



# UGANDA SANITATION FUND

## Country Programme Proposal

Revised draft  
reflecting the approved programme expansion

Ministry of Health

*February 2014*

## TABLE OF CONTENTS

<b>PART 1: INFORMATION SUMMARY .....</b>	<b>IV</b>
<b>PART 1: INFORMATION SUMMARY .....</b>	<b>IV</b>
1.1 BASIC INFORMATION .....	IV
1.2 LIST OF PCM MEMBERS.....	V
1.3 ABBREVIATIONS AND ACRONYMS.....	VII
1.4 EXECUTIVE SUMMARY .....	1
<b>PART 2: SANITATION SECTOR ANALYSIS.....</b>	<b>2</b>
2.1 COUNTRY INSTITUTIONAL SETTING.....	2
2.2 MAIN SECTOR PLAYERS: GOVERNMENT .....	2
2.3 MAIN SECTOR PLAYERS: NGOS/CBOs AND PRIVATE SECTOR.....	3
2.4 SANITATION AND HYGIENE PROGRAMMES IN THE PROGRAMME AREA .....	4
2.5 SANITATION SECTOR OVERVIEW .....	6
2.6 SITUATIONAL ANALYSIS FEEDING INTO THE USF PROGRAMME DESIGN .....	7
2.6.1 <i>USF Complementarities to National Efforts in Addressing Sanitation Challenges</i> .....	7
2.6.2 <i>Focus areas for the USF</i> .....	9
2.6.3 <i>Consistency with Existing Funding Arrangements</i> .....	9
2.6.4 <i>Collaboration with NGOs</i> .....	10
2.6.5 <i>USF as a Catalyst for Sanitation Financing in Uganda</i> .....	10
<b>3 SCOPING AND APPROACH .....</b>	<b>10</b>
3.1 PROGRAMME SUMMARY .....	10
3.2 PROGRAMME RATIONALE, OVERALL OBJECTIVES AND GUIDING PRINCIPLES.....	13
3.2.1 <i>Rationale and overall objectives</i> .....	13
3.2.2 <i>Guiding Principles</i> .....	13
3.3 IMPLEMENTATION STRATEGY.....	15
3.3.1 <i>Programme Components</i> .....	15
3.3.2 <i>Key activities for Component 1</i> .....	15
3.3.3 <i>Key activities for Component 2</i> .....	16
3.3.4 <i>Key activities for Component 3</i> .....	17
3.3.5 <i>Programme support (crosscutting) activities</i> .....	18
3.3.6 <i>Sequencing of activities</i> .....	18
3.3.7 <i>Activities not funded by the USF</i> .....	19
3.4 FIVE YEAR WORK PLAN AND BUDGET .....	20
3.5 SUMMARY OF ANNUAL WORK PLANS AND BUDGETS .....	20
3.6 EXPECTED RESULTS, OUTCOMES AND IMPACT .....	20
3.7 USF ORGANISATION AND MANAGEMENT .....	21
3.7.1 <i>USF Programme Coordinating Mechanism</i> .....	22
3.7.2 <i>USF Executing Agency</i> .....	23
3.7.3 <i>Country Programme Monitor</i> .....	24
3.7.4 <i>Sub-Grantees</i> .....	24

3.8	SUB-GRANTING PROCEDURE AND DISBURSEMENT OF FUNDS.....	25
3.8.1	<i>Approval process for Sub-grantee proposals</i> .....	25
3.8.2	<i>Estimate of grants to Sub-Grantees</i> .....	27
3.8.3	<i>Disbursement of Funds</i> .....	27
3.9	PROGRAMME M&E STRATEGY OUTLINE.....	28
3.9.1	<i>Existing M&amp;E practices</i> .....	28
3.9.2	<i>Outline of the proposed M&amp;E strategy for the programme</i> .....	29
3.9.3	<i>M&amp;E Responsibilities</i> .....	30
3.9.4	<i>Reporting</i> .....	31
3.9.5	<i>Baseline surveys</i> .....	31
3.9.6	<i>Core indicators for Component 1</i> .....	33
3.9.7	<i>Core indicators for Component 3</i> .....	35
<b>ANNEX A: LIST OF REFERENCE DOCUMENTS.....</b>		<b>36</b>

## PART 1: INFORMATION SUMMARY

### 1.1 Basic Information

Programme Title:	Uganda Sanitation Fund (USF)
Locations of Intervention:	Initially 15 districts of Katakwi, Amuria, Kaberamaido, Soroti, Serere, Kumi, Ngora, Pallisa, Kibuku, Bukedea, Amolator, Dokolo, Bushenyi, Sheema and Mbarara. In its fourth year, the programme shall expand to include 15 additional districts of Budaka, Butaleja, Bulambuli, Apac, Alebtong, Kole, Otuke, Lira, Maracha, Koboko, Arua, Yumbe, Zombo, Nebbi, and Moyo to make a total of 30 programme districts
Programme Cost :	Initially programme cost was USD 5,000,000 for a period of 5 years. The Programme expansion shall cost an additional USD 3,000,000 in grants and centrally procured activities. The Total programme cost in grants and centrally procured activities is USD 8,000,000
Programme Purpose:	Contribute to the reduction of morbidity and mortality rates due to sanitation related diseases among the people in the programme area through improved access to basic sanitation facilities and adoption of good hygiene practices.
Programme Components:	Three key programme components: <ol style="list-style-type: none"> <li>1. Creation of Demand for Basic Sanitation and Hygiene</li> <li>2. Strengthening the Sanitation and Hygiene Supply Chain</li> <li>3. Improving the Enabling Environment for sustained results</li> </ol>
Key Programme Management Principles:	<ul style="list-style-type: none"> <li>• A sub-group of the National Sanitation Working Group is the USF Programme Coordinating Mechanism.</li> <li>• The Ministry of Health (MoH) is the USF Executing Agency, consistent with Uganda's Long Term Institutional Arrangement for the management of all donor funds within the MoH.</li> <li>• Sub-Grantees are District Local Governments (LGs) and NGOs.</li> <li>• Project proposals are generated at the local level and must receive approval of the District Water Supply and Sanitation Coordinating Committees and the District Council before submission to MoH.</li> <li>• Funds are to be used for creating demand, improving the supply chain and establishing an enabling environment for improved sanitation and hygiene, as well as for capacity building at the local level to sustain results.</li> </ul>

## 1.2 List of PCM members

LIST OF MEMBERS IN THE PROGRAMME COORDINATING MECHANISM (PCM)						
COUNTRY: UGANDA				DATE UP-DATED: 27 <sup>th</sup> SEPT 2012		
No.	Name	Designation	Organization	Type of organization**	Contact details	
					Mobile	Email
1	Eng. Joseph Eyatu (Chairperson)	Assistant Commissioner Rural Water Supply and Sanitation, DWD	Ministry of Water and Environment (MoWE)	Government	+256 772 59 19 19	<a href="mailto:oriono.eyatu@mwe.go.ug">oriono.eyatu@mwe.go.ug</a>
2	Mr. Tom Aliti	Principal Finance Officer in the Planning Department	Ministry of Health (MoH)	Government	+256 772 574 789	<a href="mailto:aliti68@yahoo.com">aliti68@yahoo.com</a>
3	Ms Santa Ojok	Senior Inspector of Schools, Department of Pre-primary and Primary Education	Ministry of Education and Sports (MoES)	Government	+256 777 77 86 60	<a href="mailto:acio2004@yahoo.co.uk">acio2004@yahoo.co.uk</a>
4	Ms Damalie Namuyiga		Local Government (ULGA)	Private Sector	+256 772 824 704	<a href="mailto:Damalie.namuyiga@ulga.org">Damalie.namuyiga@ulga.org</a>
5	Mr Azarwa Hilary	Financial Manager	Uganda Water and Sanitation NGO Network (UWASNET)	Sector Networks & Forums	+256 776 36 78 88	<a href="mailto:hazaarwa@uwasnet.org">hazaarwa@uwasnet.org</a>
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7	Mr Samuel Mutono	The Chairperson of NSWG	NSWG	Sector Networks & Forums	+256 772 843383	<a href="mailto:smutono@worldbank.org">smutono@worldbank.org</a>
8	Ms Doreen Kabasindi	The National WASH Coordinator	Wash Coalition	Sector Networks & Forums	+256 776 36 78 88	<a href="mailto:dwanderer@uwasnet.org">dwanderer@uwasnet.org</a> <a href="mailto:doreenkabasindi@yahoo.co.uk">doreenkabasindi@yahoo.co.uk</a>
9	Ms Julian Kyomuhagi (EA) (Programme Manager - Secretary)	Assistant Commissioner EHD	The USF Executing Agency, Ministry of Health	Government	+256 772 42 93 36	<a href="mailto:julianakyomuha@yahoo.com">julianakyomuha@yahoo.com</a>

LIST OF MEMBERS IN THE PROGRAMME COORDINATING MECHANISM (PCM)						
COUNTRY: UGANDA				DATE UP-DATED: 27 <sup>th</sup> SEPT 2012		
No.	Name	Designation	Organization	Type of organization**	Contact details	
					Mobile	Email
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11	Mr. Osinde Owor	Commissioner Community Development	Ministry of Gender Labour and Social Development	Government	+256 772 43 81 72	<a href="mailto:osindeowor@yahoo.com">osindeowor@yahoo.com</a>
12	Ms Harriet Nattabi	Water & Sanitation Specialist	WSP	UN agency	+256 772 50 54 43	<a href="mailto:hnattabi@worldbank.org">hnattabi@worldbank.org</a>
13.	Mr. Collins Mwesigye	Water & Environment Officer	WHO	UN agency	+256 772 51 03 04	<a href="mailto:mwesigyec@ug.afro.who.int">mwesigyec@ug.afro.who.int</a>
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15	Mr. David Ibuyat (Dep. S)	Technical Assistant	EA – Contract staff	Programme Staff	+256 711 49 83 70	<a href="mailto:dibuyat@yahoo.co.uk">dibuyat@yahoo.co.uk</a>
16	Mr. Ezron Rwamwanja	Technical Advisor	The USF Executing Agency	Government	+256 772 40 74 42	<a href="mailto:rwamwanja@gmail.com">rwamwanja@gmail.com</a>

### 1.3 Abbreviations and Acronyms

CBO	Community-Based Organisation
CLTS	Community Led Total Sanitation
DHI	District Health Inspector
DLG	District Local Government
DWD	Directorate of Water Development
DWSCG	District Water and Sanitation Coordination Committee
EA	Executing Agency
EHD	Environmental Health Department of the Ministry of Health
FY	Financial Year
GoU	Government of Uganda
GSF	Global Sanitation Fund
HSSIP	Health Sector Strategic Investment Plan
KDS	Kampala Declaration on Sanitation
MDG	Millennium Development Goals
MIS	Management Information System
MoES	Ministry of Education and Sport
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoLG	Ministry of Local Governments
MoU	Memorandum of Understanding
MoWE	Ministry of Water and Environment
NGO	Non-Government Organisation
NSWG	National Sanitation Working Group
ODF	Open Defecation Free
PCM	Programme Coordinating Mechanism
PHCCG	Primary Health Care Conditional Grant
SPR	Sector Performance Report
TSU	Technical Support Unit
UBOS	Uganda Bureau of Statistics
UGX	Ugandan Shillings
UPE	Universal Primary Education
USD	United States Dollars
USF	Uganda Sanitation Fund
UWASNET	Uganda Water and Sanitation Non-Government Organisation Network
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSP	Water and Sanitation Programme of World Bank
WSSCC	Water Supply and Sanitation Collaborative Council

## 1.4 Executive Summary

The overall purpose of the USF is increasing development and utilization of sanitation and hygiene facilities with a goal of contributing to the reduction of morbidity and mortality rates due to sanitation related diseases among the people in the programme area. A key result area is stopping open defecation throughout the programme area. The USF has been conceptualized along the national ten-year Improved Sanitation and Hygiene Promotion Strategy (GoU, 2006) and is structured around three focus areas:

- **Demand generation** for behaviour change to construction and use of sanitation and hygiene facilities. There is a wide range of activities that target creating demand for sanitation and hygiene. These include, but are not limited to, sanitation marketing, participatory approaches such as Community Led Total Sanitation (CLTS), home improvement campaigns and competitions, taking to scale the Kampala Declaration on Sanitation Strategies (KDS+), and social marketing of hand washing with soap.
- Sanitation **supply improvement** in terms of development of pro-poor, affordable technology options and an improved private sector supply chain for construction and maintenance of facilities. In addition improving the supply chain includes capacity building support to local governments, NGOs, entrepreneurs and other identified stakeholders that are part of the chain of people delivering sanitation and hygiene promotion services. The fund will also support training of local artisans in the basics of latrine construction under varying technological options.
- An **enabling environment** to support and facilitate accelerated scaling up of sanitation and hygiene activities through increased funding, application and enforcement of the policy and legislative framework, coordination, monitoring and learning.

