Accessibility Standards (UNAPD-5).

Finally, NUWODU highlights how local government officers have been appointing women with disabilities to executive positions such as speakers, deputy speaker, Vice chair persons and Secretaries of the different committees – an important step towards more **gender equality**.

## 4.7. National government

Fourteen outcomes or one sixth of all the identified outcomes relate to the national government including the Parliament of Uganda, the government, various ministries, and other agencies such as the Uganda AIDS Commission and the Bureau of Statistics. The outcomes all relate to the development or passing of new laws, policies, strategies and standards, or the initiation of new initiatives, services or programmes. It is obviously of great importance to be able to influence social actors at the national government level, as decisions made at this level often have nationwide implications, potentially influencing all persons with disabilities in the country if implemented.




When looking at which disability organisations have been involved there are two clear trends. Firstly, it is **particularly the disability umbrella NUDIPU which has contributed to changes at the level of the national government**, being the main contributor to six out of the 14 outcomes. In addition NUDIPU has assisted some of its member organisations on 'their' policy outcomes (see chapter 5 on strategic partnerships). Four out of 8 member organisations plus the women disability umbrella NUWODU have achieved outcomes at the national government level, mostly member organisations who are relatively strong and have been in existence for a long time ie. ESAU (epilepsy), MHU (mental health), SIA (spinal injury) and in particular UNAPD (physical disability).

Secondly, the **policy outcomes pursued by the two disability umbrellas** (six outcomes from NUDIPU and one from NUWODU**) address issues which cut across all disability groups** such as non-discrimination, education, HIV/AIDS, reproductive health, employment, budgeting, and disability data. Whereas policy outcomes pursued by single disability organisations address issues of particular relevance to their own members such as physical accessibility, availability of epilepsy medication, specialised spinal injury treatment, and mental health issues.

**Key legislation, strategies and policies** which the disability movement has contributed to include:
- *The University and Higher Tertiary Institutions Act* (2001) introducing affirmative action for persons with disabilities and their representation on the governing bodies (NUDIPU-3)
- The *National Policy on Disability* (2006) which compliments the *Persons with Disabilities Act* a key piece of legislation which prohibits discrimination of persons with disabilities in relation to education, health and employment, and provides comprehensive legal protection (NUDIPU-4).
- The first *National Strategy Plan on HIV and AIDS (2007-14)* acknowledging persons with disabilities as a target group. This led to the representation of persons with disabilities in the Sectoral working groups and the Global Fund on HIV and Malaria which greatly influenced the policy framework and approach to ensuring inclusive and universal access to HIV and AIDS services by all [NUDIPU 5].
- Launch of the first *Physical Accessibility Standards* in 2010, and adoption of the standards into the *Building Control Act and Regulations* in 2013 (UNAPD 1 and 3).
- *The Public Finance and Management Act* (2015) which makes provision for disability inclusion in all budgets (NUDIPU-10).
- Update of *The National Sexual Reproductive Health Policy* (2017) making it in line with the WHO/UNFPA guidelines for provision of inclusive SRHR services (NUWODU-11).

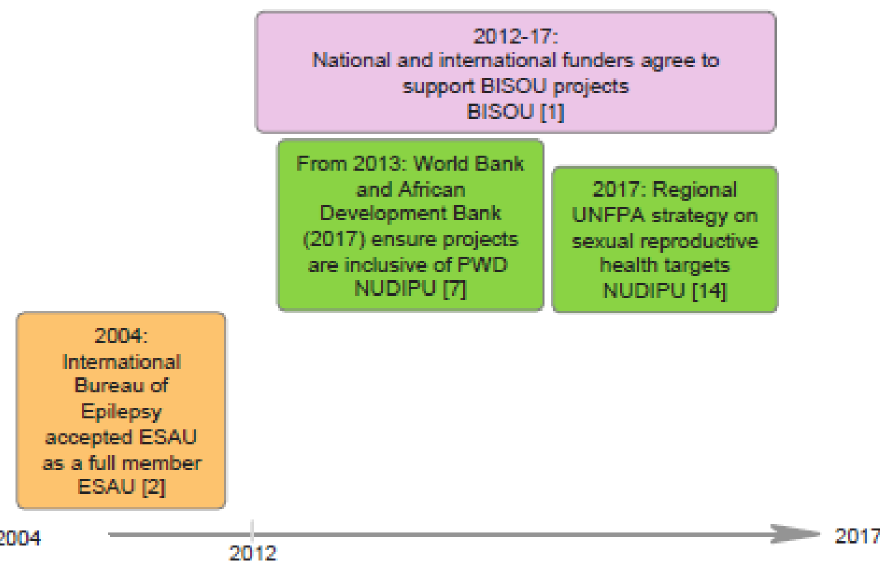
A long awaited milestone was the parliament approval in 2018 of the ***Mental Health Bill***. It replaced the 50 year old and long outdated Mental Health Treatment Act from 1964. The new Act introduces much needed changes including the removal of derogatory language, a shift in focus from institutionalisation to community based mental health care, as well as emphasizing the importance of supported decision making (MHU-8).

