

**Uganda Case Study for the Symposium on
Sustainable Water Supply and Sanitation: Strengthening
Capacity for Local Governance**

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Capacity Development at the Intermediate level for
Improved Sanitation and Hygiene in Uganda

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Case Study

Capacity Development for Intermediate level for Improved Sanitation and Hygiene in Uganda

Ezron Rwamwanja

Summary

IRC Water and Sanitation Centre commissioned a few country case studies as input to the international symposium on Capacity Development (CD) at intermediate level. In Uganda, focus was on sanitation and CD at intermediate level. This is a case study report on CD at intermediate level for improved sanitation and hygiene in Uganda. The purpose being to have a better understanding of CD at intermediate level in the sanitation sub-sector in particular and WASH sector in general.

The process and methodology for the case study include review of documents, key informant interviews, focus group discussion, feedback on the draft report by the Case Study Advisory Group.

The report presents an overview of the sector, the coverage figures, sector funding and major problems facing the sector, the institutional framework against which CD activities are carried out. Overall there is adequate policy framework for effective CD of the intermediate level.

There are a number of CD initiatives for the intermediate level that aim at improving sector performance through institutional development/organizational development as well as the development of human resources. These include the Technical support Unit initiatives, Training for Real Program, the WaterAid Program for Capacity Development, scaling up of the Kampala Declaration on Sanitation, the Program for CD of the Environmental Health, the UWASNET CD program for NGO and a number of CD initiatives under sector NGOs. However there seem to be lack of coordination for all CD initiatives.

Capacity Development approaches and methodologies include training workshops, inter-organisational learning through internship, mentoring, and exchange visits. This has been one of the most successful methods of learning. Others means of disseminating knowledge include Increasing access to and use of reader friendly print materials, use of audio and video materials, inter-district meetings, and promotion of Best Operational Practices (BOP). Training materials are locally produced and are sensitive to local settings. There does not seem to be a culture of sharing training materials.

With decentralisation, Government orientation to CD is positive. Districts take responsibility for providing services to the communities and implement government development programs. Government does therefore recognise that to fulfil this mandate, there must be adequate capacity at district level.

Under current budget mechanisms, it is difficult to obtain estimates of how much resource are spent on CD. However it is recognised that most sector programs have in built resources for CD.

In the late 1980s and during the 1990s government efforts to improve water and sanitation coverage was through donor supported project. Under the projects, CD was not the targeted objective but as means to achieve project outputs. However, projects built the capacity of the Health Inspectorate staff (skills) and facilitated their activities through provision of tools and equipment and paying

field allowances. Government later adopted the SWAP under which there was a move from project approach to direct support to district budgets. The CD initiatives under project approach improved sanitation and hygiene and contributed to better sector performance (skills and tools) but at a level that was beyond district resources to continue following the decentralisation policy.

The study draws a number of conclusions:

- That most of the CD that carry the bulk of CD resources are sector wide and not specific for sanitation improvement. Though there a number of CD initiatives the sanitation sub-sector does not benefit as much as other sub-sectors.
- That whereas the Health Inspectorate staff benefited more from CD during the time of donor funded project, they seem to have been left behind with the adoption of the SWAP and the decentralisation policy. Sanitation does not seem to be on the priority list for most districts.
- That Capacity Development within the sector has grown to include a variety of approaches and methods to effect CD. There is need to build on what has so far been achieved.
- That there are a number of well-funded initiatives for CD for sector development at district level involving both the DLG and NGOs operating at that level. However CD remain largely uncoordinated.
- That there are no formal inter-organisational collaborations between sector organisations and institutions of higher learning.
- That whereas a number of strategies, guidelines and policies have been designed to create an environment for improved sanitation, they have tended to be developed at, and owned by, the centre.
- That CD in itself may address some sanitation-related problems through human resource development, organisational development and institutional development, However, to be effective, CD need to be carried out in a large enabling environment that includes political support and intersectoral collaboration.

Recommendations made include:

- Building capacity in Districts for development of sanitation specific CD strategies and action plans as a basis for accessing fund.
- Conducting a national-wide review of the CD gaps for both the intermediate and lower levels and design a sanitation specific programme for CD.
- Facilitating Uganda WASH RC to document the various experiences and outcome of the use of some of these approaches and make appropriate recommendations as a guide on approaches and methodologies for CD that may be adopted in given situations.
- Strengthening collaboration between the relevant higher education institutions and sector organizations.
- Instituting means of coordination of CD activities within ministries and between ministries and other relevant stakeholders (NGOs and District LGs) to maximise on investment in CD efforts.

- Facilitating districts to conduct Organisational Self Assessments (OSA) and to develop comprehensive district based strategic CD action plans that address capacity needs.
- Conducting a national wide assessment of CD initiatives with a view to development of a national strategy for CD for improved sanitation.

List of Abbreviations

BOP	:	Best operational practices
CAO	:	Chief Administrative Officer
CBOs	:	Community based organisations
CBHC	:	Community Based Health Care
CD	:	Capacity Development
DDHS	:	District Director of Health Services
DHI	:	District Health Inspector
DLGs	:	District Local Governments
DWD	:	Directorate of Water Development
DWSC	:	District Water and Sanitation committee
DWSSP	:	District Water Supply and Sanitation Programme
DWSCG	:	District water and Sanitation Conditional Grant
Ecosan	:	Ecological sanitation
EHD	:	Environmental Health Division
GoU	:	Government of Uganda
HAs	:	Health Assistants
HIs	:	Health Inspectors
HRD	:	Human Resource Development
IDP	:	internally displaced people
IDM	:	Inter-district coordination meeting
IRC	:	International Water and Sanitation Centre
ISH	:	Improved Sanitation and Hygiene
JPF	:	Joint Partnership Fund
KCC	:	Kampala City Council
KDS	:	Kampala Declaration on Sanitation
LG	:	Local Government
MDG	:	Millennium Development Goal
MoU	:	Memorandum of understanding
MoES	:	Ministry of Education and Sports
MoFPED	:	Ministry of Finance, Planning and Economic Development
MoH	:	Ministry of Health
MoLG	:	Ministry of Local Government
MoWE	:	Ministry of Water and Environment
MIS	:	Management information system
NETWAS	:	Network for Water and Sanitation (Uganda)
NWSC	:	National Water and Sewerage Corporation
PEAP	:	Poverty Eradication Action Plan
PHC	:	Primary Health Care
PSOs	:	Private Sector Organisations
RUWASA	:	Rural Water and Sanitation (Eastern Uganda) Project
SIP15	:	Rural Water and Sanitation Strategic Investment Plan 2000-15
SWAP	:	Sector wide approach
NSWG	:	National Sanitation working group
UPE	:	Universal Primary Education

UMURDA : Uganda Muslim Rural Development Association
UWASNET : Uganda Water and Sanitation NGO Network
TFR : Training for Real
TSUs : Technical Support Units
VHC : Village Health Committee
WSP : Water and Sanitation Program

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Introduction

Background

IRC Water and Sanitation Centre commissioned a few country case studies as input to the international symposium on Capacity Development (CD) at intermediate level. In Uganda, the case study focused on Sanitation and Capacity Development at Intermediate level. The purpose being to have a better understanding of CD at intermediate level in the sanitation sub-sector in particular and WASH sector in general.

Methodology

The process and methodology included in the case study include:

- review of relevant documents (see Appendix ii: List of Key Documents);
- key informant interviews with selected persons at national level and from districts. Purposively selected were the districts of:
 - Rukungiri, and Kabale (selected because of high sanitation coverage)
 - Mpigi and Wakiso (receiving CD support from WaterAid)
 - Bugiri (relatively low sanitation coverage)
 - Kampala (urban setting)
- focus group discussion with URMUDA an NGO in Bugiri District active in sanitation promotion;
- feedback on the draft report by the case study advisory group.

Defining key concepts

Capacity Development (CD)

In general, lack of capacities is often an important stumbling block in programmes and projects. Many programmes and projects include a CD component to overcome this hurdle, but this often ends up in being isolated activities such as the realisation of training workshops. Capacity Development however is a much broader issue and gradually some consensus seems to arise, at least at the international level, that “capacity” is

the ability of individuals, organizations and societies to perform functions, solve problems, and set and achieve goals, and that CD entails the sustainable creation, utilisation and retention of that capacity, in order to reduce poverty, enhance self-reliance, and improve people's lives”¹.

Sanitation

According to the National Environmental Health Policy (2005), Environmental Sanitation is a subset of Environmental Health and refers to

- the safe management of human excreta and associated personal hygiene including handwashing with soap;
- the safe collection, storage and use of drinking water (safe water chain);
- solid waste management;
- drainage and protection against vermin and other disease vectors.

¹ UNDP web site (<http://www.capacity.undp.org/>) accessed February 27, 2006

Sanitation is somewhat a narrower term often used to refer to safe management of human excreta. In this document sanitation shall refer to the wider environmental sanitation.

The intermediate level

The actors at the intermediate level play an interface function between the national level and the community based organisations providing the services to end users. Actors at the intermediate levels have their specific role to play; on one hand, complementary to that of national organizations and institutions, and on the other hand complementary to that of community based service providers. For purposes of this study, the intermediate level is constituted by the district local governments; the private sector, including private firms and individuals involved in design, construction and maintenance of sanitation facilities; and NGOs based in and operating at district level.

The rest of this chapter presents a description of the Uganda situation, some sector statistics and sector funding and the key problems facing the sector, all with more focus on the sanitation sub-sector.

Description of country water and sanitation situation

Uganda's population is currently estimated at 26 million, of which 85% or about 22 million live in rural areas. According to a Directorate of Health Services Survey, 2000-2001, over 75% of premature deaths in Uganda result from preventable diseases. The high incidence of diarrhoea has remained a leading cause of nutritional stunting (38% in 1995). Estimates based on findings from 1992-3 integrated household surveys indicated that an average of 3.5% of work time on an adult was lost due to sanitation-related sickness or injury.

Improved water supply and sanitation services were identified among the key priority areas for poverty eradication under Uganda's Poverty Eradication Action Plan (PEAP) formulated in 1997 and revised in 2004. PEAP is the core of government's strategies towards its goals of poverty alleviation and poverty-focused growth.

