



**MINISTRY OF LOCAL GOVERNMENT**



**9<sup>TH</sup> EDF SUPPORT TO DECENTRALISATION PROGRAMME (SDP)**



**COMMUNITY EMPOWERMENT AND COLLABORATIVE ACTION FOR  
IMPROVED GOVERNANCE (CECAG) PROJECT**

**END OF PROJECT EVALUATION  
FINAL REPORT OF FINDINGS**

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## List of abbreviations

ADPI	African Development and Peace Initiative
BMES	Community Based Monitoring and Evaluation Systems
CECAG	Community Empowerment and Collaborative Action for Improved Governance
CEPAP	Community Empowerment Programme for AIDS Pandemic in Uganda
CUWEDE	Community Uplift and Welfare Development
CSOs	Civil Society Organisations
DERUDIA	Dzaipi Empowerment for Rural Development Initiative
DENIVA	Development network of Indigenous Voluntary Organisations
DTPC	District Technical Planning Committee
9 <sup>th</sup> EDF	9 <sup>th</sup> European Development Fund
HMC	Health Management Committee
LCs	Local Councils
LCO	Life Concern Organisation
LCs	Local Councils
MAHA	Moyo AIDS Heroes Association
MOLG	Ministry of Local Government
MOUs	Memorandum of Understanding
NGOS	Non-Government Organisation
NDP	National Development Plan
OAS	Organisational Self-Assessment
OD	Organisational Development
PRMT	Participatory Resource Monitoring and Tracking
PTAs	Parent Teachers associations
RBAs	Rights Based Approaches
SMC	School Management Committee
TGSM	The Good Samaritan Action Ministries

## **Executive summary**

The CECAG project was implemented in the Districts of Nebbi, Moyo and Adjumani in the West Nile region between the months of December 2008 and July 2010. The project was initially designed to last eighteen months but was extended for another two months. The project was implemented with financial support from the 9<sup>th</sup> EDF Support to Decentralisation Programme (SDP) in Conjunction with the Ministry of Local Government (MOLG).

The project was designed to empower people at the grassroots as rights holders and give them voice to engage with duty bearers to engage them to influence decision making and demand accountability and transparency from them for improved service delivery. Consequently, two critical areas of service delivery namely Universal Primary Education (UPE) and Primary Health Care (PHC) were identified as areas that needed attention due the low quality of service delivery in selected districts.

The project was implemented in partnership with one national partner and six (6) Associate Civil Society Organizations. All the associates are based in their respective districts. The associates were responsible for the implementation of the project activities. However, in order to have direct supervision and carry out effective monitoring of the project activities, CARE Country Office, the EDF Implementing Partner established a sub-office in Arua and project staff to implement the project. This ensured that the project activities started and ended on time.

The external evaluation of the project took place in July 2010. Having reviewed the finding of the project, here below we present the overall lessons, conclusions and achievements.

### **Overall Lessons**

The CECAG project lasted only twenty months. While empowerment of the people at the grassroots is a long term process, the CECAG project has demonstrated that it does not have to take a long time, for the people at the grassroots to fully and actively support and participate in actions whose objectives address their immediate and long term concerns and interests. Clearly improved governance, improved service delivery, participatory decision making, claiming their rights and entitlements are the core of any interventions that are of interest to the people at the grassroots.

Another lesson is that for impact to be felt, such a project must be a tripartite initiative in which all actors, the people at the grassroots, the civil society organizations and local government institutions must equally share the responsibility. During the discussions with various local Government officials, the consultant noted that most of them said “they know about the project and were always invited in the various workshops and activities organized by the associates and project office”. Very few of them could articulate clearly the objectives of the project and how their institutions were contributing to facilitate the actions taking place or how the actions being implemented were contributing to the improved service delivery in primary Health Care and Universal primary Education (UPE). One would have expected for instance, a situation where the appointment of members of the School management Committee (SMC) and Health Management Committee (HMC) would be a consultative process.

In one of the health centres the consultant visited, a new HMC Committee had been appointed but the Care Associate did not know what criteria had been used to appoint the committee nor was there a consultation with the Associate during the selection process. The obvious situation here is that decision making in local government institutions has not reached a level of being participatory, open and transparent. Nevertheless, the re-constitution of Parent Teachers Associations (PTA) in all the primary schools participating in the project is . The PTA;s being representatives of people at the grassroots should give voice to rights holders to engage with duty bearers in schools and local government institutions so that service delivery is improved and the benefits are felt directly. The improved performance of the pupils and teachers in the primary schools participating in the project in West Nile region is a good indicator.

### **4.3 Overall Conclusion**

Given the above understanding of the lessons from project implementation, it is noted that most of the achievements are at the output level. The overall conclusion is that the higher level objectives and result areas could not have been achieved within such a short time. Outcome indicators are incremental achievements in the life time of the project while impact indicators are final outcomes after project implementation that designate the changes that have taken place resulting from project implementation. Since the project design did not include outcome and impact indicators, the consultant is not able to state categorically the extent to which the overall objective and intermediate objectives have been achieved.

Issues of empowerment, accountability, participatory decision making are long term processes. They require many years of practice and continuous learning and capacity

building at different levels for them to have the intended achievement at the impact level. This project should therefore be looked at a **Pilot Project** that helped set the stage for designing a much a long-term interventions that should contribute to achievement of long lasting solutions to a) poor local service delivery systems b) lack of accountability by local governance institutions c) low participation of people at the grassroots in decision making processes. The project seems to have been thinly spread in many schools and health facilities which could have affected the levels of achievement. In some instances activities at different facilities had stopped for more than six months but the CSO Associates and the process facilitators had no knowledge that they had stopped. The thin spread of the project activities could have equally affected the ability of Care Arua Sub-Office in its supervision role as some of the activities such as quarterly, half year and annual review meetings did not take place. Thus some short-comings could not easily be detected in time.

The project seems to have had more involvement with Universal primary Education than with Primary Health Care. This is evidenced by the fact that most of the achievements of the project are located within the the education sector and less so in the health sector. For instance, in all the health centres the consultant visited, there was an acute shortage of drugs, yet no action to engage either the district authorities nor the national medical Stores by the respective health centre management committee had been undertaken. There was also a visibly noticeable absence of engagement of communities in health management issues. No information was availed to the consultant that can confirm their participation. Most of the engagement was therefore with both health management Committees and the health workers at the facility.

The resurrection of the PTAs in schools energized the project and contributed to the successes in schools where the PTAs were very active. These structures need support to make them more effective in their work. There is a possibility that with the end of the project, they might lapse into inactivity. Schools where the PTAs were active were making important decisions and had contributed to the improvement in the teachers and pupils welfare.

## **Overall Recommendations**

1. Projects of this nature need a long time to have impact and be sustainable. The project timeline was too short to realize long term impact. In future, the project should be redesigned to last a minimum of three years. This would be helpful to ensure a longer

phase-in process of at least six months to develop the necessary synergies with all stakeholders.

2. Given the achievements of the project within the short time of the pilot, there is need for a continuation of this type of project. This is will go a long way in consolidating the achievements of the project in areas where it has been piloted and in the rest of the districts. However, this would require that a model school and model health centre in each sub-county in each district would be selected so that it becomes a learning centre for the rest of the facilities to acquire skills and knowledge to replicate the project activities in their own facilities. This in turn would ensure that the project is a) implemented in all the sub-counties in all the districts b) ensure that resources are committed to implement the activities at the facility. However, capacity building would be provided to as many groups of people as possible to enable them become the change agents for the activities.
3. Process facilitators have been a key to the achievements of the project, however, in some places they seem to have understood their work as paid employment rather than as facilitator of community processes and as interlocutors of empowerment and accountability processes in local governance institutions. However, their recruitment, training, induction and deployment needs to be structured in such a way that they have clear terms of reference, guidelines and are adequately facilitated to perform their duties.
4. In the future design, the project should be launched as a tripartite initiative that involves the participation of district, CSOs and people at the grassroots. In each district, there should be a steering committee comprising of district authorities, associates, care project staff and representatives of the education and health committees. The same could be replicated at the sub-county level. This would enhance the information sharing and decision-making process towards sustainability and phase out-strategy.
5. In order to increase the sustainability of the achievements of the project, discussions should be held with local authorities at the inception of the project to incorporate the project objectives in the District Development Programmes and Plans so that the project activities can be monitored as part of the district performance plan. This is because the benefits and achievements of the project accrue to the local authorities as much as to the people at the grassroots.

# COMMUNITY EMPOWERMENT AND COLLABORATIVE ACTION FOR IMPROVED GOVERNANCE (CECAG) PROJECT

## Report of external Evaluation

### CHAPTER 1 INTRODUCTION

#### 1.1 INTRODUCTION

The Community Empowerment and Collaborative Action for improved Governance project was implemented by CARE Uganda in the Districts of Nebbi, Moyo and Adjumani from the December 2008 to July 2010. The project was implemented with financial support from the 9<sup>th</sup> European Development Fund (EDF) of the European Union under the Support to Decentralization (SDS) with a budget of approximately € 231,643.71. The project was initially planned for 18 months but was later extended to 20 months. The project was implemented in the districts of Nebbi, Moyo and Adjumani in the West Nile region.

The project area was selected in line with the requirements of the 9<sup>th</sup> EDF as part of the support to Ministry of local Government for the Strengthening Decentralization Support (SDS) programme with the aim of improving service delivery by the Local Government Institutions. The project focused on two key areas of service delivery, the Universal Primary Education (UPE) and Primary Health Care (PHC), which were identified as critical in fulfilling the achievement of the Millennium Development Goals (MDs) and which are prioritized in the National Development Plan (NDP). THE NDP is the successor to the Poverty Eradication Action Plan (PEAP) that run from 1997 - 2009.

In each district, two sub-counties were selected for the implementation of project activities. Thus a total of six-sub-counties were selected. In each sub-county, three schools and three health centres were selected for the implementation of the planned activities. However, a total of 21 primary schools and 15 health centres were identified to implement the activities.

Table 1 The implementer of CECAG Project activities

Name	of	Sub-County	Schools	Health centers
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Associate/District			
<b>Adjumani District</b>			
DERUDIAi	Adropi	Openzinzi P.S	Openzinzi H/C 3
		Oyuwi P.S	Ara H/C 2
		Etejo P.S	Obilokolo H/C 2
ADPI	Adjumani Town Council	Biyaya P.S	Adjumani Hospital
		Adjumani central P.S	Adjumani mission H/C 3
		Oligo P.S	
<b>Moyo District</b>			
CEPAP	Lefori	Gwere P.S	Lefori H/C 3
		Munu P.S	Munu H/C 2
		Masaloa P.S	Cohwe H/C 2
MAHA	Dufile	Panyanga P/S	Laropi H/C 3
		Ubbi P/S	Panjala H/C 2
		Panjala P/S	
<b>Nebbi district.</b>			
LICO	Jang okoro	Aragu P/S	Jang okoro H/C 3
		Awasi P/S	Tedea H/C 2
		Kongo P/S	
CUWEDE	Nyaravur	Paminya P/S	Angal Hospital
		Ringi memorial P/S	Paminya H/C 3
		Angal boys P/S	
TGSM	Nyaravur	Oryang P/S	Nyaravur H/C 3
		Angala Ayila P/S	
		Alwala P/S	

**Source:** CECAG Annual Report, January – December 2009

## 1.1 Objectives of the Evaluation

- To assess the progress towards achievement of project against overall objectives
- To assess overall performance from the perspective of relevance, effectiveness, efficiency, impact and sustainability of the CECCAG Project
- To identify practices, lessons learnt with regards to the policy areas of a) Universal Primary Education (UPE) and b) Primary Health Care (PHC)
- To identify and provide recommendation to CARE and the key Stakeholders involved to inform future programming

## 1.2 END OF PROJECT EVALUATION

The end of the project evaluation is being undertaken as part of the project requirements to assess the extent to which the project objectives, results, outputs and activities were achieved, the impact they have had on the project area and whether or not such interventions are sustainable. The end of project evaluation also looks at the challenges faced, the lessons learnt in the process and to recommendations for future programming.