Outcomes achieved with the national government goes beyond policy, strategy and legislation to also include **concrete programmes or new initiatives** such as:
- Affirmative action to ensure employment of youth with disabilities in the *Uganda Green Incubation programme*. This has led to provision of 10% of volunteer placements to PWDs under the three year Uganda Graduate Volunteer scheme for the government (NUDIPU-13).
- Collection of disability data through the first ever *National Functional Difficulties Survey*, 2017-18) (NUDIPU-11).

It is encouraging, but also somewhat surprising, to see that there have been so many substantial policy outcomes at national government level and that they have been achieved throughout the 20+ years of cooperation. It is often assumed that organisations have to reach a certain level of maturity before they can start to influence policy making at the highest national level. The situation possibly reflects the historically close relationship between the government and the disability movement - a legacy of growing out of the National Resistance movement and the one party state, which has given the movement a head start.

### 4.8. International funders, organisations and intergovernmental organisations

Although the work of the Ugandan disability movement has mainly been targeting domestic issues, there are also four examples of outcomes among international actors.
They have wide implications as illustrated in the following examples:

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When the International Bureau for Epilepsy (IBE) accepted the Epilepsy Support Association of Uganda as a full member in 2004, this did not only mean international exposure and access to the latest trends on epilepsy care and management, it also meant international recognition of ESAU. This paved the way for membership of the International League against Epilepsy and led to the establishment of an African Chapter of the IBE.

While ESAU (epilepsy) was on the receiving end of the international collaboration, the disability umbrella NUDIPU has been on the contributing side engaging in close collaboration with the World Bank, the African Development Bank and UNFPA helping them become more disability sensitive in their work.

- In the case of the **World Bank** they have since 2013 been monitoring all their development projects in Uganda for disability inclusiveness, and seek to ensure that all projects impact positively on persons with disabilities.
- The **African Development Bank**, has since 2017 focussed on WASH projects which now have community consultations before implementation, and where the construction of sanitation facilities, public water stands and access roads are made to cater for persons with physical disabilities, which marks a total turn-around from previous practice.
- The **United Nations Population Fund (UNFPA)** has in 2016-17 developed a regional strategy to increase access to sexual reproductive health information by young persons with disabilities in East and Central Africa.

In all three cases NUDIPU has played a key consultative role. Given the size of projects by intergovernmental agencies as these three, and the clout these actors have among other international funders, this change towards more disability sensitive programming could have widespread implications.

# 5. Engagement in Strategic Partnerships

> Evaluation question 4: To **what extent have Ugandan DPOs engaged in strategic partnership**s both within and outside the disability movement, and what are the examples of synergy that this can create?

There is a growing realization of the strategic importance of engaging in partnerships, not only within the disability movement but also with external actors outside the disability fraternity and even the civil society domain. Such actors may be highly instrumental in undertaking relevant research, communicating important messages, mobilising support in particular population groups, adding leverage to specific advocacy agendas or promoting the inclusion of persons with disabilities within their respective fields of operation. Danish partners strongly encourage Ugandan partners to engage proactively in networking activities and in establishing strategic partnerships with different societal actors, not just with the purpose of achieving a set of strategic objectives in the short run, but also with the broader and longer-term intention of mainstreaming disability issues into new organisations, institutions and sectors in society.

In this report the term 'strategic partner' is defined as an organisation, other than the Danish partner, with which a Ugandan OPD worked over time to influence a social actor. Such 'strategic partners' may be another disability organisation in the Ugandan disability movement or elsewhere, or an organisation from outside the disability movement. They may include, *human rights organizations, research and media entities, national and local disability councils, organizations for persons with disabilities, relevant authorities or private businesses…[and the partnership may be created]… in order to benefit from the strategic partner's specialist knowledge or competencies in a certain field.* (page 56, The Danish Disability Fund – Guidelines and good advice, 2018).