Access to sanitation facilities

Sanitation targets are set within the water and sanitation sector. The main target setting document is the SIP15 (2000-2015)² that defines overall target for the sector as *sustainable safe water supply and sanitation facilities, based on management responsibility and ownership by the users, within easy reach of 77% of the rural population (95% of the urban population) by the year 2015; with an 80%-90% effective use and functionality of facilities*

Latrine coverage in **the rural area** was 90% in the 1960s but in the 80s, it had steadily declined to almost 30% as a result of political and socio-economic decline the country went through (EHD, MoH July 2001).³ Currently, there is confusion about rural data with considerable variation by source. The Health Inspectors' Annual Sanitation Survey stated that national latrine coverage stood at 55.7% in 2002, up from 50.1% reported in 2000. In contrast, the Uganda National Household Survey (UBOS 2005) suggested that household pit latrine coverage in rural areas has risen from 85% in 1999 to 87% in 2003. The 2004 National Service Delivery Survey (NSDS) indicates that 82% of rural households and 83% of urban households had access to a pit latrine. However, according to the annual Health Sector Performance Report for 2003/04, national latrine coverage stood at 57% in June 2004. The figures vary considerably throughout the country ranging from 94% in Rukungiri to less than 10% in Kotido. The variations in figures are a result of the different interpretations and definitions of what constitutes a latrine.

² MWLE; Rural Water and Sanitation Strategic Investment 200-2015.

³ EHD, MoH (July 2001). Strategy on Household Sanitation and Hygiene promotion

The war in the North is in its 19th year and has resulted in over 1.4 million people being displaced into camps. Set up as temporary settlements, the internally displaced people's camps are highly populated and congested and lack adequate and sanitation. Field assessments indicate that pit latrines are often overloaded, badly managed and fill up faster than new ones are dug.

There is limited data to measure hand washing. Data available indicate that close to 75% of rural and 60% of urban households lack hand washing facilities. For those households that have the hand washing facilities (25% rural, 40% urban) actual usage rates are likely to be significantly lower (MWLE September 2005)⁴.

In primary schools, as a result of UPE, the enrolment of pupils in primary schools almost doubled (from 4 to 7 million). The pupil: latrine- stance ratio in the year 2003 stood at 700:1 against the national standard of 40:1 (UNICEF)⁵. A detailed study conducted by Ministry of Education and Sports (MoES February 2006)⁶ indicated the following:

- that the average pupil: stance ratio from the surveyed primary schools was 69:1.
- Regionally, the eastern region had the highest ratio (pupil: stance ratio of 93: 1) followed by the northern region (73:1)
- Kampala had better-served schools (54:1).
- Government primary schools visited were more under-served (72:1) than private schools (58:1).
- Urban-rural differences were not significant.
- The situation was worst in learning centres in IDP camps with a pupil: stance ratio of 110:1.

Average Pupil : Stance Ratio		
Characteristics	N	Average
National	331	69: 1
Region		
<i>Northern</i>	60	73: 1
<i>Eastern</i>	65	93: 1
<i>Central</i>	64	64: 1
<i>Western</i>	106	63: 1
<i>Kampala</i>	36	54: 1
Location		
<i>Rural</i>	228	69:1
<i>Urban</i>	103	71:1
School ownership		
<i>Government</i>	272	72: 1
<i>Private</i>	59	58: 1
School level primary & secondary		
<i>Primary</i>	331	69:1

Source: Sanitation and Hygiene in Primary Schools in Uganda, (MoES February 2006).

On hand washing, the same study (MoES February 2006) indicated:

- that higher proportion of rural schools (70%) than urban (37%) lacked hand washing facilities,
- government owned primary schools (64%) lacked hand-washing facilities compared to private schools (36%).
- The highest proportion of schools without hand washing facilities were from Eastern (70%) and Western (69%), with Kampala (19%) having the least schools without hand-washing facilities.

Like the rural situation, **urban latrine access** ranges widely by location as well as criteria used to define 'adequate sanitation'. The following data relates to urban sanitation situation:

- In Mbarara and Kampala, latrine coverage is reported to be as high as 90% (EHD-MOH 2005)⁷.
- Of the 19 large town served by NWSC, only 12 towns have a sewerage system, with only 8% of the population connected to the sewerage system (MWLE September 2005).⁸

⁴ MWLE (September 2005) op cit.

⁵ UNICEF Country Programme 2001-2005

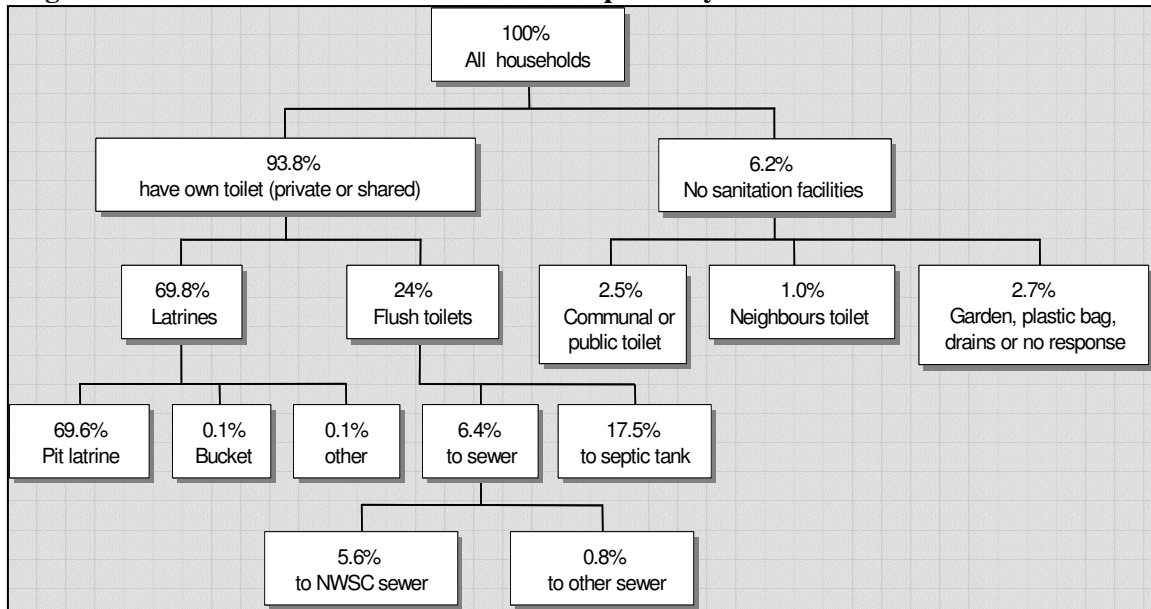
⁶ MoES February 2006. Sanitation and Hygiene in Primary Schools in Uganda: A report on a survey carried out in 20 districts in all the four regions involving 334 primary schools, 82 secondary schools and 6 Primary Teacher Colleges.

⁷ EHD-MoH (2005). Sanitation and Hygiene Assessment

- Some 50 % of the population are served by on-site sanitation Nearly 70% use pit latrines and close to 18% use septic tanks. (MWLE June 2005).

The Kampala Sanitation Master plan presents an analysis of the human excreta disposal alternatives used in the capital city.

Figure 1: Human Excreta alternatives in Kampala City Council



Source: EHD-MoH (2005) Sanitation and Hygiene Assessment

Access to improved water supplies

The Water and Sanitation Sector Performance Report 2005 (MWLE, September 2005)⁹ provides the following data related to access to improved water supplies.

- Rural water coverage of 61.3% assuming 100% functionality and 49.7% with reduced functionality based on an estimated average number of users per technology.
- Coverage of 55.5% (based on the estimated number of people who live within 1.5km of an improved water point)
- Coverage increased over the last five years and has only just kept ahead of population growth.
- There are still significant differences in access between districts, ranging from little more than 20% as in Sembabule district to more than 80% as in Rukungiri district.
- The average water access in 143 **small towns** (managed by private operators on behalf of DWD) is estimated to be 36% (based on an assumed number of users for each type of connection).
- Access is estimated at 68% In **19 large towns** under National Water and Sewerage Corporation (NWSC), up from about 65% in 2004 and 58% in 2001 (based on the total amount of domestic water billed divided by assumed per capita consumption).

⁸ MWLE (September 2006) op cit.

⁹ MWLE (September 2005) op cit.

Funding

Investment for sanitation is made by both government and NGOs.

Government Investment

For Sanitation, government funding responsibilities fall under the Ministry of Health (MoH), Ministry of Water and Environment (MoWE) and Ministry of Education and Sports (MoES). This means that there are diverse resource inflow making it difficult to keep track of total resources for sanitation

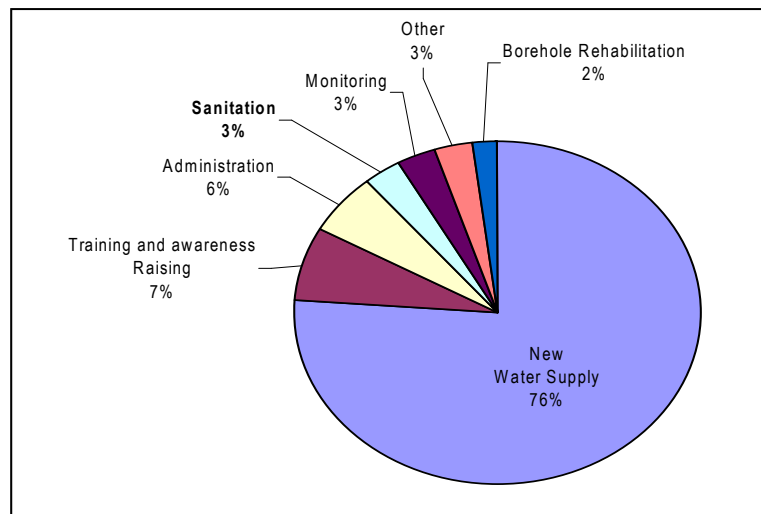
The main sources of on-budget finance for sanitation are:

- the District Water and Sanitation Conditional Grant,
- Primary Health Care (PHC) grant,
- Schools Facility Grant (SFG).

District Water and Sanitation Conditional Grants (DWSCG),

Under the DWSCG, funds for sanitation improvement are imbedded in resources set aside for pre-construction mobilization activities (the training of watersource committees has a string sanitation component). This makes it difficult to keep track of funds that are directed to sanitation improvement under the DWSCG. Details of 2004/5 DWSCG indicate that 3% of the grant was spent on sanitation.

