Performance Improvement through Learning in Sanitation (PILS)

End of Project Evaluation

Final Report

April, 2012

Table of Contents

Report Submission Form

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April 2, 2012

The Project Manager, PILS

Dear Sir:

We are pleased to submit this final report for the **End of Project Evaluation** for the Performance Improvement through Learning in Sanitation (PILS). We have finalized the report based on feedback and comments we received from you.

Sincerely,

Victor Male
Managing Director
Interface Consulting

Executive summary

Background and purpose

This document is the end of project evaluation report for the Performance Improvement through Learning in Sanitation (PILS). The project has been implemented in six sub-counties in Gulu, Kitgum and Pader Districts of Northern Uganda by a consortium of IRC-International Water and Sanitation Centre, NETWAS Uganda and CARITAS Gulu. The project started in October, 2009 and was scheduled to end in March 2012. The main objective of the evaluation is to contribute to the analysis of how learning particularly at the decentralized levels can be improved. Learning is seen as a key strategy to improve the WASH sector.

Method

An initial consultation strategy was developed and discussed with IRC in Kampala who provided comments and further suggestions. Topic guides for the different stakeholder interviews were developed, pre-tested and refined.

Organizations consulted at the national level included NETWAS and IRC. At the district and local level, visits were undertaken to Gulu and Kitgum districts over a six day period. Consultations included discussions and key informant interviews with CARITAS Gulu staff, local government technical and political leadership, focus group discussions with civil society groups and the communities within the sub-counties in the project area and adhoc key informant interviews with users at demonstration sites. A feedback presentation and discussion was made with a cross section of national and district level stakeholders at a roundtable meeting.

Findings

Alignment to current approaches

Comparison of sector strategies to the PILS project objectives shows that the project was aligned to current approaches to hygiene and sanitation development in the sector. PILS set out to improve coordination at the district and sub-county levels, develop appropriate technology that is affordable to the poor, rationalize and disseminate guidelines, support sanitation marketing, enforce (bye laws on the) adoption of good hygiene practices and improve private sector engagement and participation in supply chain management.

Project clarity

Reports reviewed and stakeholders spoken to during this evaluation confirm that the PILS project intentions were consistently communicated by the project partners throughout the project period. At both district and sub-county level in the PILS project area, technical staff and the political leadership were able to describe the main activities of the project including the learning platforms, demonstration of alternative environmentally sustainable sanitation technologies at community level and the organization of learning exchange visits for sub-county representatives. This was consistent with the project approach outlined and described in project documents.

In addition, stakeholders were able to highlight the positive impact that the PILS approach had made on their work. They felt that stakeholder discussions held at district and sub-county level had been useful and had helped to change their perceptions about hygiene and sanitation development at the decentralized level. There is evidence that suggests that stakeholders now consider how best the limited resources at the sub-county and district level can be used to fill the significant gaps in hygiene and sanitation service delivery and

in some cases allocation of resources towards hygiene and sanitation increased as a result of PILS intervention.

Project performance

Change of attitude from humanitarian to development context

During project implementation, the changed context was consistently and extensively discussed in learning sessions at the district and sub-county level. District and sub-county technical staff and political leadership within the PILS project area were able to demonstrate a change in attitude, and attributed this to the discussions in the learning sessions. Change of attitude at community level was however more difficult and would require more focused effort and time to achieve.

Functional multi-stakeholder learning platforms in place

Learning platforms and sessions conducted by the PILS project were useful in the identification of key issues and solutions related to hygiene and sanitation. The construction of the arbour loo and fossa alterna latrine technologies at household level helped to generate discussions within the platforms about how some of the practical challenges related to adoption of good hygiene practices in different parts of the project area could be dealt with. Case documentation helped practitioners at district level to consolidate current practices. Dissemination was however largely limited to the district and sub-county level.

However, attendance of learning platforms by many stakeholders at the district level was poor and inconsistent. In addition, follow up on some of the agreed action points was generally weak. This was because either the issue to be followed up was perceived to require resources which were not available or because it was construed as deviation from normal sector procedure or policy. While the need to follow through agreed actions by wide stakeholders is an on-going challenge within the wider sector especially on issues related to hygiene and sanitation promotion, the PILS project should have developed a practical strategy to address this because it is a key barrier to the development of joined up policies for the sector.

Whilst useful in generating discussion and debate among stakeholders, learning platforms did not address all technical capacity gaps identified. Nor is it realistic to expect that solely, learning sessions would fill all capacity gaps at this level. Monitoring and follow-up within communities remain weak. Technical skills in the promotion of hygiene and sanitation behaviour change among health assistants and VHT are still inadequate and non-uniform. There is a strong tendency to rely on development of bye-laws and their subsequent enforcement to promote adoption of good hygiene practices.

Support to DWSCCs

The PILS project and the district leadership in the project area agreed that stakeholder coordination was important in light of the changed development context and with many organisations closing operations in the area. Revival and development of the capacity of the District Water and Sanitation Coordination Committees (DWSCCs) was seen as an important strategy to achieving improved coordination. Other integrated strategies including the introduction sanitation technology (the arbour loo and fossa alterna) and action research were also agreed by the district technical staff and leadership at the project out set.

Whilst all DWSCCs were in existence at project start, there is evidence that indicates that the district learning sessions facilitated by the PILS project were instrumental in helping the district and sub-county staff to further appreciate the value that a functional DWSCC could bring to their work. In action plans developed by at the end of the learning sessions, hygiene and sanitation issues for further follow up and discussion begun to gain more attention and were highlighted in action plans by district staff.

In Gulu district, minutes and reports reviewed as part of this evaluation indicate that CARITAS Gulu did not consistently attend DWSCC and other coordination meetings. It also appears that CARITAS was not actively involved in hygiene and sanitation activities with other district stakeholders outside the PILS project sub-counties. This arguably reduced their ability as an institution to effectively influence the agenda of multi-stakeholder DWSCC meetings or policy at District level.

Follow up on agreed actions in learning sessions by stakeholders and on issues for discussion in the DWSCCs was weak. This highlights the overall weak capacity of the DWSCC especially in districts in the North. This is reflected in limited awareness about the mandate of DWSCC by stakeholders at District level and the poor perceptions about its authority and the influence it can effectively wield by stakeholders at both district and national level. Whilst there is broad consensus that DWSCCs provide an opportunity to improve coordination at the district level and below, there is still a a tendency by some stakeholders at District level to either neglect or ignore the DWSCC coordinating mandate and effectively circumvent the DWSCC role. This is especially the case for civil society organisations active in the sector.

Whilst learning approach promoted by the PILS project was seen as useful in improving coordination at the district and sub county level, it was not seen as being led by the DWSCC or falling under its mandate. It could be argued that this reduced its potential impact and did not underpin or build the authority of the DWSCC in the way that it could have done if learning sessions had been perceived as DWSCC led and owned events and processes. Most of the learning and discussions pertinent to hygiene and sanitation took place within the learning platforms, and although follow up actions to be discussed in subsequent DWSCCs were identified, this rarely ever happened.

This issue was discussed at length by the consortium members in 2010. CARITAS led the process of engaging with the district local governments in the project area on this. After much discussion it has been agreed that the duration of DWSCC meetings be increased by an additional day to incorporate learning sessions. This is a positive development. CARITAS expects to try out this format in a new learning project to be undertaken with support from the WASH Alliance.

At the consortium level, there appears to have been a poor understanding of the strategic importance that the project could have had on the capacity of the DWSCC. CARITAS Gulu the local partner focused almost exclusively on the implementation of field activities (action research, technology introduction and behaviour change etc.) in their project area. This may have been at the expense of more strategic work at the wider district and national /sector levels.

Rather than just attempting to improve the hygiene and sanitation coverage/ situation in the communities in which the project was active, work within the CARITAS project area should have been seen as a means through which CARITAS would further legitimize its presence within the sector and increase its influence at the DWSCC level so that issues and results from field activities, and steps taken to develop the capacity of the DWSCC are better received at this and the wider sector level.

Support to sub-counties and villages

Twenty one learning sessions/ workshops were organized at the sub-county level. Roles and responsibilities of the different institutions in the development context were discussed in the workshops. A reference document on roles and responsibilities of different institutions based on sector guidelines has been developed and is being finalized.

Action research was conducted in CLTS triggering and in the demonstration of Arbour Loo and Fossa Alterna latrine technologies. Ten household ecosan sample/demonstration latrines were constructed. Results were documented in newsletters and on the IRC, WASH and NETWAS websites. Field guides have been

developed for the technology and approaches adapted and promoted in the project area, but have not yet been produced or shared more widely. However, the wider adoption of technology introduced by project both at household and school level was limited. Barriers mentioned at community level include high construction costs, land ownership issues and cultural issues related to the use of ash and reuse of human excreta.

Seven masons and six VHT members were trained on the use and management of technology introduced by the project and on promotion techniques for hygiene and sanitation. Training was also conducted for sub-county staff and SMCs and PTAs in the project area. VHT members in the project area were however not always able to identify by name techniques and methods on which they had been trained under the PILS project.

Monitoring and reporting formats and the need to harmonise documentation and use of the HAB were discussed in inter-district sessions. In addition, monitoring and accountability systems were reviewed and discussed (these included the consumer scorecard, WUC self-assessment, Gantt chart etc.) during sub-county learning workshops.Training in monitoring was carried out as a part of the learning sessions and exchange visits. Three evaluation missions that considered the results and impact of action research and shared reports in the project areas were completed. Factsheets, reference documents and guidelines and other information material developed to support sub-county stakeholders are at various stages of production.

Coordination with the National Sanitation Working Group (NSWG)

Experiences gained using the PILS approach was presented and discussed during the Afrisan 2011 in Rwanda by IRC and NETWAS. Although some members from the NSWG attended the inter-district learning sessions, and were informed about the project objectives, approach and achievements, there was little focused work undertaken by the project within the NSWG. The project support group envisaged at project design was not constituted by the time of the evaluation, and to a large extent, sharing of project lessons at the national level through the NSWG was still very limited.

Suitability of the project consortium

The organizational skills and experience in learning in hygiene and sanitation of the consortium members were relevant and required for the project. IRC has extensive international and national experience in knowledge management and learning in the water and sanitation sector. NETWAS Uganda has undertaken extensive training projects and capacity building work in Uganda and was therefore in position to deliver district and sub-county capacity development inputs on the project. CARITAS Gulu has been implementing humanitarian and development projects in northern Uganda for more than 50 years, and has the requisite knowledge and experience to help the consortium to implement work at the grass root level.

However, there were weaknesses within the consortium that impacted on the programme effectiveness. For example it was not apparent that sufficient emphasis was placed by either CARITAS or NETWAS on work that was intended to be done to support DWSCC and build their authority and role. In the case of NETWAS, field level technical inputs required to support CARITAS were negatively impacted by the lack of operational staff at District level.

In order to effectively fulfill its role as the lead in establishing functional multi-stakeholder learning platforms, NETWAS Uganda was required to have coordinated effectively with the TSU, the Environmental Health Division (EHD) of the Ministry of Health and with the regional coordinator of UWASNET member NGOs in the North. Some of the activities essential to achieve this would have been the sharing of the PILS plan and reports; joint planning and review of learning sessions; provision of resource persons to facilitate learning sessions and dissemination to wider stakeholder groups.

Whilst NETWAS Uganda was able to achieve some of this, there were some gaps in implementation related to joint planning and review of learning sessions with the TSU, EHD and UWASNET and this arguably undermined wider dissemination to other stakeholders and resulted in a number of missed opportunities to contribute to the hygiene and sanitation policy debate.

Whilst CARITAS had staff with the necessary skills and experience to engage with District personnel it appears to have focused on work at sub-county and community level and arguably did not spend sufficient time engaging at the district and regional level with the DWSCC and TSU. As a result institutional links to the DWSCC and TSU were not as strong as they should have been and the desired impact was reduced.

It was intended that NETWAS would support CARITAS to implement action research and training and capcity building at district and sub county levels. To fulfill this role effectively, it would have been desirable for NETWAS Uganda to have technical staff stationed in the project districts to provide focused support to CARITAS field staff directly implementing the project. However, NETWAS staff on the project were all based at the national office in Kampala, and only made occasional visits to the project area. As a result, CARITAS field staff stated that they did not always get all the technical support that they required during project implementation.

More might have been achieved by the project if there had been more focused and intensive engagement with the NSWG. NETWAS were responsible for coordination of project activities and information sharing with the NSWG. However it would appear that the extent of their actual engagement was extremely limited and this resulted in less than optimal influence and engagement with the NSWG.

PILS- value addition

The PILS project helped to address immediate unmet needs in hygiene and sanitation development within the project geographical areas. The programme also had wider impacts in terms of policy influencing and advocacy on hygiene and sanitation issues, appropriate technology and resourcing at the district, sub-county and community levels. The arbor loo and fossa alterna are technologies that are appropriate for the project area and could also find wider application at the national level. The technology is relative easy to adopt, and has wider potential impacts on household health outcomes and livelihoods.

In addition to increasing focus and resources available to hygiene and sanitation development at district and sub-county level, decentralized learning can also help optimize the use of available resources and reduce waste from duplication as a result of improved stakeholder coordination and harmonization of approaches. The challenge then would be to sustain this approach beyond the life of the PILS project.

Once the value of the approach has been appreciated by national level stakeholders, use of sector structures could result in large reductions in project administrative costs and make more resources available to carry out technical work including action research, monitoring and follow up. Potentially, this would improve the impact of the approach on hygiene and sanitation development at the decentralized level. To put this in perspective, the Kitgum district annual budget for hygiene and sanitation development is about 4,521 Euro (14 Million Uganda Shillings). The annual hygiene and sanitation budget for Akwang sub-county in Kitgum district is 320 Euro (1 Million Uganda Shillings).

Conclusions

Project relevance and appropriateness

In northern Uganda, the mainstream structures for coordination and planning of hygiene and sanitation interventions at the district level had become inactive or non-existent during the 22 year conflict and humanitarian crisis. In the transition to recovery and development and within a resource scarce environment,

structures such as the District Water Supply and Sanitation Coordinating Committees have an important role to play in continuously assessing the task at hand, planning and implementing an appropriate and coordinated response and in ensuring that resources available with different partners at this level are used effectively. These structures are also an important link to policy development at the national level. Therefore the PILS focus on building the capacity of the DWSCCs was appropriate and relevant to the context in the project area.

At the national level, sanitation suffers from the dominance of DWD (with largely a water supply focus), and the poor prioritization of sanitation within the Ministry of Health despite the fact that sanitation related diseases are recognized as a significant issue within the Health Sector Strategic Plan III. This has been a much debated issue for many years. Interventions at the District level that can effectively demonstrate the impact of improved sanitation and hygiene and change mindsets could help to galvanise and build support for change and more effective action at the national level on issues related to resource allocation and policy and practice.

Recommendations

Sustain learning at the decentralized level

One way the learning approach could have been more sustainable at the decentralized level could have been through the consolidated use of the established sector institutional framework for the development of hygiene and sanitation services. In order to achieve this effectively, some of the project resources earmarked for learning and action research and capacity development could have been channeled through this framework. For example funding could have been made available directly to districts on the condition that activities would be included within district development plans and annual work plans which would be reviewed by the EHD, NSWG and DWD. If more substantial resources become available, earmarked budget support through the Ministry of Finance for hygiene and sanitation development to more districts within the region could also be considered in future.