The information on partnerships is based on the responses given in relation to each outcome, when asked, whether they had achieved the outcome by working with any strategic partner and, if yes, in what way the partnership had contributed to the outcome.

## 5.1 Strategic partnerships within the disability movement

Of the 88 outcomes, **just under half (40) of the outcomes resulted,** at least in part, **from Ugandan disability organisations working in strategic partnership with other OPDs and/or other types of organisations.** Of these 40 outcomes, 10 strategic partnerships involved other OPDs only, a further 16 involved both OPDs as well as other non-OPD actors outside the disability movement, and 14 involved non-OPD actors only.

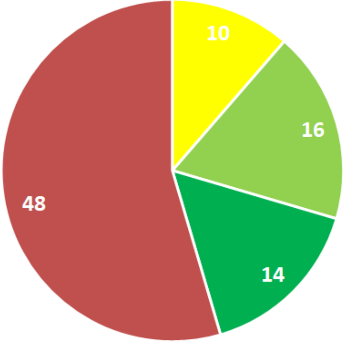



**Figure 9: Number of outcomes achieved with / without strategic partners**

none | with DPOs | with DPO(s) and other(s) | with other(s)

Over half of the outcomes (48 out of 88) did not involve a strategic partnership or the sources did not indicate if this was the case or not. This is not necessarily a weakness: there are good reasons why strategic partnership may not be relevant for some types of outcomes, in particular organisational development because such outcomes are, by definition, internal to the organisation.

Of the 26 outcomes achieved in partnership with other OPDs**, half (13) involved collaboration with one or both umbrella organisations**. In most cases it has been NUDIPU playing a supportive role in areas such as:

- **Organisational development** supporting the establishment of new disability organisations [NUWODU 1, UNAC-1], pushing for political representation of new member organisations in district unions [MHU-7].

- **Empowerment** helping to engage new members [UNAC-7], or to train and empower members to stand for political leadership positions [NUWODU-3].

- **Capacity building, technical and logistical support** eg. with the establishment of loans and saving groups where NUDIPU has extensive experience [NUWODU-8, UNAPD-16] but also in other areas. Examples include UNAC who was given technical support on how to penetrate local communities [UNAC-2], as well as how to engage with and lobby decision makers [UNAC-5] and NUWODU.

- **Advocacy support** pushing for legal changes often in larger coalitions also including NUWODU, other member organisations and external actors [UNAPD-3, MHU-8].

Support does not only go from the disability umbrellas to their member organisations, but also the other way round. **Member organisations often play an important role** in the work of the disability umbrellas in:

- **Mobilising their members** through their local structures. An example includes the umbrella organisation NUWODU which worked closely with five of its member organisations (ESAU, MHU, UPPID, UNAPD and UNAD[3]] who helped mobilise 900 women and girls in the local communities including reaching out to those with invisible disabilities such as epilepsy, psychosocial and intellectual disabilities [NUWODU-5].

- **Providing technical expertise on a particular type of disability.** This applies when working at the **local level** as in the case of the women umbrella organisation NUWODU which worked closely with five OPD partners to improve access to antenatal services in three districts with each of the five organisations training staff on the needs of women with their particular disability [NUWODU-10]. It also applies at the **national level** when providing input into new policies and laws (see examples below).

An area where the **disability movement clearly benefits from working together** across disability umbrellas and their member organisations is in the area of **advocacy and pushing for policy change**.

- By working together the technical input from the disability movement is more likely to **reflect the needs of all disability groups**. An example was the first National Strategic Plan on HIV and AIDS covering the period 2007-2013 where the involvement of all OPDs, to ensure that the differing needs of their members were included, served to enhance access to universal HIV and AIDS services [NUDIPU-5].

[3] United National Association of the Deaf

- The disability movement also **stands stronger** when working together as was evident when the government passed the National Law on Disability in 2006 [NUDIPU-4] and on the Mental Health Bill (MHU-8]. The process leading up to the approval of the new Mental Health Bill shows the range of joint advocacy activities engaged in at different stages of the process.

  An alliance of partners including NUDIPU, NUWODU, UPPID, MHU (as well as external partners such as the East African Centre for Disability Law and Policy, and the Public Interest Law Clinic) *assisted with the review of the Mental Health Bill, mobilizing the media, attending the public hearing with The Health Committee of Parliament, participating actively in engagement meetings with the Parliamentary Committees on Health and Human Rights, and supporting members to come to the public gallery in Parliament during the review process [MHU-8].*

While the examples above show that the disability umbrellas have been involved in most of the outcomes where OPDs have collaborated, there are **also examples of member organisations working together on their own**. This is particularly the case in the joint Uganda project where BISOU, SIA and UNAPD work together with their three Danish partners representing people with physical disabilities, brain injuries and Parasport Denmark [UNAPD 4, 8].