The three programme components reflect the above focus areas and contribute to four main programme outcomes, fully aligned with the GSF Results Framework:

- i. Behaviour change to construction and use of Sanitation and Hygiene facilities.
- ii. Increased capacities of service providers to deliver and sustain improved Sanitation and Hygiene.
- iii. Increased financial resources for Sanitation and Hygiene activities in Uganda.
- iv. Successful and innovative approaches in Sanitation and Hygiene are identified and spread.

The target areas for the USF Programme cover 15 districts in the Eastern and Western parts of the country. These include: Katakwi, Amuria, Kaberamaido, Soroti, Serere, Kumi, Ngora, Pallisa, Kibuku, Bukedea, Amolator, Dokolo, Bushenyi, Sheema and Mbarara. In the fourth year of implementation, the Programme shall expand to 15 additional districts of Budaka, Butaleja, Bulambuli, Apac, Alebtong, Kole, Otuke, Lira, Maracha, Koboko, Arua, Yumbe, Zombo, Nebbi, and Moyo to make a total of 30 programme districts. The programme targets rural areas that also include town boards and rural growth centres (RGCs). Urban areas, i.e. Municipal and Town Councils will be indirectly targeted through advocacy for political support, media messaging, and the general drive for improved sanitation and hygiene in the district. The USF Programme objectives include achieving ODF status in all villages (Local Council I), and

that all households have access to sanitation and hygiene facilities<sup>1</sup>, i.e. contributing to the achievement of 100% sanitation coverage in all targeted districts.

The programme is being implemented through the existing administrative structures of District Local Governments (who constitute core Sub-Grantees). The LGs team up with NGOs for support and to jointly accelerate roll-out of community based activities. The sustainability of the national policy systems and institutions themselves is part of the programme's broad definition of sustainable services. The fund shall support work programmes that seek to work with existing grassroots structures, such as the Village Health Teams and Village Health Committees where they exist, health workers, and local council leaders. Also, at national level the USF is being managed through existing institutional mechanisms and will be fully integrated in the Water and Sanitation/Health Sectors systems for decision-making, planning, review and monitoring.

The USF Programme Coordinating Mechanism (PCM) has been designed to fit within the existing policy and operational context of the Government of Uganda. It is in this view that the Terms of Reference of the National Sanitation Working Group (NSWG) have been expanded to include the role and responsibilities of the PCM. The National Sanitation Working Group (NSWG) has appointed a sub-committee from its own membership to constitute the PCM.

In Uganda, the institutional set-up, financing systems and governing policies related to sanitation and hygiene are in place. The major constraint is the significant gap in terms of funding. Through the USF, this funding gap is being addressed and it is believed that the USF will serve as a valuable catalyst demonstrating how funds can be used effectively and efficiently, leading to more resources being allocated to sanitation and hygiene activities by all concerned ministries as well as district and sub-county local governments.

## PART 2: SANITATION SECTOR ANALYSIS

### 2.1 Country Institutional Setting

Sanitation has been sub divided into three<sup>2</sup> sectors under a memorandum of understanding. The Ministry of Health is the lead agency for household sanitation and hygiene. Other governmental and non-governmental entities hold various roles and responsibilities related to sanitation and hygiene as described in the following sections.

### 2.2 Main Sector Players: Government

**The Ministry of Health (MoH)** is the lead agency that takes responsibility for the development of the policy on sanitation and hygiene promotion and ensuring its implementation by concerned stakeholders.

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<sup>1</sup> In Uganda, various definitions of "improved" sanitation facilities exist. The USF applies the definition, adopted by MoH and MoWE. One of the main activities under Component 3 is to increase harmonization and adoption of common indicator definitions related to sanitation achievements in Uganda, including establishing a clear between the national definitions and the definitions used by the JMP.

<sup>2</sup> Sanitation under the memorandum of understanding is sub divided into Health for household sanitation and hygiene; Water for sanitation in urban areas and rural growth centres and Education for sanitation in schools.

The role of the Environmental Health Division (EHD) of the MoH includes development and dissemination of policy, guidelines and standards; lobbying and mobilising resources for environmental health activities; provision of technical support and operational guidance to local governments; advocacy for sanitation to receive due attention in the national and district level planning and resource allocation; monitor progress against environmental sanitation goals; and conduct sanitation related studies to fill knowledge gaps. *Under the USF, MoH plays the role of EA.*

**The Ministry of Water and Environment (MoWE)**, through the **Directorate of Water Development (DWD)** is the lead agency responsible for developing and managing water resources, as well as coordinating, regulating and monitoring all water and sanitation activities (in the urban and rural growth centres) and providing support services to local Governments and other service providers. DWD supports districts in implementing decentralized sanitation programmes in urban areas and rural growth centres. DWD has established regional Technical Support Units (TSUs) to support District Local Governments build their capacity to implement their sector mandates. *The USF Programme shall work closely with the MoWE in drawing strategies to address sanitation and hygiene in urban areas and the rural growth centres. Technical expertise from the TSUs shall be utilised to guide the programme at the district level. At district level, the District Water Officers constitute a key cadre on the District Water and Sanitation Committee, a committee that shall be a focal coordinating body for the programme. To ensure full coordination also at the national level, the Chair person of the PCM is a staff member from MoWE.*

**The Ministry of Education and Sports (MoES)** is responsible for hygiene promotion and sanitation in primary schools. It works to ensure that schools have the required sanitation facilities and provide hygiene education to the pupils. *The USF Programme shall work with district level education officers and other key staff to facilitate the formation of school health clubs. The MoES is also represented in the PCM.*

**The Ministry of Finance, Planning and Economic Development (MoFPED)** mobilises funds, allocates them to the subsector and coordinates development partner inputs. MoFPED reviews sector plans as a basis for allocation and release of funds, and reports on compliance with sector and national objectives. *The MoFPED receives the funds on behalf of GoU and takes responsibility of disbursing funds to district local governments on the advice of the MoH (EA). In addition, MoFPED provides a general oversight to the programme implementation to ensure that the programme resources are budgeted for and that the Programme accounts are audited by the Auditor General. MoFPED is also represented in the PCM.*

**District Local Governments** take the primary responsibility of implementing government policies and delivering basic services to communities. Key service delivery responsibilities of local governments include primary education, (and some services at the secondary and tertiary levels), primary health care and district hospitals, rural water services, agricultural extension services and provision of district, feeder and municipal roads as well as provision of sanitation and hygiene related services. *District Local Governments constitute the programme Sub-Grantees and the Lower Local Governments (sub-counties) also play a key role in the planning, implementation and monitoring processes of the programme.*

### 2.3 Main Sector Players: NGOs/CBOs and Private Sector

**NGOs/CBOs** provide a range of services including community capacity building, sanitation technologies transfer, skills development, and hygiene promotion. *NGOs and CBOs registered under the national NGO network team up with the district local governments to develop and implement USF district work programme.*

**Private sector groups** and individuals including entrepreneurs are involved in the construction of water sources and latrines, soap manufacturing, supply of parts and materials, capacity building, and consultancy services for supervision of construction. Private individuals and companies also provide a range of sanitation related services ranging from pit digging to production of sanitary facilities like sanplats and slabs for pit latrine construction. *The Programme shall train local masons in sanitation technologies as well as establish innovative public- private partnerships (targeting micro-financing institutions and possibly major soap manufacturers in the country) at both national and local levels in creating demand, and generating additional resources for construction of sanitation and hygiene facilities.*

## 2.4 Sanitation and Hygiene Programmes in the Programme Area

Other than limited central government funded activities carried out by Districts and smaller NGOs interventions, there is a limited number of sanitation and hygiene programmes in the programme area<sup>3</sup>. This is one of the main reasons why the area was selected as the focus area for the USF Programme:

- i. **Water Education and Environmental Health and Sanitation** in schools is a project, funded by USAID through Project WET International Foundation with the mission of reaching out to children, parents, educators and communities with water education. The goal is to facilitate and promote awareness, appreciation, knowledge and stewardship of water resources through the development and dissemination of classroom-ready teaching and learning aids as well as training in environmental health, sanitation and hygiene. The project started in 2007 and is being piloted in 86 schools in selected districts in the South-West and Eastern Uganda and 96 schools in selected nine districts in Northern Uganda. *In the USF Programme area, the project is being implemented in selected schools in districts of Bushenyi, Mbarara, Dokolo and Amolatar. Where they are operational, the USF Programme coordinates with the project (through the DWSCC) in establishing, supporting, and monitoring school sanitation and hygiene clubs.*
- ii. **District Sanitation and Hygiene Programmes** funded by GoU are implemented by all district local governments. Main activities under the programme have included home improvement campaigns, sanitation and hygiene promotion during the sanitation week, KDS, and CLTS with the objective of having villages/communities that are free from open defecation. *The USF Programme reinforces and supports the district sanitation and hygiene programme activities with additional resources from the fund and new ideas and strategies towards achieving programme objectives.*
- iii. **The Hand washing Campaign** that used to be a parallel programme is now being integrated in the district sanitation and hygiene work programme. *Seven out of the 15 USF districts were covered by the Hand washing Campaign (HWC) which has outcomes similar to those of the USF. The HWC support has been withdrawn from the USF districts as this seen to be double funding given the fact that handwashing is part and parcel of USF.*

Figure 1.1.a presents the overall organisation of the sanitation sector in Uganda.

<sup>3</sup> In the target districts in the western part of the country, more sanitation oriented programmes exist, hence the selection of these as model districts (Ref. section 3.1).

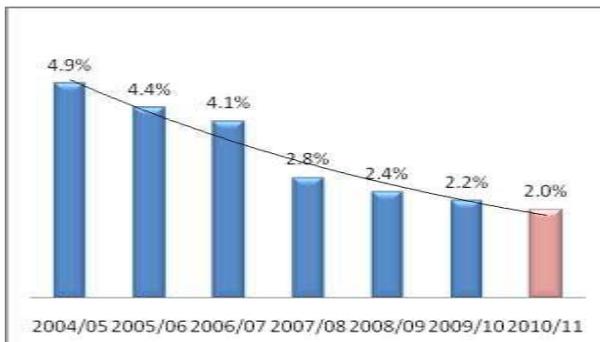
**Figure 1.1.a Overall Organisation of the Sanitation Sector in Uganda.**

National Level	Ministry of Health	Ministry of Water & Environment			Ministry of Education and Sports
	⇕	⇕			⇕
	National Water and Environment Sector Working Group				
	⇕	⇕			⇕
	National Sanitation Working Group: sanitation subsector coordination				
	⇕	⇕			⇕
	Sanitation Sector				
	Environmental Health Division: Household sanitation and hygiene	Department of Water Development (DWD) Public sanitation and hygiene promotion in urban areas	<i>National Water and Sewerage Corporation:</i> Municipal sewerage systems	National Environment Management Authority: Environmental regulation, monitoring and enforcement	Department for Primary and Pre-Primary Education: School sanitation and hygiene
	⇕	⇕	⇕	⇕	⇕
District Level	Districts: District Water and Sanitation Coordinating Committee				
	⇕	⇕	⇕	⇕	⇕
Sub County Level	Sub-counties				
	⇕	⇕	⇕	⇕	⇕
Local Level	Communities				
	⇕	⇕	⇕	⇕	⇕
Other actors: NGOs/CBOs, private sector, households					

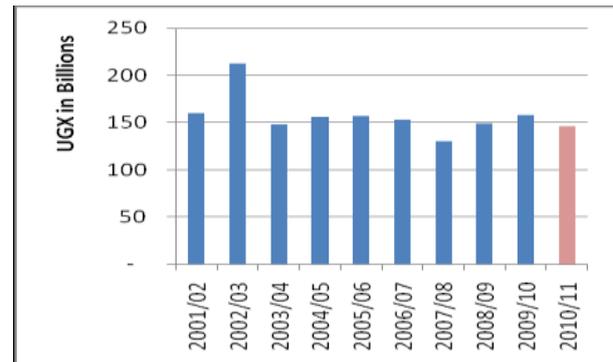
## 2.5 Sanitation Sector Overview

Overall the Water and Sanitation subsector’s share of the national budget has declined over the last several years from 4.9% of the national budget in FY 2004/05 to 2% in 2011/12. Figures 2.2.a and 2.2.b<sup>4</sup> reflect the water supply and sanitation subsector budget share and Water Supply and Sanitation Subsector budget allocation (UGX Billion) respectively.

