



Uganda Sanitation for Health Activity (USHA)

Strengthening District-Level WASH Governance: Critical to Sustainable Service Delivery

Overview

USAID supports the Government of Uganda to build and sustain a democratic, well-governed state responsive to the needs of its expanding population.¹ Against the background of decentralization, good governance requires that government institutions at all levels are able to fulfil their responsibilities and deliver services to their constituents, while making the best use of resources—financial, human, and natural—at their disposal.

The USAID Uganda Sanitation for Health Activity (USHA) aims to strengthen water, sanitation, and hygiene (WASH) governance for sustainable services in 20 districts, as well as at the national level. Good governance is critical to the sustainability of USHA’s work to expand access to WASH services at households, schools, and health centers. While USHA works with officials at different levels of government—focusing on building capacity to administer policies transparently while embracing accountability—**this brief describes USHA’s approach to and emerging lessons from good governance activities focused on sanitation and hygiene at the district level.**

Background

Today Uganda is divided into more than 130 districts, 587 town councils, the capital city of Kampala, and seven new cities.

Uganda’s decentralization policy **mandates local governments (LGs)**— including districts, town councils, and sub-counties—**as the service authorities for WASH, bringing the responsibility for WASH service delivery close to the population.** While this should result in greater participation and control over service delivery and governance by local communities, many districts are grappling with: inadequate financial resources vis-à-vis the scope of their mandate; challenges related to retention of qualified staff (including in the WASH sector); low promotion, monitoring, and reporting skills of environmental health staff at the district and sub-county levels; and low political prioritization to WASH, among other challenges.² District local governance (DLG) staff are also experiencing dwindling DLG Conditional Grants and rising administrative costs due to the ever-increasing number of districts.³

With a limited annual budget envelope from central government, DLGs often prioritize investments in infrastructure development to improve service delivery for communities over improving core governance functions. For instance, the Rural Water and Sanitation Development Conditional Grant to districts supports development of sanitation infrastructure, such as the construction of VIP latrines in public places—markets and trading centers. Meanwhile, the District Sanitation and Hygiene Conditional

What is Good Governance?

As per the USAID-funded Global Water and Development FY2017 report,² governance refers to **“the political, social, economic, and administrative systems in place that influence water and sanitation use and management.”** The report states that **“It is, therefore, important to work on improving governance because these structures determine who gets what, when, and how.”**

Source:

https://www.globalwaters.org/sites/default/files/USAID_Global%20Water%20and%20Development%20Report_FY%202017.pdf

¹ <https://www.usaid.gov/uganda/democracy-governance-and-conflict>

² Ministry of Water and Environment (2019): Annual Water and Sanitation Sector Performance Report 2019.

³ Ibid.

Grant (sent to all districts except those benefiting from the Uganda Sanitation Fund) is used to promote sanitation and hygiene using community-led total sanitation (CLTS) and home improvement campaigns.

USHA's Strategic Approach

In USHA, strengthening district-level water and sanitation governance (under Output 3) receives **equal attention** alongside the more tangible output areas of access to water and sanitation (under Output 1) and sanitation and hygiene behavior change (under Output 2). As USHA's governance work is cross-cutting, USHA's three regional Governance Specialists closely collaborate with other technical advisors on the project to increase the overall capacity of LG representatives to improve their operations and expand access to WASH services at households, schools and health centers. For instance, the Governance Specialists facilitate the Rural Sanitation and Behavior Change Advisors in reaching school-related targets under Output 2 by disseminating and orienting district leaders on National WASH Operation and Maintenance Guidelines for Schools.