The many examples of OPDs working together, shows collaboration within the disability movement and the ability to collaboratively work towards a common goal, thereby achieving more together than the organisations could have done alone.

## 5.2 Strategic partnerships <u>outside</u> the disability movement

Strategic partnerships <u>outside</u> the disability movement contributed to roughly one third of the outcomes, in total 30 outcomes. In roughly half of these cases (16) the strategic partners were a mix of OPDs as well as actors outside the disability movement, whereas the other half (14 cases) exclusively involved actors from outside the disability movement.

These outcomes provide evidence of the Ugandan disability movement having the ability to engage with a wider range of organisations as allies. In some cases, these were duty bearers – national and local government, national authorities - and **the engagement as allies demonstrates an important ability to work alongside, rather than in confrontation with, authorities** who's support is essential if achievements are to be far-reaching nationally and sustainable over time.

The way in which Ugandan disability organisations engage in and benefit from working with external partners outside the disability movement can be divided into three categories.

Firstly, there is **engagement with partners who have technical knowledge** in a given area and play a key role in **building the internal capacity of OPDs**. Examples include partners at national government, CSO and local level:

- The Ministry of Gender trained all women organisations on the referral pathway for cases of violence which enabled NUWODU to adopt it in their own training [NUWODU-4].

- The Development Network of Indigenous Voluntary Associations (DENIVA), Community Development and Resource Network (CDRN) and Uganda National NGO Forum helped NUDIPU learn and develop different training manuals. These were used to build the capacity of NUDIPUs disability structures nationwide when its structures were chosen as the means to ensure that people with disabilities were represented at all levels of government, in line with the constitution [NUDIPU-1].

- The strategic partnership with the Civil Society Budget Advocacy Group supported NUDIPU to build her capacity in budget analysis and advocacy. This was extended to National OPDs as well [NUDIPU-10].

A second area is the engagement with partners who have technical knowledge or political leverage who act as **allies when pushing for new legislation or policies at national level**. Interestingly this does **not only include other NGOs but also other government entities** such as ministries with an interest in the issue at stake. Examples include:

- Participation of the Ministry of Justice and Constitutional Affairs and Ministry of Works and Transport which was essential for winning Parliamentary adoption of the national accessibility standards into the Building Control Act and Regulations [UNAPD-3]

- The Uganda Paralympic Committee which is the government body mandated to promote disability sport. Its involvement helped convince the Ministry of Defence to adopt disability sports as a tool for rehabilitation [UNAPD-8].

- The Forum for Women Educationists were a good ally when pushing for the approval of the University and Higher Tertiary Institution Act which includes affirmative action, as it included girls and women with disabilities in its campaigning and had a history of supporting girls and women with disabilities, thus amplifying NUDIPUs voice [NUDIPU-3].

A third key area is the engagement of partners in the **implementation of projects and in making local service delivery more inclusive**. OPDs who work extensively at the local level have been successful in involving local community officers, service providers and locally based CSOs, firstly raising their awareness on the needs of persons with disabilities and then subsequently engaging them to train and empower persons with disabilities. Examples at local level include:

- The Ministry of Education was involved in securing the acceptance of students with intellectual disabilities by schools in 6 districts [UPPID-7].

- Police and local health centres contributed to the training of women with disabilities within their areas of expertise [NUWODU-4].

- The Forum and Uganda Women Network trained women in political leadership, encouraging them to stand for political office [NUWODU-3].

- The Africa 2000 Network developed training materials and conducted training for NUDIPU in the 13 target districts, resulting in 5 District Unions winning their own funding for the first time [NUDIPU-9].

This ability to form strategic partnerships outside of the disability sector demonstrates an encouraging and impressive level of competence and confidence, ambition and capability to work with others within and beyond the disability movement to achieve what the disability sector cannot achieve alone.

### 5.3 Synergy across strategic partnerships

Strategic partnerships may often involve more than one partner, different types of support as well as support across several related outcomes, thus creating additional synergy effects.