While many would argue, understandably, that use of the current institutional framework could prove to be problematic, in terms of meeting project time lines and in ensuring accountability of resources used, it offers more significant potential benefits of increasing the influence and capacity of the DWSCCs at the decentralized level after many years of inactivity and contributing to policy development at the national level.

Align learning sessions with DWCC meetings

In order to achieve better impact, PILS could have combined the legitimacy and recognition within the sector of the DWSCC, with the innovative learning approach—in essence, the learning sessions should have been conducted as part of the DWSCC meetings/forums. Potentially, in addition to providing surge capacity to a recently revived DWSCC, the profile of hygiene and sanitation district-wide could have been raised and coordination of capacity development and of overall management of hygiene and sanitation issues at the district level could have been improved in a more sustainable way.

Improve national level coordination and sharing

In order to effectively achieve this, better coordination with the TSU, the Environmental Health Division (EHD) of the Ministry of Health and with the regional coordinator of UWASNET member NGOs in the North is required. Essential activities include sharing plans and reports; joint planning and review of learning sessions; provision of resource persons to facilitate learning sessions and dissemination to wider stakeholder groups.

Overall background and objectives

In this section the overall background and objectives of the evaluation are outlined and the methodology and approach taken is described in detail. Consultations undertaken are listed.

1.1   Introduction

The Performance Improvement through Learning in Sanitation PILS is a two and a half year project that has been implemented in six sub-counties in Gulu, Kitgum and Pader Districts of Northern Uganda by a consortium of the IRC-International Water and Sanitation Centre, NETWAS Uganda and CARITAS Gulu. The project approach entailed the provision of institutional support and capacity to local governments and NGOs to improve rural household and primary school sanitation and hygiene practices through learning, demonstration and action research. The project started in October, 2009 and is scheduled to end in March 2012.

1.2   Objectives and scope of work

The main objective of the evaluation as stated in the ToR is to contribute to the analysis of how learning particularly at the decentralized levels can be improved. Learning is seen as a key strategy to improve the WASH sector as a whole.

The scope of work considered six broad and interrelated areas:

a) **Current approaches**: Learn about how sanitation and hygiene promotion is currently done, about successes and failures, and how such initiatives can be improved in future.

b) **Clarity of PILS objectives among stakeholders**: Is PILS clear about what it states it is doing in this innovative approach towards sector improvement?

c) **Assessment of consortium**: Is the 'right' consortium in place to achieve the programme and carry out the approach that is implemented?

d) **Review of project performance**: Has implementation as envisaged in the approved PILS project proposal (2009) been carried out according to plan? What explains the deviations?

e) **Added value from the PILS approach**: What has been the added value of the adopted learning approach in comparison with traditional implementation projects? What could have been done to make this process even more effective/efficient?

f) **Ways to improve cost effectiveness/ efficiency**: Are there other ways to engage stakeholders with learning in the sector, and in particular at the decentralized levels that can be done with greater (cost) effectiveness/efficiency?

Complete Terms of Reference for the study are attached as Annex 1.

1.3 Method and approach

1.3.1 Consultation

The methodology was designed to ensure that the views of a wide range of stakeholders both at national and local level were identified and captured. An initial consultation strategy was developed in the proposal submitted to IRC and discussed with IRC in Kampala who provided comments and further suggestions. Topic guides for thedifferentstakeholder interviews were developed, pre-tested and refined.

Organizations consulted at the national level included NETWAS and IRC. At the district and local level, visits were undertaken to Gulu and Kitgum districts over a six day period. Consultations included meetings and key informant interviews with CARITAS Gulu staff, local government technical and political leadership, focus group discussions with civil society groups and the communities within the sub-counties in the project areas and adhoc key informant interviews with users at demonstration sites.

During consultation, attention was paid to the specific capture of the views of women, men and the youth, as well as obtaining views about generic issues affecting communities in the project area. The topic guides used for consultation of the different groups were developed based on the framework of result clusters and indicators outlined in the project grant application form/ proposal in order to ensure consistency in terms of capturing responses from a wide range of stakeholders on the same set of issues. A feedback presentation and discussion was made with a cross section of national and district level stakeholders at a roundtable meeting.

The consultation record is provided in Table 1 below. Topic guides used for consultation are attached as Annex 2. Minutes of the roundtable meeting are attached as Annex 4.

Table 1 Consultation record

Date	Designation/ Institution of informant	Location	Method of data collection
24-02-2012	NETWAS Staff -- PILS Project Officer	Kampala	Interview
09-3-2012	PILS Project Manager	Kampala	Interview
12-3-2012	CARITAS Staff ▪ Director of Administration ▪ PILS project officer	Gulu	▪ Meeting and discussion ▪ Relevant documentation
	District Local Government Staff ▪ Deputy Chief Administrative Officer ▪ Assistant District Water Officer for Sanitation ▪ Health Inspector ▪ Principal Health Inspector	Gulu	▪ Meeting and discussion ▪ Relevant documentation
13-3-2012	Sub-county Local Government Staff/ Leadership Bungatira ▪ Sub-county Chief Bungatira ▪ Parish Chief (4 No.) ▪ In-Charge Puneny Health Centre II ▪ LC III Chairman Bungatira Lakwana ▪ Sub-County Chief ▪ Parish Chief (Lanenobe) ▪ Village Health Team (2No.) ▪ Religious Teacher ▪ Local Council Chairman (LC1) ▪ Women Councilor	Gulu	Focus Group Discussion

Date	Designation/ Institution of informant	Location	Method of data collection
	▪ Household member		
14-3-2012	District Local Government Staff ▪ District Health Inspector	Kitgum	Interview
15-3-2012	Sub-county Local Government Staff/ Leadership Akwang ▪ LCIII Chairman ▪ Sub County Chief ▪ Health Assistant ▪ Parish Chief ▪ Village Health Team	Kitgum	Focus Group Discussion

1.3.2 Literature review

During the evaluation, reference was made to the following documents:

a) Grant Application Form/ Project Proposal

b) Water and Sanitation Sector Sectoral Specific Guidelines 2009/2010

c) Water and Sanitation Sector Performance Reports (2008—2011)

d) PILS Newsletters and platform learning news

e) Memoranda of Understanding (between Project Consortium and District Local Governments)

f) DWSCC Meeting Minutes, sub-county stakeholder coordination minutes

g) PILS reports on:

- External evaluation (3 No.; Nankunda, 2011, Katairitimba,2011 and Katairitimba, 2010)

- Inter-district learning and capacity building workshops and learning sessions

- Case documentation

- Introduction visits to project districts

- Baseline survey (2010)

1.4   Outputs

The main output from this assignment is this report which includes an analysis of the current context within which hygiene and sanitation services are being delivered in Uganda, an assessment of the project performance including the performance and utility of the project consortium and the added value of the learning approach, as well as recommendations for improved cost effectiveness and efficiency and for scaling up the approach to the wider sector.

Context and current approaches

In this section the wider technical, institutional and policy environment within which hygiene and sanitation promotion are carried out is presented

2.1 Hygiene and sanitation development in Uganda

2.1.1 Current situation

The Millennium Development Goals and National Standards: The World Summit on Sustainable Development (Johannesburg, 2002) articulated the Millennium Development Goal on sanitation to be*: "to Halve by the year 2015, the percentage of people without access to clean safe water and to apply a similar goal for sanitation".* The water and sanitation sector in Uganda has translated this goal to be *"that the national safe rural water coverage and sanitation coverage should both be 77% by 2015".* Access is defined as safe water supply within 1.5km of the user. Access to sanitation is defined as the percentage of the population with access to improved sanitation (for households), pupil:latrine/toilet ratio (for primary schools), the target for which is 40:1. The indicator for handwashing is the proportion of people with access to and using handwashing facility, the 2015 target for which is 50 percent.

Currently, national sanitation coverage in the rural areas is at 70 percent, hand washing at 24 percent and pupil: latrine/ toilet ratio is at 60:1. About 40 percent of Uganda's districts have attained the sanitation MDG target of 72% sanitation coverage. Only 28% have achieved the sector target of 77%, with 41% of the districts on track to meet achieve sector target by 2015[1]. This however, is the optimistic scenario, and decline in the population with access is likely because these results may not be sustainable. In the rural areas many of the facilities (toilets and latrines) are of a temporary nature, constructed soon after promotion activities by individuals or households who could have been motivated by a wide range of short term benefits especially the construction of a new community water supply. This motivation may decline with time. Latrines built in schools require appropriate cost recovery mechanisms to ensure that they are emptied or replaced when they fill up. Relatively high associated costs and the absence of subsidies continue to demoralize promoters at district and sub-country levels, and are perceived as a barrier by target populations. The promotion good hygiene and sanitation practices and behavior change at the community level is therefore an on-going challenge.

2.1.2 Developments and trends

In Uganda, over the past two decades, whilst the proportion of people with access to safe water has improved, access to hygiene and sanitation facilities and services has not developed in a

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[1]Source: SPR, 2010

End of Project Evalution of the PILS

commensurate way. The Ministry of Health recognizes that a significant proportion of the disease burden in Uganda could be prevented through good hygiene practices and effective sanitation. Against this background, hygiene promotion and increasing access to basic sanitation services in Uganda have come to the forefront within the water and sanitation and public health sectors.

Results from recent efforts by the Ministry of Health and other agencies have however, been mixed. For instance whilst interventions after the 1997 Kampala Declaration for Sanitation showed improvements of up to 5 percentage points from 2007/8 to the 2008/9 in the hygiene and sanitation situation[2], attributed mainly to enforcement of local government ordinances on sanitation, many stakeholders hold the view that non-functional and inappropriate structures for inter-sector collaboration and coordination have continued to undermine public health and institutional outcomes that could have sustained benefits from such initiatives.

In addition, the sustainability of developments within the hygiene and sanitation sub-sector is hampered by inadequate budget allocations, weak and fragmented institutional capacity, lack of technical skills to integrate promotion approaches at the local level, including the Community Led Total Sanitation (CLTS), Community Health Clubs (CHC), Participatory Hygiene and Sanitation Transformation (PHAST) and sanitation marketing.

2.1.3 Background to hygiene and sanitation promotion in northern Uganda

Following mass population displacement as a result of the conflict in northern Uganda, the initial water and sanitation sector response by both government and humanitarian agencies largely mirrored that followed in a "normal" situation. For water supply it consisted of the protection and construction of point water sources—boreholes, shallow wells and springs. Sanitation improvement entailed the construction of institutional and communal latrines at schools, health centres and in the IDP camps. Hygiene promotion was mainly carried out using mass campaigns spearheaded by the camp leadership and in school public health promotion programmes.

In 2004, as a consequence of increased risks to ground water contamination from the high concentration of human activities in the camp areas, and an overwhelming humanitarian need to increase the amount of safe water available to large camp populations, there was a shift in the technology being promoted for water supply in the larger camps. Piped motorised water schemes powered by either solar or diesel engines were piloted by Directorate of Water Development (DWD), and this was adopted more widely with the construction of a large number of schemes. A major effort to rehabilitate existing, and drill new, boreholes, and increase latrine coverage through the provision of tool kits and reinforced latrine slabs was also undertaken. Increasingly humanitarian agencies began to use SPHERE standards for water and sanitation provision in the camps.

In 2007, as the situation in the North improved, and with the adoption of the Parish Approach, water and sanitation coverage rates begun to be measured again using the national standard. The Table below compares sanitation coverage in Gulu, Kitgum and Pader Districts with national rates.

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[2]Source: SPR s 2008 and 2009

Table 2 Comparing national sanitation coverage figures to those in Gulu, Kitgum and Pader from 2008 to 2011

Year	National rural sanitation access (%)	Rural sanitation access (%)		
		Gulu	Kitgum	Pader
2008	62	42	19	38
2009	68	36	32	35
2010	70	20-39	20-39	20-39
2011	70	40-60	40-60	40-60

As the above table highlights, access to sanitation facilities in Gulu, Kitgum and Pader are far below the national average. Moreover, the district level statistics obscure the fact that at sub-county and parish level coverage is often much lower. In 2009, Kitgum and Pader districts had household access to hand washing facilities (both at 31 per cent) above the national average for that year (22 per cent). During the same period access to hand washing facilities for households in Gulu was 10 per cent.

Public health risks related to return: With the significant decongestion of camps some public health risks arguably reduced. However reduced access to health services in return areas coupled with falling water and sanitation coverage posed new potential risks as people returned either to satellite camps at parish level or their villages of origin.

Sanitation and hygiene practice in return areas: Intensive efforts were made in the camps to increase sanitation coverage and to encourage good hygiene practices. Focus group discussions carried out as part of this evaluation suggest that, as a result, knowledge levels within the community are quite high. However, direct observation in return areas also suggests that there is still a significant problem in terms of knowledge resulting in good practice. This will require considerable ongoing promotion efforts over a protracted period.

2.1.4 National policies and plans

National aspirations for the development and promotion of good hygiene practices and sanitation are set out in a number of key documents including: the National Development Plan, The Health Sector Strategic Plan III, The 10-year Improved Sanitation and Hygiene Promotion Financing Strategy, Annual Water and Sanitation Sector Performance Reports, Peace Recovery and Development Plan II (PRDP II) etc.

Sector agencies which converge in the National Sanitation Working Group (NSWG) recognize that significant improvements in the adoption of good hygiene practices and sanitation can be made through:

- The establishment of an effective development framework that ensures that coordination at all levels continuously builds consensus to effectively inform policy, and that the capacity of implementing agencies is monitored and improved constantly.

- The development of appropriate technology to help communities overcome specific difficulties (poor construction soils, high water table, rocky ground, limited space etc.) and

- The creation of demand including social marketing and the provision of appropriate incentives;

Hygiene and sanitation promotion strategies: Some of the main strategies being adopted across both the health and water and sanitation sectors to improve hygiene and sanitation are described below. These include:

a) **Improve coordination for hygiene and sanitation promotion at all levels:** It is widely acknowledged within the hygiene and sanitation sub-sector that perhaps the most important barrier to improvements, despite the investments made in hygiene and sanitation over time is the lack of coordination at national, district, and sub-county levels, and the poor transfer of knowledge within and across local governments and in ministries at the national level. This is sometimes seen as a sign of weak capacity at the district level, that leads to failure to activate coordinating structures (such as the DWSCC), but can also result from a lack of transparency by civil society organizations implementing hygiene and sanitation programmes that tend to utilize multiple and conflicting approaches which are unsustainable.

Technical Support Units (TSUs), which are advisory units that were set up at regional level to support clusters of districts, are seen to be key to improving coordination for hygiene and sanitation at the district and regional level. However, they too face significant logistical and technical constraints to fulfilling their core mandate. At the district level, District Water Supply and Sanitation Coordination Committees which are quarterly forums led by the district (CAO, DWO or DHI) at which all stakeholders within the district discuss pertinent issues related to water supply, hygiene and sanitation management are seen as critical in improving coordination at this level.

b) **Development of appropriate technology that is affordable by the poor:** One of the barriers that undermines the demand and slows the adoption of good hygiene and sanitation practices is cost of technology. For many poor households, especially those in the north that are recovering from over two decades of conflict, when considered beside other pressing household needs, the cost of construction of sanitation and hand washing facilities can be significant especially when made as a single lumpsum payment. And this could recur at intervals (during replacement offilled up facilities).