## CHAPTER TWO METHODOLOGY AND APPROACH

### 2.1 METHODOLOGY AND APPROACH

The evaluation process was undertaken in different phases:

**Phases one** – Phase one involved the discussion and agreeing on the Terms of Reference and the finalizing the contractual processes. This paved the way for the commencement of phase two.

**Phase two** – this involved the collection and review of documents and reports. The documents included the project proposals, baseline report, project annual and progress reports compiled by CARE Sub-Office in Arua on behalf of CARE Uganda and progress and activity reports from partner organizations.

**Phase three**– this involved field visits to the project sites in the Districts of Nebbi, Moyo and Adjumani during the week of 13 – 22 July 2010. During the field visits discussions, consultation and interviews were held with various target groups (see table below)

**Phase Four** – this involved presenting of preliminary report of findings to CARE Country Management Team, the EDF Representatives and Project Staff. The comments obtained informed the drafting of the report.

**Phase four** involved the synthesis of the information and data obtained from field work and drafting of the report writing. After which the report was submitted for comments and finalization.

### 2.1 CHALLENGES

A number of challenges were during the course of this evaluation.

- The long distances between the districts and facilities such as health centers and schools precluded making visits to as many of them as could be possible. In some cases, the appointments had to be rescheduled due to late arrival and sometimes thus affecting the allocated days. The consultant spent more days in the field than was allocated for the evaluation schedule.
- The time allocated for the evaluation in all the districts means that each district was allocated only 1.5 days (instead of at least three days excluding travel between sites) of interviews, focus group discussions and visits to sites (schools and health centres) where the project was implemented. The facilities were scattered in such a way that it required a team of three to undertake the evaluation. However the resources allocated for the activity did not provide for the deployment of extra personnel.
- While the project staff were able to fill some of the gaps, the evaluation took place a few weeks before the closing of the project. The project staff had to put aside to comply with closure requirements. The consultant therefore had to rely on the service of junior staff from the Associates who sometimes lacked adequate information. In one case the focal Associate staff was no longer in the employee of the Associate organization. The competing activities sometimes did not allow enough time to hold key informant interviews.

## 2.1 OVERVIEW OF THE REPORT

This report is divided into five (5) Chapters which have been set out in fulfillment of the Terms of Reference (TORs) provided for this evaluation.

Section one:	Introduction
Sections two:	method and approaches
Section Three:	the Inception Phase
Section Four	Project performance
Section Five	Conclusion, lessons and recommendation

### CHAPTER THREE: THE INCEPTION PHASE

#### 3.1 PROJECT START UP ACTIVITIES

The inception of the project started with the opening of CARE ARUA Sub-Office by CARE Uganda as the project implementing partner. This was followed by the recruitment of the relevant staff. A Project Manager, Policy and Advocacy Coordinator, Project Assistant and driver were recruited and started work. The planned activities for the inception included the following:

1. Creating awareness about the project in the three districts by holding stakeholder meetings with district officials and associates.
2. Paying visits to project sites and holding meetings with stakeholders.
3. Undertaking a baseline survey in each of the districts to bench mark:
  - i) Overall service delivery of UPE and Health Care Programme – current situation in relation to availability of quality services
  - ii) Key program outputs taking into account the existing indicators and the experiences of the project beneficiaries
  - iii) To generate an M&E Framework for the project against which the project measurement of process and impact will be done
4. Organising workshops in each discuss the results of the baseline survey

### 3.1.1 ACHIEVEMENTS OF THE INCEPTION PHASE

1. The project started with a national launch in Kampala that was attended by national level stakeholder including Senior CARE management, 9<sup>th</sup> EDF Officials, the Project Manager. The national launch was followed district launches in the three districts of Nebbi, Moyo and adjumani and attended by the district officials and Civil Society Organisations. After the launch the following were achieved:
  - 36 Process Facilitators (6 per sub-county) were selected and oriented in the project activities.
  - 36 selected process facilitator trained in Participatory Resource Monitoring and Tracking (PRMT)
  - One-day workshops was organised for 35 people per sub-county to orient them into the project activities. The total number of people who attended the workshop is  $6 \times 35 = 210$  people.
2. A baseline study was undertaken and completed in March 2009. Its findings were shared in stakeholder workshops in the three districts. Although the report findings were accepted by the District officials in both Nebbi and Adjumani districts, the report generated a hot debate in Moyo district with some district Officials disputing the findings and protesting the method used during the baseline survey. Some of the issues raised by district officials included the following:

- i) The baseline was against health workers yet they are doing a good job under difficult circumstances – Nebbi District Medical Officer
- ii) The district officials were not involved in the baseline survey. They were only involved at the time of sharing the findings. (District Inspector of Schools – Moyo)
- iii) Some of the figures regarding poor performance of UPE were not factual and had no comparison with national figures, yet the correct figures were available at the district offices (District Inspector of Schools - Moyo district).
- iv) District Officials were only invited at the time of the dissemination of the draft report of findings but were not make input into the baseline survey prior to the dissemination workshop – Moyo District Inspector of Schools.

### **3.1.2 Challenges faced during the inception phase**

1. During the design phase, it was proposed that Community Based Monitoring and Evaluation Systems would be established as the mechanism for monitoring the public service delivery and use of resources in the three districts. However, during the inception phase this was changed to Resource Monitoring and Tracking (PRMT) to become more community and beneficiary focused rather than focus on the individual monitor.
2. The Technical Officers in Moyo district indicated that they were unhappy with the findings of the baseline survey which they claimed lacked facts and had not been consulted when it was carried out. The baseline survey was subsequently revised to take into account the concerns of the district technical staff in Moyo.
3. The nature and extent of involving the district officials was not clear both in the project design and in the project implementation reports accessed and reviewed by the consultant. This could be the reason the District Officials in Moyo queried the baseline report.

### **3.1.3 LESSONS**

- The project staff were willing and able to listen to the concerns of the district technical officers in Moyo. This suggests that there is in need to build flexibility in the planned activities during the project design so as to take into account any emerging issues that might impact negatively on the project during its implementation.

- The changes that were demanded by the Moyo Officials could have been anticipated if there were wide consultation on the methodology and approach for undertaking a baseline survey. Participatory methodologies would have been more effective in generating the necessary information during the baseline survey and would have incorporated the issues raised at the report sharing workshop.

#### **3.1.4 RECOMMENDATIONS**

1. Given the concerns of the district officials in Moyo District, there is a need for have a clear buy-in strategy for joint planning that involves both the associates and district officials. This would in turn ensure that project objectives are shared at the start of the project and stakeholder commit to supporting their implementation at different levels.
2. The buy-in strategy should be linked to developing a sustainability strategy in which local governments institutions, associates and other stakeholders undertake and committee themselves to continue activities during post-project implementation period. .
3. At the start of the inception phase, MOUs should be signed with7 associates and DENIVA the national partner. The MOUs spelt out their contribution to the project during the implementation period.

### **3.2 Assess the progress towards the achievement against overall objective**

#### **3.2.1 OVERALL OBJECTIVE**

The Overall Objective of CECAG was that *“By 2010, collaboration between civil society organizations and Local Government Institutions in the West Nile Sub-Region is strengthened for improved governance, accountability and service delivery”*.

To achieve the overall objective, the CECAG project was implemented in West Nile districts of Nebbi, Moyo and Adjumani between the months of December 2008 and July 2010. The project was initially supposed to last 18 months but was extended to twenty months. A total of six sub-counties (two sub-counties in per district) and 1 Town Council (Adjumani Town Council) were selected for the implementation of the project activities. In each sub-county three schools and two health centres were selected. Thus a total of 21 primary

schools and 15 health centres were selected. Although adjumani Hospital is not a health center, it was selected by virtue of its location in the Adjumani Town Council

**Objective 1** *By 2010 the communities at the grassroots in Nebbi, Moyo and adjumani are empowered to monitor and evaluate the performance of Universle Primary Education and the Quality of Health Services*

The planned activities under this strategic objective were the following:

1. 630 (35 per parish would be mobilized to operate the community Based Monitoring and Evaluation Systems (CBMES)
2. ; 9 schools (3 per sub-county per district) would be mobilized to participate in Child Education Monitoring
3. 3 dialogue meetings per sub-county per quarter would be organized and held to share monitoring information
4. 2 radio progammes per month per district

### **3.2.1.1 ACHIEVEMENTS**

- 35 beneficiaries per parish per district in the selected sub-counties were oriented in Participatory Monitoring and Evaluation to establish the Community Based Monitoring and Evaluation Systems (CBMES).
- The community Based Monitors and Child Education Monitors oriented to carry out monitoring activities in schools and create engagement between school heads, teachers, parents on issues such as high drop out rates, staff absconding from duty.
- The Process Facilitators were given advocacy skills to use to engage with policy makers at different levels.
- User-friendly monitoring tools were developed and issued to Child Education Monitors
- A total of 294 instead of 147 child monitors were selected to monitor Universal Primary Education,. This was because, each school selected 14 (2 pupils per class) to participate in the child education monitoring activities. One the monitors in each class was a girl.
- The Child education monitors were provided with books and pens which acted as the monitoring tools.
- Dialogues were organized at the level of the facility instead of the sub-county to enable the full participation of the different stakeholders and to seek action for issues that might emerge.
- No radio programmes were organized in the first 12 months. Some programme were organized in the last 6 months of the project.

- The strategy to hold dialogue meetings from sub-county level to facility enabled the child monitors to interact directly with teachers and parents to find solutions to the immediate emerging issues such as teacher absenteeism, pupil drop outs and others.

### **3.2.1.1 CHALLENGES**

- The strategy to hold dialogues from sub-county to facility meant that findings were localized to the facility such as school and health centre. While this was useful in finding solutions to immediate problems, it could not solution to long-term problems affecting the education and health sector that require collective decision making and the support of the policy makers at sub-county and district level.
- Once the sub-county meetings were not held, no district meetings could be held. Yet, districts are the policy makers who could provide the necessary support and ensure that the recommendation from the dialogues if accepted are incorporated within the district policy planning processes. This seems to have been a lost opportunity to engage with policy makers (councils and technical officers) at district and sub-county level. Although during school dialogues, the sub-county was represented by the Sub-County Chief, this level of engagement remained localized.
- It remained a challenge to organize higher level advocacy at the sub-county and district level during the duration of the project. While this should be appreciated as part of the innovation by the project staff, it should not have constituted a change in the strategy but a supplement to the quarterly sub-county dialogue as provided for in the project design. The sub-county dialogue brings in more stakeholders including local leaders (councilors) and district representatives. The issues from facility level would be discussed at sub-county level and those that are beyond the sub-county are taken to the district level during the district dialogue.
- 21 primary schools instead of 18 were selected to participate in the child education monitoring. Each of the seven associated was responsible for 3 primary schools which enabled them to gain hands on experience. While this is to be appreciated, there is no evidence of the having taken an analysis of the cost implications of additional schools selected to implement the activities
- Most of the project activities that were reported for the entire annual report were related to achievements in the child education monitoring activities but very little in primary health care services. While no explanation is offered in the reports the consultant has reviewed, it has been suggested that the issues affecting the health

sector such as drug stock outs were more external to the sector and beyond the control of the facility.

#### **3.2.1.1 LESSONS**

- Ensuring that child monitors remained engaged with monitoring activities has not been easy during the project implementation. The full support of the teachers and parents is very important. Some children in some of the schools delinked from the process as early as December 2009. The children lower classes of P1 – P4 looked too young to understand the purpose and essence of child education monitoring.
- Follow up by the appointed teachers, the matron and patron to oversee child monitors need to have clear terms of reference. They were wondering what they would do when the project closes. This would imply that they were recruited to do a job that would end with the project lifespan.
- There were no clear guidelines for teachers to orient the new crop of child monitors when one group completed a class and left such as those in P7 or climbed to a new class at the end of the year. Nor was there a mechanism to orient new patrons and matrons in case of the transferred or promotion of current ones.