**Figure 2.2.a Water Supply and Sanitation Subsector Budget share (%)**



**Figure 2.2.b Water Supply and Sanitation Subsector Budget allocation (UGX Billion)**



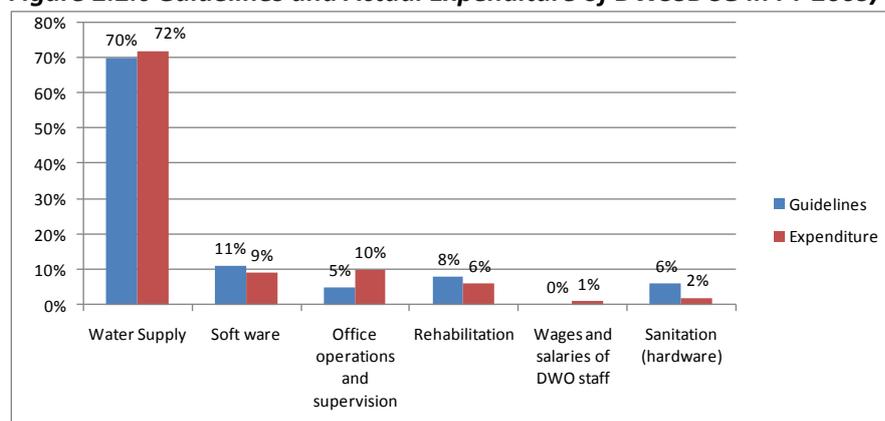
It is difficult to assess resource flows particularly for sanitation funding. Resources are spread across several ministries, local authorities and many different sources. Most funds for sanitation however are spent on latrine construction in schools, sewerage and construction of sanitation facilities in small towns. It is equally proven difficult to measure the expenditure on hygiene promotion. Putting in place appropriate mechanisms for better tracking of resources for household sanitation will be one of the monitoring and evaluation foci of the USF.

The main sources of on-budget finance for sanitation are the District Water Supply and Sanitation Development Conditional Grant (DWSSDCG), Primary Health Care Conditional Grant (PHCCG), and the School Facilities Grant (SFG). Use of these grants is governed by guidelines prepared by the respective Ministries. Each of the conditional grants mentioned above have “conditionalities.” Thus, for example, 50 % of the PHCCG is earmarked for drug purchases and the remainder has to be distributed across other twelve or more primary healthcare programs of which environmental health is one. Under the PHCCG, the guidelines state up to 10% is to be allocated for sanitation and hygiene improvements. Similarly, the DWSSDCG and the total budget of the Ministry of Water and Environment give priority to water supply with 70% of the district water and sanitation conditional grant specifically for development of new water facilities, 13% for rehabilitation of water facilities, 8% for software, 3% for sanitation hardware and 6% for administration, monitoring and supervision. The Ministry of Water and Environment allocated two billion Uganda shillings to start off the sanitation and hygiene budget line where each of districts not funded by the USF Programme received UGX 22 - 23 million per year. The MoH is yet to make a contribution to this budget line. Under the Universal Primary Education (UPE) Capitation Grant, priority is being given to improving pupil-teacher ratio, pupil-classroom ratio, teachers’ accommodation and pupil-book ratio.

<sup>4</sup> (Source: MoWE Sector Performance Report 2010/11)

While guidelines associated with each of the sector conditional grants recommend that a percentage of funds are used for sanitation and hygiene promotion, they do not mandate that a certain percentage of funds be used for sanitation and hygiene. An analysis of expenditures on sanitation and hygiene related activities through each of the sector conditional grants shows that a very small percentage of these grants is being spent on sanitation and hygiene promotion, reflecting a marginalization of these activities within sector conditional grants (see Figure 2.2.c).

**Figure 2.2.c Guidelines and Actual Expenditure of DWSSDCG in FY 2009/10**



*Source: MoWE Sector Performance Report 2010*

The main sources of off-budget financing for sanitation and hygiene are NGO and donor projects (grants and loans); household investment in sanitation facilities; investments by the private sector with the aim of securing a return on the investments; user charges/tariffs; and minor in practice microfinance available to communities and consumers. Estimates related to the level of these resources are not readily available in the sector.

The ISH Financing Strategy estimated a 10 year total cost of UGX 39.491 million (USD 22 million) for promotion of sanitation and hygiene (“software”) (GOU, 2006). It was anticipated that about 57% would be contributed and spent by the formal private sector in marketing of soap and sanitation products, but this has not yet occurred. In 2006, the annual gap in funding of sanitation and hygiene promotion was estimated at USD 2 million. It was further estimated that an additional UGX 200 billion (USD 120 million) will be required over the 10 year period ending in 2015 for construction, operation and maintenance of school and public facilities. In general, historical expenditure on sanitation and hygiene has been low and progress in improving coverage has stagnated.

The sector targets for sanitation is percentage of people with access to sanitation (Households); 77% for rural and 100% for urban by the year 2015. The national average stands at 70% rural and 81% for urban.

## 2.6 Situational Analysis feeding into the USF programme design

### 2.6.1 USF Complementarities to National Efforts in Addressing Sanitation Challenges

The USF Programme in many ways complements national efforts in addressing sanitation challenges as indicated below:

1. The overall **USF Programme Strategy** is designed along the country's ten-year strategy for Improved Sanitation and Hygiene (ISH); creating demand, improving supply and creating an enabling environment for sanitation and hygiene improvement.
2. It had been recognised that there was limited **coordination** among various sector actors at district level. The establishment of District Water and Sanitation Coordination Committees was meant to address this challenge. The USF Programme places emphasis on coordination between various actors at district level. To this end, District USF work Programme are inclusive of NGOs workplans and budgets. The PCM established as a sub-committee of the NSWG further strengthens the coordination in the sector.
3. Under the decentralisation policy, districts local governments take responsibility for providing services to communities, including responsibilities for providing services leading to improved sanitation and hygiene among the district population. The USF Programme does not develop parallel structures but works with the existing structures, the District Local Governments, who under the programme shall be Sub-Grantees. At lower levels, the programme works with the subcounty, parish, and village structures that are already involved in sanitation and hygiene service delivery. Work programmes at district local government level and below are supported by credible NGOs where they exist.
4. **Monitoring sanitation and hygiene** developments in the country has had challenges, with inconsistencies in data obtained from different sources and sometimes from the same source but at different times. Government is making efforts to harmonise data collection indicators for consistency. The USF is developing a monitoring and evaluation framework harmonised with national guidelines. Among others, in its initial phase, the programme will establish baseline data for the participating districts. Currently, the national definition of sanitation coverage is not fully harmonised with the definition of "improved" sanitation by the Joint Monitoring Programme. An effort aiming at establishing a harmonised set of indicators and indicator definition within the sector is a specific output under the USF.
5. It is now widely recognised that attaining 100% latrine coverage in itself is not sufficient to stop sanitation and hygiene related diseases and that the answer lies in **stopping open defecation and sustained hygiene behaviour**. Individuals, both young and old, have continued to practice open defecation while collecting water, or firewood, or while out in the fields, even when they have latrines at home. Stopping open defecation means sustainable use of the latrines and adoption of hygiene practices **at all times**. Efforts are being directed to further develop and take to scale CLTS approach in the country; among others, training manuals have been developed and training CLTS trainers and facilitators done. Under the USF Programme achieving ODF villages is a major indicator of the success of the programme.
6. Construction of sanitation facilities faces **geographical and technical constraints** in terms of difficult terrain and peculiarities arising from rocky grounds, loose/sandy soils, high water table, and termite damage, among others. This has been recognised to limit pit latrine constructions and calls for specialised technologies and skills. Furthermore, the quality latrines constructed often do not measure to required standards (easy to access, convenient to use, and privacy considerations). To this end, various programmes under government and NGOs target training of masons in latrine construction, not only in new technology options but also in basic latrine construction. The USF Programme shall continue to complement these efforts by targeting and

training masons in the programme districts and by contributing lessons learnt and best practices related to viable technological options.

7. Generating demand requires that there be adequate capacity and competence of extension staff at district and lower Local Governments, and among NGO and CBO staff. The **capacity challenge** has been exacerbated by the proliferation on new districts, increasing from 33 in 1980 to 112 districts to date (and still growing). Many new extension workers have been recruited in the local government service; these, as well as the 'oldest' extension workers need further training in social marketing, sanitation marketing, CLTS, and in using participatory tools to help communities and households make informed choices, establishing effective management information systems, and sharing lessons learnt, among others. Technical Support Units (TSU) have been established to provide technical support to districts in planning, implementation, monitoring and evaluation. The USF work programme targets enhanced performance of extension workers (both government and NGOs) at district and lower levels in targeted programme areas.
8. Inadequate **political will and leadership** to effectively mobilise communities towards improved sanitation and hygiene has been identified as a key challenge in sanitation and hygiene service delivery. Political leaders further play a key role in allocating resources for ISH as well as being good examples to the communities they serve. The national theme for the sanitation week year 2011 was 'exemplary leadership'. The USF work programme targets leaders for programme support, more resources allocation to sanitation and hygiene, and for exemplary leadership. A key indicator of the USF is percentage of political leaders from LC1 to district level in target areas that use improved latrines and are supporting sanitation and hygiene promotion in their respective areas of jurisdiction.
9. The subsector recognises the need for, **documentation and cross learning**. A number of efforts have been taken, supporting the establishment of sector resource centre, documenting and dissemination of best operational practices, supporting learning among others. The USF Programme shall build on these efforts, documenting and sharing lessons learnt in the course of programme implementation. The use of media is a core channel for information and sharing of achievements under the USF.

### 2.6.2 Focus areas for the USF

In summary, the analysis of the sanitation sector and the situation as presented above resulted in 3 core challenges that the USF works to address and that has influenced the design of the this programme.

- a. Improvement in sanitation coverage has been slow with coverage at 70% for rural areas, 81% for urban areas reflecting a low demand for sanitation.
- b. Capacity gaps for environmental health staff to effectively deliver sanitation and hygiene services and capacity of the private sector remains inadequate. Promotion of latrine construction is often done without promoting hand washing with soap.
- c. The political will to allocate resources and support sanitation and hygiene promotion remains inadequate.

### 2.6.3 Consistency with Existing Funding Arrangements

The USF has been designed to work through existing institutional structures and management systems. This means ensuring consistency with the Long Term Institutional Arrangement (LTIA) for

the management of global funds in the Health Sector. The funds from UNOPS/WSSCC/GSF are received by the Ministry of Finance Planning and Economic Development (MoFPED) on behalf of Government of Uganda. The funds are disbursed from MoFPED to Sub-Grantees (selected District Local Governments) through a Sanitation and Hygiene budget line as a conditional grant to the District Local Government according to the normal GoU budget management cycle.

This overall arrangement is in consistence with existing funding arrangements that are already operational, does not require establishing new systems and parallel offices. The USF hence represents a cost effective way of channelling funds for scaling up sanitation and hygiene.

Districts, for example, receive the District Water Supply and Sanitation Development Conditional Grant through similar channels. Through advocacy efforts and demonstrating results and achievements under the USF, a key objective for the USF is that districts (other than the districts in the programme area) shall be receiving funds for sanitation through the same funding arrangements but sourced from the GoU resources. It is anticipated that by the end of the programme, the GoU should have put money on the sanitation budget line for all districts, including the districts under the USF.

#### **2.6.4 Collaboration with NGOs**

NGO work plans are incorporated in the district work plan. District work plans and budgets therefore reflect areas of NGO involvement and the funds to facilitate the activities. A MoU are signed between the District Local Government and the NGOs spelling out modalities of cooperation and management of funds. Selection of NGOs to be involved in the planning and implementation of activities carried out at district level and funded by the USF is done in a transparent manner according to principles and criteria set out in the USF Programme Implementation Manual. MoH and to some extent MoWE are already channelling funds to NGOs through the District Local Governments in this manner.

#### **2.6.5 USF as a Catalyst for Sanitation Financing in Uganda**

As demonstrated in the sections above, the institutional set-up, financing systems and governing policies related to sanitation and hygiene are in place in Uganda. The major constraint has been the significant gap in terms of funding. Through the USF, this funding gap is being addressed and it is believed that the USF will serve as a valuable catalyst demonstrating how funds can be used effectively and efficiently to reduce the burden of disease due to sanitation and hygiene diseases, leading to more resources being allocated to sanitation and hygiene activities by all concerned ministries as well as district and sub-county local governments. PART 3: PROGRAMME PROPOSAL

### **3 SCOPING AND APPROACH**

#### **3.1 Programme Summary**

The Uganda Sanitation Fund had been conceptualized along the national ten-year Improved Sanitation and Hygiene Promotion Strategy (GoU, 2006). The sector analysis presented in section 2, has identified a number of key challenges linked to the implementation of this strategy;

- a. Improvement in sanitation coverage has been slow with coverage at 70% for rural areas, 81% for urban areas reflecting a low demand for sanitation.