In recognition of this, sector stakeholders are promoting the use of appropriate technology that is affordable by the poor. Examples mentioned in sector documents include the arbor loo and other ecosan latrines and plastic latrines (CRESTANKS) that are simple and are considered affordable.

c) **Rationalize, simplify and disseminate guidelines:** There is recognition that numerous policy and strategy documents, sector guidelines, training manuals etc.have been developed for the promotion of hygiene and sanitation over the past two decades. These have been largely driven by the central agencies including the ministries of health and water, and international NGOs. There has however been limited interpretation or dissemination for practitioners to try out these materials at the decentralized levels. Part of the capacity development envisaged under this strategy is to create a common body of knowledge and understanding among practitioners about which approaches to use in the different contexts. Activities include review and adaptation of sector policies and approaches developed earlier to make them more suitable for the current context.

d) **Hygiene and Sanitation Social Marketing:**the main features of this include joint planning and development of common approaches by stakeholders, increased focus on the community, in terms of selection of behaviours to change, increased use of commercial

techniques to catalyze adoption and behavior change to scale, training in participatory methodologies and increased focus on hand washing.

e) **Enforce the adoption of good practices:** hinging on the Public Health Act, this strategy has gained wide prominence among public sector agencies. District local governments are mandated to pass council ordinances that stipulate rewards/incentives as well as punitive measures to be applied to households and institutions within their jurisdiction that are found to be compliant or non-compliant respectively. Sub-counties and town councils have also been encouraged to formulate bye-laws that enforce selected hygiene and sanitation practices to be improved.

Many stakeholders believe that bye-laws on their own cannot significantly lead to the adoption of good hygiene and sanitation practices within households in a sustainable way. However there is some evidence to suggest that enforcement has been especially successful in increasing compliance in public institutions, and in eradicating some poor practices such as open defecation amongst some communities, and that this can be used to influence changes at the household level in combination with other promotion techniques (including sanitation marketing, CLTS etc.)

f) **Match funding to prioritized work plans at the district level:** Hygiene and sanitation at decentralized levels has multiple sources of public funding. This includes the water and sanitation conditional grant, from which up to 11percent can be used on hygiene and sanitation promotion activities, the Primary Health Care (PHC) grant from which up to 10 percent can be used for hygiene and sanitation promotion and the Schools Facilities Grant through which facilities including latrines and hand washing equipment are constructed—the guideline for which is the construction of 1No. new latrine stance for each additional classroom block constructed.

In theory the budget ceilings indicate that significant resources could be made available for hygiene and sanitation activities at the district and lower levels. In practice this is often difficult. The national average expenditure on hygiene and sanitation from the conditional and PHC grants by districts is 6 per cent and 5 percent respectively. In Gulu and Kitgum districts for instance, no funds from the PHC grant were spent on hygiene and sanitation in 2011. In Pader only 1 per cent of the PHC grant was spent on the hygiene and sanitation. This reflects the wider marginalization of hygiene and sanitation issues across the sector. Strategies aim at increasing expenditure made on hygiene and sanitation through the development of prioritized work plans.

g) **Improve the private sector engagement in hygiene and sanitation and supply chain:** this includes the provision of appropriate incentives for the private sector to work with public sector agencies to effect hygiene behavior change, as well as the reliable distribution of latrine construction (plastic superstructures as examples) and hand washing materials in a way that eventually lowers their cost and helps increase demand at the local level.

h) **Streamline public sector performance management and improve accountability:** This is seen as key to ensuring that the workforce in the hygiene and sanitation sub-sector is well remunerated and motivated to complete the enormous task at hand. On the one hand, there is the welfare of health workers especially those that are stationed in remote areas, which has been an issue under contention with Government in the past few years, accompanied by threats of industrial action on a number of occasions. On the other hand, is the excessive

reliance on the voluntary and inconsistently trained Village Health Teams to deliver core services of education, promotion, data collection and impact monitoring.

Recently, there have been some short term project-based interventions fragmented across the public sector (in the education and health sectors for instance) in which field based personnel were paid special allowances to work in remote hard to reach areas. Although successful in the short term, there is no evidence to suggest that these attempts could be sustained.

What is required is a more integrated system in which efficiency measures such as Results Orientated Management (ROM) and Output Based Budgeting (OBB) etc. that are being applied to parts of the public sector to improve performance and accountability are extended to the hygiene and sanitation sub-sector. This might necessitate that short term successes which undermine institutional development are restricted, and the recognition that any gains in hygiene and sanitation are usually achieved after extensive periods and require coordination with a wide range of stakeholders (including the Ministries of Local Government, Public Service and Finance).

Alignment of the PILS project to sector strategies: Comparison of sector strategies to the PILS project objectives reveals congruence to a large extent. In line with sector strategies, PILS set out to improve coordination at the district and sub-county levels, develop appropriate technology that is affordable to the poor, rationalize and disseminate guidelines, support sanitation marketing, enforce (bye laws on the) adoption of good hygiene practices and improve private sector engagement and participation in supply chain management.

2.1.5 The resourcing environment

Background: Development Partners including, DANIDA, SIDA, DFID, GIZ, World Bank, BADEA, UNICEF, European Union, African Development Bank and Austria have supported Government's overall water and sanitation programme at various stages since the early 1990s. Significant resources have been channeled to the sector for the provision of physical facilities and to support sector reform.

Decentralisation: The institutional framework was changed, particularly for rural water, as a result of decentralization. District water offices were equipped and staffing capacity was enhanced significantly. The Decentralisation Act gives districts extensive powers and responsibilities to plan and deliver water, hygiene and sanitation services at that level. However it is important to note that the majority of funding comes through the provision of conditional grants from central Government, with only limited discretionary resources. In theory districts also have the power to raise a proportion of their own revenue through local taxation. In practice resources from local taxation are meagre, and districts and sub-counties rely heavily on the graduated tax compensation grants from the centre.

The Sector Wide Approach: In a bid to improve sector coordination GoU adopted a sector wide approach (SWAp) to planning and budgeting in 2000. Sector goals were firmly anchored within overall national framework the Poverty Eradication Action Plan (PEAP) and were rigorously measured against a set of pro-poor criteria. The PEAP was replaced by the National Development Plan in 2009.

Under the SWAp framework, GoU engaged its development partners to adopt bilateral funding modalities in favour of project financing. The Joint Partnership Fund (JPF) was established in 2003, and in 2008, there was a marked shift towards sector budget support, when Government and seven other donors signed up to the Joint Water Supply and Sanitation Programme Support (JWSSPS).

*The Joint Water Supply and Sanitation Programme:*Despite the growing demand and unmet water and sanitation needs, funding to the sector as a proportion of the national budget has reduced from 4.9% in 2004/05 to just 1.8% in 2008/09. In recognition of this, GoU in 2007 led a process agreed with Development Partners to further improve sector efficiency and effectiveness, especially in relation to sector coordination and resource provision and in terms of reducing fiduciary risk from duplication and waste. This process resulted in the design of a shared sector programme—the Joint Water Supply and Sanitation Sector Programme Support (JWSSPS) which was completed in 2009. In this framework, support from different donors has been aggregated and earmarked for different component activities within the sector. Resources are being programmed through government's financial architecture for rural water supply and sanitation.

Hygiene and sanitation: Arrangements to support sanitation more effectively through a dedicated grant to the districts have now been developed, and in the FY 2010-11 have begun to be operationalised in 16 districts through the Uganda Sanitation Fund, an initially five-year programme funded with resources from the Global Sanitation Fund of the Water Supply and Sanitation Collaborative Council (WSSCC).

2.1.6 Service delivery architecture

*Organization:*Hygiene and sanitation services at the district level are coordinated through the District Health Office and Health sub-districts (at the county level), hospitals and health units. Health services are financed through the provision of conditional grants disbursed centrally and based on allocation criteria which include population size and poverty weighting.

Health Promotion: Health promotion and environmental health activities are the responsibility of the District Health Inspector (DHI) who is supported by Health Inspectors at County level and Health Assistants in each sub county. The office of the DHI plays a critical role in ensuring that appropriate linkages are made between health and water and sanitation activities.

The Viilage Health Team: In an attempt to improve sanitation, overall health promotion, surveillance, epidemic response and access to primary health care during the height of the humanitarian crisis a large number of different volunteer health cadres were created by the humanitarian agencies. These people performed a variety of important roles, particularly in epidemic outbreaks. However their roles, training and incentives varied enormously and as the situation changed there was recognition of the need to mainstream and absorb these personnel into the MoH Village Health Team (VHT) structure.

VHT consist of volunteers drawn from the community who act as focal points on public and environmental health issues. In northern Uganda existing community health workers / health promotion personnel trained by the agencies have, on paper, already been absorbed into this structure. However there are numerous challenges in terms of operationalising the teams and making them effective, particularly in return areas. Issues that need to be addressed include; the need to harmonise and define roles and training programmes, to strengthen supervision mechanisms and, perhaps most importantly, to consider carefully the workload and expectations being placed on VHT given their voluntary status.

The District Water Office: The core responsibility of the DWO is to coordinate sector agencies, supervise contractors, monitor performance and ensure the effective operation and maintenance of infrastructure. The staffing establishment of District Water Offices is determined by population size and the extent of the geographical area covered.

The Directorate of Water Development (DWD) provides overall technical support, supervision and monitoring of District Water Offices which are based at the district level. DWD is responsible for the

approval of plans and budgets as well as technical designs and for the provision of guidelines for contractor selection and supervision. DWD allows the district to take on additional staff within the budget framework of its conditional grant.

The private sector is expected to carry out borehole maintenance functions. However, due to the weak capacity within the private sector at district level, the district often takes up this role.

TSUs: Technical Support Units (TSUs) comprising experienced sector professionals working as consultants for DWD were formed at regional level to develop district technical capacity. Northern Uganda has a TSU based in Lira.

Resource allocation: Under the decentralisation structure, funding to the districts via conditional grants is determined by the gap in water and sanitation access as well as population , revenue base , geographical area (size) , poverty weighting criteria etc. Additionally, for the north, the impact of the conflict and recovery needs have been factored into allocations made through the PRDP and NUSAF based on agreed guidelines.

Role of civil society: NGO's and CBO's have long been active within the sector and in 2000 a network of organisations engaged in water and sanitation activities was created. Called the Uganda Water and Sanitation NGO Network (UWASNET) its overall purpose is to ensure that the views of civil society are distilled, articulated and taken into account in the development of policy, approaches and programming. Its role is recognised by Government and the network participates in the bi-annual sector technical reviews and annual joint sector review. UWASNET also plays a role in the development of the capacity of its members.

Expenditure in northern Uganda: A key criticism made over the course of the conflict is that the GoU failed to ensure proper budgetary provision for northern Uganda, thus contributing to the area's marginalisation. A review of public expenditure levels in the North carried out in 2006 found no evidence of systematic withholding of financial resources to the north and indeed noted that attempts had been made to actually increase resource provision through conditional grants using poverty weighting criteria. For example in 2005/06 central Government transfers to northern districts were about US$ 97 million and these increased to about US$ 114 million in 2006/07, in part due to the introduction of the additional poverty weighting criteria. In per capita expenditure terms this level of funding compares favourably with other parts of Uganda, and in some cases exceeds it.

However the above analysis is weakened by two important factors:

I. *Limited additional budgetary resources:* were made available by Government to respond to the humanitarian situation brought about by the conflict and consequent mass displacement. The cost of humanitarian operations in the north averaged US$ 200 million per year between 2003-2007 and this was borne almost entirely by the international community with the annual UN Consolidated Appeal and Humanitarian Action Plan as the main funding instrument.

II. *District splits*: More recently, the creation of several new districts in northern Uganda made the funds available per district to carry out recovery and development work actually less significant. Even though in reality weighting criteria for the north ensured that substantial funds were released to districts in the north, a significant proportion of discretionary grants were used to pay for administrative costs—to support a minimum number of staff that all new districts require to function effectively.

2.1.7 Coordination

Humanitarian architecture: For long periods during the humanitarian crisis agencies found it difficult to effectively coordinate with government. At national level humanitarian response was meant to be coordinated by the Office of the Prime Minister (OPM) and government even developed a far reaching IDP policy in line with the UN Guiding Principles on Internal Displacement. However in reality government was extremely reluctant to acknowledge the extent and depth of the humanitarian crisis in the north until 2006 when, after intense international and domestic pressure, it launched an Emergency Humanitarian Action Plan and a coordination mechanism that brought together central and district level government representatives, UN agencies, NGOs and Donors (the Joint Monitoring Committee). At district level agencies coordinated with district administrations through a variety of sectoral groups and District Disaster Management Committees. However district capacity was so weak that in reality agencies frequently took the lead in both chairing meetings and developing and managing response.

In the absence of clear government ownership humanitarian agencies and donors developed a coordination structure for humanitarian response. This was largely based around the establishment of a local Inter Agency Standing Committee and the creation of Cluster coordination structures both nationally and at district level after Uganda was selected as one of the countries for the approach to be piloted in late 2005.

Development architecture: At a national level Government and development partner support to development is encapsulated and prioritised within the NDP. Policy and programmes at a sector level are developed and coordinated through a series of Sector Working Groups (SWG). These structures, while not without their challenges, have proved a reasonably effective means of establishing priorities and discussing issues related to policy, plans and programmes.

Coordination issues for recovery: At the national level a Monitoring Committee has been established, under the auspices of the OPM, to oversee PRDP implementation. This is a potentially useful structure although the extent to which civil society is represented and has a voice remains uncertain.

As the situation evolved humanitarian clusters were phased out and merged into sector working group mechanisms at both the national and district level. In the water and sanitation sector it became imperative that steps be taken to absorb the WASH Cluster into existing sector working groups and to revitalise the District Water Supply and Sanitation Coordination Committees, and to strengthen and support the capacity of government to take proper ownership of these functions at both the national and district level. Most agencies would fully subscribe to this in principle but this required a fundamental shift in thinking and approach which some, particularly those with a predominantly humanitarian focus and organisational culture, find difficult.

Evaluation findings

In this section the findings from the evaluation are presented. These based on key areas of inquiry highlighted in the ToR for the evaluation.

3.1 Project clarity

The PILS project goals and main activities stated in the project document and MoUs with district local governments are highlighted in the box below.

PILS goals and main activities stated in project proposal and MoUs

PILS will support the District Water and Sanitation Coordination Committees (DWSCCs), in the three districts of Gulu, Kitgum and Pader, and within these, six sub-counties (two in each district) to harmonize and coordinate strategies, approaches and technologies in sanitation and hygiene.

To achieve this, multi-stakeholder and capacity building platforms which will be directly linked and accountable to the DWSCCs will be established. Stakeholders targeted include district and sub-county politicians and technocrats responsible for hygiene and sanitation, local and international NGOs and UN agencies active in the districts, and private sector and relevant local associations. Lessons learned will be shared with local, national and global stakeholders.

Learning sessions for innovations in a changing institutional context will be conducted. Capacity development, action research, demonstration and performance monitoring will involve all stakeholders at district and sub-county level and in selected communities.