USHA's governance approach targets DLGs as entities responsible for water and sanitation service delivery. USHA engages the water, health, and education departments around the districts' designated water and sanitation capacity areas. Since water sector mandates are often better funded with more established and active governance structures, **USHA prioritizes governance work related to sanitation and hygiene.**

Collaboration, learning, and adapting is at the center of USHA's work. USHA collaborates and generates learning to inform development approaches and activities internally and for other USAID implementing partners and WASH stakeholders in Uganda. For instance, USHA collaborates with the USAID Regional Health Integration to Enhance Services (RHITES-Central East and RHITES-Acholi), Rotary International, and the USAID/Uganda Learning Activity on improving WASH in schools and/or healthcare facilities. At district level, USHA has also built relationships with DLGs in jointly designing, planning, reviewing, monitoring, and implementing activities. In each district, USHA works closely with and supports the District Water and Sanitation Coordination Committees (DWSCCs) with regular meetings to monitor progress in implementing action plans.

To assess the status and needs of each district, USHA designed a consensus-based self-assessment tool called an Institutional Strengthening Index (ISI). The ISI captures many dimensions of district-level WASH governance institutional capacity across six domains and 18 sub-components (see Table 1). Central to the process is a workshop where selected members of the DLGs (e.g., Chief Administrative Officers, Secretaries of District Councils, District Engineers, District Water Officers, District Health Inspectors, District Inspectors of Schools, Health Assistants, Sub-County Chiefs, and Community Development Officers) make individual assessments and assign scores to the sub-components. The individual scores are then discussed with the wider group and consolidated into a consensus score for each sub-component. It is critical to understand that the ISI is intentionally designed as a self-assessment tool

Decentralization in Uganda

As per the Local Government Act (1997), DLGs are responsible for planning, implementing, monitoring, and reporting on **water and sanitation service provision in their jurisdiction**. In terms of sanitation and hygiene, this mandate includes ensuring adequate sanitation facilities at schools, at healthcare facilities, and in public places. The role of DLGs in household sanitation is limited to public health education, monitoring, and enforcement (i.e., no direct subsidies).

The central government, through the Ministry of Water and Environment, allocates a **Rural Water and Sanitation Development Conditional Grant** to districts of roughly \$5,300 annually for sanitation activities. More recently, the Ministry of Health (MOH) began allocating 30% of the primary health care grant for sanitation activities (although these funds are not yet being used strategically). DLGs can also solicit funding from civil society, the private sector, and development partners.

rather than a rating tool for external assessors. The ISI enables a facilitated reflection process that brings out critical everyday challenges staff face in fulfilling their roles in service delivery. Since the tool serves both as a learning and assessment function, the process fosters a sense of ownership and accountability with the participants who gain a more concrete understanding of higher levels of capacity in governance to which to strive. In the process, they also come to understand each other’s views on WASH governance through the consensus-building process.

TABLE I. INSTITUTIONAL STRENGTHENING INDEX GOVERNANCE DOMAINS AND SUB-COMPONENTS

Assessment Domain	Sub-Component
Leadership and Advocacy	Private sector engagement
	Intergovernmental stakeholder mobilization at district level
	Advocacy and policy engagement
Planning and Budgeting	Participatory sanitation and hygiene planning
Coordination	District WASH Coordination Committee (DWSCC)
	Government stakeholder communication and coordination
Monitoring and Data Use	Sanitation and hygiene monitoring work plans
	Monitoring and evaluation tools data collection and analysis
	Monitoring and evaluation data dissemination and reporting
	Monitoring equity and inclusion
	Monitoring and supervision activities
Financing and Stewardship of Resources	Sanitation and hygiene budget execution
	Human resource availability
	Resource mobilization
Service Delivery	Sanitation and hygiene technical knowledge and skill
	Knowledge of Government of Uganda sanitation and hygiene plans, policies, laws, and regulations
	Management models for community water sources
	Outreach to vulnerable communities and groups