- b. Capacity gaps for environmental health staff to effectively deliver sanitation and hygiene services and capacity of the private sector remains inadequate. Promotion of latrine construction is often done without promoting hand washing with soap.
- c. The political will to allocate resources and support sanitation and hygiene promotion remains inadequate.

The overall purpose of the USF is to increase development and utilization of sanitation and hygiene facilities with a goal of contributing to the reduction of morbidity and mortality rates due to sanitation related diseases among the people in the programme area. A key result area is stopping open defecation throughout the programme area. The three programme components have been developed with the aim of addressing the key challenges described above.

- **Demand generation** for behaviour change to construction and use of sanitation and hygiene facilities. There is a wide range of activities that target creating demand for sanitation and hygiene. These include, but are not limited to, sanitation marketing, participatory approaches such as Community Led Total Sanitation (CLTS), home improvement campaigns and competitions, taking to scale the Kampala Declaration on Sanitation Strategies (KDS+), and social marketing of hand washing with soap.
- Sanitation **supply improvement** in terms of development of pro-poor, affordable technology options and an improved private sector supply chain for construction and maintenance of facilities. The programme will conduct capacity building support to local governments, NGOs, entrepreneurs and other identified stakeholders that are part of the chain of people delivering sanitation and hygiene promotion services. The fund will also support training of local artisans in the basics of latrine construction under varying technological options.
- An **enabling environment** to support and facilitate an accelerated scaling up through increased funding, policy and legislation, coordination, monitoring and learning.

The three programme components contribute to four main programme outcomes, fully aligned with the GSF Results Framework:

- i. Behaviour change to construction and use of Sanitation and Hygiene facilities.
- ii. Increased capacities of service providers to deliver and sustain improved Sanitation and Hygiene.
- iii. Increased financial resources for Sanitation and Hygiene activities in Uganda.
- iv. Successful and innovative approaches in Sanitation and Hygiene are identified and spread.

The criteria for the selection of the initial 15 participating districts include the following parameter:

- i. Existence of a district sanitation strategy or inclusion of sanitation in the District Development Plan; consistent with the purpose of the USF Programme, which is not already being fully funded from other sources.
- ii. Clearly defined institutional leadership for sanitation and hygiene (defined roles and responsibilities for sanitation and hygiene) in the district.
- iii. Existing active District Water and Sanitation Coordination Committees.

- iv. Supportive environment, i.e. local government approval, political will and indication that the USF Programme can support improved sanitation and hygiene initiatives of the local government.
- v. Adequate staffing of health Inspectorate staff.
- vi. Established District Local Government structures for an effective programme management.

The selection of the expansion districts has been guided by the following considerations;

- i. **Regional coverage:** with the objective of covering the region without leaving pockets of unserved communities. The objective is to bring all communities within the region to achieve 100% latrine coverage with all villages achieving ODF status.
- ii. **Proximity to current** programme areas; to facilitates cross learning among neighbouring communities.
- iii. **Latrine coverage** continues to be a key subsector indicator. The programme shall expand to districts where sanitation coverage is still low (national average being 70%).
- iv. **Districts with frequent outbreaks of cholera.**

As in the 'old' programme areas, the EA shall guide the districts to have geographical areas of focus during the two years to optimise the use of the available resources so as to achieve results before the close of the programme.

USF Programme targets rural areas that also include town boards and rural growth centres (RGCs). Urban areas, Municipal and Town Councils will be indirectly targeted through advocacy for political support, media messaging, and the drive for improved sanitation and hygiene in the district. The programme shall liaise with Town/Municipal councils, the Water and Sanitation Boards (where they exist) and the area Water and Sanitation Development Facility in improving sanitation and hygiene within the urban areas.

The USF Programme objectives include achieving ODF status in all villages (Local Council I), and that all households have access to sanitation and hygiene facilities<sup>5</sup>, i.e. contributing to the achievement of 100% sanitation coverage in all targeted districts.

The programme will be implemented through the existing administrative structures of District Local Governments (who constitute core Sub-Grantees). The LGs will team up with NGOs for support and to jointly accelerate roll-out of all community based activities. The sustainability of the national policy systems and institutions themselves is part of the programme's broad definition of sustainable services. The fund shall support work programmes that seek to work with existing grassroots structures, such as the Village Health Teams and Village Health Committees where they exist, health workers, and local council leaders. The USF will be managed through existing institutional mechanisms and will be fully integrated in the Water and Sanitation/Health Sectors systems for decision-making, planning, review and monitoring.

The USF Programme Coordinating Mechanism (PCM) has been designed to fit within the existing policy and operational context of the Government of Uganda. It is in this view that the Terms of Reference of the National Sanitation Working Group (NSWG) have been expanded to include the role and responsibilities of the PCM. The National Sanitation Working Group (NSWG) was accepted by the

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<sup>5</sup> In Uganda, various definitions of "improved" sanitation facilities exist. The USF applies the definition, adopted by MoH and MoWE. One of the main activities under Component 3 is to increase harmonization and adoption of common indicator definitions related to sanitation achievements in Uganda, including establishing a clear between the national definitions and the definitions used by the JMP.

Water Supply and Sanitation Collaborative Council (WSSCC) and Health Sector as Uganda's National WASH Coalition. The National Sanitation Working Group (NSWG) has appointed a sub-committee from its own membership to constitute the PCM. At district level, the coordination of USF and integration with wider sector activities are handled in the District Water and Sanitation coordination Committee.

## **3.2 Programme Rationale, Overall Objectives and Guiding Principles**

### **3.2.1 Rationale and overall objectives**

The USF Programme goal is to contribute to the reduction of morbidity and mortality rates due to sanitation related diseases among the people in the programme area through improved access to basic sanitation facilities and adoption of good hygiene practices. The USF work programme focuses on three major areas: first, demand led improvement in sanitation and hygiene with the objective of stopping open defecation; second, improved availability of appropriate sanitation products and services for a gradual improvement of sanitation facilities and hygiene practices; and third, an enabling environment to accelerate and sustain results. The fund shall keep its focus and support to approaches that have been proved to be effective in addressing sanitation and hygiene while targeting excreta management and hygiene improvement.

To ensure sustainability, the programme operates with existing administrative structures, and works with government and NGOs staff already operating within the programme areas. The programme does not pilot new approaches but encourages innovations in programme delivery, and builds capacity of service providers to sustain programme activities. As a further measure for sustainability, and where opportunity presents, the programme seeks to collaborate with other programme and organizations operating within the project area, mobilising additional resources, promoting harmonized approaches with consistent and persistent messages to achieve lasting change.

In summary, the programme intends to accelerate the rate of latrine construction, increasing coverage and having villages declared ODF areas throughout the programme area; develop capacity among service providers; train masons in latrine construction; increase fund allocation to sanitation and hygiene activities, as well as exemplary leadership, as well as behaviour change to use of latrines and handwashing with soap. The overall objectives are i) 100% sanitation coverage in all targeted districts and ii) all targeted districts declared ODF.

### **3.2.2 Guiding Principles**

The guiding principles of the USF are aligned with those of the GSF as a whole.

#### ***Support people-centred and demand-driven programmes***

The USF supports work programmes that have been developed through participatory decision-making processes involving the beneficiaries. Such programmes are designed to achieve community level health benefits and respond to the needs and wishes of the people. As part of expressing demand, beneficiaries indicate levels of contribution towards the programme for which they are seeking support.

USF-supported work concentrates on sanitation marketing creating demand for improved sanitation and hygiene at the same time improving the supply chain and creating an environment and conditions that are conducive for improved service delivery.

### ***Targeting the poor, unserved and underserved communities***

USF contributes to improved sanitation and hygiene for people who currently lack sanitation. The USF focuses particularly on groups whose needs are not adequately met by existing funding mechanisms, especially the poor in rural areas, marginalized populations and people with disabilities. In areas where Sanitation is relatively better, focus is on promotion of hygiene behaviour.

### ***USF to support expanding coverage***

Support targets to increase the number of people with access to toilet facilities and who wash their hands with soap, as well as declaring villages as open defecation free areas. The programme therefore primarily supports scaling up and replication of proven successful techniques including community led total sanitation (CLTS) and home improvement campaigns, rather than development and testing of new techniques and approaches to sanitation and hygiene improvement.

### ***The USF respecting national leadership***

The USF operates within the government policies and guidelines. The USF-supported work programmes fulfil national sanitation policy being part of the ongoing initiatives for improved sanitation and hygiene. Supported work programmes are consistent with the purpose of the GSF and be part of well-coordinated national and Local Government strategies owned by the people and the corresponding government authorities.

### ***Promoting sustainable services***

The USF aims at supporting safe and sustainable services, i.e. those that protect and promote human health and at the same time do not contribute to environmental degradation or depletion of the resource base; are technically and institutionally appropriate, economically viable and socially acceptable. The sustainability of the national policy systems and institutions themselves is part of this broad definition of sustainable services. The fund supports work programme that seek to work with existing grassroots structures, the Village Health Teams and Village Health Committees (where they exist), health workers, and local council leaders. In keeping with its demand-driven approach, the USF does not prescribe specific technologies or methodologies to attain these sustainability criteria. However, it seeks to ensure that the work supported is consistent with published WHO policies and guidelines related to sanitation and hygiene.

### ***The USF incorporating gender considerations***

One of the articles of the 10 point strategy for the Kampala Declaration on Sanitation relates to the central role of women. Sanitation and hygiene have very strong gender links, especially in respect of the privacy, dignity and equity of opportunity of women and girls. The USF support requires that gender is given due attention at all levels of sanitation delivery system and as beneficiaries. Attention is also given to the youth and persons with disabilities.

### ***Promoting learning and cooperation***

The USF shall continue to support programmes that generate learning and cooperation among development actors to improve the quality of all their work and to share experiences gained, as well as to avoid duplication of efforts.

**Transparency**

All procedures, processes and decisions relating to the disbursement and use of funds to Sub-Grantees as well as by the EA (MoH) will be made publicly available.

**Additional funds**

USF funds must not replace funding for sanitation and hygiene from other sources at the local, district or national level. This will ensure sustainability as it is a matter of scaling up what is already being done by various stakeholders and not starting new activities. It will ensure continuity even when the USF ends.

**Results-based management**

All work supported by USF funds have a clearly defined beneficiary group, objectives, methodology and timescale. Monitoring and evaluation systems are being put into place to allow comparison of actual results with those anticipated when the work was undertaken. All M&E interventions will be fully aligned - or rather, part of - the national systems to avoid establishing parallel systems that may add confusion to the sector. To this end, a monitoring and evaluation manual will be developed to guide programme monitoring and evaluation.

**3.3 Implementation strategy****3.3.1 Programme Components**

The USF Programme has three components. Component 1, Creation of Demand for Improved Sanitation and Hygiene; Component 2, Strengthening the Sanitation and Hygiene Supply Chain; and Component 3, Improving the Enabling Environment.

The programme components contribute to four main outcomes, aligned with the GSF Results Framework:

- Outcome 1 relates to Component 1: Behaviour change to construction and use of sanitation and hygiene facilities;
- Outcome 2 relates to Component 2: Increased capacity of service providers to deliver and sustain improved sanitation and hygiene;
- Outcome 3 relates to Component 3: Increased financial resources for sanitation and hygiene activities in Uganda;
- Outcome 4 also relates to Component 3: Successful approaches and learning material benefiting the sanitation subsector are harnessed from the USF implementation.

For each component a number of key activities shall be implemented. These are described in the following sections.

**3.3.2 Key activities for Component 1**

Component 1; *Creation of Demand for Improved Sanitation and Hygiene* has the following key activities:

**1. Development of Sanitation Marketing Plan, a Communication Strategy and Communication Materials.**

The marketing plan will guide the programme on how the sanitation marketing would be conducted, and include strategies and modalities thereto. Communication materials may include leaflets,

posters, key communication messages and any other forms of communication leading to behaviour change. This will build on on-going and recently completed activities and studies, for instance work done by WSP in collaboration with the NSWG.