#### **3.2.1.1 RECOMMENDATIONS**

- In future there is need for more comprehensive preparatory work to ensure that select institutions own the activities right from the inception phase to the completion phase so as to build the concept of sustainability as enshrined within the project design
- The full participation of all stakeholders at different levels need to be part of the implementation strategy so that policy makers, implementers and beneficiaries of the project interact continuously and not just at one level, the facility but also at different level as described in the project design.
- In the long-term, it is the impact of the project from which sustainability can be built and measured. However, the changes in the strategy that have been described in the preceding section seem to have focused on the short-term results.

## **CHAPTER FOUR: ASSESS OVERALL PERFORMANCE FROM THE PERSPECTIVE OF RELEVANCE, EFFECTIVENESS, EFFICIENCY, IMPACT AND SUSTAINABILITY OF THE CECAG PROJECT**

### **4.1 RELEVANCE**

The justification for the CECAG project was premised on CARE Uganda's experience and practice of working with communities and empowering them to have voice in matters that affect them in Local Governance institutions. CARE Uganda experience of having implemented the Initiative for Participatory and Active Collaboration (InPACT) in the West Nile Districts of Arua and Maracha-Terego influenced the choice of actions to in the CECAG project so as to extend the initiatives in the Districts of Nebbi, Moyo and Adjumani. This experience showed that without community participation, service delivery systems and decision making processes in local governance institutions would not achieve the aims for which they are intended. Moreover the experience of Care International suggests that working with Rights Based Approaches (RBAs) is an empowering tool for people at the grassroots that is likely to give them voice in engagement with decision makers and duty bearers for for pro-poor policies and improved service delivery.

The project was aimed at re-orienting two critical services that are inimical to communities viz. a) Primary Education and b) primary health Care (PHC). By the time of the project design, national level indicators from the Uganda national Examination Board (UNEB) showed that the performance of primary Education in the West Nile region was one of the worst compared to other regions in the country. The west Nile sub-region had some of the highest failures rates at the primary leaving examination (PLE). For instance the figures showed that in 20017, Primary Leaving Examination (PLE) only 137 (1.4%) out of 10,238 pupils who sat in PLE passed in grade one. Furthermore the District Development Programmes and Plans (DDPP\_) of the three respective Districts showed that there was lack of adequate teachers and those that were available tended to absent themselves from schools thus compounding the poor pupil performance. The sub-region also had some of the worst health indicators. This and other factors influenced the choice and reason for the interventions.

#### **4.1.1 THE PROJECT DESIGN**

The project design recognized that in order to achieve improvement in service delivery, there was a need to involve the beneficiaries in monitoring the quality and delivery of services. The concept of child education monitors that requires the participation of pupils in schools to monitor pupil and teacher performance was therefore identified as one of the key interventions that could contribute to achieving improved quality of Universal Primary Education.

The project was also designed to contribute to the improvement of the health sector service delivery through increased participation of Health Management Committees in the monitoring of the quality and delivery of services in the selected health facilities. In particular the project was intended to build the capacity of the Health Management Committees (HMCs) which have the mandate to supervise health care delivery at different facilities.

Overall, however, the design was to address the issues of governance through increased engagement between the communities and local governance institutions so that by end of the project, decision making at the different levels of local governance are participatory and local Government Institutions are accountable to the people for whom the decentralization policies are intended to serve and benefit.

The project was designed as a governance project to address issues of lack of participation of poor and marginalized people in decision making processes and lack of accountability to the rights holders by the duty bearers in Local Government Institutions. Having reviewed the Logical Framework and the hierarchy of objectives, it is noted that the project design was designed to achieve the following results:

- a) The poor and marginalized at the grassroots are empowered and given voice to demand high quality Education and Health services
- b) Credibility and capacity of CSOs are improved and CSOs pro-actively participate to influence decision making, policy planning, and to lobby for pro-poor policies.
- c) Decision making is participatory and local Government Institutions are transparent, accountable to the beneficiaries and all stakeholders.

#### **4.1.2 THE METHODOLOGY FOR THE DELIVERY OF THE RESULTS**

The methodology and approaches for the delivery of the project activities were based on Rights Based Approaches (RBAs) with the principles of participation and empowerment of

rights holders to directly engage with decision makers at different levels of local governance. The second aspect of the project methodology and approaches was based on engaging with duty bearers to make them accountable to the rights holders. In this way, child education monitoring was designed to give skills to pupils in primary schools to enable them to monitor Universal Primary Education (UPE) performance.

A recognizable achievement of this approach is the inbuilt attempt to overcome some structural impediments that belie the failure of most projects. A case in point is that in the implementation of the child monitoring activities, gender and participation were consciously taken into account. A case in point is that during the selection of the child education monitors an equal number of girls and boys were selected to participate in child monitoring activities ensuring that both male and female pupils were involved in the project activities.

In addition to Rights Based Approaches (RBAs), the project design also put emphasis on People Centred Advocacy (PCA). In this approach, communities have become part of the activity implementation process and have been mobilized to engage with local leaders to improve service delivery. Parents of pupils in primary schools have joined the teachers and the pupils to contribute to improved teacher and pupil performance by building temporary teachers' houses, contributing to food for primary pupils and engaging with local leaders to improve the hygiene and sanitation at the schools.

The key to the success of the project was to involve the Civil Society Organizations (CSOs) in the three districts to implement the project as Associates. In turn the capacities of the selected Associates were to be built after identifying their capacity needs. The involvement of the local CSOs in the implementation of the project activities was intended as a two pronged strategy. The first was to ensure that groups with knowledge of the local situations would facilitate the quick acceptance by the communities of the project interventions. The second was to ensure that the knowledge and experience derived from the project would contribute to the sustainability of the project. Thus, with the support of local CSOs, the project took off as expected.

The project's approach to gender sensitivity meant that an equal number of girls and boys were selected to participate in the child education monitoring activities at the various schools that participated in the project. It also meant that at each two teachers, a male and female were selected to whom the child education monitors report. The girl child education monitors report to the female teacher (matron) and the boys report to the male teacher (patron).

#### **1. 4.1.3 ACHIEVEMENTS**

- In Panjala primary school, the parents contributed to the construction of three teachers house and the provision of food for the primary pupils. The teachers and pupils are motivated to stay at school all day which has helped to improve the attendance rate of the pupils in all classes in all the schools that were visited during the course of the evaluation.
- Parents of Angal Ayilla primary schools had made plans to construct pit latrines for teachers and had lobbied the District authorities through their sub-county to construct VIP latrines at the school. This informed the communities that their demands if made strategically can be met with positive response from the duty bearers.
- The PTA in Angal Ayilla primary school in Nebbi District had successful lobbied for and obtained sauce pans with which to prepare food for pupils from the CROWN Project funded by the Netherlands Government.
- The project has been appreciated by the Teachers, Parents Teachers Association and School Management Committee in the schools that were visited. In a meeting at Angal Ayilla Primary School, the chairperson of the School Management Committee had this to say “we thought CARE would come and construct pit latrines. But now CARE has made us realize that if we to achieve anything it is us to do it... we had four completed teachers houses which could not be occupied because they lacked a latrine but through interface with the district authorities we demanded and the latrine was constructed”

#### **4.1.4 CHALLENGES**

A project that seeks to engage with local Governance processes is a complex process and requires a lot of time and perseverance. Indeed some activities could not be implemented because it takes time to change people’s attitudes and behavior. Thus while some parents for instance supported the idea of providing food to their children at school, others refused to do so arguing that they did not have the food or money to contribute. Others argued that it was the role of the government to feed the pupils because the President has consistently directed Teachers not to charge extra fees when UPE is supposed to be free. Some parents have literary interpreted this to mean the Government will meet all the costs for primary pupils.

Yet feeding is not one of them. Indeed the district education officials were having problems convincing both the parents and central government appointees to elt payments provide

food for children at school whether in cash or kind. According to the District Education Officer, Adjumani *“I am having difficulty convincing the district leadership especially the political appointees to accept the idea of paying for meals at school ... They argue that the President has banned payment of extra fees for UPE. Yet this is an initiative by some parents. Those who are opposed to the idea accuse the school heads of levying extra fees on pupils. Yet children need food to stay at school and most parents are not willing to provide the food.”*

#### **4.1.5 LESSONS**

The CECAG project was unlike any other project. It was different and focused on different interventions in that its emphasis in issues such as participation, empowerment, capacity building of CSOs and engagement with local authorities was different from what had hitherto been the experience of the CSO, the communities and the local authorities. During the course of this evaluation, the consultant had a lengthy discussion with the District Inspector of Education in Moyo district who suggested that *“the project should have targeted building the management capacities of the school heads instead of engaging children to monitor their teachers which might de-motivate the teachers”*. She further argued that *“the district has a method and sanctions of monitoring teachers and CECAG approach was distorting their own approach”*

CECAG project was different because, as District official in Moyo imputed, it was neither delivering services such as building schools, drugs to health centres nor was it designed as another capacity building project to train district officials in areas they are already familiar with such as financial management, report writing, project management et cetera. CECAG was designed to create a platform for duty bearers to engage with right holders at facility level and local government level for improved serviced delivery.

#### **4.1.6 RECOMMENDATIONS**

The CECAG Project has focused on critical issues such as participation, empowerment, engagement, rights based approaches, decision making in local governance institutions that are the core of civil society work. This is important and should be supported and promoted if people at the grassroots are to claim their rights and entitlements vis-à-vis duty bearers and decision makers. The consultant believes that the project is relevant. Empowerment and participation cannot be achieved unless they part of a long term process to transform society from a passive to a pro-active one.



An example of the Child monitoring tool where pupils record the daily teacher and pupil attendance attendance.

## 4.2 EFFECTIVENESS

The effectiveness of the project is measured according to how well and how difficult it the project performed during its implementation and how it contributed to achieving the strategic objectives. The objectives were logically designed to contribute to the overall objective as was seen earlier. In this respect, we have reviewed the planned outputs and linked them to the actual outputs. Under each strategic objective we have also looked at the achievements, challenges, lessons and recommendation.

### 4.2.1 STRATEGIC OBJECTIVE 2

*By 2010, the voice of Civil Society Organizations (CSO) in the selected districts of Nebbi. and Adjumani is strengthened to engage and influence pro-poor policy planning and formulation in Local Governance*

Under this objective, it was planned that 20 CSO leaders per district from 3 district CSOs improve their knowledge and implement Institutional government reforms in their

organisations; 60 CSO (20per district) leaders acquire relevant skills in policy analysis, advocacy and rights based approaches.

#### **4.2.1.1 ACHIEVEMENTS**

- 20 CSO leaders mobilised and inducted in strategic planning
- 2 CSOs assessed for their needs in Organisational Self-Assessment (OAS) and Organisational Development (OD) by DENIVA the national partner to the CECAG Project
- Capacity building for 3 CSOs in Nebbi District in strategic planning and organizational development
- All CSOs that the consultant interacted with had developed strategic plans for their organizations and others were in the final stages of developing them
- Follow up visits were undertaken to assess the competences of CSOs in all the three districts in the months of April – May 2010.

#### **4.2.1.2. CHALLENGES**

- Building the capacity of CSOs is a long term process and requires both technical and financial and material inputs,. The project design focused on technical inputs and less on financial and material inputs. This could have undermined the level of supervision and monitoring of project activities by the SCO Associates due to long distances involved. During the course of the evaluation, only one NGO indicated it had received a motorcycle for field based activities. The consultant was informed that at the close of the project, the computers and furniture being used by the project staff in Arua Sub-Office would be donated to the Associates.
- Although CSO have developed strategic plans, they have not been used to raise funds for the organizations. Thus it is not anticipated that funds will be available to continue the activities that have been incorporated within the strategic plans of the organizations involved in the CECAG project.

#### **4.2.1.2 LESSONS**

- Building CSO capacity is more than providing technical support that focuses on supporting them to develop policies and strategic plans. It means

- a) It is a long term focus including mentoring and coaching, support to governance structures to make them more participatory and democratic and to ensure that they become effective and efficient in their roles.
- b) Capacity building for CSOs is an important aspect of project implementation. However, the process needs to be part of the inception and phase-out process that focus on continuing activities beyond the project timeline.