The **limitation of the ISI approach** lies in how progress should be assessed. As opposed to infrastructure outputs where results can be directly observed, changes in good governance are harder to measure since the outputs are often more intangible changes in mindset, political focus and attention, and improvements of processes and systems. In the assessment process, DLG stakeholders with different political standing and different technical, administrative, and political perspectives understand capacity differently, prioritize aspects of governance differently, and thus, perceive the maturity in good governance domains differently. For instance, in terms of the Coordination governance domain, District Education Officers (DEOs) and District Health Inspectors (DHIs) might not perceive DWSCCs as serving as important a function as District Water Officers (DWOs) might. The DEOs and DHIs might perceive that their DWSCCs have a high capacity even though they do not regularly attend and only send low-level cadre staff with little decision-making power or little to report to the meetings. In contrast, DWOs might understand that DWSCCs play a crucial role - in ensuring that individuals, units and programs communicate effectively with each other and share information and resources on a regular basis – and might perceive the same DWSCC as having more room to grow to reach a high level of capacity and performance. The ISI approach applies a well thought out assessment methodology (domains and sub-components and the process to consolidate scores) throughout the entire project to allow comparability of data from different stages. USHA’s Governance Specialists also facilitate the assessment process and discussions to ensure that participants understand what and how they are assessing and to generate consistent data that can be compared across districts.

It should not go unmentioned that there are also **challenges in supporting DLGs**. An example is high staff turnover in DLGs, including periodic changes in political leadership in the districts. While USHA can improve the capacity and equipment, and thus motivate staff to stay in a position, the decisions on transfer of staff are often made at a higher level outside the project sphere. Another example is where political leaders with the authority to make higher-level decisions are absent from the ISI assessment process, thereby diminishing the ability of the DLG stakeholders who are present to make real progress in improving their governance functionality.

Progress of USHA’s Governance Work to Date

In mid-2018, 13 DLGs in Uganda’s central west (CW) and central east (CE) clusters assessed their baseline sanitation and hygiene governance capacities using the ISI approach. In early 2020, seven DLGs in the northern cluster (NC) followed suit. Across the three clusters, DLGs consistently rated themselves mostly “embryonic” (none or minimal level of capacity) with a few domains self-rated “emerging” (rudimentary level of capacity) and even fewer domains self-rated “growing” (moderate level of capacity) or “well-developed” (good level of capacity). None of the regional clusters scored “mature” (excellent level of capacity) in any of the domains. “Monitoring and Data Usage” was the overall **lowest scoring area**. Comparing the three regions, the CE cluster scored highest followed by the CW and then the NC. In the NC, a comparatively high poverty rate and high levels of “dependency syndrome”—given ongoing donor-assisted recovery efforts addressing the aftermath of historical conflicts—may account for why this region did not score well. It also becomes clear that the older, more established districts like Jinja and Kitgum consistently scored better than newer districts that recently formed by partitioning off older districts. This difference was expected and can be explained by the time needed to develop and consolidate internal service delivery systems and to fill all vacant positions.

A key outcome of the ISI assessment process is a results-oriented action plan (**Institutional Strengthening Plan [ISP]**) to address the gaps identified and guide further project activities in response to expressed needs. In the ISPs, DLG staff turn the deficits leading to low scores into action areas for improvement. Resources are allocated along with an indication of the sources of funding—a combination of USHA and government resources. The action areas within the ISPs are also clearly prioritized as high, medium, and low with specific timeframes for each.

USHA’s contribution to implementing the ISP is done through a combination of capacity development (“skilling”), for example, on WASH policy dissemination; technical assistance, such as organizing district-level field monitoring visits to project sites; and provision of equipment (one-off “in-kind grants” such as computers and motorcycles). This duality of USHA’s hardware and software support is key. USHA experts provide technical support to coach key DLG stakeholders and follow up on progress. The support as per ISP, responds to real day-to-day problems DLG staff experience in their respective districts while fulfilling their mandates, including tremendous resource constraints regarding equipment provisions given dwindling DLG Conditional Grants.