A particularly **notable example of synergies** is reflected in the three outcomes by UNAPD that describe the role of strategic partners in the **creation, adoption and use of physical accessibility standards** in Uganda. The launch of physical accessibility standards by the Ministry of Gender Labour and Social Development [UNAPD-1], the adoption of these standards into the Building Control Act and Regulations [UNAPD-3], and the construction of a prototype accessible latrine for children with disabilities [UNAPD 5] all involved multiple strategic partnerships with OPDs (both individual OPDs and umbrella organisations) as well as academics, local council authorities, government ministries and professional associations of architects and engineers. The synergies of these partnerships were summarised by UNAPD as follows:

- The involvement of Ugandan Architects, an accessibility expert from Denmark, and multiple OPDs together helped the Uganda government (Ministry of Gender, Labour and Social Development) to appreciate, own and then launch the Accessibility Standards.

- Involvement of the key Ministries in this sector (Ministry of Works and Transport and Ministry of Justice and Constitutional Affairs) was key in winning the support of Parliament for adopting the standards into the Building Control Act and Regulations.

- The involvement of all invited stakeholders in all stages of the co-creation of an accessible latrine prototype was instrumental in enabling all key stakeholders to understand the needs of an accessible facility for CWDs and what it takes to construct a prototype.

Two other examples are given below of how input from different partners compliment and reinforce each other.:

- The training of paralegals, who became important rolemodels in the communities: The three partners provided understanding or input to the training on different issues: Uganda Law Society on the legal input, the district local government provided understanding of the local context and how the referal mechanism works there, whereas the community based service staff provided input on the psycho social support [NUWODU-7].

- The electoral Commission, the District Council leaders and the Clerks to the Council all played an important role in building the confidence of the community in women with

disabilities as legal valid candidates. This helped pave the way for local district government committees to appoint or elect women with disabilities to executive positions [NUWODU-2].

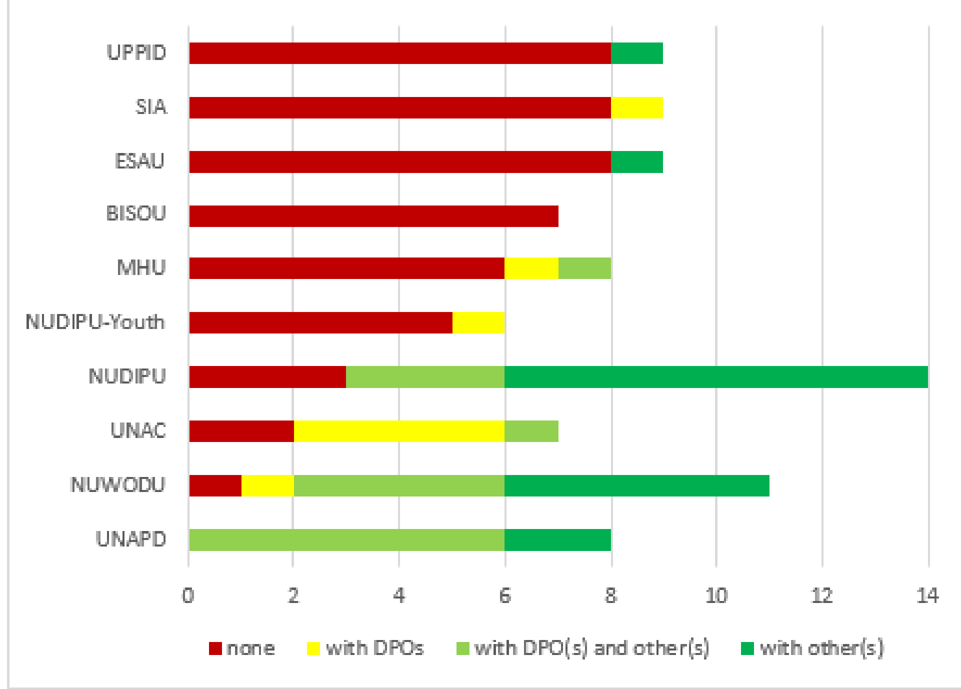
The examples illustrate the synergy in working with several strategic partners. They also illustrate the win win situation of drawing on partners technical knowledge and experience, while at the same time heightening the partners awareness of the barriers that people with disabilities face, and the need to counteract these barriers in their daily work.

## 5.4 Engagement in strategic partnerships – at the individual organisational level

The tendency of Ugandan OPDs to work in strategic partnership has varied considerably as can be seen in figure 6.2. Seven out of the ten disability organisations have only given few examples of achieving outcomes in partnerships with others[4], or when giving examples of partnerships or support, these have mainly been 'limited to' strategic partners within the disability movement.

It may be useful for some Ugandan DPOs to consider how they might benefit in the future from working more in strategic partnerships, drawing on the experience of other DPOs described in this report.