#### **4.2.1.3 RECOMMENDATIONS**

- Building capacity of CSOs should in future be designed as full-time process so that it lasts the entire duration of the project rather than a few interventions.
- Capacity building for CSOs should include taken on a multipronged approach involving technical and financial and material support.
- The staff and management of CSOs involved in implementation of the project should as much as possible have the same capacity as the staff of project office. This requires that the criteria for selecting the associates and partners should be clearly focused. However, this would not preclude the need for capacity building for associates but would help strengthen them to deliver more effectively.

#### **4.2.2 STRATEGIC OBJECTIVE 3**

**Strategic Objective 3**, By 2010 *Local Government Institutions in the selected districts of Nebbi, Moyo and Adjumani have established public accountability mechanism*

Under this objective, the following outputs were planned:

- 60 Local Government officials and councilors acquire skills and knowledge of Rights based approaches;
- District and sub-county local governments develop and implement Public Service Client Chanters’;
- Local Government Institutions promote participatory decision making, are open, transparent, accountable and deliver high quality public services

#### **4.2.2.1 ACHIEVEMENTS**

- No training activity was undertaken for the district and sub-county officials in rights based approaches, therefore no skills and knowledge were gained.
- By the time of the evaluation the Client charters had been launched in Moyo and Adjumani Districts. In Nebbi District the Public Service Client Charter was due to be launched during the week when the project was due to close.
- One organization African Development and Peace Initiative (ADPI) was reported to have been invited to participate in the District Technical Planning Committee (DTPC) although the criteria for selecting the organisation were not clear.

#### **4.2.2.2 CHALLENGES**

- Developing the charters is one thing. Adhering to the provisions of the charters by public servants is another. By the time of the evaluation, the charters were not yet printed for wide distribution to various stakeholders. The charters were also not put on the notice boards as recommended and negotiated with the local government authorities although the project had facilitate the erection of the notice boards.
- The consultant accessed a copy of the Client Charter for one of the districts. The charter does not fulfill the criteria established for developing charters. The consultant reviewed the documents and is not satisfied that the Charter breaks new ground in Service Delivery processes. For instance, the charter has a number of gaps. The charter it does not state :
  - a) What happens when a service is not delivered according to the set regulations,
  - b) Whom does a rights holder inform if not attended to at the service facility
  - c) Who is responsible for the implementation of charter and what powers they have to enforce the charter commitments.
  - d) What actions can be taken on errant service providers if they fail to provide the service or if the service is sub-standard.



*These two notice boards for the Client Service Charter at Nebbi and Adjumani District Headquarters remain unused. The only information available are the care and EU Logos*

#### **4.2.2.3 LESSONS**

- Planned activities that involve working with Local Government institutions take a long time to be accomplished because, such institutions work within their own timetable and not that of the project.
- At the time of project design, it is useful to build such flexibility into the project to take into account the delays that might occur due to failure by the local authorities to adhere to the project timetable.

#### **4.2.2.4 RECOMMENDATIONS**

- Training of officials of Local Government Institutions by CSOs should be a negotiated process with them so that the benefits of such training are clearly defined.
- Support to Local Government Institutions to implement government policies should go hand in hand with the support to communities to understand the purposed and intended objectives of such policy as the Public Service Delivery Client charters. This will enable the communities to be part of the implementation process.

### **4.3 EFFICIENCY**

#### **4.3.1 PROGRAMME FUNDING AND PRIORITIZATION**

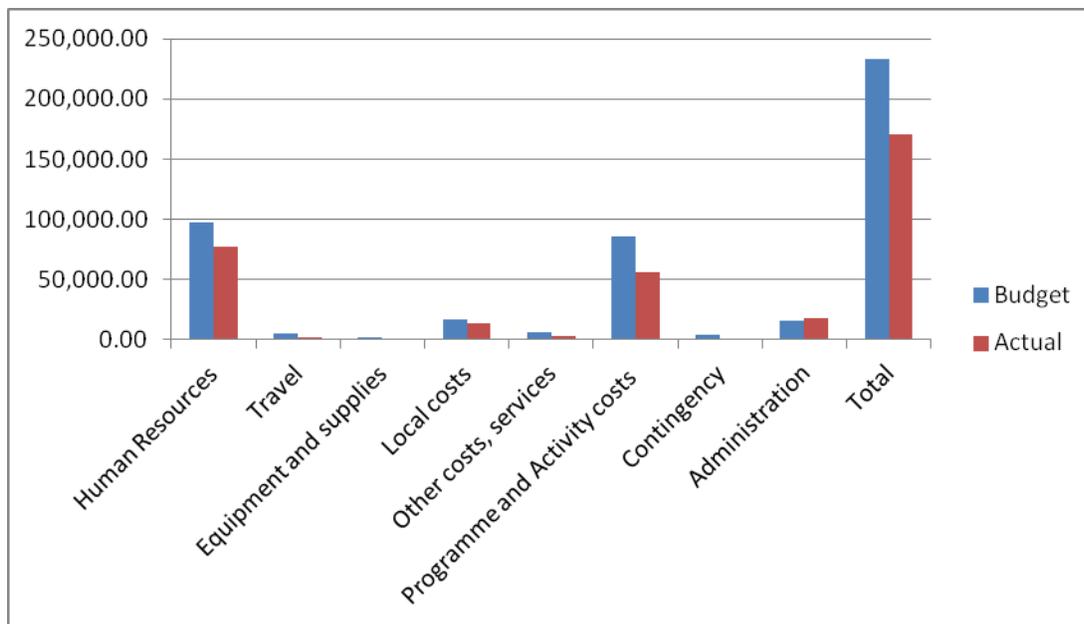
The consultant reviewed the project budget and the expenditure related to the projects activities and programmes. The consultant has observed that the total budget for the entire project is an equivalent of EUROS 231, 43.71. In the first year of the project the budgeted expenditure is EURS 150,910.33 and the second year budget is EURO 87,845.62

The budget for the project activities was divided as follows

Table 2: **Budget Performance (EURO)**

	<b>Line Item</b>	<b>Budget</b>	<b>Actual</b>	<b>% (of total expenditure)</b>
<b>1.1</b>	Human Resources	97,584.76	77,414.27	45.3%
	Performance (actual/budget)		79.3%	
<b>1.2</b>	Travel	5,476.26	1391.26	0.8%
			25.4%	
<b>1.3</b>	Equipment and supplies	2,384.00	530.11	0.3%
			22.2%	
<b>1.4</b>	Local costs	16,929.74	13,201.98	7.7%
			78.0%	
<b>1.5</b>	Other costs, services	6,000	331.65	1.9%
			55.5%	
<b>1.6</b>	Programme and Activity costs	85,468.59	56,352.28	32.9%
	Performance (expenditure/budget)		65.9%	
<b>1.7</b>	Contingency	3,652.16	512.08	0.3%
	Performance (expenditure/budget)		14.0%	
<b>1.8</b>	Administration	15,154.26	18318.76	10.7%
	Performance (expenditure/budget)		120.9%	
	<b>Total</b>	<b>232,649.77</b>	<b>171,052.39</b>	<b>100%</b>
	<b>Performance expenditure/budget</b>		<b>73.5%</b>	

Table showing budgeted and actual expenditure for the various line items



The figures in the table 2 show that two line items of Human Resources and programmes and activities received the largest share of the total budgeted funds for the entire project. The budget for the project according to the Table 3 shows that out of the €231,843.85 was budgeted, € 171,052.39 was spent during the duration of the project. The table also shows that out of the € 171,052.39 that was spent on the entire project an amount of €77,414.27 (45.3%) was spent on human resources while € 56,352.28 (32.9%) was direct expense on programmes and activities. An amount of € 18,818.76 (10.7%) was spent on administration costs. The figures show that of 67.1% of the total expenditure was spent on human resources, travel, other costs, local costs, contingencies and administration costs.

The table also shows that while € 232,649.77 was budgeted for expenditure for the duration of the project, only € 171,052.30 ( 73.5%) was actual expenditure indicating an under performance of Euros 61,597.38. it is not clear whether the entire budget was funded and money released and how the balance will be used as the project closes (losed at end of July). On further analysis, however, the figures show that of the total budget for human resources amounting to € 97,584.76, €77,414,27 (79.2%) was actually spent. However, of the total budget for programs and activities of €85,468.59 only€56,352.28 (65.9%) was spent. This shows an under performance of the budget in the two areas that were critical for project success. On the other hand, it is noted the administration budget over performed by 120.9%. While an amount of Euros 15,154.26 was budgeted for administration, euros 18,318.76 was actually spent.

The under performance of the budget for programmes and activities could be the reason why CSO Associates and process facilitators complained of late disbursement of funds and the failure to remit facilitation for process monitors. The consultant examined the list of human resource recruited for the project and wishes to note the absence of an accounts assistant. This might partly explain why disbursements tended to delay and partly the reason why accountabilities by Associates tended to delay.

The under performance of the budget for the programmes and activities, however, was partly because of the failure by CSO Associates to fulfill the requirements for accountability for funds disbursed to them both on time and in the manner prescribed to them. The consultant was informed that CSO Associates had problems fulfilling their obligation to remit accountabilities on time for the funds disbursed. However, it is also partly because some of the Associates did not have capacity and financial management systems including bank accounts. The capacitybuilding assessment reports accessed by the consultant show that some of the Associates were by May 2010 yet to open bank accounts. One CSO associate had opened an account with a Saving and Crediet Cooperative Organization (SACCO) which is not a recognized commercial bank.

Another issue that could partly explain the underperformance is that some process monitors had stopped functioning due to a number of reasons including a) delays by the Project Office in Arua to remit funds on time b) reduction in the amount of money promised to for their allowances. The consultant was informed that at the start of the project process facilitros were informed that they would receive shs. 20,000/= per month but was later reduced by the Project Office for reasons they were not given. CSO Associates argued that the monthly allowances due to them for supervision and monitoring used to delay, and this curtailed their role to monitor and supervise process facilitators. A staff of one of the CSO Associate argued that “we were hampered by lack of funds yet the process facilitators needed continuous monitoring and if they were not regularly visited, they stopped work”.

#### **4.3.2 PARTNERSHIPS IN THE PROJECT**

The implementation of the project was undertaken with DENIVA as the national partner, The responsibilities of the national partner included the following:

- a) Strengthen the associates in the areas of Organizational self Assessment (OAS)
- b) Facilitate organization Development (OD) for the associates to strengthen their governance structures.

Consequently, DENIVA carried out the activities at two levels. Level one was to undertake a needs assessment. A two day workshop was organized and attended by the associates in all the three districts. 27 participants representing the six associates attended the workshop. By the end of the two day workshop a number of key capacity areas were indentified. Level two was to carry out the OAS/OD and Level three was to undertaken follow-up activities to assess the achievements of the capacity building activities. From the information available all the level were fulfilled. In addition to the capacity building activities. DENIVA introduced the Quality Assurance Mechanism (QuAM), a self-regulatory mechanism for NGOs being championed by DENIVA and NGO Forum to the associates in West Nile Sub-Region.

#### **4.3.3. CAPACITY BUILDING OF CSOs**

The CECAG project was implemented in partnership with associates (CSOs) located within their respective districts. A total of seven (7) associates were selected to participate in the project implementation. At the time of the project design, however, it was noted that some of the associates lacked the necessary capacities to effectively deliver on the project objectives. The finding of the Capacity Needs Assessment (CNA) carried out to assess the competence level of the associates showed that:

- a) Staff of the associates lacked skills in advocacy, lobbying, community based monitoring, documentation, resource mobilization and lacked experience in applying participatory methodologies. .
  - b) Associates had weak governance structures and some of the board members did not understand their roles and responsibilities. In some of them board members were inactive and showed no interest in the organization especially if their individual interests were not met. Board member lacked team spirit and team work; while most associates had no clear guidelines on how board members were selected to serve on the boards.
- Most Associates had weak or no functional systems, policies and guidelines such as financial systems including bank accounts, human resource policies, procurement guidelines, staff recruitment policies and others.
  - Associated need strategic interventions to develop strategic plans, fundraising policies, human resource policies etc.