## **2. Household Hygiene and Sanitation Situation Analysis.**

Conducted by a Consultant procured by the EA, the situational analysis will generate baseline data against which the programme will be monitored and evaluated. The baseline data collection will build on data that already exists. The baseline will verify/establish, among others, exact number of households; number of villages; latrine coverage; handwashing coverage; households practicing open/fixed defecation; percentage of ODF villages; leaders without access to basic sanitation and hygiene facilities; microfinance institutions operating in the project area; budget allocations to sanitation at district and national level; masons in the project area, trained and not trained. Updates, measuring progress as compared to the baseline situation will be done prior to, to feed into the mid-term evaluation and the 5 year evaluation of the programme.

## **3. Demand Creation Activities (CLTS, sanitation marketing, scaling up KDS+, home improvement campaigns, promotion of hand washing, school hygiene clubs, exemplary leadership).**

The demand creation activities constitute the major focus of the programme. A combination of approaches is being used to generate demand aimed at sustained behaviour change to construction and use of sanitation and hygiene facilities. CLTS is the major strategy towards achieving ODF villages and sanitation marketing will support households climbing the sanitation ladder. Demand creation activities are undertaken by the Sub-Grantees and focuses on intensifying and scaling up activities already carried out by district and extension staff. Sample activities related to Demand creation activities at district and community level that may be funded by the USF are presented below:

- Training of Extension workers in participatory approaches (PHAST; CLTS, etc)
- Training of community representatives (Natural leaders, VHTs, Hand Washing Ambassadors (HWAs, etc,) in CLTS
- Triggering of Communities
- Follow up visits to triggered communities until they become ODF
- Carry out home visits
- Conducting Home Improvement Campaign
- Music dance and drama shows to disseminate sanitation and hygiene messages
- Film shows to disseminate sanitation and hygiene messages
- Radio talk shows to disseminate sanitation and hygiene messages
- Distribution and Use of sanitation and hygiene IEC materials
- Establishment of School Hygiene Clubs
- Orientation of teachers and pupils on school sanitation issues
- Inter-school sanitation campaigns and competitions
- Celebration of the Sanitation week

### **3.3.3 Key activities for Component 2**

Component 1; *Strengthening the Sanitation and Hygiene Supply Chain* has the following key activities:

**1. District sanitation industry assessment.**

Undertaken by the Water and Sanitation Programme of the World Bank, the district sanitation industry assessment informs the programme on who is involved in the sanitation industry; the sanitation products supplier, products supplied, and costs thereto, gaps, challenges and bottlenecks and recommendations on how these can be addressed by the programme. Service providers were assessed in terms of capacity and competences, thus guiding the programme on areas for capacity building.

**2. Capacity building for district and subcounty Local Government staff and NGOs.**

Staff of existing government structures at district and lower local governments are key actors in the sanitation and supply chain. Capacity building activities combine formal workshop training (with field activities) and on-job training. Much of the training in the initial phase has been related to how to conduct CLTS activities, mobilisation, triggering, follow-up and ODF verification exercises. In its first two years of implementation, capacity building for District and Sub-county Local Government staff and NGOs has been undertaken by EA. Based on the experience gained in the two years of implementation, part of capacity building activities shall include training of training (ToT) conducted by the EA for the training of masons, and orientation of Village Health Teams (VHTs). It is anticipated that capacity building activities shall be supported by other service providers including individual consultants, NGOs and private firms. In addition LGs will be supported to develop, enact and enforce bye-laws and ordinances related to sanitation and hygiene.

**3. Development of the private sector for effective and sustainable delivery of hygiene and sanitation services.**

Experience gained indicate that there is need to conduct training of trainers (ToT), building a district level team to effect the training and strengthening of the private sector. To this end the EA shall conduct a number of ToT, such the trained trainers/facilitators shall conduct training of masons involved in construction of sanitation and hygiene facilities. Masons will be trained in various sanitation and hygiene technologies tailored to the existing condition in the district/villages where they operate (loose soils, rocky ground, high water table areas). Masons will further be equipped with knowledge and skills to manage sanitation as a business; acquiring credit from microfinance institution for investment in production of sanitation and hygiene products (e.g. sanplats, slabs).

**3.3.4 Key activities for Component 3**

Component 3; *Improving the Enabling Environment* has the following key activities:

**1. Conduct advocacy for prioritisation and increased resource allocation to sanitation and hygiene service delivery.**

Advocacy activities at national and district levels shall be spearheaded by the EA while advocacy activities at subcounty levels shall be organised and conducted by the Sub-grantees, being supported by the EA. All involved in advocacy activities shall make use of opportunities presented at various fora to advocate for sanitation and hygiene promotion. Key element in advocacy is increased budget allocation for sanitation and hygiene activities and development of local level policies that promote sanitation and hygiene.

**2. Establishment of MIS system.**

A specific sanitation MIS<sup>6</sup> shall be established at both the EA and Sub-Grantee level. Generated data shall be used in advocacy, monitoring programme development, and in updating of the District Sanitation and Hygiene development plans. The MIS will be integrated as a component of the existing MIS and databases at national and district level, and will hence directly feed into the national and district monitoring systems. The EA shall undertake the responsibility of establishment of MIS. On the other hand, districts shall undertake to update data along the programme monitoring and evaluation framework. The MIS is seen as a component of the overall national monitoring system and will address the current gaps related to data on household sanitation and hygiene practices.

**3. Inter-district learning/meetings.**

Inter-district learning activities shall be organised by the EA. The objective is to share experience and lessons learnt in the course of programme implementation. Inter-district meetings shall further facilitate the process of strategy development to achieve programme objectives. Annual inter-district meetings are foreseen.

**4. Exchange visits and learning journeys.**

Organised by the EA, exchange visits and learning journey shall facilitate sharing of experience and learning with other districts/communities within and outside the project area.

**5. Documentation and dissemination of Best Practices.**

Successful and innovative approaches, best practices and lessons learned in sanitation and hygiene will be identified, documented and spread throughout the programme life cycle. These will be used as key materials for the inter-district learning meetings and will feed into the wider sanitation sector advocacy agenda.

**3.3.5 Programme support (crosscutting) activities**

To keep related costs low (economies of scale) and for effective supervision of the service providers, some of the key activities described shall be directly procured at the central level by the EA as crosscutting activities. These include development of a Marketing Plan and Communication Materials for the programme and the household hygiene and sanitation situation analysis (baseline studies) under Component 1. The EA shall undertake to develop ToR for consultants, procure and supervise the service providers (Consultants). Other activities that will be centrally procured/coordinated /implemented include district sanitation industry assessment, capacity building, inter-district meetings, exchange visits, and documentation.

Given that participating districts (Sub-Grantees) have been identified, another key cross cutting action undertaken by the EA will be to support the districts in the development of district USF Programme proposals along the USF Implementation Guidelines contained in the USF Programme Management Manual for Sub-Grantees.

**3.3.6 Sequencing of activities**

The programme was scheduled to start with the centrally procured activities; the baseline studies, the preparation of the sanitation marketing plan, the sanitation supply chain situational analysis.

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<sup>6</sup> The MIS (Management Information System) covers all aspects related to data and information flows such as systems for data collection, data storage, data analysis, data validation and presentation of information.

These activities, conducted by consultants, were planned to start following the signing of the grant agreement and receipt of funds by the EA. In the old districts, centrally procured activities did not start on time due to delays in the procurement processes. The EA intends to keep activities on schedule in the 'new' districts, partly as a result of adopting a more efficient procurement processes. The preparation of the six districts joining in the programme in FY 2013/14 will commence as soon as soon as the Grant Agreement is concluded.

In parallel the Sub-grantees would carry out preparatory activities. The programme in the districts would then proceed with capacity building activities and CLTS activities simultaneously, where district staff will undertake on-job training as they start off CLTS activities in communities. There is a pool of trained facilitators in the country and a number of NGOs who have developed expertise in CLTS. These, along with staff from the EA, will conduct the training as districts start implementing their work plans targeting achieving results (ODF villages) by the end of the first year of the programme.

Communication materials shall be used to reinforce sanitation and hygiene messages to communities and for sanitation marketing, an ongoing activity throughout the programme area and life cycle. Findings of the baseline will be fed into the district database and the MIS established later in the second quarter of the first year. The training of masons will be an ongoing activity and shall be based on the findings of the sanitation supply chain situational analysis. The programme focuses on the training of masons in triggered communities and these activities will be rolled-out aligned with the demand creation activities at village level. Advocacy is an ongoing activity and starts at the time when the programme is introduced into the district and at the national level.

However, the most intensive time for advocacy interventions shall be in last quarter of every year when budgets for the proceeding year are being prepared. Documentation of programme experiences is an ongoing activity; however, in the last quarter of every year, the programme will produce a documentary/booklet of the programme's experience during the year including successful approaches, best practices and lessons learnt. The USF inter-district meeting shall be an annual event in the last quarter of the year while exchange visits within and outside USF targeted district shall be part of learning and sharing and will be carried out as appropriate in the course of every year.

### **3.3.7 Activities not funded by the USF**

USF shall not support work programmes that target the following:

- i. Piloting new approaches or technologies. Support shall target what has been known to work from past experiences/programme implementation. The USF may however support approaches that have past pilot phases and need to be taken to scale to involve beneficiaries building on lessons learnt.
- ii. Conducting studies for new knowledge in the sector, other than learning from USF funded work.
- iii. Activities that relate to improvement of other aspects of environmental sanitation as in improvement of drainage or management of solid or liquid waste.
- iv. Programmes or activities that offer subsidies.

*The No Subsidy Policy for household sanitation shall be upheld. Supported interventions may target household sanitation, and or institutional sanitation. However, in case of the latter, no USF funds shall be used for construction of toilets.*

### 3.4 Five Year Work plan and Budget

The programme was initially USD 5million. A cost of USD 3 million was approved for the expansion to make a total of USD 8 million in grants and centrally procured activities. For the remaining three years of the programme period (FY 2013/14 to FY 2015/16), the programme will cost a total of USD 6,531,476 in grants and centrally procured activities, of this the existing programme is estimated to cost USD 3,531,476 while the expansion programme is estimated to cost USD 3,000,000. It is estimated that 80% of the fund are disbursed to districts as grants while 20% are retained by the EA for the centrally procured activities.

### 3.5 Summary of Annual Work plans and Budgets

The annual work plans and budgets for programme implementation are arranged according to quarters- All annual budgets and releases will be aligned with the GoU national budget cycle. In each financial year, workplans and budget will be developed and annual targets broken down into quarterly targets. Funds will be released in equal quarterly disbursements and it will be upon the districts to break the releases into their priorities being guided by the EA. On the recommendation of the Programme Retreat and as part of the Programme Improvement Plan, a list of indicative planning activities have been prepared and communicated to the districts. Districts have further been guided as to indicative budget percentages for various planning activities.

### 3.6 Expected Results, Outcomes and Impact

Under outcome 1; Behaviour *change to construction and use of sanitation and hygiene facilities*, the overall objective of the USF is two-fold, 100% sanitation coverage and 100% ODF villages in all targeted programme areas. With ODF and improved hygiene behaviours, specifically hand washing with soap at critical times, it is anticipated that there will be a reduction in morbidity and mortality rates due to sanitation related diseases, and a better quality of life among the population in the programme area.

Districts shall be guided to develop targets for ODF and targets for sanitation coverage for every year of the programme. Sanitation coverage and hand washing coverage are “Golden” Indicators in the water and sanitation sub sectors. To these, the programme shall add ODF coverage as a third Golden Indicator for programme monitoring.

Under outcome 2; Increased *capacities of service providers to deliver and sustain improved sanitation and hygiene*, expected results include increased capacity of Local Government staff and NGOs to meet the demands of programme implementation, i.e. ensure a supply chain that delivers sustainable sanitation and hygiene promotion services;. In addition, focus will be to support local entrepreneurs acquired technical and business training, and received loans from microfinance institutions for production of sanitation and hygiene materials.

Under outcome 3; *Enabling environment for improved Sanitation and Hygiene at households and in schools*, expected results include:

- Increased funding and human resources at national and local government levels. At national level, the aim is specifically more resources allocation and contributions for sanitation and hygiene by MoH, MoWE, MoES and MoFPED. The overall objective is that MoFPED will be

allocating adequate funds to the sanitation budget for all district local governments including districts benefiting from the USF.