**Figure 10: Number of outcomes achieved with or without strategic partners – by organisation**




At the other end of the spectrum, the UNAPD the organisation representing persons with physical disabilities worked with strategic partners to achieve all its 8 outcomes, in all eight cases involving partners external to the disability movement. Not surprisingly given their strategic position as umbrella organisations, both NUDIPU and NUWODU also engaged in many external partnerships that helped achieve a high percentage of their outcomes: 80% and over 90% respectively. While NUDIPU has often engaged in partnerships at the national level in order to enhance their capacity

[4] In part, this is because it was realised too late in the harvesting process, that the definition of 'strategic partner' had been understood by some to be = social actor. Data cleaning identified a number of such cases and eliminated them from the dataset on strategic partners.

to work with a given issue, or to push jointly for political results, the approach in NUWODU has more been one of engaging in partnerships and applying it at the local level.

**Summary:**

Close to half of all outcomes have been achieved, at least partly, working in strategic partnerships with organisations within or outside the disability movement. Ten outcomes involve other disability organisations, 14 outcomes involve external partners, and 16 outcomes involve both. External strategic partnerships cut across many different types of partners from decisions makers (government ministries and authorities at national level), to civil society organisations, as well as implementers (local level government and service providers). Support from partners typically include technical support to increase the capacity of OPDs, advocacy support to help push for changes in legislation and policy, and support to implementation of interventions at local level.

# 6.Added value of Danish partnerships

Evaluation question 5: What is the **added value** of partnerships between Danish and Ugandan OPDs?

Channelling money through Danish partnerships add to the cost of providing support to Ugandan organisations of persons with disabilities (OPDs). It is therefore relevant to understand in what other ways Danish cooperation has contributed to outcomes, over and above the financial support. In other words, could the same outcomes have been achieved if the funding had been granted directly to the Ugandan OPDs and, if not, what was the added value of working in partnerships?

To shed light on this partners were asked to describe for every outcome, '*whether, over and above funding, Danish OPD(s) helped and if so how*'.
For some outcomes, the Danish contribution was very clear to sources and was quickly described. This was particularly the case when there was a clear technical input like expert advice or a study visit. In other cases, it emerged only after further discussion and was sometimes described more in terms of the general collaboration. . One reason for the difficulty in getting this data is that Ugandan partners, as change agents and in the driving seat, do not immediately think of the different ways in which the Danish partnerships may have contributed as the Danish partners are not involved in implementation and thus one step removed. In addition, there was also the challenge of trying to recall Danish contributions for the outcomes that materialised many years ago.

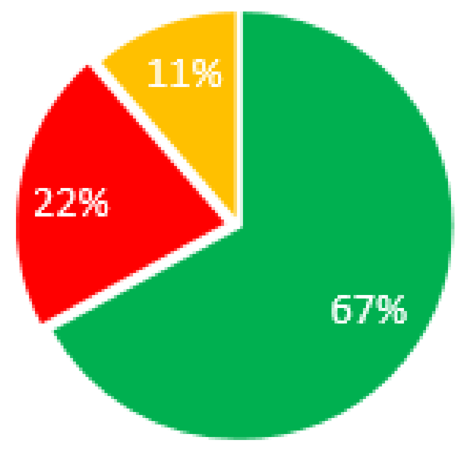
As a result of these challenges in collecting this data, we do not know for certain how to interpret the 11% (10 outcomes) for which the Danish contribution is 'not known': it could be that the Danish contribution was limited to funding, or it could be that further investigation would reveal additional dimensions to the Danish contribution. There is also some uncertainty about the 22% (19 outcomes) identified by sources as having only a Danish financial contribution. With further probing or research it is possible some of these may indeed have had additional dimensions to the Danish contributions.

## 6.1 How often did the Danish partnerships provide added value

In total, 67% of outcomes benefited from Danish contributions other than funding, 22% the contribution was only funding and for 11% of outcomes the sources did not indicate any information.

There was, in short, added value from the partnership in most cases: for the nine partnerships that provide responses (NUDIPU-Youth did not provide this information), all had examples of the added value of Danish contribution, and in two cases – ESAU (epilepsy support association) and UNAC (cerebral palsy) – all harvested outcomes had such additional added value.