##### **4.3.3.1 ACHIEVEMENTS**

- Care Associates and process facilitators in Moyo District were trained in policy analysis in a two-day workshop in 14 -15 July 2009
- 26 Care Associates and Process Facilitators in Moyo District were trained in Rights based Approaches (RBAs) and advocacy skills from 16 – 17 July 2009
- The associates were trained in Policy Monitoring and Resource Tracking and were also provided with PRM Resource handbooks to enable them the orient the Process Facilitators to be used for reference.

#### **4.3.3.2 THE CHALLENGES**

- From the foregoing, it shows that at the start of the project, most CSO associates had weak internal governance and administrative systems. This might partly explain why the budget for programmes and activities for the programs and activities under performed. Working with civil society with limited organizational and institutional capacity poses a big challenge for a project such as CECAG. This is partly because they require continuous mentoring and coaching to enable them become effective which might be time consuming for the project. .
- Lack of capacity might have contributed to the delays in release of funds to the associates. Some of the associates the consultant interacted argued tha funds tended to delay and this affected their efficiency and ability to function on time. As one of officials of the Associate put it *“the project staff tended to treat as conduits for money and not as partners. We were not given sub-grants but had to first account in order to receive the funds. This delayed some activities and affected the monitors.”*

#### **4.3.3.3 LESSONS**

Capacity building is more than having structures and policies. It is also a way in which an organization functions and the practices within the organization that contribute to capacity. On the basis of the analysis above, most of the associates had no functional structures by the time of the project. By the end of the project some of them had made improvements and others such as ADPI had strengthened their systems, procedures and policies. This makes associates such as ADPI good candidates to include in the future design of similar projects.

#### **4.3.3.4 RECOMMENDATION**

- In future, capacity building should be given a bigger stake in the design of such projects so that local organizations can benefit from the synergies with national organizations and institutions with long experience in capacity building.
- Although the consultant did not undertake an organizational assessment of DENIVA as a capacity building organisation, there is no evidence to suggest that it has experience in such undertaking. It might be useful in future to partner with organization that have a track record in capacity building so that they can play a more strategic role in the project. Having examined the capacity building report prepared and submitted by DENIVA, the consultant has doubt whether the Associates benefited as much as was expected.

#### 4.3.4 ORGANIZATION SELF-ASSESSMENT AND ORGANIZATIONAL DEVELOPMENT (OAS/OD)

The Consultant reviewed the training reports prepared by the national partner, DENIVA, and also had discussions with staff of the various CARE associates involved in project implementation to ascertain the extent of capacity building in the key areas identified in the table below. According to the findings of follow up visits conducted by the national partner, DENIVA, in the months of April 2010, there were a mix of achievements that had been attained by March 2010:

Table 3: **Summary of assessment of the capacities of CSO Associates**

Name of organization	Fully Developed Strategic plan	Partially developed Strategic Plans/not yet started	Functional financial systems/Audited accounts	Improved board – secretariat relationships	Board playing its roles and responsibilities	Policies in place: HR, FM; PP
ADPI	☑		☑	☑	☑	HR; FM
Dzaipi	-	Not yet started on the process	No bank account/SACCO account	Only two members active	Divided board	No policies in place
CEPAP		☑	☑	Coordinator is secretary to board	No board meetings	HR;FM; PP
MAHA		Not yet started	☑ with bank account/audited a/c		Regular board meetings	Draft HR/No PP

TGSM		☒	☒ with bank account		Quarterly board meeting; roles well defined	Draft FM;
CUWEDE		☒	☒		Quarterly board meetings	HR/BODM
Life Concern	None	No draft	No financially systems	Executive Director only person with knowledge of the organization	Board members lack information about the organization	No structures, policies and manuals in place

Key: HR = Human Resource; FM = Financial Manual; PP = Procurement Policy; BODM – Board of Directors Manual.

#### 4.3.5 PROJECT MONITORING AND REPORTING

A key aspect of the project was the elaboration of the Monitoring and reporting process to be followed. During the project design it was planned that there would be:

Planned activity	Achievements
1. Quarterly review meetings between project staff and associates	<ul style="list-style-type: none"> <li>No quarterly review meetings were organized</li> </ul>
2. Annual Review meetings attended by Management of Care Country Office, Project Staff Staff, associates and district officials	<ul style="list-style-type: none"> <li>No annual review meetings were organized. This was a missed opportunity to discuss strategies for sustainability of the project achievements and successes.</li> </ul>
3. Quarterly reports produced and circulated	<ul style="list-style-type: none"> <li>Quarterly progress reports produced and circulated.</li> </ul>
4. Annual Progress reports produced and circulated	<ul style="list-style-type: none"> <li>One annual progress report from January – December 2009 produced and circulated.</li> </ul>
5. Documentation	<ul style="list-style-type: none"> <li>A documentation in DVD form of the lived experiences of various community groups had by the time of this evaluation been completed but not provided for public viewing. This needs to be done whether the</li> </ul>

	project has ended or not since the issues raised are pertinent.
6. Learning meeting/End of project review and phase out strategy developed	<ul style="list-style-type: none"> <li>• An end of project evaluation has been undertaken. A learning meeting for all stakeholders is yet to be organized.</li> <li>• No phase out strategy was developed</li> </ul>

#### 4.3.5.1 CHALLENGES

Throughout the project life span reporting was a challenge both for the project staff and Care Associates. Although a number of reports were accessed and reviewed, they lack adequate data on the activities that were implemented. In particular there is no gender disaggregated data. Thus apart from lacking the number of participants attending a workshop, the figures were not compiled according to the gender of the participants. This is a shortcoming running through most of the progress report which a governance project such as CECAG should have been conscious to avoid.

- Reports from Associates that the consultant had accessed are lacking in detail and are not formatted in the manner in which they would respond to the fulfillment of the project objectives. It is not clear whether the associates were oriented in the requirements for reporting at the beginning of the project.
- Some of the associates the consultant had discussions with were not sure about the continuation of the project even when it was clear that they knew the project was closing. This could have been due to lack of a phase-out strategy that would have guided on what to expect at what time. This could be because of failure to organize the annual review meetings at which such issues like phase out strategy would be discussed and associate become clear on its implication. On the other hand, some associates argued that channels of communication were not clear and efficient. Thus there were delays in receiving information and feedback from the CARE Arua Sub-Office.

#### 4.3.5.2 LESSONS

- The annual review meeting was designed to be attended by CARE Country Office management, project staff, partners and associates, local authorities and representatives of people at the grassroots.
- The purpose of the annual review meeting was to share information on the progress of the project which would have also served as a learning meeting.
- Much more importantly the annual review meeting would have served as a platform to discuss the sustainability strategy and phase-out strategy for the project.

#### 4.3.5.3 RECOMMENDATIONS

- A phase out strategy and sustainability strategy are an important part of the project implementation since they inform whether or not the successes and achievements of the project will be sustained. They should be taken seriously while designing and implementing the project.
- The project should have clear guidelines and formats for reporting. In particular, gender disaggregated data should be emphasized so that participation of key stakeholder can be properly assessed on the basis of gender inclusiveness or exclusivity.

## 4.4 Impact

Governance projects require that they are implemented overall a long period. The eighteen months of the CECAG can be looked at as pilot phase of the project. In this period, much of the time is spent on building relationships and the confidence of the various stakeholders to buy-in the project objectives and understand the different roles of the various actors. It is therefore pertinent that much of the results are at the output level and very few at the outcome and impact level. Measuring the impact of an eighteen month project and seeking to understand how sustainable its interventions are can only be assumed.

### 4.4.1 RESULT AREA 1

**The poor and Marginalised people at the grassroots are empowered and given voice to demand high quality Education and health services**

#### 4.4.4.1 ACHIEVEMENTS

- According to the reports accessed by the consultant, the CECAG project organized interface meetings that were attended by school management committee meetings, the PTA committee members, members of the Health Management Committees (HMCs), local leaders and Child monitors. During the interface meetings, actions points are drawn.
  - As a result of the interface meetings, parents were willing to support the decision to start a school feeding program to enable their pupils in primary schools access food at lunch time. This would act as an incentive to address the high drop out rates for primary schools in the area. Two of the Schools visited by the consultant had already started this process including angal Ayila primary school in Nebbi District. In Panjala Primary School in Moyo district parents had promised to support the school feeding programme in the third term if the harvest are good. In Adjumani, however, negotiations were still going on with the District Authorities who were opposed to the proposal because of the Presidential directive not to charge extra fees for school under the Universal primary Education (UPE) programme.
  - To facilitate the interface meetings, however, the project has supported the revival of Parents Teachers Associations in all the 21 primary schools under the CECAG project. Five of the schools are reported to have elected new Parent Teachers Association (PTA) Executive Committees. The PTA work hand in hand with School Management Committees to oversee the monitoring activities in the selected schools. The PTAs are elected from among the community members which ensures their legitimacy as democratic institutions while School Management Committee (SMC) are appointed by the Local Government authorities and remain in their positions at the whim of the appointing authority.
  - **Strengthening of Health Management Committees** - In the health sector, voice has been given to the Health Management Committees (HMC) to be pro-active vis-à-vis the health workers and to engage them to provide the care and services expected of them. In a meeting with the health management Committees of Painya Health Centre the lobbied successfully and were given a Clinical officer to manage the health centre by the Sub-county.
- .1 HMCs also reported that they had started engaging the sub-county and district authorities to increase the staffing levels of the health centre. According to the CECAG project staff, another successful intervention by the communities was the resolution to repair a road leading to Paminya Health Centre 3 which had been successfully done.

- .2 The committees further noted that they meet more regularly unlike before the project when most meetings did not take place. HMCs are also reportedly more involved with health management issues than before including supervision of issuance of drugs. Some of them remarked that *“when the drugs are available we make sure they are properly handled and we monitor how the drugs are being issued to patients”*.

#### **4.4.4.1 CHALLENGES**

- The health sector seemed not to have benefited as much as the education sector from the project activities. Indeed under the CECAG, there have been more reported education sector activities than those related to the health sector. This is not surprising. Most of the problems of the health sector such as lack of drugs due to late delivery and stock-outs, inadequate staffing, lack of adequate housing for staff, lack of motivation of staff and others are largely beyond the capacity of the community and the health management Committee to address.

#### **4.4.1.1 LESSONS**

- A key lesson from the above analysis is that if given voice, communities are likely to find solutions to problems that they are faced with. As noted earlier, parents of pupils in primary schools have resolved to provide lunches to pupils so as to encourage the children to stay in school rather than go home to look for lunch and end up not going back to school in the afternoons.
- The project seemed to have successfully unlocked the potential of the community to support programmes and activities that have direct benefits to them and their children. The increased participation of parents in the management of schools and somehow the health facilities shows that they are directly concerned about quality and delivery of services and not as apathetic as it is usually assumed.
- The CECAG approach of giving voice to people at the grassroots seems to have challenged them to find the solutions to the problems that they are faced and not look for solutions from external sources. At least this was the case with Universal Primary Education (UPE).

#### **4.4.1.4 RECOMMENDATIONS**

- The design of project that puts emphasis on giving voice to people at the grassroots is a worthwhile undertaking. This should be encouraged to continue and future projects should put more emphasis on this aspect of the project. Unfortunately, the project has ended at the time, when the efforts of the communities are beginning to pay off and we not observe and share in the post project successes and achievements.
- People at the grassroots are knowledgeable about the problems of service delivery systems in their respective areas and at the local facilities. They are willing to make a contribution to find solutions. This needs to be supported. CECAG has already demonstrated that this possibility which should be replicated in other areas both within and beyond the project. Local Authorities where the project was implemented are faced with the challenge of ensuring that that this happens.
- It is the interest of local authorities and communities to ensure that this practice is continued. Local Governments may, however, need to work with Care Associates who have experience in community mobilization and harness their experience and expertise.

#### **4.4.1 RESULT AREA 2**

**Credibility and capacity of CSOs are improved and CSOs pro-actively participate to influence decisions making, policy planning and to lobby for pro-poor policies.**

#### **4.4.1 ACHIEVEMENTS**

- The consultant had occasion to meet with Care Associates who are responsible for the implementation of the project activities. The associates were responsible for the organizations the consultation meeting in the different sub-counties that were selected for the field activities. The consultant had extensive discussions with both the officials of the CARE Associates and the Community Process Monitors. During the course of the discussions that took place, it was evident that CARE associates were visible and were clear on the objectives and expected results of the CEAG project.