**DWSCC meeting in Kayunga on
March 5, 2020**

At the same time, actively engaging DLGs in the delivery and monitoring of USHA’s Outputs 1 and 2 activities, related to the Market-Based Sanitation Implementation Approach (MBSIA), CLTS, and WASH

in schools and health centers fosters DLG learning on governance through practical experiences (participation in trainings, implementation, and field monitoring visits) enabling them to gain both governance and technical skills.

With USHA support, DLGs have since progressed well in implementing their ISPs with access to their in-kind grants and ongoing skilling and technical assistance in all districts. Highlights include:

- Under the “DWSCC” ISI sub-component, 10 out of 13 CE and CW districts are now consistently convening DWSCC meetings. The meetings are more purposeful, structured, and meaningful as discussions are enriched with findings from field monitoring visits to share lessons and experiences across the different WASH actors in the district.
- Related to “intergovernmental stakeholder mobilization at district level,” USHA has supported DLGs (political and technical leaders from both district and sub-county levels) to enhance local leadership interest in sanitation through institutional triggering events in the NC. To date, USHA has engaged over 100 sub-county political leaders and technical staff across seven NC districts in institutional triggering. Most participants immediately constructed basic latrines and handwashing facilities to set an exemplary model in their communities.
- Related to “knowledge of government of Uganda sanitation and hygiene plans, policies, laws, and regulations,” USHA disseminated policy guidelines and manuals to district and sub-county level staff. The accompanying policy dissemination workshops broke down the strategic documents so participants could understand how to implement these policies in their day-to-day work. Participants described the workshops as “very timely,” “very useful,” and “very enriching.”
- Due to close collaboration with the Ministry of Water and Environment Technical Support Unit—a deconcentrated sector unit that supports DLGs—the ISI assessment has already been scaled up and used in non-USHA districts. To strengthen coordination and collaboration with the districts, USHA signed memoranda of understanding (MOUs) with all the districts where USHA works as part of implementation of their ISI plans. Moreover, districts designated a Focal Point Person (FPP) to liaise with USHA. The FPP is the first point of contact and link between USHA and each district and supports the relationship between USHA and the districts.

Supporting Functional DWSCCs

A sub-component of the “**Coordination**” domain of the ISI assesses the functionality of DWSCCs. DWSCCs are mandated government-led platforms for coordinating sector actors at district level. The ISI baseline assessment results in the CE and CW clusters revealed that the functionality of the DWSCCs was fragile (at the “embryonic stage”) in 10 out of 13 districts. While 10 districts have since consistently convened DWSCC meetings per quarter, three others have declined to accept USHA’s support to hold regular meetings. USHA encourages DWSCCs to be both vibrant and professionally managed coordination spaces.

While the USHA team has observed many improvements in the day-to-day engagement with DLGs, a **mid-term assessment of the ISI** is planned in the months to come and will measure and document the progress that has been attained so far due to the tailored support strategies. USHA’s aim is to improve each district’s score by at least one category in any one of the ISI domains. USHA support may, for instance, lift a DLG’s “monitoring and data usage” status from the “embryonic” to the “emerging” stage.

Emerging Lessons

I. Integration of good governance across outputs fuels USHA efforts. USHA integrates good governance not as a standalone agenda or as a by-product. The combination of tangible improvements at the household level and/or infrastructure installations at schools and health centers fuels and gives credibility to USHA’s governance work and vice versa.

2. Implementation of the ISP with advisory, capacity development, and equipment support is key to change. USHA's one-off equipment support has provided a strong motivator for the district teams. A combination of capacity building and follow-up support to districts during implementation of the ISPs has ensured that the equipment provided, and the skills acquired are put to use in an effective manner.

3. Facilitating a process to express the needs of each district and tailoring support to the corresponding plans strengthens the alignment and relevance of the support. The self-assessments in terms of institutional capacity are key to bringing out challenges and to reflect on possible solutions. The ISP helps to bring the results together and guide support to DLGs, which are not homogenous bodies. The ISPs convert the variability in districts' needs in the three regions into tailored plans of actions.