Figure 2: Details of 2004/5 DWSCG Expenditure¹⁰



Guidelines to districts for the utilisation of the DWSCG provided that 3% of the total grant may be spent on mobilization for sanitation improvement. The guidelines of the DWSCG have been revised such that up to 12% of the total grant in the FY 2006/07 may be spent on creating demand for sanitation. It is important to note here that the 12% is for all software activities relating to water and sanitation.

PHC conditional grant

Of the PHC conditional grants sent to districts, 50% is spent on drugs and the balance spent on other PHC related activities. Environmental sanitation has to compete with all other components of PHC including wage and non-wage recurrent expenditures. Arising from demand to increase resources for improved sanitation, the guidelines for use of PHC funds have been revised. Districts

¹⁰ MWLE (September 2005) op cit. Pg. 47

can spend up to 10% of the balance funds (ie 50% of total grant) on sanitation. It may here be noted however that the final decision of how much funds are located to sanitation is left to districts.

Using the PHC funds for Improved Sanitation in Bugiri District

'Bugiri District in Eastern Uganda is one of the lucky districts where DDHS believes putting resource into sanitation improvement is a way of reducing flow of patients to health units' so says the DHI, Mr Isaac Malinga. Bugiri is one of the districts where the office of the DHI receives the 10% of the balance on the PHC Conditional Grant.

During the month of April the office of the DHI received slightly over UGSh. 3.4 million and Just over UGSh. 2.2 million for the months of April and June 2006 respectively. Funds so received are redistributed to the three counties based on the population in the counties (per capita distribution).

Using the resources received, the district has adapted a strategy where the particular parishes are targeted for ISH. Working with local leaders, VHCs are formed. The committee conducts a baseline survey on sanitation situation creating village household registers. Among themselves, the VHC allocated households (10-15) for follow up. 'Within this short period, we are even surprised by the results' says the DHI. True to his word, the DHI displayed reports from the field staff (HAs), that include among other results of baseline data and data collected after one month intervention. In Kitumba Parish, Muterere Sub-county, latrine coverage had jumped from 52.1% in May 2006 to 94.6% in June 2006.

The DHI attributed the progress and success of the strategy to a number of factors:

- Political support at the district level.
- Support of the DDHS who ensures that funds for sanitation are released.
- Transparency in the utilisation of funds.
- High motivation of the HAs and HI who are receiving field allowance. Allowances ranged from UGSh. 90.000 to over UGSh. 170.000 per month for each individual HA/HI.
- Support of the Subcounty councils
- Motivation of the VHC through exchange visits and recognition of their contribution.
- Learning from and listening to communities.

Asked what prompted the district to take this approach, the DHI indicated that it was as a result of lessons learnt for the immunization program where VHCs played a key role in getting children immunized. The DHI recognise the challenge to document the district experience for sharing with other districts.

School Facilities Grant

The School Facilitation Grant program was set up by the MoES under the UPE program in 1998. The grant provides primary school classrooms, teachers' houses, classroom furniture and pit latrines. The School Facility Grant is often used for classroom construction and hardly for improved sanitation and hygiene.

NGO investment

The contribution made by NGOs though significant cannot be ascertained. The umbrella organisation for NGOs and CBOs in the Water and Sanitation sector, the Uganda Water and Sanitation NGO Network (UWASNET) has a membership of 120 registered NGOs/CBOs of the estimated 250 NGOs/CBOs in the Water and Sanitation sector. In order to improve the

understanding of NGO/CBO investment, UWASNET undertook an analysis of contribution of 23 of its member organisation (six were international NGOs; seven faith-based NGOs, eight local NGOs and two CBOs). Given that there are over 120 registered NGOs/CBOs. The initial analysis suggested a substantial NGO/CBO investment estimated at US\$ 7 billion. Table I compares investments by NGOs and government investment through the district water and sanitation conditional grant.

Table 1: NGO/CBO and Government (DWSCG) investment

	<i>Investment (million UGSh.)</i>			
	FY (2004/5) District Water and sanitation conditional Grants	Annual (2004/5) Estimate for 23 NGOs/CBOs	Estimated total NGO and DWSCG	% of total investment
Water and sanitation	28,130	5,693	33,823	93.8
Sanitation specific	870	1,380	2,250	6.2
Total	29,000	7,073	36,073	100

Source: MWLE (September 2005)¹¹

A UWASNET study on NGOs access to government funds (UWASNET, June 2005)¹² indicated that whereas in the past DWD had a liberal approach to involving NGOs in service delivery, the move to a sector-wide approach, decentralisation, and private sector participation seem to have developed a divide between district LGs and NGOs. The study reported that in most districts, the relationship between NGOs and the districts was negative. Transparency and trust was often lacking and that there were limited chances of successful partnerships in service delivery. This is suggestive that activities are carried out more in parallel than in joint partnerships.

Off-budget financing

The main sources of off-budget financing of sanitation and hygiene promotion

- Household investment in sanitation facilities
- User charges/ tariffs
- Micro finance available to communities and consumers (minor in practice)
- NGO and donor projects (grants and loans)
- Investments by the private sector with the aim of securing a return on the investments
- Community contributions to sanitation projects

Generally speaking public sector subsidies are only available for hygiene promotion, for school facilities and for public sanitation facilities. All other expenditure is carried out at the household level apart from some NGO and donor projects that still provide direct construction subsidies.

Key problems facing the sector

A number of problems face the water and sanitation sector in Uganda. They include but are not limited to the following:

¹¹ MWLE (September 2005) op cit.

¹² UWASNET (June 2005). Documentation of Experiences of Water and Sanitation Sector NGOs/CBOs with regard to their accessibility to the District Water and Sanitation Conditional Grant in Uganda.

- As a result of **poor hygiene practices**, the increase in coverage has not led to significant reduction of Infant Mortality Rate (IMR) due to poor hygiene habits although water supply coverage has increased significantly over the last few years.
- **Inadequate capacity at district level** for planning and management, development and use of a MIS, management of tendering and procurement processes, management of contracts and ensuring value for money, sector coordination and promotion of NGO/CBO participation. Technical audits, value for money and tracking studies indicated **inadequate adherence to standards** and the need to strengthen **resource management**. This problem is being addressed through Technical Support Units (TSU)
- There is **inadequate funding for the sector**. An estimated annual minimum investment of US\$ 53 billion is required to meet the sector development programs up to the year 2015, to achieve a set target of 77% water and sanitation coverage. Investment for FY 2004/5 was Shs 32 billion.(MWLE September 2005)¹³
- **Low priority is given to sanitation** at most local government level by all departments including health. There has been no obligation on health departments or local authorities to prioritise sanitation.
- Though there are clear laws and regulations that relate to environmental sanitation, environmental health staff find it difficult to secure environmental health improvement through **law enforcement** due to factors that include general lessening of the authority of government officials, lack of political support for law enforcement, and poverty (EHD-MoH, July 2005)¹⁴
- Sanitation also faces **geographical and technical constraints** in terms of difficult terrain and peculiarities arising from rocky grounds, loose/sandy soils, high water table, termite damage, thick population density. This has led to limitations in constructing pit latrines and calls for specialised technologies for latrine construction. (EHD, MoH July 2001).¹⁵ The promotion of the ecosan technology is one of the initiatives being taken to address geographical and technical constraints.
- The sector has not been spared of rampant **corruption**, lack of transparency and accountability, and abuse of offices that has affected may public as well as civil society organisation. Government has been making efforts to fight corruption though limited resources are directed to this cause.
- The recent restructuring exercise, which has seen movements of key staffs in departments and some being retrenched.
- Inadequate coordination of actors at District Local Government Levels

The urban areas have peculiar problems that include:

- **Lack of community cohesion** and associated deterrent community sanctions. There is lack of sense of ownership and community spirit with a to-whom-it-may-concern attitude.

¹³ MWLE (September 2005) op cit.

¹⁴ EHD-MoH(July 2005) National Environment Health Policy

¹⁵ EHD-MoH (July 2001). Strategy on Household Sanitation and Hygiene promotion

- **Land tenure system** where town/municipal or city Council does not control land. Consequently landowners demarcate and sell small plots of land that eventually lead to growth of high-density areas that are breeding grounds for poor sanitation. Furthermore residents of informal settlements have no legal ownership of land leading to makeshift houses without proper sanitation facilities.
- **Congestion** in low-income areas often means that there is no space for construction of a new latrine once the old one fills up. In such areas, there is often no access for cesspool trucks to empty the filled up latrines.
- Construction of houses in areas where water table is high and the associated **difficulty of construction of pit latrines**.
- **Low-income households** cannot afford own latrines. They resort to shared facilities that are often not well maintained. Even when funds would be made available for construction of a sewer pipeline in a low-income area, the sewerage tariff would be unaffordable by low-income households.

2

The Institutional Framework and Main Actors in Service Delivery

This chapter takes a closer look at the institutional framework and main actors in delivering services for improved sanitation and hygiene and various levels.

The institutional framework

Centre level

In 2001, through a Memorandum of Understanding (MOU), The Ministry of Health (MoH) took responsibility for household sanitation, Ministry of Water and Environment (MoWE) became responsible for sanitation in urban areas and rural growth centres, and MoES responsible for school sanitation and hygiene. The ministries are co-ordinated by Water and Sanitation Sector Working Group that comprises of representatives from MoWE, NWSC, MoH, MoES, Ministry of Finance, Planning and Economic Development (MoFPED), development partners and NGOs represented by UWASNET.

Again at centre level is the National Sanitation Working Group (NSWG) that brings together key institutions and actors in the sanitation sub-sector. Established in December 2003 and chaired by Mr. Sam Mutono (Water and Sanitation Program) with the secretariat, held by Mr. Paul Luyima (Assistant Commissioner – EHD-MoH), the NSWG has gone a long way towards achieving improved national coordination. It has actively engaged with all the major sanitation stakeholders including the three sector ministries of Health, Water and Education; Ministry of Local Government and Gender; development partners, and NGOs. Through the activities of the NSWG, the profile of sanitation has been lifted, much work remain in translating the existing policy statements and strategies into action.