- In a meeting with Process Facilitators in Nebbi and Adjumani Districts, the consultant was informed that they will continue to play their role in the community because as they put it *“we were selected by community and we shall continue to serve them even after the closure of the project”*. On further probing, the consultant was informed that as process facilitators, there are benefits that accrue to the process facilitators that are beyond monetary gain. Some of them are consulted even on family matters thus making them confidants of some sort, a situation they regarded as rewarding. The consultant was further informed that as a result of their work, one of the process facilitators had been elected as Chairperson of the Parents Teachers Association in Moyo District.
- Others were already contemplating standing as local leaders in their communities. There was also an understanding that the work of the process facilitators had put them in good standing in the community and among some of the duty bearers to the extent that the duty bearers regarding the process facilitators to solve some of their problems. At one of the discussions with health workers at a health centre in Adjumani District, the nurse narrated that *“they process facilitators (monitors) had helped us a lot, Patients used to come one by one during the day which made our works a bit difficult. We talked to them and they mobilised the patients, to come in the early morning hours. Now we are a bit relaxed in the afternoons as most patients come in the morning hours. The monitors helped us achieve that.”*
- During the course of the evaluation, the consultant sought to know the contribution of the CSOs in policy influencing and policy implementation. The consultant was made to understand that some of the CSO executives had developed relationships with district officials. The consultant was informed, however, that these relations remain at personal level. While they can for instance be used to set up a quick appointment there is no evidence to suggest that CSOs in the three districts CSOs are now in the driving seat of policy influencing.
- As noted elsewhere in this report, CSOs do not have advocacy and lobbying skills that they can use to secure their position in policy engagement. Neither did they acquire skills in People Centre Advocacy that they have applied to gain a foothold in decision making processes. The few times that NGOs are invited to attend for instance budget conferences cannot be said to constitute policy influencing.
- One NGO ADPI was reportedly a member of the District Technical Planning Committee in Adjumani and seemed to enjoy good personal relations with local authorities in the district. However, they seem to be there as individuals and have not mobilized fellow CSOs to broaden the agenda of engagement with policy work.
- As part of their lobbying and advocacy, the Project staff developed a number of policy briefs that they used to discuss policy related issues in UPE and Primary Health Care. For instance the consultant had access to two policy briefs on a) *National Policy*

*Changes in Drug Procurement, Distribution and its Effects on Health Service Delivery and b) Care International in Uganda Awakens Parents Interest in Primary Education in the Districts of West Nile Region.* The contribution the policy briefs have had to informing policy debates in the three district is not clear.

#### **4.4.1.1 CHALLENGES**

- The last monitoring activity at Adjumani was undertaken in July 2009. During the conversation between the Consultant and the Hospital Administrator, it emerged that financial incentives that had been promised at the start of the project were later reduced to a lower amount. The process facilitators simply stopped doing their work.
- The issue of paying process facilitators could instead of acting as an incentive, it became a disincentive in a sense that once it was promised and not paid. This seems to have been the face of the process facilitators at Adjumani Hospital who lost interest in the work they had been selected to do when they did not receive the exact money they had been promised. As Hospital Administrator out it “we have completely lost touch with these people. I requested them to continue the good work they were doing inspite there being no money to pay them. They had made a good contribution to the work of the hospital by helping us to mobilise communities and informing them about things like immunization days.”

#### **4.4.1.1 LESSONS**

- The project’s approach to provide some capacities to the associates was indeed a good one. CSOs are willing and able to implement project activities for improved governance if given the necessary technical, financial and material support
- However, capacity building would be more effective if it become part of the project implementation strategy with a line budget to support the activities. In CECAG, it was designed as an output rather than a result area of its own. This would have been useful to provide the necessary resources and technical knowledge required to successfully implement such a project.

#### **4.4.1.1 RECOMMENDATIONS**

- During project design, capacity building for CSOs should be considered a Result Area with specific outputs and activities. A method of selection of associates should in future be established so that those that are selected meet with some minimum criteria. Those that are at the level of formation like Life Concern might be take a long time to be brought on board to implement activities for a project that is to last only eighteen months.
- Capacity building should be a continuous process during the duration of the project. If funds allow, a Capacity Building Advisor (CBA) should be appointed to respond to the numerous demands from partners and associates. In the event of lack of funds, a Project Manager with knowledge of capacity building processes should be recruited. Although the project had an Advocacy and Policy Coordinator, it is not clear whether advocacy training activities were organized to impart skills and knowledge to the associates.
- Capacity building requires that a more structured process be developed with clear guidelines and outputs. In addition a resource base to include training guides, advocacy handbooks, should be developed so that partners and associates can easily access.

#### **4.4.1 RESULT AREA 3**

**Local Government Institutions promote participatory decision making, are open, transparent and accountable and deliver high quality services**

#### **4.4.1.1 ACHIEVEMENTS**

- The CECAG project was intended to help improve the make Local Governments more accountable to the rights holders and beneficiaries for whom the Local Government System was established to serve. CECAG has organised district dialogues to share information about the project activities and progress.

- During an interview with the consultant, the district Planner in Adjumani indicated that they have included ADPI on the distribution list to regularly receive such information.
- In one of the Health Centre visited in Adjumani District, the consultant was informed that there was only half a tin of Septrin tablets; half a tin of quinine tablets; half a tin of fansidar tablets while coartem tablets for under five years were out of stock. At the health centre, there were no facilities for storing the vaccines and a person has to ride over five kilometers to another Health Center where they are kept to collect them. The health Centre did not have either solar or kerosene fridge where such vaccines could be kept.

#### **4.4.1.1 CHALLENGES**

- The baseline survey report found that in the selected districts there were deliberate efforts to conceal vital information on public affairs by government officials; weak or no mechanisms for sharing information on vital information on government policies to the communities and government policies were not popularized such as National Agricultural Advisory Services (NAADS), Peace Recovery and Development Plan (PRDP), Northern Uganda Social Action Fund II were not popularized as required by the implementation guidelines. During the discussions with project associates, the consultant sought to know if some of them had made efforts access resources under the NUSAF II and PRDP under the community empowerment component for their activities. The CSOs were not aware that such components existed.
- The baseline survey findings also found that in some of the districts such as Adjumani, budget planning processes do not reach the villages. They stop at the sub-county thus undermining the ability of the communities to influence resources allocation at the village level. This is in spite of the fact that there are guidelines that require Local Government for participatory planning processes involving villages and wards. In fact Section 36 (3) of the Local Government (Amendments) Act 1997, provides that *“The District Council shall prepare a comprehensive and integrated development plan incorporating plans of lower level local governments for submission to the National Planning Authority, and lower*

*level Local Governments shall prepare plans incorporating plans of lower councils in their respective areas of jurisdiction”.*

- Ministry of Finance, Planning and Economic Development (MFPED) has put in place guidelines for communicating information to the public. One of these is to display all the financial information through notice boards. However, Ugandans do not have a good reading culture. The information can only be accessed to a small number of people.
- The consultant has reviewed the different reports prepared by the project staff and has not come upon evidence to suggest that Local Governments are open, transparent, accountable and deliver high quality services. The consultant was informed that all the health centres had not received medical supplies since May 2010 from National Medical Stores (NMS) and no explanation was given either by the NMS or the Local authorities.

#### **4.4.3.4 LESSONS**

- The process of instilling downward accountability within local governments needs to be intensified by continuous engagement with local government officials to make it part of the institutional culture.
- The processes of sharing vital information between local authorities and communities would go a long way in creating an understanding and appreciation by the rights holders of the challenges faced by local governments as duty bearers in the performance of their duties and responsibilities.
- Providing information to people at the grassroots is one way of ensuring downward accountability. The current practice of displaying information on notice boards at district and sub-counties can only benefit a few people.

#### **4.4.3.4 RECOMMENDATIONS**

- Local authorities need to put in place information sharing mechanisms to improve downward accountability to the people at the grassroots. Given the proliferation of FM radio stations country wide, it would be useful to make provide information on service provision to the media houses which could be broadcast as news items rather than incur heavy expenses on adverts in the newspapers.

- CSOs in the district should take advantage of the opportunities being offered by the local authorities to mobilize people at the grassroots to collect their views on quality and delivery of services and share it with local authorities during planning meetings and with national level stakeholders. In this way, their representation at such important forums as the District Technical Planning Committees (DTPC) would be put to good use.

#### **4.4 Sustainability**

The consultant would like to observe that:

- i) No sustainability strategy document was developed to guide both the project staff and the stakeholders during the phase-out process and the post-project period. As the project office comes the various stakeholders have not understanding as to the next steps. The consultant believes that CARE could have provided some bridge funding in form of sub-grants to CSO Associates to enable them continue some of the project actions to enable the further discussions with other development partners including EDF 10 for further financial support.
- ii) While no sustainability strategy document has been developed Efforts should be made to organize meetings in the various districts to share the report's findings, challenges, lessons and recommendation so that the various stakeholders can contribute to discussions and decisions on future steps. CARE Country Office should be able to facilitate such meetings .
- iii) District local authorities in the region indicated that they lack the financial resources to support the continuation of the activities. However, they were willing to support any efforts by CSOs to continue with project activities especially in the education sector if they are able to obtain funding for that purpose.
- iv) The role of national partners such as DENIVA, Ministry of Local Government (MOLG), Members of Parliament from the West Nile region and the Local Government in the selected districts was not clear right from project inception.
- v) These stakeholders are important in designing a phase-out and sustainability strategy that can help move the project forward. National partners would be obliged to either incorporate project activities in their strategic plans or

commit some of the available resources with the good work the project had started. For instance, NUSAF 2 has a component for community empowerment which local authorities can easily access to continue with project implementation.

During the course of the evaluation, the consultant held discussions with different stakeholders to find out what they were doing to ensure continuity of the benefits of the project in terms of successes and achievements. The following views emerged:

- i) The Acting District Education Officer, Neebi District suggested that the education office will lobby head teachers in other primary schools to replicate the Child Education Monitoring activities. The office would take advantage of the annual meetings of head teachers to encourage the heads of schools where activities had been implemented to share the information with others.
- ii) The CSOs informed the consultant that they had incorporated the activities in their Strategic Plans and will continue to implement the activities if the funding is available.
- iii) The Process facilitator observed that they are committed to continue to support and encourage the schools and health centres in the parishes and sub-counties in which they are located to share their experience and skills. Some of the process facilitators are being given leadership positions in their communities which they will use to support the
- iv) The school heads, the matrons and patrons in various schools where the child education monitoring was being undertaken, indicated that as long as they remain in the same schools, they will continue to support the activities. And if they are transferred, they will introduce the activities in their new schools. However, they were worried whether they could provide the monitoring tools such as the books and pencils to the pupils.
- v) The members of the Parents Teachers Association (PTAs) and School Management Committees (SMCs) indicated that the systems had helped improve the performance of the pupil and teachers even in the short time and would support the activities in the schools after the project closes.

#### **4.5 Overall Lessons**

The CECAG project lasted only twenty months. While empowerment of the people at the grassroots is a long term process, the CECAG project has demonstrated that it does not have to take a long time, for the people at the grassroots to fully and actively support and participate in actions whose objectives address their immediate and long term concerns and interests. Clearly improved governance, improved service delivery, participatory decision making, claiming their rights and entitlements are the core of any interventions that are of interest to the people at the grassroots.

Another lesson is that for impact to be felt, such a project must be a tripartite initiative in which all actors, the people at the grassroots, the civil society organizations and local government institutions must equally share the responsibility. During the discussions with various local Government officials, the consultant noted that most of them said “they know about the project and were always invited in the various workshops and activities organized by the associates and project office”. Very few of them could articulate clearly the objectives of the project and how their institutions were contributing to facilitate the actions taking place or how the actions being implemented were contributing to the improved service delivery in primary Health Care and Universal primary Education (UPE). One would have expected for instance, a situation where the appointment of members of the School management Committee (SMC) and Health Management Committee (HMC) would be a consultative process.

