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Learning Brief

Uganda Sanitation for Health Activity (USHA)

Utilizing an Institutional Strengthening Index to Measure WASH Governance

June 2021

Objective

This learning brief highlights USHA's governance framework actualized through an **Institutional Strengthening Index (ISI)** tool. It describes the ISI conceptual framework, process, the results district local governments (DLGs) have so far achieved having conducted progress ISI assessments in March 2021 following baseline assessments conducted in May 2020; and presents key takeaways from 13 districts in the Central East (CE) and Central West (CW) of Uganda. It builds on an earlier learning brief titled: "*Strengthening District-level WASH Governance: Critical to Sustainable Service Delivery*" by the USAID Uganda Sanitation for Health Activity (USHA) from December 2020.

Overview

- USHA's work focuses on strengthening district water and sanitation governance across 20 districts.
- USHA's Institutional Strengthening Index (ISI) measures District Local Government (DLG) capacity in delivering sanitation and hygiene (SH) services at the local level.
- The ISI assesses 6 domains (performance areas) and 18 indicators related to leadership and advocacy for SH, planning and budgeting, coordination, monitoring and data use, financing and stewardship of resources and service delivery.
- USHA conducted the ISI baseline progress assessment for 13 districts in the Central West and Central East in March/April 2021 following a baseline assessment in 2019 and a suite of capacity strengthening interventions.
- The findings of the progress assessment indicate movement on the ISI for all 13 districts assessed, but also indicate a number of systemic gaps in domains such as planning and budgeting, and monitoring and data use.
- While the districts moved on the ISI scale, this movement does not necessarily translate into improved performance or increased capacity in a specific sub-component or domain.
- The ISI 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.

Background

In Uganda, service delivery is effected through a decentralized system of governance. Since 1997, the central government devolved administrative, judicial, planning and fiscal authority to local governments. Water, Sanitation and Hygiene are among the decentralized services. Decentralization was intended to build democratic governance systems, improve accountability, be more responsive to community needs and participation in decision making.

Against this backdrop, effective governance requires coordinating different functions, such as budgeting, planning, and monitoring, to deliver reliable services. Local government's capacity, including a lack of adequate resources to deliver their mandate or skills to fulfill their responsibilities, hamper this delivery of services. Support requires an understanding of the systemic challenges that impact effective service delivery.

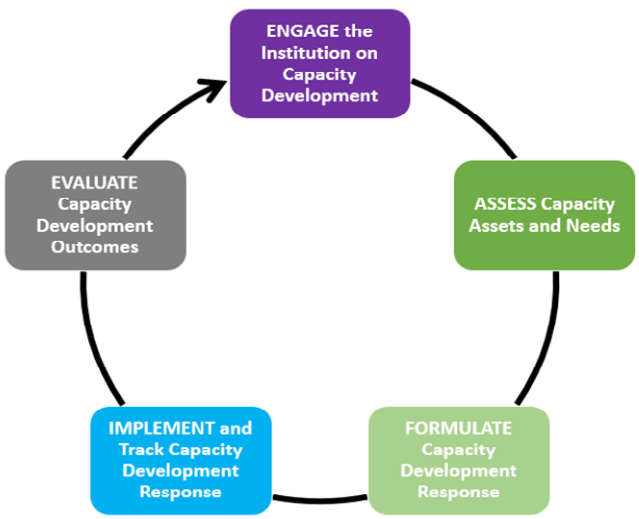
The USAID Uganda Sanitation for Health Activity (USHA) aims to strengthen water, sanitation, and hygiene (WASH) governance for sustainable services in 20 districts in the Central East (CE), Central West (CW) and Northern Cluster, as well as at the national level. Good governance is critical to the sustainability of USHA's work to expand access to WASH services at households, schools, and health centers. USHA's governance approach targets District Local Governments (DLGs) - offices of the Chief Administration Officer (CAO), District Health Office (DHO), District Education Office (DEO), District Water Office (DWO), District Community Development Office (DCDO) and District Executive - 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.

USHA's strategic approach

ISI Conceptual Framework

Institutional strengthening is carried out through a cyclical process, as shown in Figure 1. The process begins with USHA engaging with the institutional partners to build trust and commitment towards the capacity development process. USHA's Institutional Strengthening Index (ISI) - a participatory assessment of systems and capacities across an institution - determines where DLGs have strengths and weaknesses in delivering sanitation and hygiene (SH) services at the local level.

ISI assessment results and data then serve as the foundation to formulate an institutional strengthening plan (ISP). The ISP focuses on priority areas - weaknesses to be addressed or areas of strength needing continued reinforcement to remain strong. Action plans are then implemented over time, with set benchmarks and deadlines to ensure that there is progress. The ISP is overseen and led from within the DLG, with outside support from USHA to track performance and provide access to technical resources as necessary. DLGs can also obtain resources from other partners besides USHA to implement the ISP.



ISI tool

The ISI incorporates many dimensions of district-level WASH governance - six domains and 18 sub-components/indicators (see Table 1). The ISI is intentionally designed as a self-assessment tool rather than a rating tool for external assessors. The ISI enables a facilitated reflection process that brings out critical everyday challenges district staff face in fulfilling their roles in service delivery. The scoring process is two-fold; the individual scoring that captures individual participants' perceptions on a Likert scale based on knowledge, experience and/or perceptions; and a consensus-based score that is obtained from a group discussion of the individual scores (often backed with facts or individual biases and perceptions). The group/consensus score is considered the district score for a given domain and sub-component.