The NSWG also established a Technical Task Team subcommittee that sits more frequently in order to address pressing issues, such as sanitation in the IDP camps, promotion of ecosan, establishing better coordination, following up on budgetary support, and determining performance measurement indicators. Given the decentralisation policy, the centre however is not in position to enforce sector policies and guidelines as developed by the centre. The implementation and enforcement is left to the district local governments.

District (intermediate) level

Local Governments at district and the lower Sub-county levels are responsible for the provision and management sanitation services, in liaison with the ministries responsible for water, rural sanitation services and community mobilization.

A number of departments/directorates are involved with sanitation at district level.

- Reporting to the District Director of Health Services (DDHS), the District Health Inspector (DHI) takes responsibility for environmental sanitation. The DHI is assisted by Health Inspectors (HIs) (county level) and Health Assistants (HAs) (sub-county level).
- The Directorate of Education is in charge of education activities at the district level and the District Education Inspectorate co-ordinates sanitation and hygiene promotion activities in schools.
-

- The Department of Gender and Community Development with the key staff of Community Development Officers and Community Development Assistants at sub county level who work closely with staff from the Health Inspectorate.
- The office of the District Water Officer to which most of the District Water and Sanitation Conditional Grant is directed.

Also involved in service delivery at the district level are NGOs who have played an important role in the promotion of sanitation and hygiene education as well as private sector organizations and individuals involved in the design, construction, and operation and maintenance of sanitation facilities.

Sector Coordination at District level

Given the various departments involved in sanitation, the need for coordination at the district level is even paramount. Within the sector, only the environmental health and community services departments have staff working at lower sub-county levels. District water offices have no extension workers at sub-county level and rely on other staff from health and community services (or NGOs) to carry out community-based interventions, while the district education offices draw on technical support from other departments when installing school sanitation facilities or designing hygiene education packages.

Within the district water office, efforts made to recruit assistants to the District Water Officers to be responsible for planning, community mobilisation, hygiene and sanitation did not seem to work well and resulted in more distancing and lack of coordination and exchange of information between the key sector departments. This problem is observed in the National Environmental Health Policy (EHD-MoH July 2005)¹⁶ as follows:

While responsibility for promotion and provision of domestic, school, public and institutional latrines are split between three Ministries (Health, Water and Education), there is currently only limited sectoral collaboration at local government level. Opportunities to enhance the impact of sanitation and hygiene promotion initiatives through a common strategy are thus being missed

To address coordination, sector guidelines provide for the formation of **District Water and Sanitation Committee (DWSC)** that brings together key sector actors at district level including NGOs to improve the co-ordination and management of water and sanitation programs at the local government level. This concept (of the DWSC) however has not been embraced by all districts while others have shown outright resistance to the formation of the committee. The centre (DWD, EHD, NSWG) is directing its efforts to ensure that DWSC are formed and active in all districts.

Sub-county/town (lower) level

At the Sub-county/town council level, the Subcounty or Town Council is the decision-making body, acting on information and action plans from the Lower Local Councils (parish and village). The HAs under the office of the District/Town Health Inspector are the front runners involved in sanitation improvement. While the Sub-county Chief enforces bye-laws and government policy. Much of the district data on sanitation coverage is based on reports from Health Assistants.

Staff involved in sanitation promotion

According to the Water and Sanitation Sector Performance Report 2005, the sector is faced with the problem of inadequate staffing at lower government levels with most districts lacking Health Assistant and community development workers to adequately deliver services at the local level.

¹⁶ EHD-MoH (July 2005) National Environmental Health Policy. p. 5

However, all the five districts visited under this study indicated adequate manpower within the districts. All sub-counties have HAs and all counties were headed by HIs who provides support supervision and technical guidance to the Health Assistants. Nationwide figures were not available to reflect numbers of how many men and women are involved in the delivery of services for improved sanitation and hygiene.

3

The Intermediate Level

An enabling environment is key for the success of any intervention. This chapter highlights the policy, legislation, resources that impinge on service delivery for improved sanitation and reflects on the actors involved at the intermediate level and main constraints in implementing their mandate.

The policy environment

Overall, Uganda has a well-developed framework of national sanitation policies. The existing laws and regulations, policies and strategies as reflected in the following policy documents:

- Under the **Constitution of Uganda (1995)** every Ugandan has the right to a clean and healthy environment and it's the duty of every citizen of Uganda to create and protect a clean healthy environment.
- The **Public Health Act (PHA) (Cap. 281)** outlines the requirement and legislation to guide in the areas of prevention and suppression of infectious disease, sanitation and housing as well as protection of foodstuffs.
- The **National Health Policy (1999)** emphasises sanitation and hygiene promotion as one of the public health interventions.
- The **Kampala Declaration on Sanitation (KDS) (1997)** that was endorsed by district political heads, and is considered as indicator of political will. The KDS and defined ten areas of action to improve sanitation at district and lower local government levels .
- The **Universal Primary Education Policy** that emphasizes that all primary schools shall have school health programs and aims at rapid acceleration of school facilities, underscoring increase in sanitation facilities to support the expanded enrolments.
- The **Memorandum of Understanding (MoU)** between ministries responsible for health, water, and education where MoH, took responsibility for household sanitation, MoWE took responsibility for sanitation in urban areas and rural growth centres, and MoES took responsibility for school sanitation.
- The more recent **National Environmental Health Policy July 2005** that establishes the environmental health priorities of government and provides a framework for the development of services and programmes at national and local government levels.

Policy analysis

Initially sanitation related policies were accompanied by considerable political and government support when they were being created. The much effort were made in the second half of 1990s to raise the profile of sanitation culminating into the KDS. Over the years however, the original high enthusiasm and political support has declined largely because resource allocation for the implementation has not matched the initial enthusiasm. It may again here be noted that under the decentralisation policy, the responsibility for implementation of sanitation improvement is primarily vested with local governments where sanitation rarely receives priority because of competing political, financial and resource considerations.

There are several misgivings about the present policies, legal instruments and strategies. These misgivings primarily relate to the degree to which the districts own the strategies and their interpretation. A number of policy provisions and their implication to service delivery are here discussed.

Kampala Declaration on Sanitation (KDS)

Despite promising beginnings and much political support, the KDS remains yet another important, highly relevant strategy which has not been widely translated into practice. There is a wide consensus that the substance of KDS remains as relevant today as it was in 1997. The challenge now is how to operationalise the declaration.

The Kampala Declaration on Sanitation

A National forum on Sanitation was conducted in October 1997 and attended by four top leaders from each district, District Chairpersons, Resident District Commissioners, Chief Administrative Officers and Directors of District Health Services. The forum culminated in the KDS. The Declaration contains a 10-point strategy for action and committed all to take responsibility for sanitation improvement. The ten-action points relate to the following:

1. Exemplary leadership commitment
2. Full community mobilization
3. Focus on District and Sub-county and urban authorities
4. Coordination and multi-sectoral approach
5. Focus on schools
6. Creating fora at districts
7. Central role of women
8. Private sector and NGO participation in service delivery
9. Capacity building at district level
10. Development of policies and guidelines

Diversity of approaches

The districts are very different. According to the sector performance report, Latrine coverage for example varies from over 90% in districts in the Southwest to fewer than 10% in the districts within the Karamoja region (MWLE September 2005)¹⁷. In some cases, the main problem is hand washing rather than latrine coverage. While there are certain core directions, the strategy must allow for district interpretation in planning interventions. This calls for district based rather than a national based effort and strategy. With recognition to this fact and with assistance from WaterAid Uganda, Mpigi District has developed its own sanitation strategic framework¹⁸

The Memorandum of Understanding

The MoU is a clear statement of institutional responsibility but there are reports that it has reduced co-operation within the districts. For example, where the education sector allocates funds for latrine construction, they are not complemented with creative hygiene promotion that can best be offered with collaboration with staff from the health department. The MoU has also been recognised as rural orientated. For small and large town urban projects managed by DWD/NWSC it is not practical to channel funding for water, institutional sanitation, school sanitation, solid waste and storm drainage through the different line ministries.

¹⁷ MWLE (September 2005) op cit.

¹⁸ Mpigi District Local Government: Sanitation Strategic Framework 2006-2010

Private sector

The present strategies and policies are mostly silent on the role of the private sector. Work with Internally Displaced People (IDPs) in Northern camps has seen the development of successful private sector partnerships as did the projects such as RUWASA in the past. Options such as tax reduction on sanitation related equipment or goods could be explored.

Remuneration and Incentives

Strategies are jeopardised by the imbalance between salaries and allowances. Salaries are low but paid. On the other hand, allowances are high but never guaranteed. There are generally insufficient allowances to allow field staff to be fully productive.

Sector Investment Plan

The sector investment plan is based on a model that allows policy variable to be set including ones that govern the relative allocation to rural and urban areas. There is a trade off between equity principles that imply much greater investment in rural areas and economic growth principles that imply a focus on urban areas. In practice, adoption of the equity principles has led or threatens to lead to reduced spending in the small towns and urban areas which have sanitation implications as these areas are the ones most in need of effective sanitation solutions. Continuous policy level discussion is needed on the trade-off between pro-poor and economic growth strategies.

Legislation and enforcement of the law

Enforcement is an important tool in the effort to improve sanitation and hygiene promotion but it is seldom the only tool and is often only useful where other favourable factors exist. One of the noted problems is the very low penalty for infringement of the Public Health Act and the rules made thereunder. Where districts have developed their own bye-laws or ordinances suggesting more realistic penalties for defaulters, problems have been faced with enforcement as politicians remain reluctant to invoke unpopular measures among their constituents lest they lost the votes.

Law enforcement and other Strategies:

The Busia experience

In Busia district one of the strategies taken to improve sanitation was to evoke the law provisions. Those found without access to latrine facilities were fined and imprisoned. However, two major problems arose, one there was no proper accountability of the use of the money that was collected through fines, and two the strategy lacked political support. Defaulters started looking towards local political leadership for protection. Further more, the technical staff, Health Inspectors and Health Assistants become unpopular in their areas of work.

The district has now adopted another innovation of Sanitation Competition among neighbouring villages. Two neighbouring villages (each with about 40 to 50 households) are selected on basis of status targeting where latrine coverage is low. The competing villages elect a VHC that spearheads the promotion, working with the Parish Development Committees and the Local (village) Council. Final inspections are preceded by two weeks of mobilization and hygiene education involving among others drama groups. Prizes for winning households include items like blankets, basins, radios, bicycles, lanterns, hoes. A lot of improvement in latrine coverage has been realised through this strategy. In one village coverage increased from about 30% to 70%.