In one of the health centres the consultant visited, a new HMC Committee had been appointed but the Care Associate did not know what criteria had been used to appoint the committee nor was there a consultation with the Associate during the selection process. The obvious situation here is that decision making in local government institutions has not reached a level of being participatory, open and transparent. Nevertheless, the re-constitution of Parent Teachers Associations (PTA) in all the primary schools participating in the project is . The PTA;s being representatives of people at the grassroots should give voice to rights holders to engage with duty bearers in schools and local government institutions so that service delivery is improved and the benefits are felt directly. The improved performance of the pupils and teachers in the primary schools participating in the project in West Nile region is a good indicator.

#### **4.6 Overall Conclusion**

Given the above understanding of the lessons from project implementation, it is noted that most of the achievements are at the output level. The overall conclusion is that the higher level objectives and result areas could not have been achieved within such a short

time. Outcome indicators are incremental achievements in the life time of the project while impact indicators are final outcomes after project implementation that designate the changes that have taken place resulting from project implementation. Since the project design did not include outcome and impact indicators, the consultant is not able to state categorically the extent to which the overall objective and intermediate objectives have been achieved.

Issues of empowerment, accountability, participatory decision making are long term processes. They require many years of practice and continuous learning and capacity building at different levels for them to have the intended achievement at the impact level. This project should therefore be looked at a **Pilot Project** that helped set the stage for designing a much a long-term interventions that should contribute to achievement of long lasting solutions to a) poor local service delivery systems b) lack of accountability by local governance institutions c) low participation of people at the grassroots in decision making processes. The project seems to have been thinly spread in many schools and health facilities which could have affected the levels of achievement. In some instances activities at different facilities had stopped for more than six months but the CSO Associates and the process facilitators had no knowledge that they had stopped. The thin spread of the project activities could have equally affected the ability of Care Arua Sub-Office in its supervision role as some of the activities such as quarterly, half year and annual review meetings did not take place. Thus some short-comings could not easily be detected in time.

The project seems to have had more involvement with Universal primary Education than with Primary Health Care. This is evidenced by the fact that most of the achievements of the project are located within the the education sector and less so in the health sector. For instance, in all the health centres the consultant visited, there was an acute shortage of drugs, yet no action to engage either the district authorities nor the national medical Stores by the respective health centre management committee had been undertaken. There was also a visibly noticeable absence of engagement of communities in health management issues. No information was availed to the consultant that can confirm their participation. Most of the engagement was therefore with both health management Committees and the health workers at the facility.

The resurrection of the PTAs in schools energized the project and contributed to the successes in schools where the PTAs were very active. These structures need support to make them more effective in their work. There is a possibility that with the end of the project, they might lapse into inactivity. Schools where the PTAs were active were making

important decisions and had contributed to the improvement in the teachers and pupils welfare.

#### **4.7 Overall Recommendations**

6. Projects of this nature need a long time to have impact and be sustainable. The project timeline was too short to realize long term impact. In future, the project should be redesigned to last a minimum of three years. This would be helpful to ensure a longer phase-in process of at least six months to develop the necessary synergies with all stakeholders.
7. Given the achievements of the project within the short time of the pilot, there is need for a continuation of this type of project. This is will go a long way in consolidating the achievements of the project in areas where it has been piloted and in the rest of the districts. However, this would require that a model school and model health centre in each sub-county in each district would be selected so that it becomes a learning centre for the rest of the facilities to acquire skills and knowledge to replicate the project activities in their own facilities. This in turn would ensure that the project is a) implemented in all the sub-counties in all the districts b) ensure that resources are committed to implement the activities at the facility. However, capacity building would be provided to as many groups of people as possible to enable them become the change agents for the activities.
8. Process facilitators have been a key to the achievements of the project, however, in some places they seem to have understood their work as paid employment rather than as facilitator of community processes and as interlocutors of empowerment and accountability processes in local governance institutions. However, their recruitment, training, induction and deployment needs to be structured in such a way that they have clear terms of reference, guidelines and are adequately facilitated to perform their duties.
9. In the future design, the project should be launched as a tripartite initiative that involves the participation of district, CSOs and people at the grassroots. In each district, there should be a steering committee comprising of district authorities, associates, care project staff and representatives of the education and health committees. The same could be replicated at the sub-county level. This would enhance the information sharing and decision-making process towards sustainability and phase out-strategy.
10. In order to increase the sustainability of the achievements of the project, discussions should be held with local authorities at the inception of the project to incorporate the project objectives in the District Development Programmes and Plans so that the

project activities can be monitored as part of the district performance plan. This is because the benefits and achievements of the project accrue to the local authorities as much as to the people at the grassroots.

## **Appendix**

### Appendix 1. Terms of reference

#### **TERMS OF REFERENCE FOR THE FINAL PROJECT EVALUATION OF COMMUNITY EMPOWERMENT AND COLLABORATIVE ACTION FOR IMPROVED GOVERNANCE (CECAG) PROJECT**

**CARE UGANDA PROJECT IMPLEMENTED IN ADJUMANI, MOYO AND NEBBI DISTRICTS  
NOVEMBER FROM DEC 2008 TO JULY 2010.**

**JUNE 2010**

## **1) BACKGROUND**

The Government of Uganda has implemented the Decentralisation Policy since 1993 when a Local Government System was put in place. One of the aims of decentralisation is to “*ensure that functions, powers and responsibilities are devolved and transferred from the Government to Local government units in a coordinated manner.*” The Local Governments were also mandated to “*provide services in their areas and to monitor the provision of Government Services or the implementation of projects in their areas*”. The Decentralization Policy, also provides an opportunity to citizens to play a role in the governance and management of their own affairs. Article 38(2) provides that “*Every Ugandan has the right to participate in peaceful activities to influence the policies of government through civic organizations*”.

In spite of the enabling policy framework, there has been little or no effort to establish mechanisms for the participation of beneficiaries in policy planning and formulation under local governance systems. Local Governments are afflicted by high rates of corruption, embezzlement, mismanagement, misuse and lack of accountability for public funds, shoddy construction work, low quality and poor delivery of public services. The situation is exacerbated by the fact that the people at the grassroots and Civil Society Organisations lack the confidence, character and capacity to engage with Local Government Systems to claim their rights and entitlements. The apathy of the community and the lack of capacity of CSOs means that Local Government Systems either work with impunity to deny the people at the grassroots their benefits, deny them their rights and entitlements and subject them to destitution, poverty, want and exclusion from any development effort that should accrue to them.

## **2) COMMUNITY EMPOWERMENT AND COLLABORATIVE ACTION FOR IMPROVED GOVERNANCE (CECAG) PROJECT**

In line with the PEAP and CARE’s Long Range Strategic Plan (LRSP), CARE developed an 18 months (extended to 20 months) Community Empowerment and Collaborative Action for improved Governance (CECAG) project. The Project focuses on two key thematic areas that have a big impact on improving the quality of life of the people and which fall within the priority areas of the Poverty Eradication Action Plan (PEAP) – Now the national Development Plan and the Millennium Development Goals (MDGs) were identified for action in the project. These are: (a) Universal Primary Education (UPE); and (b) Primary Health Care (PHC).

The Community Empowerment and Collaborative Action for improved Governance (CECAG) project, was designed as an 18 months that was extended to 20 months. The project is funded by the 9<sup>th</sup> EDF Support to Decentralization Programme (SDP) and implemented by CARE International in Uganda, working in partnership with the Development Network for Indigenous Voluntary Associations (DENIVA) and seven associate community based organisations.

The purpose of the CECAG project is that by 2010 collaboration between civil society organizations and Local Government Institutions in the West Nile Sub-Region is strengthened for improved governance, accountability and service delivery. CECAG aims to create an enabling environment in which the poor and marginalized people at the grassroots and civil society organizations collaborate with local governance institutions that promote good governance principles in their actions. Good governance principles in this situation would entail that accountability and decisions making that are participatory, open and transparent and that rights holders, care givers and beneficiaries are able to measure and experience improved services; decisions that are made reflect their concerns and priorities at all local governance levels.

Other than the achievement of human rights to which Uganda has made commitment at the international level, this project is geared towards the realization of the Millennium Development Goals (MDG), especially goals, 1 - 6<sup>1</sup>.

#### PROJECT OBJECTIVES

- By 2010, the communities at the grassroots in Nebbi, Moyo and Adjumani Districts are empowered to monitor and evaluate the performance of Universal Primary Education (UPE) and the quality of health care services
- By 2010, the voice of civil society organizations (CSOs) in the selected districts of Nebbi, Moyo, and Adjumani is strengthened to engage and influence pro-poor policy planning and formulation in Local Governance

By 2010 Local Government Institutions in the districts of Nebbi, Moyo and Adjumani have established functional public accountability mechanisms

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<sup>1</sup> **Goal 1:** Eradicate extreme poverty and hunger; **Goal 2:** Achieve Universal Primary Education (Ensure that by 2015, children everywhere, boys and girls alike will be able to complete a full course of primary schooling); **Goal 3:** Promote gender equality and empower women; **Goal 4.** Reduce child mortality, **Goal 5.** Improve maternal health, **Goal 6.** Combat HIV/AIDS, malaria and other diseases

The CECAG project has been working with the following civil society and community based organisations:

National level: Development Network of Indigenous Voluntary Associations (DENIVA)

#### Adjumani district

- Dzaipi Empowerment for Rural Development Initiative (DERUDIA) and
- African Development and Peace Initiative (ADPI).

#### Moyo district

- Moyo AIDS Heroes Association (MAHA) and
- Counseling and Education Program on AIDS Project (CEPAP)

#### Nebbi district

- The Good Samaritan Action Ministries (TGSM),
- Community Uplift and Welfare Development (CUWEDE) and
- Life Concern (LICO)

In addition, the project worked closely with Nebbi NGO forum in most of its activities especially the trainings.

### 3) PURPOSE AND OBJECTIVES OF THE FINAL PROJECT EVALUATION

The purpose of this evaluation is to assess the extent to which CARE achieved the purpose, objectives and expected results of the Community Empowerment and Collaborative Action for improved Governance (CECAG) project in the three districts of Adjumani, Moyo and Nebbi<sup>2</sup> in West Nile. It's also to examine overall impact of the CECAG project on the communities in Adjumani, Moyo and Nebbi (+ Zombo) Districts. The findings will be used to contribute to the improvement of policies, processes, methods and inform future programming on governance, education and health. The evaluation will also act as a downward and upward accountability process by CARE to the different stakeholders involved in the implementation of the project.

#### ***Specific objectives:***

1. Assess the progress towards the achievement of project against overall objectives.

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<sup>2</sup> It should be noted that the district of Zombo was created out of Nebbi during the duration of the project and therefore the project site expanded to 4 districts, although this is not an SDP district.

- Community empowerment to monitor the performance of UPE and PHC.
  - level at which CSOs are influencing pro-poor policy planning and formulation in Local Governance
  - The functionality of the public accountability mechanisms established by the Local Government Institutions in the districts of Nebbi, Moyo and Adjumani.
2. To assess overall performance from the perspective of relevance, effectiveness, efficiency, impact and sustainability of the of the CECAG project
  3. To identify best practices and lessons learned with regards to the policy areas of (a) Universal Primary Education (UPE) and (b) Primary Health Care (PHC).
  4. To identify and provide recommendation to CARE and the key stakeholders involved to inform future programming.

#### 4) SUBJECT AND FOCUS (SCOPE)

The Evaluation of CECAG will cover the project planning, start up activities, implementation strategies, activities, outputs and outcomes as defined in the project documents. It will take into consideration the specific objectives and key target problem areas (UPE and PHC). It will also examine the adjustment made during the period of extension of the project.,. Specifically, the evaluation will assess:

- Review CARE Uganda relevant documents, i.e. LRSP, CECAG Document, Review Reports of CARE Governance work, CECAG activity reports; quarterly project reports, partner reports, Programming principles etc.
- The extent to which capacity has been built at the community, sub-county and district levels to address UPE and PHC
- Assess the extent to which the capacity of Project Associates have been strengthened as result of participating in the project
- Assess the CECAG Policy monitoring and advocacy strategies
- Review progress made with regards to empowering the poor and the marginalized to participate in UPE & PHC policies reviewed.
- Examine the partnership with DENIVA to assess its contribution towards achieving the project objectives and establish the effectiveness of the partnership.
- Benefits and challenges of a governance project in a post conflict region.
- Examine the level of collaboration between CARE and the districts
- Identify some of the key challenges encountered during the project cycle
- Identify best practices/lessons learnt or case studies from the target beneficiaries
- At least a minimum of two per district
- At least a minimum of two per sub-county
- Make recommendations to inform future programming on disease surveillance.

