

**REFLECTION REPORT ON TECHNICAL ASSISTANCE TO URAA IN MAINSTREAMING  
AGEING INTO HIV/AIDS RESPONSES**

Submitted to:

**Uganda Reach the Aged Association**  
P.O. Box 6775, Kampala

By:

**Kenwill International Limited**  
Plot 10, Kampala Road, Uganda House, 8 Floor,  
P.O BOX 27622, Kampala  
Tel. +256 (0)3 12 113 472/0414 668 673 (office) 0782 446015 (mob)  
[E-mail: kewinterl@yahoo.com](mailto:kewinterl@yahoo.com) or [kenwill@kenwillinternational.org](mailto:kenwill@kenwillinternational.org)

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## **Introduction**

UgandaReach the Aged Association (URAA) is a national voluntary, not-for-profit non-governmental organisation founded in 1991. URAA's vision is *"a dignified self-fulfilled poverty free ageing Uganda"* and her mission is *"to work and advocate for improved quality of life and preservation of the dignity of older persons in Uganda"*. The Goal of URAA is to contribute to improvement of welfare and eradication of social injustice of older persons in Uganda. URAA is one of Uganda's major age care organisations and a national actor on ageing.

URAA in partnership with HelpAge International are implementing a project on "Mainstreaming Ageing into HIV/AIDS Responses". Within the framework of the project, URAA planned to get technical assistance (TA) in mainstreaming ageing into national HIV&AIDS responses. It is against this background that URAA hired Kenwill International Limited (KENWILL) to provide the TA to the organisation. The TA was provided between February and April 2011.

## **TA Purpose and Objectives**

The main objective of the assignment was "ensuring that older people are fully included in National HIV responses". The specific TA objectives were:

- i. Identify key older people issues for mainstreaming into HIV/AIDS responses– identify issues/priorities for redress.
- ii. Work with URAA staff to organise and facilitate a national consultative meeting scheduled for March 2011, on mainstreaming ageing into HIV/AIDS policies, strategies and programmes. Stakeholders will agree on policy actions for mainstreaming issues of older persons.
- iii. Providing general capacity building to URAA in strategic policy engagement (Advocacy).

## **Scope of the technical assistance**

The TA was provided through four broad tasks presented and described below:

1. **Carrying out a policy monitoring study on current National HIV&AIDS Policies and Strategies.** This involved ascertaining the extent to which issues of older persons are included or excluded in policy documents and the actual practice on the ground. This task was accomplished by conducting consultations with URAA staff, reviewing selected policy documents, holding consultations with key national institutions and agencies involved in issues being reviewed and holding district and community level discussions on actual policy practice. At the workshop, findings from the policy monitoring study were presented and examined by participants. Suggestions for improving recommendations were made. Action plans categorising recommendations into advocacy and programmatic actions were developed by participants.



Some of the older persons consulted during the policy monitoring study at Mohokya sub-county, Kasese district (Photo by consultants)

- 2. Facilitating a national consultative meeting on mainstreaming ageing into HIV/AIDS interventions:** This entailed working with URAA to organise and facilitate workshop. The process of ensuring the workshop is successfully carried out involved; inviting the stakeholders, preparing workshop programme, facilitating a two day meeting at Hotel Triangle (2223/March 2011) and preparing a workshop report. A total of 27 participants from government, NGO and community agencies attended the meeting.
- 3. Preparing and delivering training on strategic policy engagement (advocacy) capacity development.** This involved; conducting an advocacy capacity assessment among URAA staff to identify areas to capacitate, preparing the course, seeking URAA feedback on the course and facilitating twoday training for URAA staff. The training was conducted on 14<sup>th</sup> and 15<sup>th</sup> April 2011 at Esella Hotel (Kiira Town Council). It was attended by 11 URAA staff (4 female and 7 male).