4. The dissemination of national policies and guidelines boosts the performance of the water and sanitation output areas under USHA. The dissemination of policies responds to the need to cascade strategic documents to DLG levels. For example, strengthening the in-depth understanding of sector monitoring guidelines allows districts to professionalize their monitoring role. Creating awareness of the WASH Sustainable Development Goal (SDG) targets and indicators also opens districts' eyes to the need to set targets and to plan, budget and report on WASH aligned to the SDGs.

5. Support to DWSCCs improves LGs' stakeholder communication, coordination, and working relationship with USHA and other development partners. The DWSCC provides a platform for coordination of government and externally funded water and sanitation initiatives in each district. Furthermore, DWSCCs provide an important platform to share USHA's progress and lessons not only with the DLGs but also with other partners working in the district. The collaborative working relationship with DLGs has been further strengthened, for instance, through sharing of district-specific quarterly reports and joint monitoring field visits conducted prior to the DWSCC meetings.

6. Fostering a collaborative approach is essential to building relationships with partners. Timely and consistent communication with DLGs is at the core of USHA's approach to ensure continuous collaboration with local government stakeholders. Districts have established FPPs and signed MOUs with USHA, an indication that districts are willing to reciprocate and work together toward a common vision. In a recent RHITES-NC hosted review meeting in the NC, DLG officials recognized USHA for effectively communicating and collaborating with the DLGs.

A Word on COVID-19
The **COVID-19** pandemic has impacted Uganda and the WASH sector tremendously. On a positive note, it has contributed to elevating water and hygiene (e.g., handwashing with soap) as a priority, especially in institutions. In light of COVID, USHA's capacity strengthening support for DLGs in the area of coordination is hence more relevant, critical, and urgent than ever. For instance, a well-institutionalized DWSCC equipped with a district water and sanitation plan is in a stronger position to steer interventions from multiple funding sources of funding, with results likely to be sustained in the future, than one without a plan in place.

7. Supporting districts in improving their management information systems will strengthen the ability of districts to align data collected at the sub-national level to the national level. Across the districts, monitoring and data use scored lowest during the initial ISI assessments. USHA, therefore, plans to strengthen the capacity of the districts in this specific domain. With support from UNICEF, the MOH is developing a real time web-based monitoring and evaluation system for sanitation and hygiene in the country. The enhanced system is not only expected to improve monitoring and reporting on sanitation and hygiene but also to generate data for decision-making at the decentralized and centralized levels of governance. USHA plans to align its interventions with ongoing national-level MOH management information system processes.



Local leaders at an institutional triggering session in Kitgum, Omiya Anyima Subcounty, September 2020.

8. District LGs’ appreciation of their leadership role and of private sector involvement in sanitation promotion enables the MBSIA to be successful. DLGs play a vital role in sanitation and hygiene promotion. The need to lead by example at individual level—not just through words—is put into action by USHA’s approach in motivating political and technical leaders from both district and sub-county levels to construct basic latrines and handwashing facilities to set an exemplary model in their communities in the NC. By doing so, local leaders gain deeper insights into the sanitation situation in communities. It subsequently leads to leaders’ support and prioritization of sanitation and hygiene in development planning, including in creating a conducive framework for private service providers and an enabling environment to support demand creation. USHA’s MBSIA approach has led to the expectation that over 11,000 households will complete their toilet construction or upgrade by January 2021.

About USHA

USHA is a five-year contract (February 2018–January 2023) implemented by Tetra Tech in consortium with partners SNV USA, Sanitation Solutions Group, FSG, and BRAC. The activity works in 20 districts within three regions in Uganda. USHA is implementing a series of contemporary and integrated WASH interventions at the district, community, and household levels, leading to increased access to sustainable water and sanitation products and services. Specifically, USHA aims to achieve three reinforcing outputs:

1. Increased household access to sanitation and water services
2. Key hygiene behaviors at home, school, and health facilities adopted and expanded
3. Strengthened district water and sanitation governance for sustainable services

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