Other strategies for increasing access to latrine in the district include the pre-condition that before the village received a new water source, latrine coverage must be at least 60%. Busia District latrine coverage is estimated at 64.7%. The Water and sanitation sector Performance Report indicated that Busia district is one of the districts where latrine coverage improved by over 20%.

Source: Data from field visits

The key actors involved in service delivery

For **both rural and urban sanitation** improvements, HAs and HIs are the frontline workers in service delivery working under the office of the DDHS. All other actors under the public domain, in one way or another, act in support of these front line extension agents.

Major problems facing the Health Inspectorate workers include the following

- Inadequate and poorly motivated staff at both the district and subcounty levels
- Poor salary structure. As for many other workers, allowances potentially make up for the low salary and are a powerful incentive. Funds for allowances and mobility are however very limited and in some districts never received.
- Lack of means of transport.
- Resulting from redundancy, skills acquired become rusty and morale falls.
- Poor work environment where the HA may lack some furnished office accommodation, or basic resources.
- Political interference and lack of political support. Difficulties still exist in having funding for sanitation approved by Local Councils who are more interested in physical facilities for their constituents.
- Investments skewed towards curative health care a conception held by leaders and other technical staff within the District Directorate of Health Services.
- Inadequate skills (on the part of DHIs and HAs) to develop clear, viable and fundable sanitation and hygiene plans and/or strategies
- Inability to collect adequate, reliable and accurate information to check progress and sector performance for more informed decision making and policy action.
- Low capacity to promote improved sanitation and hygiene. There is lack of knowledge on appropriate technologies and strategies for hygiene and sanitation promotion.
- HIs and HAs have limited knowledge to apply and use promotional materials and other approaches like social marketing to stimulate demand for sanitation.
- Weak inter-sectoral coordination resulting in inefficiency and general ineffectiveness in service delivery.

Major roles and responsibilities for the Health Inspectorate, include the following.

- Co-ordinate planning for sanitation and hygiene education at sub-county levels and participate in developing a district plan and budget.
- Participate in drawing tender documents for sanitation facilities construction works and advise the District Tender Board on tender awards.
- Participate in community capacity building and the development of human resources at all levels to sustain sanitation and hygiene education activities.
- Develop and maintain communication with leaders at sub-county and district levels.
- Carry out advocacy activities to solicit political support at all levels. Ensure high level of political commitment and community participation.
- Undertake field activities to monitor sanitation and hygiene education activities and participate in periodic reviews.
- Provide support supervision to staff at county and sub-county levels. Identify training needs and effect training to improve performance.
- Participate in the preparation of quarterly and cumulative progress reports, quarterly workplans and requests for funds

For school sanitation, the District Education Office takes the responsibility of supervising the Sub-County Education Officers and Inspectors of Schools who in turn ensure effective implementation through the Headteachers, School Management Committees (SMCs) and Parents -Teachers Associations (PTAs).

Profiles of Hygiene and Sanitation Promoters

Joseph Mugerwa Kiwanuka: **Co-ordinator Water and Environmental Sanitation; Mpigi District Local Government**

Joseph is a Principal Health Inspector and currently carries the title of Co-ordinator, Water and Environmental Sanitation in Mpigi District. Joseph is one of the senior persons that for many years has worked in the sanitation sub-sector in various capacities.

Graduating with a Royal Society of Health Diploma for Public Health Inspectors in 1971, Joseph worked as a county Health Inspector in Mukono district. In 1973 Joseph undertook further studies in Inspection of Meat and other foods at Medical Training Centre Nairobi following which he was promoted to a District Health Inspector and served in the districts of Soroti, Masaka and Mukono districts. During the period 1985 to 1992, Joseph worked at the Ministry of Health Headquarter on a UNICEF supported Watsan project covering 14 districts that were not covered by RUWASA and SWIP projects. Joseph later joined Employer International Service Volunteers Association (AVSI) and in 1997 due to his excellent record, Joseph was called upon by the Mpigi District Administration to improve sanitation in the district.

Joseph compares the work environment as a Health Inspector then and the current situation. In the “old” days, there was transport support, field allowances, and one was adequately facilitated to do his work. A Health Inspector would be proud of his work, was respected by the community and had position in society. Joseph identifies inadequate facilitation of the health Inspectorate staff as big factor contributing to the current poor sanitation and hygiene in communities. Joseph however is quick to observe that there is some light in the tunnel and that efforts by headquarters to raise the profile of sanitation are bearing fruit.

Joseph narrates how with the assistance from WaterAid, the district was able to develop its own 5-year Sanitation Strategic framework (2006-210). “We now know coverage by subcounty and we have set ourselves targets for the next five years. The challenge is to operationalise the framework towards achieving better sanitation and consequently better health in our communities” he adds.

Joseph says he still has a lot to offer in terms of providing services and takes pleasure in passing on his many skills to the young professional involved in sanitation and hygiene promotion.

Bekunda Michael Kenneth **Health Promotion Officer** **Diocese of Kigezi Water and Sanitation Programme**

Kenneth, is Ugandan aged 53 years, a family man with a wife and four children. A nurse by profession, currently Kenneth is working as a Night Superintendent of Kabale Regional Referral Hospital, a post held for the last 18 years. This arrangement gives him time to work with the Diocese of Kigezi where he joined in 1993 as a junior co-ordinator in Community Based Health Care (CBHC).

Having qualified as an Enrolled Nurse and later as a registered nurse in 1987 and working in different health units, the Bishop of Kigezi Diocese (in South Western Uganda) approached Kenneth and asked him to offer his services in the Community Based Health Care Programme (CBHC) as a trainer. Kenneth also offered services on the Diocesan Water and Sanitation Programme, and other Diocesan committees. In 1995 the Diocesan Bishop transferred Kenneth to the Diocesan Water and Sanitation Programme. Currently Kenneth holds the position of Health

Promotion Officer under the Diocesan Water and Sanitation Programme, and among others, is in-charge of the sanitation and hygiene promotion.

Kenneth traces back his CD for the promotion of hygiene and sanitation to a series of the Training of Trainers workshops he undertook and his work experience under the CBHC approach. “I have had Training of Trainers course sponsored by the MoH, a tailored series of training that enables one to facilitate the learning of adults especially at grass root addressing the basic issues that affect the hygiene and sanitation at household and community levels,” says Kenneth.

In 2000 Kenneth went to Leeds Metropolitan University and came back with a certificate in Community Based Health Promotion and in 2001 a Diploma in the same field. With many other seminars and workshops in various areas like Nutrition, HIV/AIDS, Malaria, Advocacy, Communication and many for hygiene promotion.

Kenneth’s other experience comes from interactions and networking with other Water and Sanitation related programs/fora under government or through NGOs at District, National and International levels. Of special mention was the visit Kusa Kisumu in Kenya for learning on ecological sanitation toilets among others, and to Machakos Kenya for sanitation improvement and rain water harvest by sand dams. Kenneth is quick to add that the greatest experiences are picked on job from the communities themselves who have a lot to offer if one is ready to learn.

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4

Capacity Development Support for the Intermediate Level

There are a number of CD initiatives for the intermediate level that aim at improving sector performance through institutional development/organizational development as well as the development of human resources. This chapter highlights the main CD activities at the intermediate level and looks at major training programme (supply chain) for sector service deliverers.

Technical Support Units

Technical Support Units (TSUs) were set up in 2001 as a transitional arrangement to raise capacity of districts to manage the conditional grants under the District Water Supply and Sanitation Programme (institutional development) as well as build capacity of service providers for improved service delivery (skill development).

The origin of TSUs in Uganda can be traced from the broader changes that have taken place in the sector over the last 10 to 15 years and include decentralization of the Rural Water and Sanitation services to districts consequently changing the role of the centre from direct implementation to policy development, providing support, monitoring, and regulation. To operationalise the new mandate of the districts, DWD recommended a new staffing structure for the District Water Offices in order to be able to handle the new roles and to effectively utilise the increased resources from the center arising from the debt relief. While most districts were able to quickly acquire staff to fill the new structure, most of the staff recruited were not only new but fresh from the university with no practical experience in the sector. A critical need for closer technical support from the center to the districts was thus identified. Eight TSU were instituted, each with staff that included a Water and Sanitation Specialist, a Community Development Specialist, and a Public Health Specialist.

The main areas of sector-specific support services provided by the TSU consultants to districts and lower local governments may be split in four core components.

- *Planning and management*, including implementation of national policies and strategies; development of plans; development and use of a MIS
- *Quality assurance*, including compliance with national policies and guidelines; management of the tendering and procurement process; supervision of private sector and NGO/CBO to ensure value for money.
- *Capacity-building and inter-district co-operation*, including conducting self-assessment and identification of capacity gaps; development of capacity building strategy; implementation of training activities, promotion of NGOs/CBOs and private sector participation; promotion of sector coordination and inter-district learning.
- *Specialised technical assistance*, including promotion of appropriate technologies, gender mainstreaming, facilitation of capacity building workshops.

Methods used in providing CD include training in classroom/workshop setting, consultative meetings, on-job training and demonstration, provision and interpretation of guidelines, development and provision of formats, quality assurance of plans, budgets and reports.

The Mid Term Evaluation of TSUs findings reveal that as a result of the TSU intervention, district capacity has remarkably improved in the following areas:

- Preparation of district sector plans

- Procurement planning and management
- Transparent tendering and procurement management
- Recruitment and training of appropriate staff
- Quality assurance and adherence to technical specifications
- Siting and construction supervision
- Gender mainstreaming

Despite the remarkable improvement in the above district capacity areas, there are capacity gaps, which the TSUs were yet to help the districts address. These included

- Development of MIS
- O&M planning and management
- Promotion of inter-district learning and inter-district coordination
- Capacity building for the private sector
- Facilitation of NGO/CBO interface and coordination
- Promotion of low cost and cost-effective appropriate technologies
- Support in mobilization and hygiene promotion

It may be noted that different DLGs are at varying levels with regard to capacity development and that some of the district level capacity gaps are attributed to issues such as the ever mushrooming/newly created districts.