URAA staff that attended the strategic advocacy engagement training at Esella Hotel (Photo by consultant)

**4. Presenting monitoring study findings to the Second National Consultative Meeting on Mainstreaming Ageing into HIV and AIDS Responses.** This event was organised by HelpAge International's African Regional Development Centre and URAA. The presentation was just one of such at the three day meeting (27-29/4/2011) held at Imperial Royale Hotel. The monitoring study report findings were represented on 27/4/2011.

#### **TA Deliverables**

The following outputs were produced through this TA:

- 1) A policy appraisal/review report on: HIV/AIDS and Ageing in Uganda; A Review of Key national HIV/AIDS Policies, Plans and Strategies in Uganda.
- 2) Action plans for implementing recommendations of the policy review/appraisal report
- 3) Workshop report for the national consultative meeting on mainstreaming ageing issues into national HIV/AIDS responses was produced
- 4) List of barriers to mainstreaming ageing into national HIV/AIDS Responses was identified
- 5) Policy brief on mainstreaming issues of older persons into national HIV&AIDS policies, plans and strategies was produced

- 6) 11 URAA staff were trained on strategic policy advocacy. Many staff members confessed to acquiring basic skills for policy analysis and writing policy briefs.
- 7) A training report on strategic policy engagement was produced reflecting on advocacy practice and what out to be done to improve it within URAA.
- 8) Policy appraisal findings were shared with different stakeholders at the national consultative meeting organised by HAI and URAA.

### **Key Outcomes and Observations**

There is a realisation that despite years of serious advocacy, issues of older persons are yet to be fully integrated into HIV/AIDS responses in Uganda. The key barriers to effective advocacy include; lack of evidence or comprehensively researched information on HIV/AIDS among older persons; poor organisation of older persons, poor coordination, limited appreciation of older person issues and limited institutional capacity of URAA member organisations.

Although policy makers and implementers claim that older persons are entitled to accessing HIV/AIDS services, evidence from the community shows that the access is limited and hindered by inappropriate approaches to delivering such services to older persons.

The planning, management and organisation of URAA advocacy agenda on mainstreaming ageing international HIV&AIDS responses needs to be reviewed and strengthened further. The advocacy training enabled URAA to realise that advocacy themes/issues are many (nine in number) and the organisation can easily be busy without securing and commitments from policy makers. Advocacy issues/themes are project driven and there are no clear criteria for identifying and choosing a policy advocacy theme/issues. URAA has no advocacy strategy which can guide its advocacy and some of the policy proposals presented by URAA seem not be realistic. An action plan was developed with clear timelines and responsible persons to address observed gaps.

There are immense opportunities for advancing the advocacy agenda on mainstreaming ageing into national HIV/AIDS responses within different government ministries and statutory agencies. However, it would appear as if not all these opportunities have not been and are not being exploited. Not taking these opportunities is attributed to capacity challenges within URAA. While the advocacy teams seem to be doing a commendable job, URAA can be more effective by getting full-time advocacy staff involved in searching for these opportunities, working with advocacy teams to engage policy makers and where needbe, the staff should directly engage in such spaces. URAA should always be ready to seize such moments to advance the agenda.

### **Recommendations**

The different deliverables from the technical assistance document different actions to be taken by URAA and her stakeholders to improve institutional capacity and advance the agenda on mainstreaming ageing into HIV/AIDS responses. URAA and HelpAge International should addresses or tackle barriers to effective advocacy identified in the workshop report if efforts are to be successful.

**In addition, URAA should use action plans from the consultative meeting at Hotel Triangle to fine tune her advocacy agenda and programming on HIV/AIDS and ageing.**

**Overall, there is need to do internal reflection within URAA and see how the agenda can be effectively managed. In addition, URAA should work together with HelpAge International and her members to mobiliseresources (financial and volunteers) to carry out a small but scientific research on ageing and HIV/AIDS in Uganda. Waiting for government to carry out a study on this subject will take years, if not decades due to competing priorities within Government and yet empirical evidence is critical in proposing feasible policy actions among policy makers.**