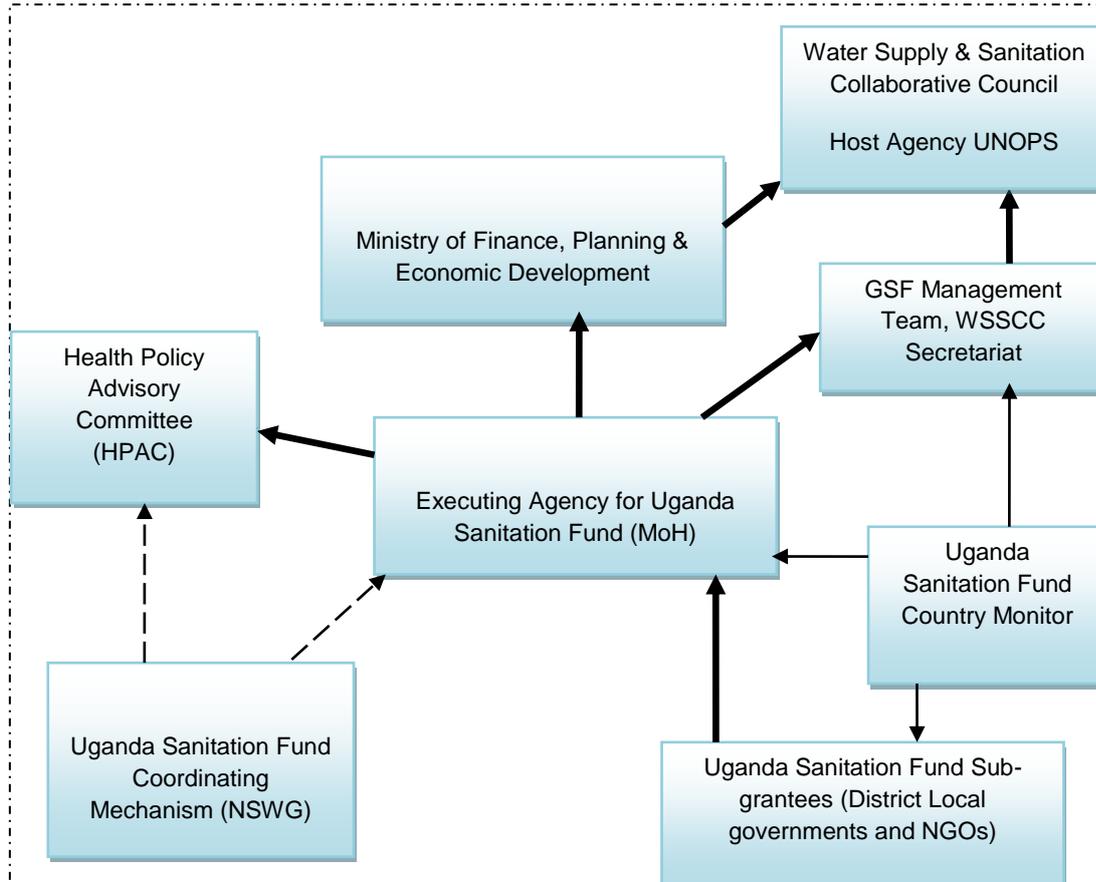
- Sanitation and hygiene data and information is part of the national monitoring system at national and local levels and is regularly monitored both in terms of technical and financial information.

Under outcome 4; *Successful and innovative approaches in Sanitation and Hygiene are identified, and spread*, results include sustainable successful sanitation and hygiene approaches and results from programme implementation are identified and spread within and outside the country, feeding into the wider advocacy agenda and accelerating sanitation and hygiene achievements in Uganda.

### 3.7 USF Organisation and Management

The USF has been designed to work through existing institutional structures and management systems. This means ensuring consistency with the Long Term Institutional Arrangement for the management of global funds in the Health Sector, as well as with the Water and Sanitation Sector SWAp. The organisational components in Uganda are described in the following sections. These interact with the global management of the GSF as described in the GSF Principles and Procedures.

**Figure 3.4.a Overall Organization of the USF and its links to the WSSCC**



**Explanations:** The arrows show lines of accountability with contractual relations indicated by solid lines. In addition:

- ↑ represents Government Institutions reporting Lines
- ↑ | represents Government Institutions reporting Lines

represents Coordinating mechanism linkages with the government



represents an independent monitoring body engaged by the GSF Management in Geneva.

### 3.7.1 USF Programme Coordinating Mechanism

The USF Programme Coordinating Mechanism (PCM) serves to bring together government and non-government actors to plan, coordinate and oversee the work funded by the USF.

To avoid duplication of effort, the USF PCM has been designed to fit within the existing policy and operational context of the Government. It is in this view that the Terms of Reference of the National Sanitation Working Group (NSWG) have been expanded to include the role and responsibilities of the USF PCM.

The USF PCM is led by a committee of the NSWG for which the chair and secretary has been agreed by the NSWG. The USF PCM Committee is the decision-making body of the USF, but is acting in consultation with the broader membership of the NSWG. Members of the PCM have been appointed taking the decision making power into consideration.

#### **Membership of the USF PCM Committee**

The USF PCM Committee shall have members drawn from the NSWG and include a Representative from each of the following institutions:

- Ministry of Water and Environment / Directorate of Water Development
- Ministry of Health (Representative not associated with the USF Executing Agency function of the MoH)
- Ministry of Education and Sports
- Ministry of Local Government
- Uganda Water and Sanitation NGO Network (UWASNET)
- UNICEF
- World Health Organisation (WHO)
- The Chairperson of National Sanitation Working Group (NSWG)
- The WASH National Coordinator
- The USF Executing Agency / Project Manager (Ministry of Health) (non-voting member)

To avoid conflict of interest, the USF Executing Agency, which is also part of the MoH, does not participate in decisions of the Committee. Membership shall be reviewed from time to time based on experiences gained and to accommodate any demands that may arise. Individuals on the USF PCM Committee shall not have any personal or business connection with the Country Programme Monitor, or other personal or business interest in programme implementation in order to maintain good checks and balances.

#### **Responsibilities of the USF PCM**

The USF PCM shall undertake the following responsibilities under the direction of the National Sanitation Working Group:

- a) Develop the USF Scope of Work Programme in collaboration with GSF Management.

- b) Maximise the synergy between the USF and the national government and its national sanitation policy, and other major sector actors and their policies.
- c) Ensure good communication and coordination between USF-supported activities and the advocacy and networking activities of the larger National WASH Coalition/National Sanitation Working Group.
- d) Give a no objection to criteria and procedures for the selection of Sub-Grantees.
- e) Give a no objection to projects proposed by the Executing Agency.
- f) Give a no objection to the monitoring and evaluation plan.
- g) Participate in monitoring of the implementation of the USF project by the Executing Agency.
- h) Ensure that the results of that monitoring are communicated well both to the government and to other stakeholders in the country.
- i) Review the USF programme strategy periodically and revise as necessary.
- j) Advise the Executing Agency as necessary on any issues that might arise in the course of implementation of the Country Programme.
- k) Facilitate the access of the Executing Agency to technical resources in the National WASH Coalition and the WSSCC international networks.
- l) Report to the Health Policy Advisory Committee and seek its endorsement of major organizational or programmatic decisions.

The PCM shall have no legal or contractual role in respect of the Executing Agency. The operating expenses of the PCM shall be covered by the GSF management through a fund administered directly by EA and will amount to USD 8,000 annually totalling USD 40,000 over the 5 years. The PCM will coordinate with the rest of the water and sanitation sector and the health sector through already existing systems of coordination and governance mechanisms, including the Water and Sanitation Sector and the Health Sector Working Groups, and the annual Water and Sanitation Sector and Health Sector Reviews.

### **3.7.2 USF Executing Agency**

The USF Executing Agency (EA) is the manager of GSF grants in Uganda. In keeping with the Long Term Institutional Arrangement (LTIA) for the management of funds in the Health Sector in Uganda, this function will be hosted by the Ministry of Health, which already manages several other funds, including GAVI, GFATM and PEPFAR.

The EA shall be accountable contractually to GSF Management and its host agency and programmatically both to in-country stakeholders through the USF PCM and to the WSSCC through the GSF Management.

Acting as EA, the MoH will appoint a USF Programme Manager and support staff as needed within the global fund management structure of the MoH. Financial management of the USF will be independent of the management of the EHD, which, however, may provide technical support to the USF.

The specific Terms of Reference for the Executing Agency shall be defined in its contractual agreement with GSF management. In general responsibilities shall include:

- a) To select Sub-Grantees to implement USF work programmes in accordance with agreed criteria and procedures;

- b) To enter contracts with selected Sub-Grantees;
- c) To grant funds to the Sub-Grantees;
- d) To supervise, train, and help the Sub-Grantees to develop solid project proposals and to implement their work programmes;
- e) To monitor and evaluate the work of the Sub-Grantees;
- f) To report all the above to GSF Management and any other body according to the specific provisions of its contractual agreement.

The MoH will prepare a full description of the organization and management of the project management function, which will be an integral part of the project operational manual, including a detailed budget, procedures for disbursement of funds to Sub-Grantees, monitoring and evaluation, and systems for supporting Sub-Grantees.

**Key programme activities to be implemented/coordinated by the EA**

Activities (and their estimated costs) to be performed or procured by the EA shall include:

Under Component 1, *Creation of Demand for Improved Sanitation and Hygiene*.

- Developing of communication materials for the expansion districts.
- Household hygiene and sanitation situation analysis (where one consultant shall be procured to carry out the baseline surveys in all the expansion districts);

Under Component 2, *Strengthening the Sanitation and Hygiene Supply Chain*.

- Capacity building for district and lower local government extension staff and NGOs;

Under Component 3, *Improved Enabling Environment*.

- Advocacy at national and district levels
- Establishment of MIS
- Inter-district meetings
- Exchange visits and learning journeys
- Documentation and Dissemination of Best Practices;

### 3.7.3 Country Programme Monitor

The primary role of the CPM remains that of - monitoring the EA's programme implementation, verifying the EA's compliance with the contractual ToR, overseeing the EA's due diligence on use of funds and finally, providing professional and independent recommendations to GSF management.

The CPM was selected by GSF Management through a competitive procurement process. The specific Terms of Reference for the CPM are defined in its contractual agreement with GSF.

### 3.7.4 Sub-Grantees

The 15 existing and 15 expansion District Local Governments shall be the USF Sub-Grantees implementing the sanitation and hygiene work programmes in collaboration with local credible NGOs. The Sub-Grantees shall be monitored by the Executing Agency. NGO proposals shall not be separate entities but shall be incorporated/reflected in the district proposals. District workplans and budgets therefore shall reflect areas of NGO involvement and the funds to facilitate the activities.

The existing districts signed MoUs with the EA and each new Sub-Grantee, whose proposal is approved, shall enter into a Memorandum of Understanding (MoU) which shall define the Terms of Reference for each Sub-Grantee with the EA (MoH).

To safeguard against the misuse of the funds, there shall be a detailed clause in the contractual agreement between the Sub-Grantees and the Executing Agency that shall spell out penalties, sanctions, and legal ramifications for any misuse of funds coming from the USF.

Sub-Grantees, i.e. Districts Local Governments, must meet the following conditions:

- i. Existence of a district sanitation strategy or inclusion of sanitation in the District Development Plan; consistent with the purpose of the USF Programme, which is not already being fully funded from other sources.
- ii. Clearly defined institutional leadership for sanitation and hygiene (defined roles and responsibilities for sanitation and hygiene) in the district.
- iii. Existing active District Water and Sanitation Coordination Committees.
- iv. Supportive environment, i.e. local government approval, political will and indication that the USF Programme can support improved sanitation and hygiene initiatives of the local government.
- v. Work plan and budget indicating local governments' contribution to sanitation and hygiene improvements.
- vi. Adequate Health Inspectorate staffing.
- vii. Established District Local Government structures for an effective programme management.

District Local Governments are encouraged to partner with NGOs or CBOs operating in the district to produce one comprehensive district project proposal. Not all CBOs and NGOs will be acceptable. To be eligible the NGO/CBO should meet the criteria below:

- i. Should have been actively involved in the Water and Sanitation Sector for at least five (5) years.
- ii. NGOs should be registered with the Uganda Water and Sanitation Network (UWASNET), while CBOs should be registered with the District Local Government.

In addition, as part of the proposal NGOs/CBOs are required to submit the following:

- A copy of the organization's certificate of registration, incorporation or an equivalent document establishing legal status.
- A copy of the organization's financial regulations and other governing regulations.
- A copy of the most recent annual report, or some other document(s), which includes:
  - (a) Mission statement, (b) list of current Board of Directors, and (c) key personnel.
- A list of individuals authorized to sign on behalf of the organization.
- A copy of the organization's latest audited or prepared Financial Statements.
- A copy of the organization's latest audit report.