TSU and CD for sanitation improvement

The Mid-term Evaluation (DWD November 2005)¹⁹ indicated that CD for sanitation was largely inadequately attended to. Sanitation did not realise significant improvements due to the inherent problems of funding and divided responsibility. Largely TSU support has included promotion of the ecosan technology. Districts visited under the study indicated that TSUs were instrumental in promoting the ecosan technology and involved provision of training for artisan for ecosan construction.

The sector is reviewing the future for TSUs. However, it has been recognised that the need for capacity building will always exist as new districts continue to be formed, new staff employed, new technologies developed, and new policies and guidelines introduced. Given that the need for capacity building is continuous, there should also be some level of continuity in meeting this need. The challenge is how TSUs can make a difference in service delivery for improved sanitation.

Training for Real Project

The Training For Real (TFR) Project is an offshoot of the DFID-funded 'Learning and Teaching Network', an international research project carried out by WEDC in 2002/2003. The purpose of the TFR Project was to motivate HRD and training providers (institutions that offer training to sector workers and professionals) to be responsive to the demands of employers so that development of water and sanitation sector staff is relevant. The project is based on the concepts of the 'Learning and Teaching Network', hence the conception of the 'Training For Real' Project.

To steer the project and ensure that the stakeholders owned and managed the process, a steering committee composed of key stakeholders was set up. The Sector Liaison Division of the DWD is the secretariat for coordinating the project activities.

The Training for Real Project conducted a survey of Training and Capacity-Building Impact in three Districts of Mpigi, Mukono and Kyenjojo, and in Jinja Municipality. Some of the findings

¹⁹ DWD (November 2005), Mid-term Evaluation of TSUs including DWD support to TSUs:

include the following ²⁰.

- About 67% of all reported training and capacity-building activities were in the form of workshops and seminars. Others were in the form of certificate training courses (14%), on-the-job training (5%), non-certificate courses (4%) and distance learning (2%).
- The main areas of training were in management and planning, generic skills as in computer skills, financial management, budgeting, procurement, design and construction, and O&M management
- Most workshops and seminars were organised mainly for the purpose of training in new skills (60%); sharing experiences, review and dissemination (11%) and orientation (8%).
- The main funding agencies for the training and capacity-building activities are: Directorate of Water Development, Ministry of Finance Planning & Economic Development, National Water & Sewerage Corporation, UNICEF and other international NGOs
- The duration of the training and capacity-building activities varied from 1 day to over 3 weeks with most training courses lasting 2-3 days
- Technical Support Units facilitated most training courses (51%), NGOs (16%), Local Government or other line Ministries (16%), private consultants (14%), or Higher Education Institutions (3%).
- Nominations for training were done in an ad-hoc manner, Training activities are often perceived as a form of reward for participants.

Strategies to improve Sanitation in Mpigi District

- i. Staff capacity building
- ii. Promotion and creating demand
- iii. Management, coordination and collaboration
- iv. Community capacity building
- v. Improving sanitation in rural growth centres/public places
- vi. Development and promotion of school hygiene and sanitation programs
- vii. Technology development, operations and maintenance
- viii. Advocacy, communication/media campaigns
- ix. Maintaining structures that ensure sustainability
- x. Monitoring and evaluation: Developing a M&E framework and M&E tools
- xi. Addressing gender concerns in hygiene and sanitation improvements
- xii. Financing sanitation programs

Source: Mpigi District Local Government: Sanitation Strategic Framework 2006-2010

WaterAid CD Programme for Partner District Local Government and NGOs

WaterAid Uganda is implementing a CD programme with five partner District Local Governments of Mpigi, Wakiso, Katakwi, Amuria and Kampala. The CD programme has two components, i. skill development for service delivery, and ii. provision of technical advisory role to the local governments for better programmes development and management.

²⁰ Advanced Capacity Building Strategy and Practice in Uganda water and Sanitation Sector; Phase I Final Report; Vol. 1 Main Report May 2006

With support from WaterAid, Mpigi district has developed a five-year district specific sanitation strategic framework that highlights district sanitation situation, and spells out the strategies for sanitation improvement.

Scaling up Kampala Declaration on Sanitation program

The four-year programme (2005-2008) is based on the KDS and is intended to scale up some of the 10 action points in the three districts of Nebbi, Masindi and Hoima. The broad objective of the programme is to contribute to the reduction of sanitation related diseases through improved household sanitation and hygiene in the three districts. Program objectives include:

- To build community capacity to construct, safely use and maintain sanitation facilities;
- To raise latrine coverage by 20% per year in the three districts;
- To promote safe personal, domestic and food hygiene practices and positive behaviour in the use of sanitation facilities in 80% of the households with latrines;
- To increase the role of women, children and people with disabilities in the promotion of household sanitation and hygiene;
- To promote the private sector involvement in the construction of sanitation facilities

Implemented by the EHD-MoH, and supported by WaterAid, the programme undertakes CD of the Environmental Health Office to effectively deliver sanitation and Hygiene promotion services towards achievement of the programme objectives.

CD activities carried out under the program include:

- Training of community leader and technical staff towards exemplary leadership
- Training of environmental health staff in basic skills of working with communities.
- Launching of home improvements campaigns
- Learning from Best operational Practices.

The program has facilitated exchange visits as a method of learning. Computers have been procured and training in their use will be undertaken to facilitate the office of the DHI in data management.

Program of Capacity-Building Support in Environmental Health and Sanitation in Uganda

Supported by the WSP, the objective of the Capacity Building is to strengthen the capacity and support the EHD to effectively fulfill its core functions of providing effective leadership, coordination, strategic planning, policy development and support to Districts in delivery of Health sector targets for sanitation in Uganda. The program area of focus include:

- Effective, functional institutional arrangements for multi-sectoral coordination.
- Strengthening the EHD
- Development of relevant and effective environmental health policy and legislation.
- Development of an effective sanitation information system.
- Best operational practice at district level and below identified, documented and disseminated nation-wide.

Under the program, a number of CD activities that target the intermediate level have been undertaken and some results achieved including the following:

- In some districts, good progress has been achieved towards gaining greater engagement by district leadership, local government structures, NGOs and other stakeholders, in raising the profile of Sanitation.

- Test Models of Best Operational Practice in a number of selected districts and sub-counties are already in progress. Lessons learned are being shared among stakeholders.
- Co-ordination of Sanitation activities at district and sub-county levels is already greatly improving in a number of districts.

Capacity building programmes through NGO initiatives

The capacity of NGOs varies from strong national NGOs and mixed capacity at regional level to generally weak district based NGOs and CBOs. Some of the strong national and regional level NGOs have CD of LGs and the smaller NGOs/CBOs as a major organisation strategy. This subsection describes the CD initiatives under UWASNET and presents a general picture of CD under other sector NGOs.

UWASNET NGO CD programme

Being the umbrella organisation for NGOs/CBOs in Uganda, UWASNET is undertaking a major CD programme for its member organizations. The NGO Capacity Building Program implementation manual outlines some of the capacity gaps to be address under the program (UWASNET).²¹ These include:

- practical skills in areas of community mobilization, community follow-up, hygiene promotion, water and sanitation technologies;
- record keeping, report writing and general administration;
- resource mobilization and proposal writing;
- advocacy, lobbying and influencing policy;
- district and regional coordination and collaboration

The CD activities for NGOs commenced at the end of 2003 with the purpose of developing an effective, dynamic and independent civil society in the water and sanitation sector which can both complement and inform Government efforts in achieving sustainable access to water and sanitation in Uganda. Eight Regional Coordinators are each responsible for coordinating the capacity building activities within the region and for managing Capacity building funds.

Objectives of the Capacity Building Programme are to:

- strengthen the capacity of UWASNET member NGOs/CBOs to serve as an effective hub for increased access to safe water and sanitation;
- enable UWASNET effectively co-ordinate NGOs/CBOs in the water and sanitation sector and manage the capacity building programs;
- enable UWASNET members NGOs/CBOs to respond and influence the Ugandan policy and institutional environment in relation to water and sanitation.

The activities for 2004/5 were limited to the development of skills and knowledge in the areas of record keeping, and report writing, proposal writing, programme management, decision making, resource mobilisation and practical skills that relate to working with communities. Methods for capacity building under the programme included

- Training workshops
- Internship by host NGOs,
- Dialogue meetings,
- Exchange visits,
- Undertaking inventories of suitable technology and developing guidelines,
- Mentoring.

²¹ UWASNET: NGO Capacity Building Implementation Manual July 2005 to June 2006 (2nd cycle)

Reports from the Regional Coordinators were silent on sanitation specific capacity building activities. However, experience sharing of best practices in sanitation and hygiene promotion was a major theme in CD.

Other NGO CD initiatives

A number of NGOs involved in water and sanitation are involved in CD activities at the intermediate level.

- **SNV** has CD as their core activity. The organisation employs advisors with various portfolios that target institutional, organisational and individual skill development. With full time staff positioned in the regions, SNV undertakes CD of District local governments as well as NGOs/CBOs. SNV is also operates TSUs 1 and 6 (West Nile and Western regions respectively).
- **Concern Worldwide** has strengthening capacity to meet needs as part of its mission. The Concern Kampala Community Empowerment Programme works with KCC to improve sanitation in selected parts of the city.
- The **Uganda Rainwater Association** is involved in various capacity building activities for districts level staff in promotion of rainwater harvesting and improved sanitation.
- **Voluntary Action for Development (VAD)** VAD worked with Wakiso District LG to develop a district 3-year capacity building plan, training manuals, and Community monitoring systems.
- **Community Integrated Development Initiatives (CIDI)** believes in ensuring sustainability through CD. The organisation entered into partnership with district LGs of Rakai, Masaka, Wakiso, Mpigi, Soroti and Kampala to undertake various CB activities. CIDI also signed MoU with a number of NGOs/CBOs as partners in various CB activities. CIDI is also Co-ordinates the UWASNET CD programme for the central region.
- Through partnership with ActionAid, **Buso Foundation** is involved in CD of CBOs in Mukono, Mpigi and Kampala districts to transform them into formal organizations with established systems (organisational development).
- **Health through Water and Sanitation (HEWASA)** has had a long-term partnership with districts of Kabarole, Kyenjojo, Kamwenge, and Bundibugyo that constitute the Diocese of Fort Portal. The NGO re-defined its strategies from direct implementation to capacity building targeting organisational development of LGs, PSOs, and NGOs/CBO. HEWASA is also co-ordinates the UWASNET CD activities in the Western region

The above list may not be exhaustive but reflects some of the NGO initiatives for CD.