## **Main Evaluation Questions:**

### **Relevance**

The Evaluation will seek to establish the significance of the project to the target group:

#### *Related Questions:*

- a) How important have the project interventions been for the identified target groups/beneficiaries?
- b) To what extent have the project interventions addressed the core issues affecting the target group- have the needs, priorities and rights of the affected population been addressed by the interventions of the project?
- c) To what extent are basic principles - (human rights, gender equality,) addressed by the project?
- d) To what extent have international and national standards, policies and laws (MDGs, HSSP II, UPE) informed the project?
- e) What were the best practices and lessons/case studies learnt from the project?
- f) How different would one refocus the project in future?
- g) What key advocacy strategies can be employed to improve Governance work in future?
- h) Was the project necessary? Give your technical view and recommendations

### **Effectiveness**

The evaluation will seek to examine progress of implementation and whether the objectives of the project have been achieved. It will therefore seek to establish impact of the project on the communities in Adjumani, Moyo and Nebbi/Zombo districts and make analysis of future strategies for sustainability.

#### Related Questions:

- a) To what extent have the defined objectives of the CECAG been achieved?
- b) To what extent has the target group been reached and supported?
- c) To what extent were the originally defined objectives of the intervention realistic?
- d) What are the concrete contributions of CARE, Partners, Associates for achieving the objectives of the project?
- e) What factors were crucial for the achievement or failure to achieve the project objectives- what were the strengths and weaknesses during the project intervention?

### **Efficiency:**

The evaluation will seek to establish whether the objectives have been economically achieved within the given resources and time.

### **Related Questions:**

- a) Have the objectives been achieved in a cost efficient manner by the project interventions?
- b) To what extent have financial resources and other inputs been used efficiently to achieve results? What is the relationship between input of resources and the results – Are they appropriate and justifiable?
- c) To what extent have capacities and potentials in service provision been improved and used to achieve project objectives by the project implementing stakeholders?
- d) To what extent has the project used monitoring of progress and learning and reflection to inform programming, learning and accountability within the project?

### **Impact:**

The evaluation shall seek to establish the contribution of the project to the overall objective goal of the project in Empowering Women. This will involve the positive and negative, primary and secondary long term effects produced by the project intervention, directly or indirectly, intended or unintended.

### **Related Questions**

- a) What have been the results/changes caused as a result of the CECAG interventions
- b) To what extent have the originally (overall) project objectives been achieved
- c) What are the observable effects /impacts of the CECAG project on the identified target groups?

### **Sustainability**

The evaluation will assess the sustainability of the project achievements /impacts. This will involve the possibility of continuation of benefits after the project intervention has been completed and what the probability of long term benefits is.

### **Related Questions**

- a) To what extent will the project achievements be adapted sufficiently and be sustained by the districts, sub-counties and Associates?

- b) To what extent has the project strengthened local ownership, leadership and management in areas of implementation to ensure that the benefits continue after the life of the project?
- c) Are the implementing partner organisations/local government structures capable to pursue outcomes of the project in a sustainable manner?

## 1. TO BE CONSULTED

The exercise is expected to cover:

- Adjumani, Moyo, Nebbi/Zombo districts with special sample areas taken from target sub-counties.
- The District Health Offices, District Planners, District Education Officers of the three districts will also be sampled for comprehensive and inclusive mapping and reporting.
- Some members of the local government departments (DHOs/DHEs, Social Services, LCV, CAO, Sub-County Officials and Community members will have their views sought in completing this exercise.

## 2. METHODOLOGY

The consultant is expected to develop a detailed process document or tools for conducting the study. Work with the project staff, district and sub-county staff and Associates in reaching out to the target participants to the study and also to access some of the required documents for comparison of notes. In addition interview CARE Kampala staff (The Team Leader and Programme Director).

## 3. KEY DELIVERABLES

- a. An Evaluation Inception Report with details of methodology and approach to use
- b. Quick feedback meeting in the field with stakeholders to validate findings
- c. Draft report to be availed to CARE & partners to obtain feedback and comments.
- d. Revised report for presentation at Kampala level to obtain final comments
- e. A final concise, illustrated and easy to understand final evaluation report presented in the format below. (25 - 30 pages without annexes)

Maximal pages: 25/30

- Title page
- Index, List of abbreviation, map
- Executive summary
- Background
- Introduction
- Methods
- Evaluation Findings
- Conclusions
- Lessons Learnt
- Recommendations
- Annexes

## List of Participants

### 1. District Officials met

- |                                  |   |
|----------------------------------|---|
| 1. Mr. Ogen Stanislaus           | Senior District Education Officer, Nebbi District |
| 2. Dr. Jakor ryema               | District Health Officer, Nebbi District           |
| 3. Mr, George Lemeriga           | Senior Planner, Moyo District                     |
| 4. Mr. Michael Mari              | District Education Officer, Moyo District         |
| 5. Mr. Adebako Oboja             | District Health Inspector, Moyo District          |
| 6. Mrs. Palma Eyia               | District Inspector of Schools, Moyo District      |
| 7. Mr. Ben Olley Robinson        | District Planner, Adjumani                        |
| 8. Mr. P Aduma                   | Ag. District Health Officer                       |
| 9. Mr. Fred Moini                | Senior Planner, Adjumani\                         |
| 10. Mrs. Ujjewo Mamawi Josephine | District Education Officer, Adjumani              |

### Asociates

- |                         |   |
|-------------------------|---|
| 1. Pastor Chwinya Alex  | Good Samaritan Action Ministires, Nebbi                 |
| 2. Oscar Canyik         | Life Concern, Nebb                                      |
| 3. Patrick Gwokrick     | Civil Empowerment Programme on AIDS<br>Pandemic (CEPAP) |
| 4. Johnson Andrawa      | Moyo AIDS Heroes Association (MAHA)                     |
| 5. Dulu Lawrence Adarwa | Adjumani District peace Initiative (ADPI)               |
| 6. Bosco Draparaku      | Formerly Programme Officer, ADPI                        |
| 7. Isaac newton Kuga    | Dzaipi Empowerment for Rural Initiative<br>Association  |
| 8. Bulijo Geoffrey      | Dzaipi empowerment for Rural Initiative<br>Association  |

### others

- |                      |   |
|----------------------|---|
| 1. Ocuna Richard     | Parish Chief/ag. Sub-county Chief Nyaruvur Sub-county,<br>Nebbi |
| 2. Irama Christopher | Hospital Administrator, Adjumani Hospital                       |
| 3. Edea Cucu         | in-charge, Avra health Centre II, Adopi Sub-county              |
| 4. Okudra Dominika   | Nurse, Avra Health Centre, Adropi Health Centre II              |

## Focus Groups

### PANJARA Sub-County

#### NAMES

LULU SIMOIS  
AGNE ERNEST  
AMANDUGO MARK  
ADRAKU CONS  
FLAVIA MUGU

### PROCESS FACILITATORS-MOYO DUFIL SUB-COUNTY

#### PARISH

PEBUGU  
LEBUGU  
PANYANYA PARISH  
LALOPI PASRISH  
LALOPI PASRISH

#### PROCESS FACILITATORS

PROCESS FACILITATORS  
PROCESS FACILITATORS  
PROCESS FACILITATORS  
PROCESS FACILITATORS  
PROCESS FACILITATORS

15/07/2010

#### NAME

OKUMU EUGINE  
AMULA LINUS  
ANGLE O JANE  
UKETHWENGU J WILSON  
OMWON HENRY  
OWODHA MARIO  
ASSA DENIS  
JAPYEM GERALD KUDINYA

### PAMINYA HC3 NEBBI

#### POSITION

C/MAN  
HC PAMINYA  
N/ASST P.H.TL  
ASKARI  
V/M  
M.COMM  
PORETR  
ASKARI

### ANGAL-AYIBA PS NEBBI

#### NAME

RACIWU CHRISTINE  
ODONGKARA ROONEY  
AYERU NIMUNGU FUNNY  
GIRAMIA ANNET  
MASENDI GDWIN  
IRACHAN FOSCAR  
ABUBANGO ASAP

#### CLASS

P3  
P3  
P5  
P4  
P6  
P7  
P7

### NEBBI ANGAL AYILA PS

#### NAME

WATHUM MICHEAL  
  
MUNDURU EMILY  
POLLA ABRAHAM  
ANYOLITHO ALPHONSE  
HON ACEN JALOBO STELLA  
ACAYE MAGRET  
AJAROVA SOFFY

#### POSITION

V/PERSON MEETING  
SENIOR WOMAN  
TEACHER  
PTA C/MAN  
PTACOMM  
SMC  
SMC  
PTA

FUKOYA GABRIEL	SMC
AKUMU BETTY	PAT
ODAR JIMMY	PTA
JENEFER ADUBANGO	SMC
OBINGO C JACOB	CPSMC
ONUGU ATHINDHA ORELYC	SMC EXECUTIVE
ONEGI ANBERT	SMC
ONGIERA WALTER	TEACHER
OPAR MELLAG OVOYA	H/TECAHER
ASOYOCAN LILI	PTA
NEVEAU OKURA	PTA

**NEBBI**

<b>NAME</b>	<b>POSITION</b>
OVURU THOMSON	ACCOUNT ASSISTANT
OLWEDO GEOFFREY	PROGRAMME OFFICER
CANYIKA OSACR	FIELD OFFICER
OVURU GODFREY	PROCESS FACILITATOR
PITHUM INNOCENT	STAFF MEMBER CUWEDE
YOMBE COSMAS	FIELD OFFICE CUWEDE
AYENYA MAGRET	PROCESS FACILITATOR
ORWOTHO HELLEN	PROCESS FACILITATOR

**ETESO PRIMARY SCHOOL**

<b>NAME</b>	<b>AGE</b>	<b>CLASS</b>
VAGUTA I	11	P.4
RUYAMA EMMANUEL	17	P7
KANDARUKU BOSCO	13	P2
ASIGACI ROBERT	14	P5
UNZIA MAGRET	12	P3
AMIDA CHAGUA	13	P6
UNZIA SAMIRA	14	P6
ASITOLO GRACE	23	TR MATRON
ABIGA OLEA GEOFFREY	29	PATRON

**SMC PTA**

<b>NAMES</b>	<b>TITLE</b>
ANYANDA HENRY	SMC CHAIRMAN
ARALIO ANTHONY	LC1 CIP
MUNGUWEDIO JOYCE	H/TR/SECRETARY
AURELIA JOLOILE	SM C LC2 CHAIRMAN
AMILI SLAIM TAZ	SOCIAL SERVICE

**MTG WITH STAKEHOLDER AT JOJO P.S 21/07/2010**

NAME	POSITION
LADA DOMINIC	PROCESS FACILITATOR
EDEAD SABRINA	PROCESS FACILITATOR
KARIO FLORENCE	SMC MEMBER
IGANSA SETINO	PTA
INGAWURE PHILIP	PROCESS FACILITATOR
JURUGO PIUS MADHILE	PROCESS FACILITATOR
VUCIRI CONSTAINE	SMC C/MAN ETEJO
ASIENZO MARY	SMC NICH
JANE TABIT	PTA
FLORENCI ABAHO	PTA
AGOBASI MICAHEAL	SMC
AMACHA MOSES	SMC
ODEBASIKU MARTIN	PROCESS FACILITATOR
DOKA JUMA	PTA C/PERSON
JEA DOMINIKA TAKO	HEAD TEACHER

NAME	TEL
EBERUKU TARAKPWE	
PAULINE	MATRON 0782224511
NMUNGWEDIO JOYCE	782834847
AMEGOOU	PATRON 0775225814