Further, in the memoranda of understanding signed between IRC, NETWAS, CARITAS Gulu and the respective local governments of Gulu, Kitgum and Pader the objective for the partnership at the district level was to *…" provide a framework for the District Local Government, CARITAS Gulu, NETWAS (U) and IRC to reinforce partnership in the implementation of the PILS Action Research in collaboration with communities and local organizations"…* The MoUs specifically enabled the partners to contribute towards: mobilizing resources to implement PILS action research activities, supporting capacity building of stakeholders, supporting the implementation of sector policies and guidelines and facilitating the development and dissemination of appropriate materials etc.

Reports reviewed and stakeholders spoken to during this evaluation confirm that the PILS project intentions were consistently communicated by the project partners throughout the project period.

At both district and sub-county level, technical staff and the political leadership were asked about the PILS project. Most were able to describe the main activities of the project in alignment with project documents. In addition they highlighted the positive impact that the PILS approach had made in terms

of worthwhile discussions held by stakeholders at district and sub-county levels that had to a large extent changed their perceptions that nothing meaningful could be done about the situation at this level in light of the very scarce resources available for hygiene and sanitation and the substantial unmet needs and gaps in service delivery.

In Kitgum, the District Health Inspector said that after repeated interaction and explanation, the approach by the PILS project became clear and had proved to be useful. During the evaluation he was able to describe in detail activities undertaken by the project including sharing experience with stakeholders within the district in the learning platforms, demonstration of alternative environmentally sustainable sanitation technologies at community level and the organization of learning exchange visits for sub-county representatives.

During focus group discussions in sub-counties visited during the evaluation, officials including technical staff, VHT members and political leaders and household members spoken to demonstrated an understanding of the goals and activities of the PILS project. In particular, they mentioned their extensive interaction with CARITAS field staff who they said had helped to explain the approach during training and learning sessions and in the actual execution of project activities in the communities.

In Gulu, during an interview, the Municipal Health Inspector said it was the first time he was hearing about the PILS project even though he had attended several District Water Supply and Sanitation Coordination Committee meetings and similar forums that bring together stakeholders within the district in public health, hygiene and sanitation. A review of minutes of DWSCC meetings in Gulu confirms this. This issue highlights the wider marginalization of the municipal health inspector's office by projects that target rural areas. In all districts targeted by the PILS project, the municipality and towns' boundaries include areas with rural, peri-urban and urban features that occur side by side and would therefore require collaboration with the municipal health inspector under whose jurisdiction they fall.

3.2 Project performance

3.2.1 Change from humanitarian to development approaches

Background: At the start of the project, key stakeholders that would be targeted by the project in terms of changing attitudes and perceptions in line with the changed context were identified. Their attitudes and perception at the start of the project were captured in a baseline survey. MoUs were signed with partners at district level to commit to participation in the PILS project. MoUs were not signed with sub-counties although this may not have been necessary.

Learning sessions and workshops: The main strategy to achieve attitude change for stakeholders by the project was to discuss the changed context within the learning workshops and sessions. This was realistic. At least three learning platforms per year were envisaged at the project start at both district and sub-county levels. Reports suggest that the number of learning platforms was actually exceeded in the districts and sub-counties (up to 11 district and 13 sub-county sessions were held), and that the issue of changed context was extensively discussed during the workshops and sessions.

Poor indicator: The indicator identified by the project to assess achievement of changed attitude was that; "*…up to 75% of stakeholders in the project area would have changed attitude about the changed development context as a result of PILS interventions..".*This was problematic.

First, the baseline survey on attitudes and perceptions carried out under the project did not establish initial attitudes and perceptions by stakeholder population or proportion. Secondly, the survey was carried out one year into project implementation making it difficult to establish initial perceptions before project start and changes that had occurred as a result of project interventions by the time of the survey.

During the evaluation it was not possible to ascertain changed perceptions and attitudes on hygiene and sanitation in proportions of the district stakeholders. An extensive scientific survey would be required to ascertain this. It is not clear from the minutes/ reports what proportion of the stakeholders attended learning sessions or not. Documents reviewed show that attendance of learning sessions by all district stakeholders was difficult throughout the project.

Attitude change through PILS: This is not to suggest that the PILS project achieved little in terms of attitude change. During the evaluation it was clear that district and sub-county technical staff and political leadership within the PILS project area had grasped this issue from discussions in the learning sessions. They however said that change of attitude at community level was still inadequate and would require more focused effort and time to achieve.

3.2.2 Functional multi-stakeholder learning platforms in place

Learning platforms and sessions conducted: By the time of the evaluation, about 11 No. district learning sessions had been facilitated by the project; at least 13 No. learning sessions were conducted at the sub-county level. Two inter-district learning sessions were conducted. Participants identified capacity gaps and issues for discussion during in the district, sub-county learning sessions and exchange visits. District and sub-county technical staff spoken to during the evaluation confirmed that discussions in the learning platforms were useful in highlighting key issues and identifying solutions to some hygiene and sanitation challenges faced in the project area.

Introduction of appropriate technology: District, sub-county and CARITAS staff spoken to during the evaluation said that the development and demonstration of the arbour loo and fossa alterna helped them understand better how some of the practical challenges related to adoption of good hygiene practices in different parts of the project area could be dealt with.

Reporting and dissemination: Regular platform newsletters were produced and disseminated among project stakeholders at the district and sub-county level and electronically via the web. These provided periodic updates on project activities at community, sub-county and district level. Case documentation on specific issues related to hygiene and sanitation development (e.g. human resources, database development, leadership involvement in CLTS etc.) were written up by key district staff (assistant water officer, district health inspector etc.). District staff interviewed confirmed that this exercise was useful especially during feedback to wider stakeholders in learning platforms. Dissemination was however largely limited to the district level and below.

Impact of learning sessions: Learning platforms and sessions were useful in the identification of key issues and solutions related to hygiene and sanitation. In one case in Akwang sub-county, the sub-county chief said that after discussion in one of the learning sessions, the sub-county earmarked additional resources for hygiene and sanitation which were used to facilitate field level monitoring by the health assistant.

Poor attendance and weak follow up: During focus group discussions, participants revealed that in addition to poor and inconsistent attendance of learning platforms workshops by many of the stakeholders at district level, follow up on some of the agreed action points was not always carried

out. This was because either the issue to be followed up was perceived to require resources which were not available or because it was construed as deviation from normal sector procedure or policy.The need to follow through agreed actions by wide stakeholders is an on-going challenge within the wider sector especially on issues related to hygiene and sanitation promotion. Because the PILS project was weak in this area partly reflects this, but it is also seen as missed opportunity in terms of effecting sustainable positive change in hygiene and sanitation issues within the sub-sector.

Gaps in technical capacity remain: Whilst useful in generating discussion and debate among stakeholders, learning platforms did not address all technical capacity gaps identified. Nor is it realistic to expect that solely, learning sessions would fill all capacity gaps at this level. Monitoring and follow-up within communities remain weak. Technical skills in the promotion of hygiene and sanitation behaviour change among health assistants and VHT are still inadequate and non-uniform. There is a strong tendency to rely on development of bye-laws and their subsequent enforcement to promote adoption of good hygiene practices.

3.2.3 Support to DWSCCs

Project aims: In addition to revival of the DWSCCs in Kitgum (where it was not functional at the start of the project), the PILS project also set out to support DWSCCs in Gulu, Pader and Kitgum to raise the profile of hygiene and sanitation in their agenda, set realistic performance targets in line with the MDGs, agree within the DWSCCs innovative strategies and approaches to effectively promote hygiene and sanitation and to assist the DWSCCs with tools and training that would make them more accountable to the target group and to national level stakeholders.

District commitment obtained: Strategy and technologies to be deployed by the PILS project were introduced to the district leadership in initial visits. Documents reviewed during the evaluation indicate that the district leadership agreed that stakeholder coordination was important in light of the changed development context and with many organisations closing operations in the area. Revival and development of the capacity of the District Water and Sanitation Coordination Committees was seen as a critical strategy to achieving improved coordination. Other integrated strategies including the introduction technology (the arbour loo and fossa alterna) and action research were also agreed by the district technical staff and leadership.

DWSCC revival: Reports on the introductory visit to the district and the first district learning session indicate that the DWSCC in Kitgum was already in existence at the time the PILS project started. However, there is evidence that indicates that the first district learning session was instrumental in helping the district water office and other staff to further appreciate the value that a functional DWSCC could bring to their work.This is also highlighted in the district learning sessions for Gulu and Pader. In action plans developed by the district at the end of the learning sessions, hygiene and sanitation issues for further follow up and discussion in the subsequent DWSCC meeting were outlined by the district water office staff.

Inconsistent engagement: In Gulu district, minutes of DWSCC and other coordination meetings were reviewed as part of this evaluation. These show that CARITAS introduced the PILS project, objectives and approach etc. in June 2010 and this was received well. Records also show that the CAO of Gulu subsequently included CARITAS in the list of invitees to subsequent coordination meetings. However minutes from subsequent meetings (after that in which PILS was introduced) are largely silent about the project. It also appears that CARITAS was not actively involved in hygiene and sanitation activities with other district stakeholders outside the PILS project sub-counties. This would perhaps make it more difficult to effectively influence the agenda of multi-stakeholder DWSCC meetings or policy at the District level.

H&S performance targets: During the initial district learning sessions, hygiene and sanitation performance targets for project sub-counties /parishes and villages were discussed with stakeholders in the respective districts. However, there is no evidence to suggest that set targets were linked to district-wide performance targets or that they were subsequently reviewed or regularly discussed with other stakeholders in DWSCCs.

Weak follow up: Follow up on agreed actions in learning sessions by stakeholders and on issues for discussion in the DWSCCs was weak. This perhaps reflects the overall weak capacity of the DWSCC especially in districts in the North, in terms of awareness about its mandate by stakeholders at district level and below and the perceptions about its legitimacy and any influence it could wield at district level by stakeholders at district and national levels. Whilst all stakeholders agree that DWSCCs provide an opportunity to improve coordination at the district level and below, there is still to a large extent tendency by the different stakeholders especially from civil society to neglect DWSCC activities and to circumvent its coordinating mandate.

Provision of training and tools for better accountability: Case documentation on the use of accountability tools in Adilang sub-county in Pader district are under production. Project staff spoken to during the evaluation suggest that there have been radio talk shows (Tecwa) at which H&S issues were discussed interactively with the public. During learning sessions, discussions were held about the need to incorporate accountability tools into district working documents. However, there is no evidence to show that DWSCC have actually been assisted with accountability and performance reporting tools or that links to the Anti-Corruption Coalition of Uganda (ACCU) have been made, as envisaged in the PILS project document.

PILS impact: There are two main issues related to the impact the PILS project could have had on the capacity of the DWSCC.

First, at project inception, PILS partners correctly observed that the capacity of the DWSCC would be critical in determining the effectiveness of coordination at the district level. Whilst learning approach was seen as useful in improving coordination, it was not seen as being led by the DWSCC or falling under its mandate. It could be argued that this reduced its potential impact and did not underpin and build the authority of the DWSCC in the way that it could have done if learning sessions had been perceived as DWSCC led and owned events and processes. Most of the learning and discussions pertinent to hygiene and sanitation took place within the learning platforms, and although follow up actions to be discussed in subsequent DWSCCs were identified, this rarely ever happened.

In order to achieve better impact, PILS could have combined the legitimacy and recognition within the sector of the DWSCC, with the innovative learning approach—in essence, the learning sessions should have been conducted as part of the DWSCC meetings/forums. Potentially, in addition to providing surge capacity to a recently revived DWSCC, the profile of hygiene and sanitation district-wide could have been raised and coordination of capacity development and of overall management of hygiene and sanitation issues at the district level could have been improved in a more sustainable way. This issue was discussed at length by the consortium members in 2010. CARITAS led the process of engaging with the district local governments on this. After much discussion it has been agreed that the duration of DWSCC meetings be increased by an additional day to incorporate learning sessions. This is a positive development. CARITAS expects to try out this format in a new learning project to be undertaken with support from the WASH Alliance.

Secondly, at the consortium level, there appears to have been a poor understanding of the strategic importance that the project could have had on the capacity of the DWSCC. CARITAS Gulu the local partner focused almost exclusively on implementation of field activities (action research, technology

introduction and adoption) in their project area (selected villages in two parishes in two sub-counties in each of the project districts) at the expense of more strategic work at the wider district and national /sector levels. Rather than just attempting to improve the hygiene and sanitation coverage/ situation in the communities in which the project was active, work within the CARITAS project area should have been seen as a means through which CARITAS would further legitimize its presence within the sector and increase its influence at the DWSCC level so that issues and results from field activities, and steps taken to develop the capacity of the DWSCC are better received at this and the wider sector level.

3.2.4 Support to sub-counties and villages

Project aims: under this component of the project, the project result envisaged included support to sub-counties, parishes and villages in the project area so that duty bearers effectively fulfill their roles and responsibilities at this level in the changed development context. Specific activities included training in monitoring for sub-county staff, training and support to local entrepreneurs, SMCs/ PTAs, action research and sanitation marketing to demonstrate technology and increase engagement and focus on hygiene and sanitation.

Support to sub-counties: Up to 21 No. learning sessions/ workshops were organized at the sub-county level. Reports indicate that roles and responsibilities of the different institutions in the development context were discussed in the workshops. A reference document on roles and responsibilities of different institutions based on sector guidelines has been developed and is being finalized.

Action research: Action research was conducted in CLTS triggering, in the demonstration of Arbour Loo and Fossa Alterna. Up to 10No. household ecosan sample/demonstration latrines were constructed at household level. Results were documented in newsletters and on the IRC, WASH and NETWAS websites.Field guides have been developed for the technology and approaches adapted and promoted in the project area, but have not yet been produced or shared widely.

Though no firm figures were available at the time of the evaluation, key informants interviewed during the evaluation said that the wider adoption of technology introduced by project both at household and school level was limited. Barriers mentioned at community level include high construction costs, land ownership and cultural issues related to the use of ash and reuse of human excreta.

Training on use and promotion of technology introduced: Learning workshops were conducted and key capacity issues were identified and discussed. Up to seven masons and six VHT members were trained on the use and management of technology introduced by the project and on promotion techniques for hygiene and sanitation. Training was also conducted for sub-county staff and VHTs,and SMCs and PTAs in the project area.

VHT members in the project area were asked about the training they received under the PILS project. They said that they had received training in the promotion of hygiene and sanitation at community level. They were however not always able to identify by name techniques and methods on which they had been trained.

Monitoring and accountability training: Monitoring and reporting formats and the need to harmonise documentation and use of the HAB were discussed in inter-district sessions. In addition, monitoring and accountability systems were reviewed and discussed (including consumer scorecard, WUC self-assessment, Gantt chart etc.) during sub-county learning workshops.

Training in monitoring was carried out as a part of the learning sessions and exchange visits and discussions in subsequent sessions. Three evaluation missions completed considered results and impact of action research and shared reports. Factsheets, reference documents and guidelines and other information material developed to support sub-county stakeholders are at various stages of production. Case documentation on the use of accountability tools in Adilang Pader has been drafted and is under production. However there is no evidence of links by the project to the Anti-CorruptionCoalition of Uganda.

Weak follow up: Monitoring and reporting issues were discussed in the learning sessions at the district and sub-county levels. Action points for harmonisation and standardization of reporting agreed, and it was decided that TSU 2 would lead this activity. It appears that this was not followed through subsequently.