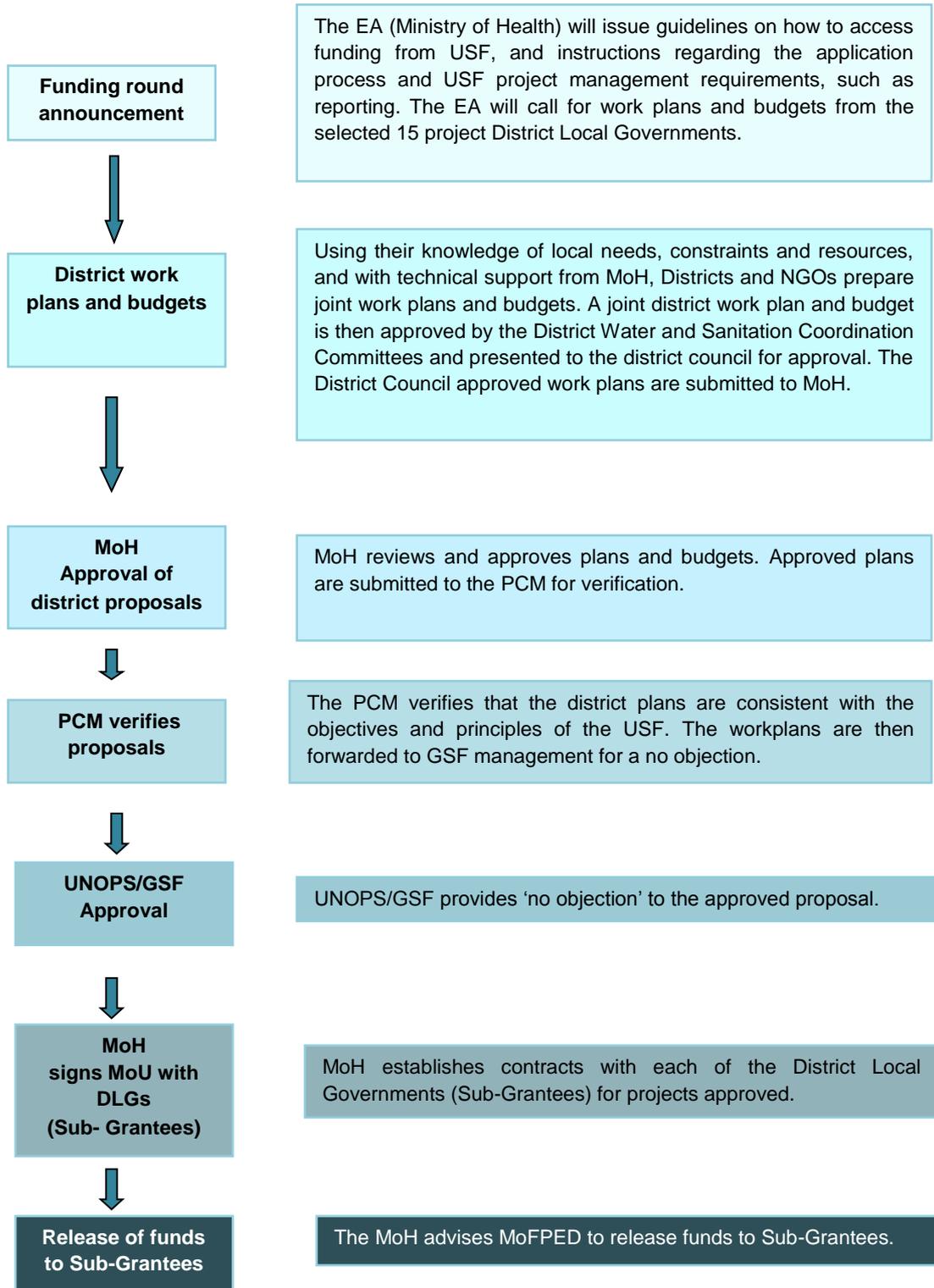
### **3.8 Sub-granting procedure and disbursement of funds**

#### **3.8.1 Approval process for Sub-grantee proposals**

Sub-grantees submit annual workplans and budgets based on indicative planning figures communicated by MoFPED on the advice of the EA. Annual ceiling amounts are based on achievements in the previous year as well as non-served population and general district capacity.

The process for the approval of proposals from Sub-Grantees is described in the figure below.

**Figure 3.4.b Process for the Approval of Proposals from Sub-Grantees**



The proposal formulation by the DLGs follows the normal local government planning cycles. The process for the approval of proposals should be completed by the end of May such that the MoH can advise the MoFPED to release funds to the District Local Government during the Month of July, i.e. at the beginning of the government financial year.

### 3.8.2 Estimate of grants to Sub-Grantees

Districts shall be given indicative planning figures on annual basis. Nevertheless, actual allocations during the course of programme implementation shall be based on the performance of the districts, achievement of programme results and compliance with programme requirements.

In addition and as part of the review and support to the Sub-grantees, the EA will carry out a capacity assessment that further informs both the decisions on annual district ceilings.

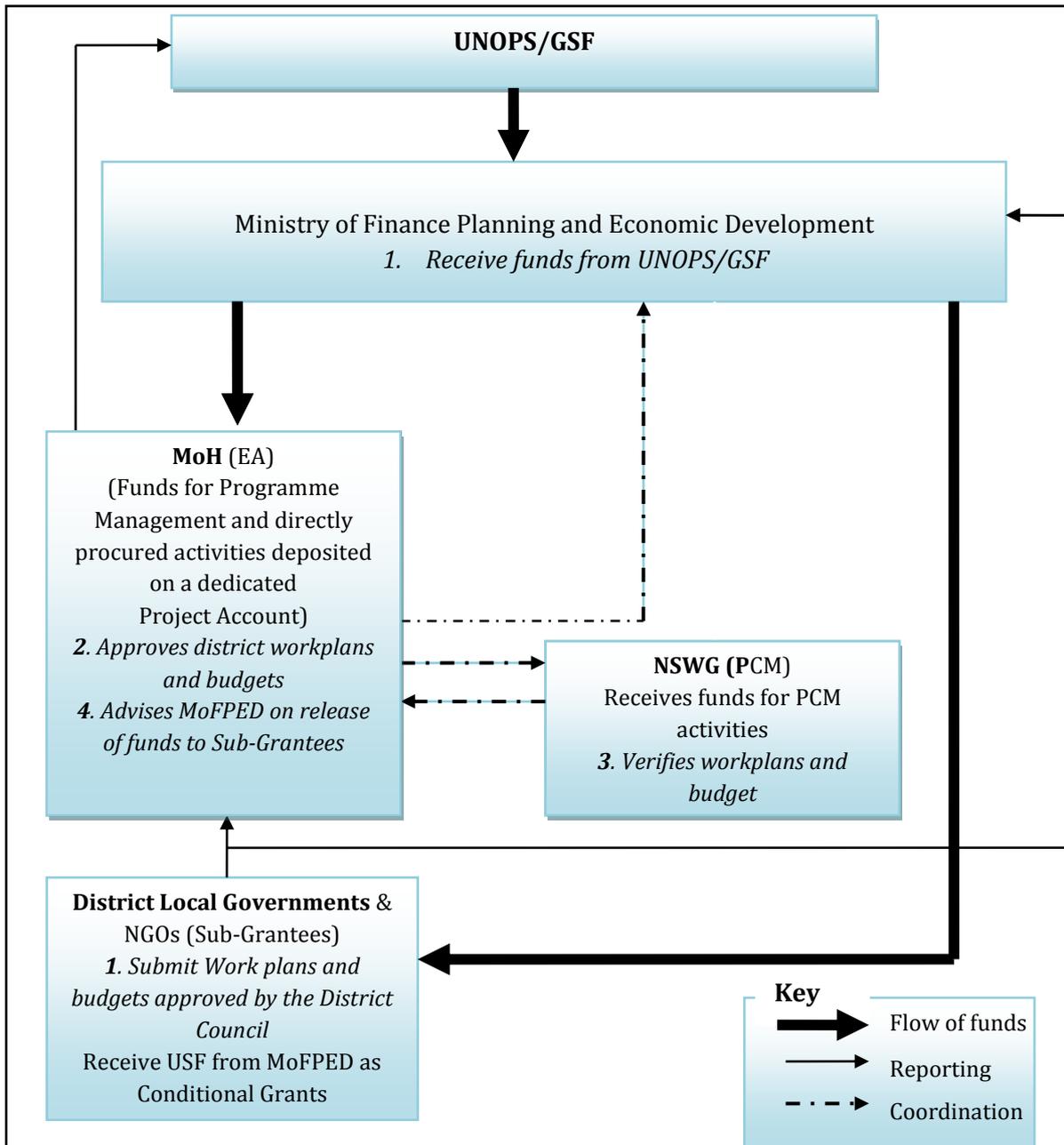
### 3.8.3 Disbursement of Funds

The Funds from UNOPS/GSF are received by the Ministry of Finance Planning and Economic Development on behalf of Government of Uganda. These are disbursed through a Sanitation and Hygiene budget line by the Ministry of Finance Planning and Economic Development as a conditional grant to local government in which funds flow directly from MoFPED to districts according to the normal GoU budget management cycle. There are agreements in the form of a MoU between the MoH and each District Local Government (Sub-Grantee) selected to receive funds. At district level the funds for sanitation and hygiene are ring-fenced to avoid misuse.

In all participating districts, vote books will be opened and used to manage the programme accounts. This is for easy monitoring of funds. Oversight of agreements between implementing partners at the district and sub-district level will be the responsibility of MoH. Non-governmental Organizations (NGOs) will write their funding proposals together with the districts setting their priority areas. There are no direct applications for funds from NGOs to MoH. NGO work plans are incorporated in the district plan. District work plans and budgets therefore reflect areas of NGO involvement and the funds to facilitate the activities. A MoU is signed between the District Local Government and the NGO spelling out modalities of cooperation and management of funds.

The Ministry of Health operates a project account for the management costs and centrally executed USF activities by the Executing Agency. Ministry of Health receives funds from the MoFPED to the Project Management account. There is a dedicated Accountant for such funds to ease operations. The disbursement of the USF funds into the MoH project account will be done quarterly based on unaudited Interim Financial Reports (IFRs). These Interim Financial Reports include project financial report, progress report and procurement management report. The figure below reflects the disbursement of funds and reporting responsibilities.

**Figure 3.4.c Disbursement of Funds and Reporting**



### 3.9 Programme M&E Strategy Outline

#### 3.9.1 Existing M&E practices

In Uganda, the basic framework and data to carry out sector reviews are in place. A thorough annual review process takes place whereby key actions are agreed. A comprehensive Sector Performance Report (SPR) is published annually providing information on budgets, expenditure and outputs, and progress against a balanced set of indicators (including access to water and sanitation, equity, value for money). Both the MoH and MoWE report fully on the on-budget expenditure for the sanitation and hygiene. Sanitation data is incorporated both in the Annual Sector Performance Report (SPR) developed for the Health sector (lead agency MoH) and in the SPR Water and Environment sector.

A Sector Performance Measurement Framework (SPMF) for the Water and Sanitation subsector was established in 2004, with eleven golden indicators. The sanitation and hygiene related golden indicators include percentage of people with access to basic sanitation (Households) for rural and for urban; Pupil to latrine/toilet stance ratio in schools, and percentage of people with access to hand washing facilities.

The Uganda Bureau of Statistics (UBOS) undertakes several household and service delivery surveys regarding sanitation. However, there is need to harmonize the indicators used by the sectors and OBOS. The SPR includes data from these surveys and compares and analyses the information with information from the line Ministries.

Monitoring of the quality and quantity of sanitation uptake is undertaken through the HIASS, which is presented at the Annual Sanitation Conference and reported in the Water and Environment and well as Health Annual Sector Performance Reports. The HIASS data is collected by District Health Inspectors and Health Assistants using a Household-Assessment Checklist which is incorporated in a Household Assessment Book (HAB). However there are concerns regarding the quality/reliability of the data from District Local Governments.

Although MoWE and MoH undertake field visits to monitor District Local Governments and Urban Councils this is not always highly systematic, nor are the findings always reflected in the SPR. The Auditor General also undertakes value for money inspections in the water and sanitation sector now and then, although these are not extensive in scope and thus it is difficult to make any conclusions about the findings. Some inspections are also undertaken by the Inspectorate Department of the Ministry of Local Government as well as the Budget Monitoring Unit of MoFPED. The findings of the reports from both of these organisations reported back to the District Local Governments; follow-up takes place and synthesis reports are prepared.