Capacity Development program of Ministry of Local Government

In general appreciation of the decentralisation process, the Ministry of Local Government (MoLG) has a major CD program aimed at developing capacities of district local governments to meet the challenges of decentralisation. The MoLG has identified key areas or modules where local governments need capacity building from time to time and developed training manuals on these. These include among others, roles and responsibilities, development planning, financial management, management systems, procurement, and quality assurance of the services provided. Funds are also provided to the DLGs for various CD activities according to felt needs. The ministry has added the private sector, NGOs and CBOs on its training itinerary, to boost their capacity to delivery quality outputs as effective partners.

Training institutions for the sector

Under the TFR Project both the ‘demand’ (water and sanitation sector institutions) and ‘supply’ (teaching) institutions²² were asked about their strategic orientation, core competencies and

²² Institutions involved in the study include: Department of Social Work and Social Administration, Makerere University; Faculty of Technology Makerere University; Kyambogo University; Uganda Management Institute, Nsamizi Institute for Social Development, Mbale School of Hygiene.

structure and whether the training provided responded to the demands of the sector. The project study findings (Kayaga, May 2006)²³ indicated the following:

- There were some good examples of tailored capacity-building activities. Kyambogo/NWSC training for plumbers & technicians; Nsamizi/Mbale School of Hygiene trained DWD RUWASA staff in Participatory Rural/Rapid Appraisal (PRA) tools; WEDC/Uganda Management Institute (UMI) course for rural water supply and sanitation;
- Largely, there is inadequate or no involvement of training institutions in the process of developing and modifying courses. The major exception is that EHD participated actively in curriculum development for a BSc in Environmental Health with the Institute of Public Health and Mbale School of Hygiene.
- The linkages between the teaching institutions and the sector institutions are in many cases weak and informal, linkages are mainly through students who go to the field for industrial training.
- There is a mismatch between what the institutions of higher learning offer in terms of training and capacity building, and what is required in the sector. Nsamizi School of Social Development however had made progress in making their short courses more demand responsive to sector needs.
- Main constraints that inhibit the ability to offer CD are: limited financial resources, insufficient infrastructure and facilities, high student/teacher ratio, low staff motivation, lack of coordination and dialogue between supply and demand institutions concerning CD needs.

Capacity Development initiatives by NGOs

Although the most of the NGOs undertake CD at subcounty and community levels, some NGOs conduct CD activities at the intermediate level.

²³ Kayaga S. et al. (May 2006) Training for Real: Advanced capacity building strategy and practice in the Uganda Water and Sanitation Sector: Phase One Final Report, Volume 1: Main Report

5

Approaches, Methodologies and Training Materials

This chapter outlines the approaches and methodologies through which CD has been effected and provides a brief overview of CD materials used.

Approaches and methodologies

Although training (short courses, workshops, seminars) is the usually the first method that is considered for CD, the following method have been utilised to address capacity gaps among actors.

- Learning from other organizations with practical experiences through internship, mentoring and exchange visits. This has been cited as one of the most successful methods (given the relatively poor reading culture).
- Hiring of competent private organisation and individuals to effect specific CD activities.
- Increasing access to and use of reader friendly print materials on specific issues such as best practices or technical skills.
- Use of audio and video materials.
- Formations of partnerships between organizations to enhance cross-learning
- Inter-district meetings and sharing of experiences of Best Operational Practices (BOP). Districts and NGOs/CBOs are encouraged to document and share innovations and the out-of-the-ordinary experiences

Training materials

Much of the training materials used under the CD initiatives described under Chapter 4 are locally developed and often tailored to local situations as well as being sensitive to gender and other cultural bearings. Training workshops/seminars are often preceded by developing training materials that often include handouts and activity plans depending on the training objectives set.

Among the major CD programs, the practice is to hire a private sector organisation/consultant to both develop the training materials and conduct the training. There are no standard formats for materials so produced; the net products depend largely on the experiences and skills of the trainers.

There is no culture of sharing training materials or share training among differing CD programmes/projects. Organizations/projects tend to 'do their own thing'. This often leads to 're-inventing the wheel' and publication of efforts. Some sector players are of the view that lack of culture in sharing training (and other community level participatory tools) has largely been inherited from past projects (RUWASA, Eastern Centres Water and sanitation Project). Under projects, training materials developed carried the name of the project such that another project (or NGO) had to develop another set of materials with minor or no variations at all and again ensure that the material so developed carry the organisation name/logo. This had the effect of raising the cost of developing training materials. It is however be noted that DWD has developed PHAST materials for distribution to districts.

6

Enabling Environment for CD Activities

Attempt is here made to reflect on government's orientation to CD and to give an overview of the resources available for CD.

Government orientation towards CD

With decentralisation, the districts (intermediate level) take responsibility for providing services to the communities and implementing government development programs. Government does recognise that to fulfil this mandate, there must be adequate capacity at district level. As in the water and sanitation sector, most public sector programs (e.g. agriculture, health, environment, road maintenance) provide for capacity development of district local governments.

The National Environmental Health Policy provides that training and technical support for environmental health staff will be enhanced to ensure that they have the appropriate skills to meet the current environmental health challenges. The adoption of the TSU strategy under DWD and the Area Teams under MoH are some of the reflection of government's orientation to CD at intermediate level.

Resource allocations for training and the other CD activities

Under current budget mechanisms, it is difficult to obtain estimates of how much resources are spent on CD. However some specific CD programmes have resources as indicated:

- The Human Resource Development Unit of DWD has a training CD budget of US\$ 2.3 million for the period 2003-07 under the Policy and Sector Capacity Building component of the JPF.(MWLE September 2005)²⁴
- UWASNET NGO capacity building programme had a grant total of US\$ 458,440 for the period January 2004 to June 2005.(UWASNET)²⁵ During the period from July 2005 to June 2006, US\$ 156,750 was budgeted for direct disbursement to Regional Coordinators for the implementation of CD activities for member NGOs within the regions (UWASNET).²⁶
- The WaterAid capacity building programme for five partner District Local Governments of Mpigi, Wakiso, Katakwi, Amuria and Kampala is estimated at UK Pound 380.000.
- The Scaling up of KDS CD in the districts of Hoima, Masindi and Nebbi with an approved budget of 38,585,000/= for a three year period April 2005 to March 2008.

Most national level designed sector programs and projects (e.g. the South West Small Towns Water and Sanitation Project, the Mid-Western Towns Water and Sanitation Project) have resources for CD (for districts) often hidden in budget items such as training, HRD, mobilisation, or outright CD. Again these resources for district level CD cannot easily be quantified but are estimated at less than 3% of total project costs

²⁴MWLE (September 2005) op cit.

²⁵ UWASNET NGO Capacity Building Programme Implementation Manual: January 2004 to June 2005

²⁶UWASNET NGO Capacity Building Programme Implementation Manual: July 2005 to June 2006 (2nd phase)

7

Perspectives and Trends

Capacity development has evolved over time. This chapter presents the trends in CD for the sector in general and for sanitation sub-sector in particular looking at the policy environment that largely influenced the trend as well presenting the views of main actors as they see developments in CD.

Trends in CD

Water and Sanitation sector

Before the adoption of the TSU approach, a number of CD efforts of the intermediate level were taking place:

- The EHD-MoH was involved in creating capacity of the office of the DHI to demonstrate and manage sanitation
- The Ministry of Gender Labour and Social Development and MoES were undertaking CD of district staff in mobilisation and public awareness in the water and sanitation issues as well as skills in mobilisation skill development
- Ministry of Water Lands and Environment through DWD had been providing the technical assistance and CD of the district water offices.
- The MFPED had been concentrating on training district staff on the budget framework, including the government priority areas that the DLGs had to invest in.
- The MoLG undertaking CD of the DLG to cope with decentralisation through series training programmes targeting CD for efficient and effective management of district local governments.

Sanitation specific

In the late 1980s and during the 1990s government efforts to improve water and sanitation coverage was through donor supported projects. The UNICEF supported South West Integrated Water and Sanitation Project, The Danida supported RUWASA, and the larger UNICEF supported Water and Environmental Sanitation are some of such projects. Project worked closely with the offices of the District Health Inspectors to deliver Sanitation services.

Under the projects, CD was not the targeted objective but a means to achieve project outputs. Projects built the capacity of the Health Inspectorate staff (skills) and facilitated their activities (tools) in a number of ways that include:

- Training of DHI in the planning and budgeting and management of the programme in their respective districts
- Facilitating exchange of ideas through inter-district meetings and facilitation of exchange visits.
- Introducing and developing skills in technical areas including slabs and sanplat technologies in latrine construction as well as the Ventilated Improved Pit latrine.
- Providing skills in working with communities and the community based approaches to service delivery
- Training in the use of participatory tools for hygiene and sanitation promotion (PHAST)
- Paying of field allowances.
- Provision of logistical support including transport facilities.

Two major policy factors led to a shift from this approach,

- i. the move towards sector-wide approach (SWAP) to service delivery, and
- ii. the decentralisation policy.

The SWAP

The project led approach was said to have several weaknesses. First, it fostered piecemeal approaches as opposed to comprehensive strategic sector wide investment programmes. Second, it was largely donor driven and lacked domestic ownership. Third, it lacked adequate coordination among the various stakeholders, resulting in duplication of efforts and inappropriate sequencing of projects to be implemented.

To address the above short coming, GOU adopted a strategy for a radical shift from a project driven approach to development of comprehensive sector-wide programmes and sector investment plans, involving the participation of all stakeholders in a genuine partnership. Under SWAP, there was a move from project approach to direct support to district budgets.

However, with the move towards SWAP (FY 2001/02 – 2003/04), the following observation has been made (MWLE/DWD 2001).²⁷

“The present district and Towns Water staff establishments are inadequate in number and quality and are poorly equipped and motivated. In addition are weak in financial management, budgeting and accounting.”

This called for targeted CD of the DLG and reinforced the concept of TSUs.