Poor indicator: The indicator to determine the effectiveness of the project intervention was that *"…75% of the main stakeholders at sub-county and below practice their roles and responsibilities with less dependence in the development context and in community groups with women/mothers having significantly instrumental information , organisation and decision making…"* This was difficult to determine during the evaluation in terms of ascertaining the proportion of stakeholders effectively practicing their roles and responsibilities with some measure of dependence/ independence (or to determine reduced dependence as a result of PILS intervention) and the extent of impact on decision making by women/ mothers.

3.2.5 Coordination with the National Sanitation Working Group (NSWG)

Project aims: At the national level, the project aimed to increase the appreciation of district based learning within the National Sanitation Working Group (NSWG). A project support group was to be constituted from the NSWG membership to support project development and orientation and to relay project experiences and products from the district and below to the stakeholders at national level. It was also envisaged that the main project findings would be documented and shared in regional and global forums mainly via the web.

Project results: Experiences gained using the PILS approach was presented and discussed during the Afrisan 2011 in Rwanda by IRC and NETWAS.

However, although some members from the NSWG attended the inter-district learning sessions, and were informed about the project objectives, approach and achievements, there was little focused work undertaken by the project within the NSWG. The project support group was not constituted by the time of the evaluation, and to a large extent, sharing of project lessons at the national level through the NSWG was very limited.

3.3 Suitability of project consortium

3.3.1 Description of project consortium and structure

Contractually, the main project partners in the implementation of the PILS project were: IRC, NETWAS Uganda and CARITAS Gulu. These are briefly described below.

IRC: is an international knowledge and information centre in the water and sanitation sector, and has a reputable global portfolio of projects and developing country experience in learning, action research and low cost appropriate technology. IRC was registered in Uganda as a foreign NGO in 2006, and has had active projects in learning, innovation, knowledge management and advocacy in household and school hygiene and sanitation.

In the context of the PILS project, IRC's organizational attributes and experience were required and appropriate. IRC brought its international experience in learning and advisory work to bear on the project, with appropriate alignment with and application to the local context. IRC also drew from its pool of experts to help design methodology for capacity development, action research and to facilitate some learning sessions on the project. IRC has deployed its experience and skills in documentation and dissemination to package and disseminate project lessons to key stakeholders at the national, regional and international level.

NETWAS Uganda: was registered in Uganda in 1996 as a local non-profit making organization. It is affiliated to NETWAS international, which is part of the International Training Network (ITN) for water and waste management. NETWAS has carried out training at the community level in the management of water supplies, and in the promotion of good hygiene practices and sanitation in rural areas in north and north eastern Uganda. NETWAS has worked on several learning projects in Uganda with IRC. NETWAS hosts the Uganda WASH Resource Centre on behalf of an NGO consortium which packages and disseminates sector information and lessons learned. NETWAS' clients in the water and sanitation sector include district local governments, NGOs and the private sector.

CARITAS Gulu: Is the humanitarian and development arm of the Catholic Church in the Archdiocese of Gulu and is a registered corporate body under the The Trusties (Incorporation) Ordinance. Its area of operation includes the civic districts of Gulu, Kitgum and Pader where it has implemented humanitarian and development programmes for the past 55 years. CARITAS Gulu is a member of UWASNET, the umbrella organizations bringing together more than 180 non-governmental agencies active in the WASH sector in Uganda.

Consortium roles and responsibilities: Key roles envisaged by consortium members in pusuit of the project objectives were as follows;

- IRC was responsible for overall planning and implementation and for accountability to donors and also took the lead on concept development, innovations, capacity development and information /documentation sharing activities at the national and regional levels.

- NETWAS led the implementation of learning sessions, capacity development and action research with the support of IRC. NETWAS was also supposed to take the lead in following up of work undertaken by CARITAS at District level.

- CARITAS were supposed to take the lead on all District level work with Local Governments, including the follow up activities and agreed action plans, community mobilization and the identification of community groups and institutions relevant to hygiene and sanitation which would work with the project

MoUs with districts: This consortium signed memoranda of understanding with the district local governments of Gulu, Kitgum and Pader, where project activities were to be implemented at district, sub-county and community level. The MoUs spelt out the obligations and responsibilities of each partner in the consortium, which included the establishment and maintenance of contact with other relevant sector structures including the TSU, national level stakeholders and the donor.

3.3.2 Sector institutional structure and mandates

The current institutional mandate to deliver rural water, hygiene and sanitation services to the community level can be determined from the financial resource flows within the sector, shown in the Figure below.

Figure 1 Financial resource flows in the Ugandan rural water and sanitation sector
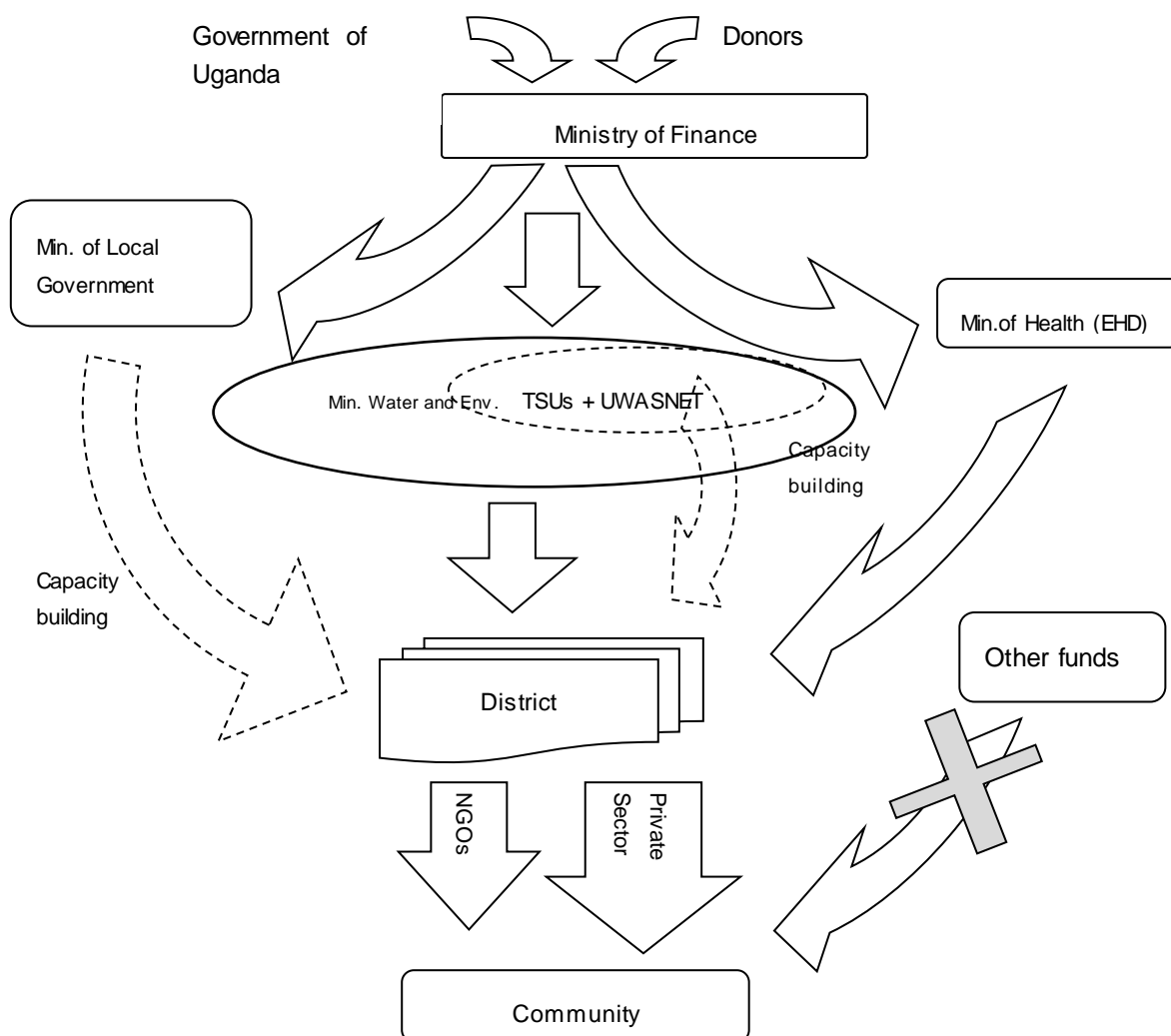
The bulk of district funds for capacity development, investment, operation and maintenance of water supply, hygiene and sanitation facilities are in the form of conditional grants. There are a few discretionary resources which districts are allowed to allocate to priority sectors of education, water and sanitation and health.Districts are responsible for coordination and management of sector activities at that level. NGOs and the private sector are expected to carry out the bulk of direct implementation of activities at the community level under the supervision of the district managers. In practice and particularly in northern Uganda, the districts still carry out direct implementation. Overall within the Sector Wide Approach (SWAp) framework, GoU is encouraging its development partners to adopt bilateral funding modalities in favour of project financing.

3.3.3 Consortium performance

The organizational skills and experience in learning in hygiene and sanitation of the consortium members were relevant and required for the project. However, there were weaknesses within the consortium that impacted on the programme effectiveness. For example it was not apparent that sufficient emphasis was placed by either CARITAS or NETWAS on work that was intended to be done to support DWSCC and build their authority and role. In the case of NETWAS, field level technical inputs required to support CARITAS were negatively impacted by the lack of operational staff at District level.

Establishment of functional multi-stakeholder learning platforms: In order to effectively fulfill its role as the lead in establishing learning platforms, NETWAS Uganda was required to have coordinated effectively with the TSU, the Environmental Health Division (EHD) of the Ministry of Health and with the regional coordinator of UWASNET member NGOs in the North. Some of the activities essential to achieve this would have been the sharing of the PILS plan and reports; joint planning and review of learning sessions; provision of resource persons to facilitate learning sessions and dissemination to wider stakeholder groups.

Whilst NETWAS Uganda was able to achieve some of this, there were some gaps in implementation related to joint planning and review of learning sessions with the TSU, EHD and UWASNET and this arguably undermined wider dissemination to other stakeholders and resulted in a number of missed opportunities to contribute to the hygiene and sanitation policy debate.

Support to DWSCCs: CARITAS was the consortium lead on this objective. Whilst CARITAS had staff with the necessary skills and experience to engage with District personnel it appears to have focused on work at sub-county and community level and arguably did not spend sufficient time engaging at the district and regional level with the DWSCC and TSU. As a result institutional links to the DWSCC and TSU were not as strong as they should have been and the desired impact was reduced.

Support to sub counties and villages: It was intended that NETWAS would support CARITAS to implement action research, training and capcity building at district and sub county levels. To fulfill this role effectively, it would have been desirable for NETWAS Uganda to have technical staff stationed in the project districts to provide focused support to CARITAS field staff directly implementing the project. However, NETWAS staff on the project were all based at the national office in Kampala, and only made occasional visits to the project area. As a result, CARITAS field staff stated that they did not always get all the technical support that they required during project implementation.

National level appreciation of learning in the NSWG: More might have been achieved by the project if there had been more focused and intensive engagement with the NSWG. NETWAS were responsible for coordination of project activities and information sharing with the NSWG. However it would appear that the extent of their actual engagement was extremely limited and this resulted in less than optimal influence and engagement with the NSWG.

3.4 PILS- value addition

Increase focus on coordination: In northern Uganda, the mainstream structures for coordination and planning of hygiene and sanitation interventions at the district level had become non-existent or inactive during the 22 year conflict and humanitarian crisis. In the transition to recovery and development and within a resource scarce environment, structures such as the District Water Supply and Sanitation Coordinating Committees have an important role to play in continuously assessing the task at hand, planning and implementing an appropriate and coordinated response and in ensuring

that resources available with different partners at this level are used effectively. These structures are also an important link to policy development at the national level.

Therefore, considering that the region is in transition from humanitarian work to recovery and development approaches, the PILS project goals were required and appropriate. Efforts to revitalize the DWSCCs and the development of similar forums for stakeholder interaction and learning at sub-county level by the PILS project have arguably increased stakeholder focus on issues of coordination of hygiene and sanitation activities at the district and sub-county level.

Increased focus on hygiene and sanitation: The PILS project helped to address immediate unmet needs hygiene and sanitation development within the project geographical areas. The programme also had wider impacts in terms of policy influencing and advocacy on hygiene and sanitation issues, appropriate technology and resourcing at the district, sub-county and community levels.

Introduction of appropriate technology: The arbor loo and fossa alterna are technologies that are appropriate for the project area and could also find wider application at the national level. The technology is relative easy to adopt, and has wider potential impacts on household health outcomes and livelihoods.

3.5   Cost effective decentralized learning

At the national level, sanitation suffers from the dominance of DWD (with largely a water supply focus) , and the poor prioritization of sanitation within the Ministry of Health despite the fact that sanitation related diseases are recognized as a significant issue within the Health Sector Strategic Plan III. This has been a much debated issue for many years. Interventions at the District level that can effectively demonstrate the impact of improved sanitation and hygiene and change mindsets could help to galvanise and build support for change and more effective action at the national level on issues related to resource allocation and policy and practice.

In addition to increasing focus and resources available to hygiene and sanitation development at district and sub-county level, decentralized learning can also help optimize the use of available resources and reduce waste from duplication as a result of improved stakeholder coordination and harmonization of approaches. The challenge then would be to sustain this approach beyond the life of the PILS project.

One way the approach could have been more sustainable at the decentralized level could have been through the consolidated use of the established sector institutional framework for the development of hygiene and sanitation services. In order to achieve this effectively, some of the project resources earmarked for learning and action research and capacity development could have been channeled through this framework. For example funding could have been made available directly to districts on the condition that activities would be included within district development plans and annual work plans which are reviewed by the EHD, NSWG and DWD. If more substantial resources become available, earmarked budget support through the Ministry of Finance for hygiene and sanitation development to more districts in the region could also be considered in future.

While many would argue, understandably, that this could prove to be problematic, in terms of meeting project time lines and in ensuring accountability of resources used, it offers more significant potential benefits of increasing the influence and capacity of the DWSCCs at the decentralized level after many years of inactivity and in contributing to policy development at the national level.

In addition to potential additional resource allocation, once the value of the approach has been appreciated by national level stakeholders, use of sector structures could result in large reductions in

project administrative costs and make more resources available to carry out technical work including action research, monitoring and follow up. This would improve the impact of the approach on hygiene and sanitation development at the decentralized levels. To put this in perspective, the Kitgum district annual budget for hygiene and sanitation development is about 4,521 Euro (14 Million Uganda Shillings). The annual hygiene and sanitation budget for Akwang sub-county in Kitgum district is 320 Euro (1 Million Uganda Shillings).

Conclusions and recommendations

Conclusions and recommendations based on the evaluation findings and the ToR requirements are made in this section

4.1 Conclusions

4.1.1 Project relevance and appropriateness

In northern Uganda, the mainstream structures for coordination and planning of hygiene and sanitation interventions at the district level had become inactive or non-existent during the 22 year conflict and humanitarian crisis. In the transition to recovery and development and within a resource scarce environment, structures such as the District Water Supply and Sanitation Coordinating Committees have an important role to play in continuously assessing the task at hand, planning and implementing an appropriate and coordinated response and in ensuring that resources available with different partners at this level are used effectively. These structures are also an important link to policy development at the national level.

Therefore the PILS focus on building the capacity of the DWSCCs was appropriate and relevant to the context in the project area. Comparison of sector strategies to the PILS project objectives shows that the project was aligned to current approaches to hygiene and sanitation development in the sector.