The GSF Results Framework, which will serve as a basis for the USF M&E framework, does not cover impact related to health improvements, such as reduction of morbidity and mortality rates due to sanitation related diseases. However, in the long run, data and information related to key health indicators will be taken into consideration in the USF M&E framework since they are generated at district level and reflected in the wider health sector monitoring system.

### 3.9.2 Outline of the proposed M&E strategy for the programme

**Monitoring** will be done as systematic and continuous assessment of the progress of the USF activities over time. The objective of monitoring shall be to:

- Verify the progress of USF programme activities at district and community levels (whether activities have been implemented as planned),
- Ensure accountability, both technical and financial,
- Detect problems and/or constraints in order to provide feed-back to the relevant authorities/partners,
- Provide support and promote better planning through careful selection of alternatives for future action; for this purpose process indicators will be carefully selected in accordance with the intervention areas (USF logframe),
- Support existing monitoring systems and procedures and fully integrate the USF monitoring with the Government monitoring at national, district and sub-district level.

**Evaluation** will attempt to determine as systematically as possible the relevance, efficiency, effectiveness and the impact of activities, in the light of the USF Programme objectives and intended outcome. An assessment of the value of the intervention using systematically collected and analyzed data shall be made during programme evaluation. While monitoring is a continuous process, evaluation will be conducted intermittently. The mid-term evaluation is intended to inform the programme of progress made and areas where strategic changes have to be made so as to meet programme objectives. On the other hand, the evaluation at the end of the programme shall inform and document the extent to which the programme expected results have been attained, as well as informing future similar programmes on best strategies to adopt, lessons learnt, best practices, among others.

### 3.9.3 M&E Responsibilities

All institutions involved in the implementation of the USF will contribute to the success of the M&E framework. Detailed roles and responsibilities will be reflected in the USF M&E Plan.

At national level, the EA monitors and evaluates through an on-going process, both programmatically and financially, with regular review of the reports and periodic site visits. This is to foster continued technical support for financial and technical management of the programme. The PCM will be involved in monitoring programme progress at a higher and strategic level and may from time to time participate in periodic site visits.

The EA will have the overall responsibility for the USF M&E and will ensure that:

- The M&E framework is popularized among its own staff and implementing districts to promote ownership.
- Relevant staff is trained in managing the M&E.
- Implementing districts have capacity to develop and implement the USF M&E framework and that it is integrated and harmonised with existing monitoring frameworks.
- Implementing districts are monitored and supported to ensure efficient running of the M&E system.

The DWSCC takes the lead in the monitoring of the district programme. The Chairman LCV, the Resident District Commissioner (RDC) and the area Councilors shall take responsibility for political monitoring. Implementing districts will adapt to the M&E framework that is harmonized with the USF Programme as the overarching document. The indicators selected for reporting by districts shall be able to provide data for USF Programme indicators in addition to specific ones relevant to the district M&E needs.

Within the districts, an M&E desk shall be established to manage the MIS (ref key activity under programme component 3). The staff capacity to manage the system will be strengthened through training and regular backstopping. Data at this level will be analyzed for regular monthly and quarterly report writing and Sub-Grantee level management.

At the EA level, a similar desk shall be established to receive data from Sub-Grantees (as well EA level generated data). A desk officer shall be identified for data management. An M&E Specialist shall be engaged on fulltime for the remaining three years given the scope of work in view of expansion. A mechanism for feedback to all stakeholders shall be established through regular reports and

dissemination workshops. All M&E activities will be done within the cadre of existing national monitoring and reporting systems.

### 3.9.4 Reporting

At national level MoH will report to MoFPED according to standard GoU reporting procedures. MoH/MoFPED will report to UNOPS and the GSF as set out in the Grant Support Agreement.

The district shall furnish the EA with quarterly, semi-annual and annual financial and narrative progress reports. All reports shall be properly documented with supporting evidence of activities carried out. If the reports are not submitted or are not in the form acceptable to the EA, further payments to the sub-grantee may be withheld by MoFPED after due notice to the district.

In addition, the districts will be asked to submit a household ISH status on an annual basis. This is referred to as the “Annual Situation Analysis” and will accompany the progress report for the final Quarter of the Financial Year. As mentioned, every year the sanitation sub sector compiles a Sector Performance Report (SPR) to measure the sector’s performance and guide in planning for the subsequent year. Information from the Districts will feed into the SPR and serves as a basis for the analysis of these indicators.

### 3.9.5 Baseline surveys

District specific baseline data for key indicators will be collected to inform the programme and form a basis for monitoring which shall be done on an annual basis. Comprehensive up-dates of the baseline data will be done prior to the mid-term and the 5 year programme evaluations. Districts shall establish the sanitation status of the villages they will be concentrating on in a particular year. The baseline data will provide a basis for assessing progress.

Baseline data shall be established for the following parameters:

1. Number of households in each project intervention area
2. Number of villages in the project area
3. Number of households practicing open defecation
4. Number of households practicing fixed place defecation (shared and household facilities)
5. Number of households practicing fixed place defecation whose latrine shows evidence of sustained use (presence of cleansing materials, soap, etc.)
6. Number of households constructing or having access to an improved household sanitation facility
7. Number of households with an improved sanitation facility and evidence of use (presence of cleansing materials, soap, etc.)
8. Number of disadvantaged households with an improved sanitation facility and evidence of use (presence of cleansing materials, soap, etc.)
9. Number of communities in the project area that are effectively open defecation free
10. Number of communities in the project area that are 'officially' (declared) open defecation free
11. Number of adult females who can correctly state the crucial times for handwashing
12. Number of adults who can demonstrate effective handwashing
13. Number of households where water and soap are available at a well-used handwashing station
14. Number of microfinance services delivered to households and/or service providers within the project area
15. Percentage of schools with school sanitation and hygiene clubs
16. Percentage of leaders with access to safe sanitation and hygiene facilities

17. Number of staff of local government working in sanitation and hygiene activities
18. Number of non-governmental actors actively working in sanitation and hygiene (implementation not advocacy) within the local government
19. Budget allocation to sanitation and hygiene of local government in area of Sub-Grantee activity
20. Percentage of sub counties with sanitation bylaws by district
21. Percentage of villages with sanitation and hygiene bylaws
22. Number of training events held in the 'area of influence' of Sub-Grantee activity
23. Number of people (government and non-government) trained in sanitation and hygiene skills and knowledge in the area of influence of Sub-Grantee activity
24. Number of local entrepreneurs supplying sanitation and hygiene products
25. Number of districts that establish budget lines for sanitation and hygiene related activities
26. Value of sanitation and hygiene related budgets at district level
27. Value of national sanitation and hygiene related budgets
28. Ratio of non-GSF: GSF funding in GSF supported activities (leveraging)
29. Value of national investments in sanitation
30. Percentage of schools with school sanitation and hygiene clubs (existing data does not indicate what percentage of the school population are club members)

In addition, key indicators already monitored by MoH in the existing MIS and for which baseline data will be compiled and thereafter monitored on an annual basis throughout the USF Programme implementation, include:

- Proportion of approved posts filled by trained health workers
- Proportion of districts with Village Health Teams established
- Proportion of political and cultural leaders promoting health interventions
- Proportion of districts implementing water quality surveillance and promoting safe water consumption

The core indicators per component for the USF are further described in the tables below.

### 3.9.6 Core indicators for Component 1

Core intervention	Core indicator	Operational Definition	Data Source	Frequency
<b>Component 1. Creation of demand for improved Sanitation and hygiene</b>				
Developing of Marketing Plan and Communications Materials	• Marketing plan	NA	EA reports	Quarterly
	• List of IEC materials developed	NA	EA reports	Quarterly
	• IEC distribution lists to districts	NA	EA reports	Quarterly
	• IEC distribution lists to Sub counties	NA	DLG reports	Monthly
Household sanitation and hygiene situational analysis	• Baselines survey reports	NA	EA reports	Quarterly
Demand creation activities (CLTS, sanitation marketing, Scaling up KDS+, home improvement campaigns, promotion of handwashing)	• Household latrine coverage by village, parish, sub county, and district	Number of households with access to excreta disposal facilities over total number of households (in the village, parish, sub county or district).	Sub-Grantee reports	Quarterly
	• Number of villages triggered under CLTS	NA	Sub-Grantee reports	Monthly
	• Percentage of villages declared ODF by location (parish, sub county and district)	Total number of villages declared ODF over total number of villages in a given location (parish, sub county, and district) x 100	Sub-Grantee reports	Quarterly
	• Household handwashing coverage per location (village, parish, district, sub county, and district)	Number of households with access to handwashing facilities over total number of households in a given area (village, parish, sub county or district) x 100	Sub-Grantee reports	Quarterly
	• Percentage of leaders with sanitation and hygiene facilities by location (village, parish, sub county, district)	Number of leaders with access to sanitation and hygiene facilities over total number of leaders in the location (village, parish, sub county, district) x100	Sub-Grantee reports	Quarterly
	• Percentage of schools with sanitation and hygiene clubs	Number of schools of with hygiene and sanitation clubs over total number of schools in the location (village, parish, sub county, district) x 100	Sub-Grantee reports	Quarterly

Core intervention	Core indicator	Operational Definition	Data Source	Frequency
<b>Component 2. Strengthening the sanitation and hygiene supply chain</b>				
District sanitation industry assessment	<ul style="list-style-type: none"> <li>Sanitation supply chain situational analysis reports</li> </ul>	NA	EA reports	Quarterly
Capacity building for district and sub-county Local Government staff and NGOs	<ul style="list-style-type: none"> <li>Number of district staff trained by category and gender</li> </ul>	NA	Sub-Grantee reports	Monthly
	<ul style="list-style-type: none"> <li>Number of sub-county staff trained by category and gender</li> </ul>	NA	Sub-Grantee reports	Monthly
	<ul style="list-style-type: none"> <li>Number of NGO staff trained by category and gender</li> </ul>	NA	Sub-Grantee reports	Monthly
Development of the private sector for effective and sustainable delivery of hygiene and sanitation services	<ul style="list-style-type: none"> <li>Number of masons trained (technical) by gender</li> </ul>	NA	Sub-Grantee reports	Monthly
	<ul style="list-style-type: none"> <li>Number of masons trained (sanitation as a business) by gender</li> </ul>	NA	Sub-Grantee reports	Monthly
	<ul style="list-style-type: none"> <li>Number of microfinance institutions providing micro-credits for sanitation related businesses</li> </ul>	NA	Sub-Grantee reports	Monthly

3.9.7 Core indicators for Component 3

Core intervention	Core indicator	Operational Definition	Data Source	Frequency
<b>Component 3. Improved enabling environment</b>				
Advocacy for prioritisation and increased resource allocation to sanitation and hygiene service delivery	• Percent increase in fund allocation for sanitation and hygiene activities by districts, Town Councils, Municipalities, MoH, MoES, MoFPED	Difference in fund allocation [Fund allocation in current FY (FY2) minus fund allocation in the previous FY (FY 1)] over funds allocation in previous FY (FY 1) x 100  $\left[ \frac{\text{FY 2} - \text{FY 1}}{\text{FY 1}} \right] \times 100$	Sub-Grantee reports	Annual
	• Percent increase in fund allocation for sanitation and hygiene activities by sub counties		Sub-Grantee reports	Annual
	• Number of districts with sanitation ordinances	NA	Sub-Grantee reports	Quarterly
	• Percentage of sub counties with sanitation bylaws by district	Number of sub counties with bylaws over total number of sub counties in district x100	Sub-Grantee	Annual
	• Percentage of villages with sanitation and hygiene bylaws	Number of sub counties with bylaws over total number of sub counties in district x100	Sub-Grantee	Annual
Establishment of MIS System	• Catalogue of programme activity, monthly, quarterly and annual reports	NA	MoH reports	Quarterly
	• Districts sanitation & hygiene development plans based on district MIS	NA	Sub-Grantee workplans	Annual
	• Data management system established	NA	Sub-Grantee reports	Activity report
Inter-district learning	• Number of inter district learning events	NA	EA reports	Annual
Exchange visits and learning journeys	• Number of learning reports	NA	Sub-Grantee	Activity reports
Documentation Best Practices	• Number of learning reports and documentaries disseminated	NA	MoH prog. reports	Quarterly

## **Annex A: List of reference documents**

1. Environmental Health Division - Ministry of Health (2005). Sanitation and Hygiene Assessment.
2. Environmental Health Policy of 2006.
3. Government of Uganda (2010). National Development Plan (2010/11 – 2014/15).
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12. Ministry of Water and Environment, 2007b. Joint Water and Sanitation Sector Programme Support (2008-2012), Programme Document, Kampala.
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15. The ten year Improved Sanitation and Hygiene Promotion Financing Strategy (MWE 2006).