**Figure 11: Percentage of outcomes with / without Danish contributions other than funding**



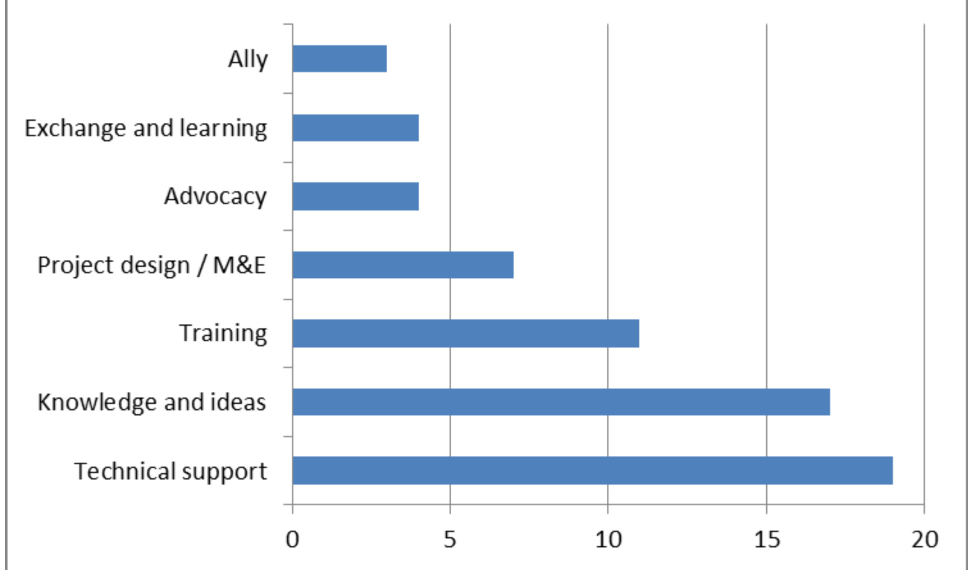

## 6.2 Main types of Danish contribution

The Danish contribution fell into two broad categories: i) outcomes with a clear and specific Danish contribution, ii) outcomes where it was the general collaboration that was highlighted. The two are discussed in turn below.

### Outcomes with a specific Danish added value

The Danish contribution can be divided into seven categories. The most widespread type of contribution was technical support, followed by knowledge and ideas, as well as training.
Less xprevalent but of key importance was support related to advocacy, and being an ally working alongside the Ugandan partner.

**Figure 12: Frequency of the main types of Danish contributions**[5]




**Advocacy** regarding the establishment of **new OPDs**
A key Danish contribution has been the role of DPOD and four of its member organisations (DEA, LEV, SIND and CP Denmark) in helping to establish new Ugandan OPDs. Examples include:

- DPOD advocating against the idea of combining epilepsy, mental illness and intellectual disability into one combined area as suggested by the Ugandan Ministry of Health [ESAU 1];

[5] N.B. The total number is greater than the number of outcomes because some outcomes had multiple types of Danish contribution

- Lobbying NUDIPU for recognition of epilepsy (and other disability groups). The Danish partners introduced the idea of a more diagnosis-based approach like in Denmark [ESAU-6];
- CP Denmark contributing to the identification of persons with CP, raising NUDIPU's understanding of the CP concept [UNAC-1], and providing support to strengthen the CP wing in NUDIPU [UNAC-2] thus enabling it to later develop into an organisation of its own.

**Exchange of knowledge and ideas** has typically been based on Danish OPD experience and has influenced key aspects of the Ugandan partners work. This included ideas on the:

**Organisational set-up**:

- Partner visit to learn about democratic structures and how membership was organised in Denmark [MHU1, 2];
- Advice on the organisation's constitution using own constitution as a model [BISOU-6];
- Advise to include persons with intellectual disabilities in governance structures [UPPID-6].
- Ideas and advice on how to work with a district association structure [UPPID-1];
- The idea to create 'wings' in order to keep multiple disabilities within one organisation [UNAPD-2];

The exchange of knowledge and ideas has also covered **intervention approaches** such as:

- Sharing information on how lobbying was done in Denmark [BISOU-5];
- Introducing the idea of parent support groups [UNAC-4];
- Acting as role models to people with CP in Uganda [UNAC-7];

The term '**technical support'** was the most prevalent type of support. It is a broad category and covers three distinct varieties of technical support:

- **Assistance in relation to project implementation** such as; input to project strategies [NUWODU-9, 10]; undertaking a mapping and legal study that provided an entry point to engage in inclusive employment [NUDIPU-12], input to a self-help kit [UPPID-3], and various types of input to a sports project [UNAPD-4].