The Decentralisation policy

The Local Government Act (1997) provided for a continued process of decentralisation, whereby powers, responsibilities, functions, funds and services from the central government were devolved and transferred to DLGs. Under the Act, the local governments at district and lower levels took the responsibility of managing development funds.

Effective from FY 2000/1, sector development budget was disbursed directly to Local Governments as conditional grants to finance the District Rural Water Supply and Sanitation Programme (DWSSP) and the operation and maintenance of small urban water supplies.

Lack of capacity to manage the implementation of an effective water and sanitation programme as well as sustainability of existing facilities was identified as the greatest challenge to improving access to safe water and sanitation facilities. This led to CD efforts and adoption of the TSU approach to CD. The achievements and shortcomings of TSUs have been discussed above.

Main views of important actors

It is widely believed that the EH departments benefited more from the CD initiatives during the projects period. The DHIs that participated in this study indicated that much of the achievements in sanitation were made during the life of projects. The environmental health staff was not only facilitated to perform their duties but also received much training and skills development. In the South West where sanitation coverage is comparatively high, DHIs attributed the high coverage to the intervention of the South West Integrated Water and Sanitation Project.. In the East, much of the skill development was attributed to RUWASA.

There is consensus that the CD initiatives under project approach improved sanitation and hygiene and contributed to better sector performance.

²⁷ MWLE/DWD (2001) Issue Paper No.3: Framework for Wide Approach To Planning (SWAP), Water Supply and Sanitation Sector. Pg. 12

8

Conclusions and recommendations

This chapter brings out the major conclusions of the study and makes recommendations for the way forward. The recommendations are based on the consultants' own assessments as and views of other persons involved in the study.

Available funds

The conclusion and recommendation made here are related to funds available for CD for improved sanitation and not for funds for implementing district activities for sanitation improvement.

Most of the funds that carry the bulk of CD resources are sector wide and not specific for sanitation improvement. The general trend has been that where funds for both water and sanitation are tied together, sanitation often receives less attention. This hold for resources for CD as well. The midterm evaluation of TSUs (DWD November 2005)²⁸ indicated that other than in the construction of ecosan toilets, not much CD was done for sanitation promotion.

Recommendation

- Build capacity in Districts for development of sanitation specific CD strategies and action plans as a basis for accessing fund.

Beneficiaries and participation in CD

At the intermediate level, the health inspectorate staff and NGOs (in some districts) are the main service providers for improved sanitation. Whereas this cadre of staff participated and benefited more from CD during the time of donor funded project, they seem to have been left behind with the adoption of the SWAP and the decentralisation policy, with development funds being sent to districts. Districts have not matched the project levels of support to the health inspectorate staff and to most districts, sanitation improvement still remains low on the priority list.

Recommendation

- Conduct a national-wide review of the CD gaps for both the intermediate and lower levels and design a sanitation specific programme for CD.

Approaches and Methodologies

Capacity Development within the sector has grown to include a variety of approaches and methods. These include but not limited training workshops, inter-organisational learning, exchange visits, use of print media, promotion of sharing of Best Operational Practices, inter-district meetings, mentoring and coaching. However the impact of these various methods is largely unknown and remains so far undocumented.

Recommendation

- Facilitate Uganda WASH RC to document the various experiences and outcome of the use of some of these approaches and make appropriate recommendations as a guide on approaches and methodologies for CD that may be adopted in given situations.

²⁸ DWD (November 2005), Mid-term Evaluation of TSUs including DWD support to TSUs:

Institutions of higher learning (School of Hygiene, Makerere University, Kyambogo University, Nsamizi School of social Development) are key in developing capacities for sector workers. However, there were no formal inter-organisational collaborations between sector organisations and institutions of higher learning. Sector organisations hardly play any role in initiation, development and evaluation of courses offered by the institutions although there has been few cases where higher education institutions have developed tailor-made professional development courses for the sector organizations.

Recommendation

- Collaboration between the relevant higher education institutions and sector organisations be strengthened.

Activities

There are a number of well-funded initiatives for CD for sector development at district level involving both the DLG and NGOs operating at that level. Countrywide programs include the TSU under DWD; CD through the JPF; the CD program of NGOs in the Water and sanitation sector; the Program of Capacity-Building Support in Environmental Health and Sanitation in Uganda; CD program of MoLG. Others at a smaller scale include Scaling up of Kampala Declaration on Sanitation program; WaterAid CD Programme for Partner District, and NGOs; the Training for Real Project.

However, with a number of on-going CD activities, there are no indicators that the CD activities are co-ordinated to maximise investment in CD. Whereas financial and other resources in the sector are being co-ordinated under the SWAP, this does not seem to be the case for HRD. Training and other CD initiatives under various CD programmes are fragmented between the sector organisations, and sometimes between departments (e.g. rural, urban) within organisations. This is the one greatest challenge for CD efforts.

Recommendation

- Institute means of coordination of CD activities within ministries and between ministries and other relevant stakeholders (NGOs and District LGs) to maximise on investment in CD efforts.

Support sector for CD

A number of strategies, guidelines and policies have been designed to create an environment for improved sanitation, but they have tended to be developed at, and owned by, the centre. The Mpigi example of district owned sanitation improvement strategic framework is the way forward.

Recommendation

- Districts need to be consulted on the CD areas and assisted to develop comprehensive district based strategic CD action plans that address capacity needs.

Strength and limitations of CD in relation to main sector problems

Central government is making efforts to raise the profile of sanitation. Capacity Development for the intermediate level continue to be recognised as a major element in improving access and effective use of hygiene and sanitation facilities. Some of the strength areas of CD include, among others,

- The presence of a competent human resource that can effectively delivery CD activities.

- The recognition that CD is not only training but that it can take many forms including mentoring, dissemination and adoption of Best Operational Practices and the promotion of inter-district/inter-organisational learning, among others.
- The presence of policy environment that support CD initiatives.
- Taking initiative to develop CD program

The main sanitation sub-sector problems were presented in Chapter one and include low latrine coverage, inadequate staffing, low priority given to sanitation, absence of law enforcement and corruption. Specific for urban area, they include mainly often the high water table (especially in KCC) and the difficulty in construction of pit latrines, lack of community cohesion, and the land tenure system where local authorities don't own and often lack means to regulate the use of land.

Whereas CD can address some of the above sub-sector problems through training and institutional development (staffing, construction of sanitation facilities in high water table area) most problem seek solutions elsewhere other than through CD activities on their own. Most of such solutions hinge on political will (fighting corruption, putting sanitation on the priority list at DLG level and the associated low funding of sanitation activities, law enforcement) and calls for intersectoral and multidisciplinary collaboration in order to effectively address them.

Recommendation

- There is need to conduct a national wide assessment of CD initiatives with a view to development of a national strategy for CD for improved sanitation.

Annexures

Annexure 1: Key contributors to the study

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Annexure 2: Framework for country cases

The idea is to develop a document of some 15 – 20 pages excluding annexes to clarify the organisational set-up of the Sanitation Sector, the key actors involved, the enabling environment for Capacity Development (CD) and the available support services for CD efforts. The document also needs to provide insight in the direction of the current thinking of the government and other leading actors about CD for the sector.

Introduction

- Brief description of country situation with emphasis on the Sanitation Sector
- Some sector statistics coverage, coverage distribution, funding.
- Key problems facing the sector looking also from a gender perspective.

The organisations involved in WASH service delivery

- Description of the institutional framework and the main actors in service delivery (advocacy, planning, design, construction and maintenance) in water supply, sanitation and hygiene promotion? This needs to give a comprehensive picture for the chosen sector (a. water, including related hygiene promotion or b. sanitation including related hygiene promotion) distinguishing between national intermediate and local; it also needs to include staff figures, if possible disaggregated for gender. If no gender disaggregated data exist some indication needs to be established (for example based on a few (telephone) interviews).

The intermediate level

The enabling environment for the intermediate level. A light description or analysis of the policy, legislation, sector reform, resources framework that enables or constraints the functioning of the organisations at the intermediate level.

Description of the key actors involved in service delivery; this includes a few profiles of people working in the sector and job profiles of some of the most important actors; This type of information can be collected in some open interviews with say two or three people which can be summarised and included as well. Criteria used to identify the intermediate level will be important and should be made explicit.

This also includes a description of the responsibilities and role of the actors at this level with the main constraints in implementing their mandate.

Capacity Development support for the intermediate levels in the WASH sector

This section explores the situation in the country looking at what CD activities (Institutional Development/Organisational development and Human resources development) are taking place, while keeping an eye for the available mix between technical and more social knowledge and skills as well as the mix between hardware- software and organisational aspects. The idea is not to focus too narrowly on CD in the chosen sector, but also look at related issues, such as civil servant training in planning etc. Also the focus will be broader than training institutions and include important efforts of NGO, large programmes etc.

- Identify the main CD activities that are taking place in relation to the chose sector (water or sanitation)
- Description of available training institutions for the sector also taking into account more general training of for example staff from municipalities (Also for this numbers are important and if possible some qualitative (perhaps from evaluations or interviews) and quantitative data (volume

of training) which perhaps can be checked by asking a few people's opinion about quality of staff / impact of training

- Identify and map the major training programmes and important other CD components in major water programmes (or sanitation programmes if that is the selected sector).
- University training (is there a match with country practice, is it comprehensive (usually it is mono-disciplinary))
- Give a brief reflection on possible differences between the chosen sector and CD efforts in other sectors (including sanitation, but perhaps also energy). Explore if integration between sub-sectors is emerging / has potential.

Available approaches, methodologies and training materials

- Brief assessment of the type of training methodologies and training materials that are being used. Are they externally or locally developed, are there any efforts to jointly develop materials and share training. Are the materials gender sensitive/specific.

Enabling environment for CD activities

- What is the government orientation towards CD at the intermediate level
- What are the official resource allocations for training and the other CD activities
- What are funding allocations 'hidden' in major projects
- What funding exists for other aspects of CD (enabling environment, organisational development).

Perspectives and trends

- A brief summary of trends in CD (orientation, finance)
- Presentation of the main views of important actors including perceptions on gender

Conclusions and recommendations

- The conclusions should touch upon:
- Available funds
- Beneficiaries and participants in CD efforts
- Approaches and methodologies
- Activities
- Support sector for CD
- Overall conclusion: Strengths and limitations of CD activities in relation to main sector problems.