4.1.2 Change of attitude from humanitarian to development context

District and sub-county technical staff and political leadership within the PILS project area were able to demonstrate a change in attitude, and attributed this to the discussions in the learning sessions facilitated by PILS. However, change of attitude at community level was more difficult and would require more focused effort and time to achieve.

4.1.3 Effectiveness of multi-stakeholder learning platforms

Learning platforms and sessions conducted by the PILS project were useful in the identification of key issues and solutions related to hygiene and sanitation. The construction of the arbour loo and fossa alterna latrine technologies at household level helped to generate discussions within the platforms about how some of the practical challenges related to adoption of good hygiene practices in different parts of the project area could be dealt with. Case documentation helped practitioners at district level to consolidate current practices. Dissemination was however largely limited to the district and sub-county level.

Whilst useful in generating discussion and debate among stakeholders, learning platforms did not address all technical capacity gaps identified. Nor is it realistic to expect that solely, learning sessions would fill all capacity gaps at this level. Monitoring and follow-up within communities remain weak. Technical skills in the promotion of hygiene and sanitation behaviour change among health assistants

and VHT are still inadequate and non-uniform. There is a strong tendency to rely on development of bye-laws and their subsequent enforcement to promote adoption of good hygiene practices.

4.1.4 Support to DWSCCs

Learning was seen as useful in improving coordination at the district and sub county level; however, it was not seen as being led by the DWSCC or falling under its mandate. It could be argued that this reduced its potential impact and did not underpin and build the authority of the DWSCC in the way that it could have done if learning sessions had been perceived as DWSCC led and owned events and processes. Most of the learning and discussions pertinent to hygiene and sanitation took place within the learning platforms, and although follow up actions to be discussed in subsequent DWSCCs were identified, this rarely ever happened. This issue is being addressed however. Discussions between CARITAS and the district local governments and other stakeholders have resulted in agreement that the format for DWSCCs be changed by increasing the duration of the forum by a day, in order to effectively incorporate in learning into the forum agenda.

At the consortium level, there appears to have been a poor understanding of the strategic importance that the project could have had on the capacity of the DWSCC. CARITAS Gulu the local partner focused almost exclusively on the implementation of field activities (action research, technology introduction and adoption) in their project area. This may have been at the expense of more strategic work at the wider district and national /sector levels.

4.1.5 Suitability of the project consortium

The organizational skills and experience in learning in hygiene and sanitation of the consortium members were relevant and required for the project. IRC has extensive international and national experience in knowledge management and learning in the water and sanitation sector. NETWAS Uganda has undertaken extensive training projects and capacity building work in Uganda and was therefore in position to deliver district and sub-county capacity development inputs on the project. CARITAS Gulu has been implementing humanitarian and development projects in northern Uganda for more than 50 years, and has the requisite knowledge and experience to help the consortium to implement work at the grass root level.

However, there were weaknesses within the consortium that impacted on the programme effectiveness. For example it was not apparent that sufficient emphasis was placed by either CARITAS or NETWAS on work that was intended to be done to support DWSCC and build their authority and role. In the case of NETWAS, field level technical inputs required to support CARITAS were negatively impacted weakened by the lack of operational staff at District level.

4.1.6 The need for cost effective decentralized learning

Sanitation suffers from the dominance of DWD (with largely a water supply focus) and the poor prioritization of sanitation within the Ministry of Health despite the fact that sanitation related diseases are recognized as a significant issue within the Health Sector Strategic Plan III. This has been a much debated issue for many years. Interventions at the District level that can effectively demonstrate the impact of improved sanitation and hygiene and change mindsets could help to galvanise and build support for change and more effective action at the national level on issues related to resource allocation and policy and practice. In addition to increasing focus and resources available to hygiene and sanitation development at district and sub-county level, decentralized learning can also help optimize the use of available resources and reduce waste from duplication as a result of improved stakeholder coordination and harmonization of approaches.

4.2   Recommendations

4.2.1   Sustain learning at the decentralized level

One way the approach could have been more sustainable at the decentralized level could have been through the consolidated use of the established sector institutional framework for the development of hygiene and sanitation services. In order to achieve this effectively, some of the project resources earmarked for learning and action research and capacity development could have been channeled through this framework. For example funding could have been made available directly to districts on the condition that activities would be included within district development plans and annual work plans which are reviewed by the EHD, NSWG and DWD. If more substantial resources become available, earmarked budget support through the Ministry of Finance for hygiene and sanitation development to more districts within the region could also be considered in future.

This approach offers more significant potential benefits of increasing the influence and capacity of the DWSCCs at the decentralized level after many years of inactivity and in contributing to policy development at the national level.

4.2.2   Align learning sessions with DWCC meetings

In order to achieve better impact, PILS could have combined the legitimacy and recognition within the sector of the DWSCC, with the innovative learning approach—in essence, the learning sessions should have been conducted as part of the DWSCC meetings/forums. Potentially, in addition to providing surge capacity to a recently revived DWSCC, the profile of hygiene and sanitation district-wide could have been raised and coordination of capacity development and of overall management of hygiene and sanitation issues at the district level could have been improved in a more sustainable way.

4.2.3   Improve national level coordination and sharing

In order to effectively achieve this, better coordination with the TSU, the Environmental Health Division (EHD) of the Ministry of Health and with the regional coordinator of UWASNET member NGOs in the North is required. Essential activities include sharing plans and reports; joint planning and review of learning sessions; provision of resource persons to facilitate learning sessions and dissemination to wider stakeholder groups.

Annexes

End of Project Evalution of the PILS

Annex 1: Terms of Reference

PILS, an IRC project 2009 – 2012

Terms of Reference for End of Project evaluation

1. Introduction

On 31st of March 2012 the Performance Improvement through Learning in Sanitation (PILS) projectwill be concluded. As part of the finalisation of the project, an End of Project (EoP) evaluation is foreseen. The project consortium therefore seeks to commission an external party to conduct this EoP to draw key lessons from the project on how the learning approach has been effective and can be taken up by other initiatives in the future.

2. Purpose and Significance of the EoP evaluation

The PILS project is an initiative of IRC International Water and Sanitation Centre, NETWAS Uganda and Caritas Gulu. *PILS-Performance Improvement through Learning on Sanitation* is a 2½-year project that began in October 2009. PILS assists local government and NGOs to improve rural household and school sanitation and hygiene, by facilitating district- and sub-county-based learning and action research in three districts of North Uganda: Pader, Gulu and Kitgum. PILS is funded by the Austrian Development Agency and co-funded by the partners. The project budget is € 388k.

Besides the PILS project, the partners SNV Uganda, NETWAS Uganda and IRC have been promoting decentralised learning (or self-knowledge acquiring) in WASH by the sector stakeholders and continue to do in other initiatives. Concretely these are: LeaPP-WASH (Learning for Policy and Practice in Water, Sanitation and Hygiene); Improved WASH Governance Through Dialogue And Concerted Action In West Nile Region In Uganda; and, Triple-S (Water Services that Last).

The **main objective** of this EoP evaluation is to contribute to the analysis of how learning and in particular learning at the decentralised levels can be improved. Learning is seen by PILS and the other initiatives as a key strategy to improve the performance of the WASH sector as a whole.

3. Main Areas of Inquiry

The overall aim of PILS is to strengthen good governance on sanitation and hygiene. Increased efficiency and effectiveness in delivering a sustainable sanitation and hygiene service forms the core of this project. Local government, NGOs, the private sector, schools and households are the main players, and improvements can only be achieved with optimal coordination, harmonisation and collaboration between them. At district level, this is primarily the task of the District Water and Sanitation Coordinating Committee (DWSCC), the institution where this initiative is anchored.

Procedures, guidelines and standards set by government or organisations often define the way we work. Technical innovations and changes in our work procedures do not come about automatically. This project's starting point is that in order to make any improvement we have to learn: learn about how sanitation and hygiene promotion is currently done, about successes and failures, and how we can improve. The project is two-fold: it puts learning into practice through learning platforms and action research. This process takes place at district and sub-county levels, involving all key sanitation and hygiene stakeholders.

The evaluation should provide a critical look at the chosen course of the project and provide substantiated insights into the following areas of inquiry:

- Is PILS clear about what it statesit is doing in this innovative approach towards sector improvement?
- Performance against the approved PILS project proposal (2009): was the implementation according to plan? What explains the deviations?
- Is the 'right' consortium in place to achieve the programme and carry out the approach that is implemented?
- What has been the added value of the adopted learning approach in comparison with traditional implementation projects? What could have been done to make this process even more effective/efficient?
- Are there other ways to engage stakeholders with learning in the sector, and in particular at the decentralised levels that can be done with greater (cost) effectiveness/efficiency?

In other words, the evaluation should make clear firstly whether the organization of the project, its allocation of resources and the functioning of the consortium has been optimal for achieving the project's goals as stated in the proposal. It should secondly give an indication if the learning approaches of PILS and the other initiatives are (potentially) contributing to improvement in sector performance. And lastly the evaluation should contribute to the analysis of how best learning in the sector (and in particular at the decentralised levels) can be realised.

4. *Suggested elements of the EoP evaluation*

For maximum connection with the team, it is suggested to have a number of consultative sessions. Therefore the following steps are proposed:

- Briefing by the project team to give guidance on where information could be found
- Review of documentation, including materials from the other learning initiatives
- Interviews with a selection of stakeholders and partners organisations
- Preparation and discussion of a document to be used as a basis for discussion during a workshop 'promoting a learning WASH sector'
- Organisation and facilitation of a workshop 'promoting a learning sector'
- Report that consists of 2 parts: (1) evaluation of the PILS project; and (2) workshop report

5. *Competences of the assessor(s)*

Competencies represented in the assessor(s) should include a good understanding of learning in the broad sense, as it is explored in PILS, and in facilitating participatory workshops. Knowledge of the WASH sector and/or the development sector in general in Uganda is an advantage.

6. *Proposed budget and resources*

We estimate that a total of 20 days should suffice (including a short field visit). The PILS project can separately budget for the consumables and participant costs related to the workshop.

7. EoP evaluation timetable

Finalisation and submission of final outputs is to be no later than 1 April 2012.

EoP timetable

Date	Action
22 February	Deadline tender applications
24 February	Selection consultant
1 March	Start assignment
week of 19 March	Workshop 'promoting a learning WASH sector'
27 March	Draft report
1 April	Submission of final EoP evaluation report

Requests for further information and other queries may be directed to:

René van Lieshout (PILS project manager)
email :lieshout@irc.nl
Tel   : 0792479609/0787350083

Annex 2: Topic guides for stakeholder consultation

National Sanitation Working Group

1. What is the mandate of the NSWG? What activities are carried out within the group?
2. What are the sources and levels of funding available for hygiene and sanitation promotion in northern Uganda? What are the trends?
3. Have you heard about the PILS project?
4. In your view what are some of the results and lessons that can be recorded from the project? about?
5. Are there examples of application of the project approach (learning to transition from humanitarian to development context) in other geographical areas?
6. Was the Project Support Group (PSG) set within the National Sanitation Working Group (NSWG)? Which organizations comprised this group?
7. What activities were undertaken by the PSG and with what results? Are meeting minutes and records and reports of the PSG work available?
8. Have some of the project outputs been documented, shared and discussed within the NSWG?
9. Are there examples of where PILS activities have led to reformulation of policies, strategies and approaches either in MWE, MoES or MoH?
10. Is there evidence of international interest in the PILS project?

District (and TSU) Level

1. Overall, what are the attitudes and perception of stakeholders towards the adoption of good hygiene and sanitation practices in your district?
2. What structures are used at the district level to plan, implement and manage hygiene and sanitation activities at the district level?
3. What are some of the challenges faced in the implementation of hygiene and sanitation programmes in your district?
4. Do you know about the PILS project? Who are the implementing partners?
5. What is relationship between the district and the local implementing partner (Caritas Gulu)?
6. How has the PILS project affected the work of the DWSCC?
7. Has the PILS project contributed to the development of innovative approaches to H&S promotion? What is the evidence of this?
8. What are some of the changes in stakeholder attitudes and perception you can identify that have resulted from the PILS project?
    a. What is the evidence of this?
    b. Are there specific examples you can cite?
9. How has the project collaborated with UNICEF and AMREF?
10. How as the project affected the relationship between the district officials and the community members?
11. How do communities in the project area communicate with the district regarding hygiene and sanitation services? Are there formal structures for this? Is this a new way, or is it a method from an already existing system?
12. How has the collaboration on **specific issues** between stakeholders been affected by the PILS project? What is the evidence of this?
13. What new hygiene and sanitation approaches/ technologies have been introduced or adopted as a result of the PILS project?
14. What evidence is there of the impact of sanitation marketing activities undertaken by the project?
15. Give examples of innovation from the PILS project at the district level, especially those that address gender and environmental issues.

Sub county level

1. Overall, what are the attitudes and perception of stakeholders towards the adoption of good hygiene and sanitation practices in your sub-county?
2. What structures are used at the sub-county level to plan, implement and manage hygiene and sanitation activities at the sub-county level?
3. What are some of the challenges faced in the implementation of hygiene and sanitation programmes in your sub-county?
4. Do you know about the PILS project?
5. How has the PILS project affected the work of the sub-county structures through which H&S are planned and managed?
6. Has the PILS project contributed to the development of innovative approaches to H&S promotion in your sub-county? What is the evidence of this?
7. What are some of the changes in stakeholder attitudes and perception you can identify that have resulted from the PILS project?
    a. What is the evidence of this?
    b. Are there specific examples you can cite?
8. How do communities in the project area communicate with the district regarding hygiene and sanitation services? What is the role of the sub-county in this communication? Is this a new way, or is it a method from an already existing system?
9. How as the project affected the relationship between the district and sub-county officials and the community members?
10. How has the collaboration on **specific issues** between stakeholders been affected by the PILS project? What is the evidence of this?
11. What new hygiene and sanitation approaches/ technologies have been introduced or adopted as a result of the PILS project? Have these been documented?
12. How has the sanitation products supply chain improved as a result of the PILS project?
13. What evidence is there of the impact of sanitation marketing activities undertaken by the project?
14. What evidence is there of more organized and active community participation and decision making?
15. How has decision making by women changed as a result of the project?
16. Is there evidence of changes or otherwise in gender roles at the household level?
17. Give examples of innovation from the PILS project at the sub-county level, especially those that address environmental issues.

End of Project Evalution of the PILS

Facility /School /Community Level

1. Have you heard about the PILS project? What is it about
2. Overall, what are the attitudes and perception of stakeholders towards the adoption of good hygiene and sanitation practices in your sub-county/ parish/ village?
3. What are some of the changes in stakeholder attitudes and perception you can identify that have resulted from the PILS project?
   a. What is the evidence of this?
   b. Are there specific examples you can cite?
4. How do communities in the project area communicate with the sub-county regarding hygiene and sanitation services? Are there formal structures for this? Is this a new way, or is it a method from an already existing system?
5. What new hygiene and sanitation promotion approaches/ technologies have been introduced or adopted as a result of the PILS project? Have these been documented?
6. What training has been provided by the project? To whom has this been provided?
7. Give examples of innovation at the household level, especially those that address environmental issues.
8. What evidence is there of more organized and active community participation and decision making?
9. How has decision making by women/ mothers and girls changed as a result of the project?
10. Is there evidence of changes or otherwise in gender roles at the household level?