- **Provision of a consultant or expert**, as in the case of the formulation of physical accessibility standards. Here a Danish accessibility expert conducted a situation analysis of physical accessibility in Uganda, reviewed the different accessibility standards from other countries, and included this information in the Physical Accessibility Standards in Uganda [UNAPD-3].

- **Support to organisational development** such as**:** strengthening the capability to partner with others [UNAC-2, 6];

**Training** was provided by Danish partners or other Danish resource persons in a number of cases:

- Training of youth leaders [UNAC-3];
- Councilors trained on disability inclusion [NUDIPU-1];
- Journalist training to improve disability reporting [MHU-5];
- Making crafts [BISOU-5];
- Fundraising [BISOU-1].

Being an **ally**, defined as working alongside the Ugandan OPD, is evident in these examples:

- Strategic partners supporting organisational development [UPPID-2,9];
- Engaging local councils [UNAPD-7];
- Helping in struggle for disability data [NUDIPU-11];
- Enabling membership in the International Bureau for Epilepsi [ESAU-2].

Lastly, working as an **ally** to provide direct support with advocacy:

- Advice on review of Mental Health Bill [MHU-8].
- Help lobby the Ministry of Health to have epilepsy captured in the Health Management Information [ESAU-3];
- Introduced the idea of free physiotherapy, helped sensitise the Ministry of Health, and lobby the Mulago hospital administration [UNAC-5].

### Added value of project collaboration

In a number of outcomes the Danish added value was described in more general terms relating to the role of collaboration in project design, monitoring and evaluation [NUDIPU-4, 6, 8, 9; NUWODU-3, 5, 10; UNAPD-6].

> *DPOD supported right from the design…..During the project monitoring visits, DPOD also provided valuable guidance to NUDIPU that improved project implementation* [NUDIPU 9].

These examples help understand why some OPDs (initially) found it difficult to answer the question of Danish contribution. While the outcome harvesting exercise was asking for Danish contribution to specific outcomes, and not to the collaboration in general, a key added value of the partnerships are indeed the joint discussions and work processes which cut across the project cycle and its outcomes.

### Other important aspects of added value

A common sentiment across the partnerships was the value of partnering with likeminded organisations and persons with the same disabilities, who understand the Ugandan organisations and the situation of their members. 'We don't need to explain a lot, we understand each other and our needs'. Danish partners with the same type of disability can serve as role models and have more credibility as illustrated in the example below:

- **Partnerships between likeminded organisations**
  *It is very important that it is a membership organisation of and for people with epilepsy in Denmark that provides the financial support. People with epilepsy from Denmark met people with epilepsy in Uganda. People with epilepsy in Uganda are mobilised by telling them that they themselves are the only persons that can bring lasting change in their lives. This is different from traditional aid which was then given as handouts, blankets, food etc.*

Another key point is the transfer of Danish values of democracy, transparency and accountability.

- **Transfer of Danish values**
  *Before the exchange visits to Denmark as leaders of Spinal injuries we used to take decisions anyhow as long as we knew they were good for the organisation. After the exchange visits we have changed our leadership approach to consult members before we make decisions and give feed back to the members as a means of being accountable and transparent. [SIA-9]*

**Summary – added value**
There is considerable evidence of significant added value from the Danish-Ugandan partnerships: two-thirds of the outcomes benefited from Danish contributions other than funding. The type of Danish contribution varied between the outcomes. Danish partners have influenced and contributed to Ugandan partners in so many ways from the establishment of new OPDs and their organisational set-up, to the focus areas and intervention approaches used. Danish contribution has also included training and technical input to implementation, enabled international exposure, and Danish partners have acted as an ally in advocacy.  Much of the advice and exchange of experience and ideas, has been based on the experience and values of Danish OPDs. In short the Danish support has helped Ugandan partners grow and strengthen their capacity to a point, where they could start to attract support from other sides.

SUMMARY – added value
There is considerable evidence of significant added value from the Danish-Ugandan partnerships: two-thirds of the outcomes benefited from Danish contributions other than funding. The type of Danish contribution to outcomes varied between the outcomes.
Danish partners has influenced and contributed to Ugandan partners in so many ways from the establishment of new DPOs and their organisational set-up, to the focus areas and intervention approaches used. Danish contribution has also included training and technical input to implementation, enabled international exposure, and Danish partners have acted as an ally in advocacy.  Much of the advice and exchange of experience and ideas, has been based on the experience and values of Danish DPO.
In short the Danish support has helped Ugandan partners grow and strengthen their capacity to a point, where they could start to attract support from other sides.