IRC/ NETWAS and CARITAS

1. What is your role and the role of other consortium partners in the execution of the PILS project?
2. What are some of the challenges faced in the implementation of hygiene and sanitation programmes by DWSCCs?
3. What are the sources and levels of funding available for hygiene and sanitation promotion in northern Uganda? What are the trends?
4. What multi-stakeholder learning platforms were developed under the PILS project at the different levels? Are these part of the recognized institutional architecture?
5. Over the project duration, how many learning/ capacity development sessions took place and what was the focus?
6. What support was provided to the TSUs?
7. What new approaches and technologies were introduced by the PILS project?
8. In your view what are some of the results and lessons that can be recorded from the project? about?
9. How has the relationship between the district and NGOs changed as a result of the project?
10. How has cross-organizational learning changed under the PILS project?
11. Are there examples of application of the project approach (learning to transition from humanitarian to development context) in other geographical areas?
12. Was the Project Support Group (PSG) set within the National Sanitation Working Group (NSWG)? Which organizations comprised this group?
13. What activities were undertaken by the PSG and with what results? Are meeting minutes and records and reports of the PSG work available?
14. Have some of the project outputs been documented, shared and discussed within the NSWG?
15. Are there examples of where PILS activities have led to reformulation of policies, strategies and approaches either in MWE, MoES or MoH?
16. Is there evidence of international interest in the PILS project?

Specific issues (Key elements highlighted in Grant Application)

Key elements

- Affordable and sustainable technologies introduced with linkage to livelihoods and income generation

- Households and primary school management taking on responsibilities, and reduce dependence on external support

- Proposed community based monitoring to control and responsibility building

- Ecosan technologies contributing to poverty reduction (and livelihoods)

- Sanitation improvements as an economic and development activity, through sanitation marketing and encouraging local entrepreneurs to start a business

- Feasible hygiene techniques and practices to reduce disease risks

- Improved sanitation household facilities to dignity of women and men, boys and girls, and people living with AIDS
- Improved school sanitation to reduce absenteeism and drop-out of particularly older primary school going girls
- Improved household and school sanitation to reduced environmental pollution (incl. of ground and surface water)
- Empowering learning session participants on gender specific issues, roles and solutions in San & Hyg., that might have an effect beyond this sector

Annex 3: Project results matrix

Results:	Indicators	Stipulated activities (summary)	Comments
Result Cluster A. In all project districts multi-stakeholder learning platforms are functional and contribute to …	Each learning platform attended by at least 75% of invited participants		
A.1: Stakeholders making key changes in perceptions and attitudes on San&Hyg context from humanitarian aid to development context	Of all district stakeholders 75% have changed perceptions and attitudes on San&Hyg to development context (documented and shared)	Complete a stakeholder analysis for each district; develop MoUs with partners at district and sub-county level, facilitate 3No. learning platforms per year and to evaluate and improve the functioning of the learning platform	▪ Stakeholders were identified at the start of the project however there is no documentary evidence of detailed stakeholder analysis/ matrix produced ▪ MoUs were signed with partners at district level. MoUs were not signed with sub-counties although this may not have been necessary. ▪ At least 3No. learning platforms per year were achieved at both district and sub-county levels. Reports suggest that number of learning platforms was actually exceeded in the districts and sub-counties. However, it is not clear from the minutes/ reports that 75% of the stakeholders attended or not. ▪ Baseline survey completed did not establish initial attitudes and perceptions by stakeholder population proportion. It was not possible to ascertain changed perceptions and attitudes on hygiene and sanitation in 75% of district stakeholders in this evaluation. Extensive scientific survey would be required to ascertain this.

Results:	Indicators	Stipulated activities (summary)	Comments
			▪ 3No. evaluations completed. Evidence suggests that improvements identified during evaluations were incorporated into subsequent learning activities
A.2: increased effectiveness through, coordination, harmonisation and collaboration between local politicians, government technocrats, UN agencies and local/international NGOs active in San&Hyg	All San&Hyg stakeholders coordinate and harmonise on at least five key elements	Assess baseline perceptions towards San &Hyg developments; conduct situation analysis at district, sub-county and village and school level; conduct sessions on changing context factors and solutions in transition towards development; to monitor and evaluate perceptions and attitudes	▪ Baseline completed. ▪ District-wide situation analysis carried out in learning sessions. Detailed analysis and identification of solutions completed mainly for PILS project areas (6No. subcounties, and within these 6 parishes and approximated 12 villages and 48 schools) ▪ Monitoring and evaluation of perceptions and attitudes continuously carried out throughout the project period

Results:	Indicators	Stipulated activities (summary)	Comments
A.3: multi-stakeholder learning platforms have succeeded to develop demanded and required capacities on San&Hyg of all relevant stakeholders	All district stakeholders show positive attitude and application of affordable and replicable innovative approaches and technologies resulting in less dependence	Discuss and agree strategies approaches and methodologies (and technologies) for improved coordination and harmonisation. To include capacity building components related to identified gaps To produce relevant context specific information products supporting capacity development To link capacity development with action research and for practical learning To create inter-district platform for exchanging lessons learned Assist in the documentation of stakeholder agreements	▪ Strategy and technologies were introduced to the district leadership in initial visits. Documents available indicate that strategies including capacity development for the DWSCCs and introduction of the arbour loo and fossa alterna were agreed by the district technical staff. Participants identified capacity gaps and issues during baseline survey, inter and intra district, sub-county learning sessions and exchange visits. ▪ About 11 No. district learning sessions were facilitated by the project; at least 13 No. learning sessions were conducted at the sub-county level. Two inter-district learning sessions were conducted. District and sub-county technical staff spoken to during the evaluation confirmed that discussions in the learning platforms were useful in discussing issues and identifying solutions to some hygiene and sanitation challenges faced in the project area. ▪ District, sub-county and CARITAS staff said that the development and demonstration of technology helped them understand better some of the practical issues related to adoption of good hygiene practices in different parts of the project area. ▪ Regular platform newsletters were produced and disseminated within the project area and electronically via the web, provided periodic updates on project activities at community, sub-county and district level. ▪ Case documentation on specific issues related to hygiene and sanitation development (e.g. human resources, database development, leadership involvement in CLTS etc.) was carried out by key district staff (assistant water officer, district health inspector) in project area. District staff interviewed confirmed that this exercise was useful especially during feedback to wider stakeholders in learning platforms. Dissemination was however largely limited to the district level and below. ▪ VHT members in the project area spoken to during the evaluation said that they had received training (together with masons) in the promotion of hygiene and sanitation at community level. They were however not always able to identify by name technics and methods for which skills were acquired ▪ Not all capacity gaps identified have been addressed by the PILS

Results:	Indicators	Stipulated activities (summary)	Comments
			project. Monitoring and follow-up at the community level remain weak. Technical skills in the promotion of hygiene and sanitation behaviour change among health assistants and VHT are still inadequate and non-uniform. There is a strong tendency to rely on development of bye-laws and their subsequent enforcement ▪ Though no firm figures were available at the time of the evaluation, Key informants say that the adoption of technology introduced by project both at household and school level was limited. Barriers mentioned at community level include high construction costs, land ownership and cultural issues related to the use of ash and reuse of human excreta.
A.4: Direct links to DWSCCs, influence San&Hyg agenda and decision-making, and shown effects on working styles and San&Hyg sector performance relevant for rural households and primary schools	All DWSCC meeting agendas have San&Hyg points	To discuss DWSCC hygiene and sanitation issues in learning platforms To prepare follow up points from learning platforms with discussion notes for DWSCCs To discuss DWSCC request on specific hygiene and sanitation issues in learning platforms	▪ Reports from district and sub-county learning sessions outline actions for follow up in the DWSCC. However, there is no evidence to suggest that this was eventually discussed in the DWSCC. ▪ Generally DWSCC meetings discussed hygiene and sanitation issues, operations of maintenance of existing water supplies and monitoring activities. There is no evidence linking the discussion on hygiene and sanitation to the PILS project. ▪ Minutes of DWSCC and other coordination meetings held in Gulu indicate that CARITAS introduced the PILS project, objectives and approach etc. in June 2010 and this was received well. Records also show that the CAO subsequently included CARITAS in the list of invitees to subsequent coordination meetings. However minutes from subsequent meetings (after that in which PILS was introduced) are largely silent about the project. It also seems

Results:	Indicators	Stipulated activities (summary)	Comments
			that CARITAS was not actively involved in hygiene and sanitation activities with other district stakeholders outside the project sub-counties. This would perhaps make it more difficult to effectively influence the agenda of DWSCC meetings which occur just once every quarter.
Results: Result Cluster B. In all project districts the project supports the DWSCCs to ...	Indicators		
B.1: manage to set realistic performance targets (at least in line with MDG targets) and to achieve these	All three DWSCCs set realistic performance targets and account on these (documented and shared)	Agree district wide targets with all stakeholders Contribute to DWSCC coordination, harmonisation efforts and agreement on performance targets Support the use of the HAB by DWSCC stakeholders. Support DWSCC stakeholders in collecting and analysing data and reporting on hyg & San	▪ Targets for project sub-counties /parishes and villages were discussed with stakeholders within these areas during learning sessions. However, there is no evidence to suggest that district-wide targets were discussed or agreed with all stakeholders. ▪ In Gulu, records indicate that DWSCC revival and monitoring and reporting were mainly driven by the district CAO through the district water office. ▪ Documents indicate that data collection methodology was discussed during sub-county learning sessions. Monitoring and reporting formats and the need to harmonise documentation and use of the HAB were also discussed in interdistrict sessions. TSU 2 was supposed to lead this activity but it appears it was not followed through subsequently.
B.2: succeed to develop innovative strategies and approaches including gender-specific elements,	San&Hyg Innovation developed and applied at district, sub-county and community/school	Assist in the preparation of discussion notes for innovative strategies and approaches for approval and formalization by all	▪ Arbor loo and Fossa Alterna technologies introduced demonstrated at the community level. Masons were trained in use and adaption of technology and guidelines provided

End of Project Evalution of the PILS

Results:	Indicators	Stipulated activities (summary)	Comments
environmental friendly, livelihood-supporting and innovative technologies suitable to target group and contributing to dependence syndrome reduction, considering new funding channels and adjusted subsidy policies/strategies	level, and women and girls have been instrumental in local organisation, sanitation option uptake & choice, and use of EcoSan products	stakeholders Contribute in the production of guidelines on approved innovative strategies and approaches To evaluate stakeholder appreciation of innovation To improve documentation and guidelines on innovative strategies	▪ Some of the promotion materials and adoption of ecosan promoted by other projects was problematic. PILS attempted to correct, re-train and demonstrate ecosan technology from other projects in some schools and institutions. Guidelines for this had not been provided by the time of evaluation. ▪ Evaluation of stakeholder appreciation carried out during evaluation exercises. Adoption of technology is not widespread. Barriers mentioned at community level include high construction costs, land ownership and cultural issues related to the use of ash and reuse of human excreta. ▪ Documentation including BoQ and guidelines for Arbor loo and Fossa Alterna construction and use have been developed for various stakeholders and are various stages of production ▪ Specific targeting for women and girls neither done by the project nor availability of indicators suggesting active involvement of women and girls in promotion of ecosan products.

Results:	Indicators	Stipulated activities (summary)	Comments
B.3: have become more accountable to both the target group and the national government through the use of community-based monitoring and reporting systems/ tools	At last 2 out of 3 districts account using public channels on programme achievements: outcomes, outputs and limitations	Assist DWSCC with methods and tools to account to district council, sub-district groups (up to LC1) and the public on performance in H&S activities and results (link to ACCU) Assist DWSCC with methods and tools to account to the national level on their performance in san and hyg	▪ Case documentation on the use of accountability tools in Pader under production. Not evidence of tools provided either to DWSCC or linkages made to ACCU. ▪ Project staff spoken to during the evaluation suggest that there have been radio talk shows (Tecwa) at which H&S issues were discussed interactively with the public. ▪ Although discussions were held about the need to incorporate accountability tools into district working documents, there is no evidence to show that DWSCC have actually been assisted with accountability and performance reporting tools.

End of Project Evalution of the PILS

Results:	Indicators	Stipulated activities (summary)	Comments
Results: Result Cluster C. In selected sub-counties and villages the project...	Indicators		

Results:	Indicators	Stipulated activities (summary)	Comments
C.1: Supported sub-counties' staff and politicians, and CBOs, VHTs[3] and community members to take on their responsibilities in a changed development context	75% of main stakeholders at S/county level and below practise their roles and responsibilities with more responsibility (less dependence) in development context and in community groups women/mothers (as compared to men/fathers) have been significantly instrumental in formation, organisation and decision-making)	Organise sub-county learning workshops for relevant stakeholders to review changed context and discuss and agree new modalities and responsibilities of different institutions Produce field guides on new modalities and responsibilities of different institutions (and share)	▪ Up to 21 No. learning sessions/ workshops were organized at the sub-county level. Reports indicate that roles and responsibilities of the different institutions in the development context were discussed in the workshops. ▪ Reference document on roles and responsibilities of different institutions has been developed and is being finalized. ▪ Difficult to determine 75% stakeholder practice of roles and responsibilities during evaluation, or to measure dependence and extent of impact on decision making by women/ mothers
C.2: Supported improved monitoring and accountability using monitoring and reporting instruments	Useful monitoring and transparent accounting reports from at least 4 out of 6 sub-counties (documented and shared)	Organize sub-county learning workshops for all relevant stakeholders to review monitoring and accountability systems and discuss data collection and down/upward accountability procedures (link to ACCU) (and share) Produce field guides on systems	▪ Reports indicate that monitoring and accountability systems were reviewed and discussed (including consumer scorecard, WUC self-assessment, Gantt chart etc.) during sub-county learning workshops ▪ Case documentation on the use of accountability tools in Pader under production.

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[3] VHT = Village Health Team composed of volunteers working on environmental health issues

Results:	Indicators	Stipulated activities (summary)	Comments
		and tools for data collection and down/upward accountability procedures (and share)	▪ No evidence of link to ACCU
C.3: carried out action-research, analysed results, and shared conclusions and final products for learning	Action-research results documented, shared and applied in all 6 sub-counties	Conduct action research on topics agreed in district learning platform and approved by DWSCC in selected communities with sub-county stakeholders (expected topics include technology, entry strategies and approaches Monitor and evaluate results from action research with sub-county stakeholders and district learning platform (and share) Produce field guides on action research and share for wider use	▪ Action research conducted in CLTS triggering, demonstration of Arbour Loo and Fossa Alterna, and documented in newsletter and IRC, WASH and NETWAS websites. ▪ Monitoring carried out as part of the learning sessions and exchange visits and shared in subsequent sessions. 3No evaluations completed considered results and impact of action research and shared reports. ▪ Field guides have been developed for technology and approaches promoted , but are yet to be producedand shared widely
C.4: constructed sample hardware San&Hyg facilities at 12 households and six primary schools resulting from Action-Research	Sample hardware San&Hyg facilities constructed in at least 12 households and six primary schools with women/mothers and girls substantially involved in decision-making on options and location	Conduct learning workshops in selected sub-counties (two per year), discuss emerging issues from changed context and develop capacities for stakeholders (including local small-scale private sector, VHTs and SMCs) to effectively address issues at parish and village level. Contribute relevant context specific information material to support sub-county stakeholders	▪ 10No. household ecosan sample/demonstration latrines were constructed ▪ Learning workshops were conducted and emerging issues were discussed. 7No. Masons and VHT (6No.) team members were trained. ▪ Factsheets, reference documents and guidelines and other information material developed to support sub-county stakeholders, are at various stages of production
C.5: conducted capacity building for S/C staff and other key stakeholders- including	At least 4 of 6 sub-counties have local private sector	Assess potential roles of small local entrepreneurs: builders and suppliers	▪ Training conducted for sub-county staff and VHTs, and SMCs and PTAs.

Results:	Indicators	Stipulated activities (summary)	Comments
VHTs, small-scale entrepreneurs/masons/ builders, SMC/PTA - that contribute to effective strategies/ approaches and better performance	substantially contributing to achievements	Support by capacity development and guidelines the local supply chain entrepreneurs (and share widely)	▪ It is not clear whether training for small local entrepreneurs has been carried out or that specific guidelines targeting supply chain private sector were developed.
C.6: assessed and introduced potential for sanitation marketing where feasible and addressed supply chain viewing local context	Social sanitation marketing applied and supply chain strengthened in 4 out of 6 sub-counties	Discuss in learning workshops responses and challenges in the communities in hyg & san Promote scaling up of key findings from action-research	▪ Discussion about hygiene and sanitation challenges faced by communities held in learning workshops ▪ Promotion activities have been carried out with mixed success. Scaling up has been limited in most parts of the project area
C.7: Supported increased San&Hyg conditions in the interventions villages/communities, and spread towards other communities	At least 4 of 6 sub-counties achieve target of at least 10% annual improvement in San&Hyg conditions (documented and shared)		
C.8: constructed sample San&Hyg facilities at six sub-county offices	Sample San&Hyg facilities constructed at six sub-county offices with female officers substantially involved in decision-making on options and location		▪ Sample hygiene and sanitation facilities were all constructed at household level. ▪ Some ecosan facilities constructed under different projects were repaired, and used to demonstrate correct use and management
Results: Result Cluster D. At national level …			
D.1: Support and appreciation for District-based Learning	More than two-third of national stakeholders (in NSWG) use some	Create project support group within the NSWG. Consult the PSG on critical project processes and	

Results:	Indicators	Stipulated activities (summary)	Comments
increased through communication and discussion with Project Support Group in NSWG	results or lessons learned in actions in similar context (from humanitarian to development)	actions. Report and discuss in the PSG on a quarterly basis	
D.2: project orientation and content supported by the Project Support Group in NSWG	Project Support Group in NSWG is functional and supportive	Share all project products with NSWG members and obtain feedback To document district learning process in northern Uganda and share widely for replication	▪ Some members from the NSWG attended some of the learning sessions, however, no focussed work was undertaken by the project within the group.
D.3: district learning approach (North Uganda) and project products shared and discussed with national San&Hyg stakeholders through NSWG, national forums and other channels (also website) (including UNICEF and AMREF as 'WASH partners' in the North)	At least four key outputs/cases from project documented, shared and discussed at NSWG and at national learning platforms, and accessible via the Uganda WASH Resource Centre and IRC websites	Analyse results and draw conclusions and recommendations for national / district policy	▪ Project documentation has been uploaded to the IRC and other partner websites. By the time of the evaluation there was no evidence of interest at this level.
D.4: Project contributed to discussion on reformulation of San&Hyg policies, strategies and approaches in a changing North Uganda context	At least two relevant ministries confirm that project contributed to discussion for reformulation on policies, strategies and approaches	Share major project findings with stakeholder at regional/ east African level	
D.5: And beyond: main project	International interest in	Share major project findings with	

Results:	Indicators	Stipulated activities (summary)	Comments
findings and products shared at regional and global forums and other platforms (e.g. IRC website)	documented project results recorded through webpage visits and downloads	stakeholder at the global level	

Annex 4: Minutes of roundtable meeting on decentralized learning in WASH

Monday 26th March

Location: SNV (Bugolobi)

Duration 10:00 – 13:00

Attendance:

Name	Organisation	Tel: Contact	E-mail
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End of Project Evaluation of the PILS

Minutes

Programme

Time	Subject	Methodology
10:00	Opening and Introduction: • Rene opens with a welcome note. Introduces the focus of the discussion "Decentralised Learning in WASH". • Notes that the learning sessions contributed to better coordination and learning at a local level.	Brief introduction of the reason for the meeting chaired by Rene.
10:10	Introduction to sector learning: • Brief background of how case study for this particular theme came about. Started in 2002. • Highlighted importance of setting up learning centres. • Posed the question as to why some regions are performing better than other, "are we doing the right things, using the right approaches?" • Other organisations are introducing new approaches that should be considered. • There is need to decide the correct methodology to use, as well as incorporating users of the technologies in the learning process. • Look at the consequences that come with the strategy implemented. • Bring in a third party to critique the approach in practice in order to learn from mistakes made and know how to adapt lessons learned to the context of learning. Aims of Sector Learning: • Increase efficiency and cost effectiveness. • Improve performance of sectors involved. • Make the goals feasible and attainable. Contributions of Sector Learning: • Need to know what is efficient. • Getting real facts from the ground. • Facilitates use of knowledge from all stakeholders and harmonizing them. • Learning lessons through reflections. Platforms available for learning for change: • From household to national level. • Open respective and constructive atmosphere (respective dialogue among stakeholders). • Willingness to learn. Learning according to the Ministry concerned means improving or doing something better. • Willingness to change means willingness to do	Presentation by Solomon (NETWAS)

	things differently. The learning process and it's owners: • Results in change. • Involve all stakeholders with an agreed strategy. • Learning needs a leader and steering groups. • There is need for facilitators, resources, time and funds. Costs incurred for learning to take place: • Learning has a price and not learning has an even higher price. • There is need to learn, not just investing in infrastructure. • Need to know what strategy works best where.		
10:20	What information or evidence is still required for the WASH sector to agree on institutionalising and facilitating decentralised learning? [Derived more questions from the question being discussed.] • What is that something in as far as decentralised learning that is already available? • What costs are we talking about, can they be computed? • At national level, does the Ministry believe in learning and is it interested in it? Will they be willing to increase the budget for software activities? • Are there pointers for this sector learning? • Put some structure around learning • When and how can we know that learning has been institutionalised? • What is the learning mechanism at the decentralised level? • There are always financial implications. • We can't change policy overnight. • What are the sectors that fall under government supervision? • Resources allowed for at the DWSCC are at district level, yet there is a gap at the sub-county level. At the regional level learning is institutionalised but temporary. • We still need to know how to institutionalise at district level. • There is an on-going study to institutionalise strategy but will be more of a policy statement. Rene briefly summarised the discussion: Establish what the policy says and where sector learning falls under policy.	Plenary discussion	

10:50	Experiences from different projects with decentralised learning: • NETWAS carried out a study in 2011 on learning opportunities, platforms and possibilities. • Visited nine districts, two had learning initiative (LIPS in Kyenjojo and Kamwenge). • Two main platforms: DWSCC which were held quarterly and departmental staff meetings which were held on the discretion of the staff members). • Sanitation campaign, platforms and workshops were held. • Presence of some active VHTs. • Opportunities and possibilities for the learning process were listed. On analysis: • Most platforms were actually reporting platforms and not learning platforms. • Mentioned barriers, i.e. limited funds for facilitation, limited capacity, in the district, less priority for software aspect used in learning process. Challenges: • Data collection is haphazard, eventually learning doesn't happen, and there is no change of behaviour. • Platforms that were planned and budgeted for were the ones that actually took place. • Many districts actually do not have WSCC in place. • Learning institutions need to sensitise the importance of learning sessions. • Need for capacity building. Different key aspects of learning need to be catered for. • Need to integrate learning with already existing platforms. • Need to find a better reporting format for the district i.e. concise with key issues away from an elaborate report. • Need to come up with clear communication channels at the places where the learning process is taking place.		Presentation by Brenda Achiro(NETWAS)
11:50	1. What would be the best model for integrating learning and sharing between the decentralised stakeholders with and in support of improved coordination? 2. What roles can or should the different stakeholders play to make decentralised learning possible? Remarks: • Identify some stakeholders i.e. Civil Society Organisation (CSOs) • CSOs organisation structures like PDCs. • CSOs having their own structures. • Need to have indicators of learning. • How platforms can be transformed into learning.		Plenary discussion

End of Project Evalution of the PILS

| | | • There is no policy supporting sub-county meetings.
• Ensure it is supported by ministry that it should exist.
• Integrate learning components to the structures i.e. from district to sub-county level and beyond.
• How can we make the finding from the projects attain the required goals?
• What do we at the roundtable define learning as?
• There is no structure at sub-county level.
• Human resource stops at district level.
• Use the existing structures in the sub-counties.
• Find out what the issues are, identify the gaps and proceed to help.
• Discuss the definition of learning first.
• Learning can take place at any level.
• Focus on the practices on the ground.
• There has to be reflection involved, so that the result is something that people can adopt.
• Have a two-day coordination meeting to ensure learning becomes part and parcel of the meeting.
• The other option is to hold one of the coordination committees in a year focused on supporting learning.
• Learning takes place with or without us.
• How can we make sure that learning gets a face or reality?
• We should look at success factors and the issues at stake, then agree on the questions we would like answered.
• Use all levels in a different way and harmonise the learning questions.
• We know where the problem is, how do we address it?
• The lead stakeholder is government.
• The role was cleared for government to set the learning agenda.
• Each district should be able to choose what learning agendas is top priority for them, with budget guidelines.
• Government should be able to support that choice.
• Use existing structures to scale up decentralised learning.
• Existing structures like the sanitation week should be made use of.
• There should be time set aside for identifying a leadership structure.
• The lobbying aspect for the budgeting process should also be put into consideration.
• What are these indicators of learning so we can know what's taking place?
• If we aren't practicing decentralised learning in our own organisations then how can we implement it?
• We should draw our attention to opportunities.
• Don't look at them as events, but opportunities.
• Are there issues which we can talk about prior to these events?
• Talk shows on radios and televisions should be structured in a way that they convey the message.

Rene | |

End of Project Evaluation of the PILS

	• Need for a learning agenda to be formed. • If there are other events can we use them?	
11:40	Experiences in PILS with the (dis)connect between learning at the national and decentralised levels: • Highlighted objectives of the PILS project which was mainly to bring about change in mentality from the humanitarian thinking to improvising when resources are scarce. Also to support hygiene and sanitation as well as provide support for the DWSCCs. • Highlighted findings on PILS one of which being that it took long to be adopted by the local community. • Spoke on value from the project stating that coordination was improved and the budget allocated for sanitation was also being improved. • Some issues like poor follow up and lack of senior staff to take the lead were noted. Most senior staff is based in the capital city. Also limited involvement of TSUs and NWSC.	Presentation by Victor Male (Interface Consulting)
11:50	How best can we ensure that decentralised learning is feeding into learning processes? • Need for learning platforms at national level i.e. Joint Sector Reviews, Joint Technical Reviews. • Sharing experiences of the reviews. • There is a disconnect in the learning process. Most things done in the North are at local level and do not reflect at district level. No representatives from the ministry or TSUs. • Recruitment of staff is based on demand and a lot of individuals take water to be the responsibility of government. • The need to identify what issues should reach national level. • How can we capture and document issues precisely and concisely? • We should have people at the national level push and promote these issues forward. • Need to clarify communication channels. • There is a gap with the national learning programmes. What can be done to strengthen them? • Share reports and information on a national level. • The issue is that most of the information implemented is for district level and not for the centre. • How can we strengthen service and delivery of information especially with written reports? • Need for districts to be supported by some programmes like UWASNET. • Understand the issue on ground. • Assess the stakeholders and the gaps existing in the whole process. Also address the problem of facilitation. Rene:	Plenary discussion

End of Project Evalution of the PILS

		• Conclusion is that there are a lot of existing platforms but how effective are they?	
12:20		Possible scenarios to institutionalise learning in the WASH sector	Presentation by Ronnie Rwamwanja (NETWAS Consultant)
		• Pointed out the purpose of the resource centre is to liaise with a number of stakeholders, shakers and movers.	
		• Carried out a SWOT analysis of the resource centre.	
		Strengths:	
		• Dedicated staff determined to see growth and development in sector learning.	
		• Key persons and specific organisations that have a passion for sector learning are involved.	
		Weaknesses:	
		• Much of the learning has been centralised.	
		• There is no systematic plan on what should be done.	
		• Whose mandate is learning? Who takes the lead?	
		Opportunities:	
		• Presence of regional network organisations i.e. TSUs, UWASNET, Water and Development facilities.	
		• Include learning in the DIG budget.	
		• There is improved coordination among stakeholders.	
		• Technology advancement is a major opportunity that should be used.	
		• Government appreciates the value of learning and will thus support programmes promoting it.	
		• There is need to use the media and other local and national organisations.	
		Threats:	
		• Limited resources for activities in sector learning.	
		• Lack of dialogue among key stakeholders.	
		• The terminology resource centre (RC) is too encompassing. There is need to delineate the RC at NETWAS from other RCs.	
		Briefly explained the three key scenarios that were workable:	
		1. UWASNET- working groups promoting learning within the thematic area and through UWASNET taking learning to the existing learning platforms.	
		2. Lead Civil Society Organisations – working in consortium with lead CSOs promoting learning under UWASNET that in turn coordinates learning activities with government institutions.	
		3. MWE- Government through the ministry championing learning within the sector, delegates its learning responsibilities to NETWAS through an MoU. NETWASU and other departments then develop sector learning, promotion and facilitation programme targeting various levels of learning.	

		Work programmes and activities are approved and are eventually funded by the Government. Emphasised that some things need to be put in place: • Government has to be in agreement on the approach. • Need to develop a capacity building strategy hence scenario 3 is the best option.	
12:30	How can we organise the facilitation of learning in the WASH sector? The presentation by NETWAS led to a lot of criticism: • Members need to agree who takes up the lead role in a particular area. • There seems to be confusion on who has the mandate to lead in the implementation of sector learning. • Some stakeholders like the local government, private sector and the people directly involved in WASH did not feature in any of the scenarios. • Some members in the round table meet argued that what was being discussed was beyond civil society, and was now a centre process. • NETWAS has been spearheading the role of facilitating learning projects for the past seven years. It is time for them to be assessed and see whether they should still continue with that role or hand over that responsibility to someone more suited for the task. • Preferably the Ministry itself should take up the responsibility of facilitating the sector learning process.	Plenary discussion
13:00	Closing Remarks • A lot of information on ground, it's up to us to work things out within the limits and constraints present. • Different organisations involved should be able to effect these learning points.	Rene

Acronyms

HAB: Hygiene and Sanitation Book

SMC: School Management Committee

PTA: Parents Teachers Association

CHC: Community Health Club

CLTS: Community Led Total Sanitation

DHI: District Health Inspector

DWD: Directorate of Water Development

EHD: Environmental Health Division

LC: Local Council

MDG: Millennium Development Goal

MoH: Ministry of Health

NUSAF: Northern Uganda Social Action Fund

OPM: Office of the Prime Minister

PHAST: Participatory Hygiene and Sanitation Transformation

PILS: Performance Improvement through Learning in Sanitation

PRDP: Peace Recovery and Development Plan

SPR: Sector Performance Report

VHT: Village Health Team