Figure 1: Institutional Capacity Development Cycle

Table 1: ISI Assessment Domains and Sub-components/Indicators

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 for data collection and analysis
	Monitoring and evaluation data dissemination and reporting
	Monitoring equity and inclusion
	Monitoring and supervision of 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

ISI scores correspond to five capacity stages and levels of performance, where 0 denotes weak or no systems while 4 denotes comprehensive systems or high levels of capacity and performance. Analogically, the scores are likened to the stages of human development where 0 is the Embryonic stage, 1 is the Emerging Stage, 2 is the Growing Stage, 3 is the Well-developed stage and 4 is the Mature Stage as described in Table 2 below. District participants are guided to select the stage they perceive best describes the capacity of their institution for that indicator at the time, even if every word in the description is not an exact reflection of the institution.

Table 2: Stages of ISI Scale

Description of Scale Scores				
0 (0-20%)	**1 (21-40%)**	**2 (41-60%)**	**3 (61-80%)**	**4 (81-100%)**
No or minimal capacity	Rudimentary level of capacity	Emerging level of capacity	Capacity meets minimum standards	Capacity exceeds minimum standards

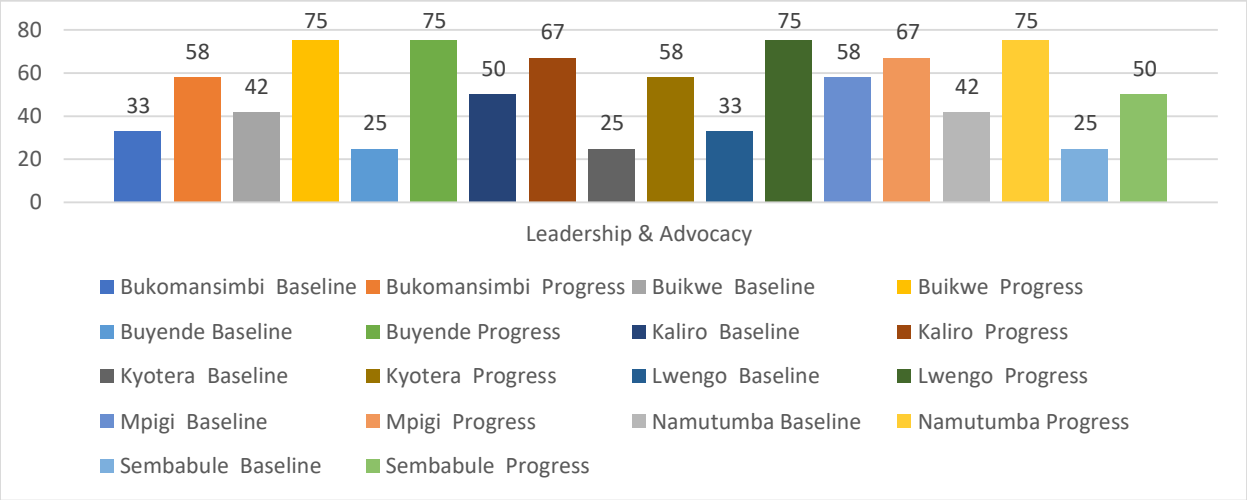
Absence of performance of the function	Poor performance	Fair or moderate performance	Good performance	Excellent performance
Embryonic	Emerging	Growing	Well- developed	Mature

The ISI uses a series of "word pictures" to enable district government entities to identify existing skills, tools, processes, and systems that are required to carry out core sanitation and hygiene-related governance functions. The ISI process follows a number of steps that include engagement of the district on the ISI process, orientation of the internal (USHA) facilitation team, assessment of current capacities, systems and performance (baseline), tracking implementation of the ISPs, interspersed technical support and in-kind grants (IKGs) from USHA, and lastly, progress assessments of capacities, systems and performance.

Results from the ISI Progress Assessment

One of USHA's WASH Governance targets is to ensure that all "targeted districts move from one [stage] to another on the Hygiene and Sanitation Institutional Strengthening Index (ISI)." After conducting ISI baselines and providing support to 13 DLGs over the course of one year, in March and April 2021, USHA set out to assess whether there had been improvements in the capacity and performance of DLG entities across the ISI domains. The results of the progress assessments showed that all 13 districts registered movement from one stage to another on the ISI scale in at least one domain. Performance varied from one district to another and varied from one domain to another. The governance domains where more districts demonstrated movement to higher levels of performance were: leadership and advocacy (nine districts), coordination (eight districts) and service delivery (ten districts). The performance of each governance domain alongside factors explaining their performance or lack thereof are presented below. It is useful to note that while districts moved on the ISI scale, this movement does not necessarily translate into improved performance or increased capacity in every specific sub-component or domain. For instance, the ISI progress assessment found a number of systematic gaps in domains, such as planning and budgeting and monitoring and data use. Thus, the ISI also needs to be understood in terms of its limitations in measuring performance and capacity.

Under the **Leadership & Advocacy** governance domain, **nine** out of 13 districts registered upward movement from one stage to the other on the ISI scale. While **one** district moved from Emerging to Growing, **four** districts moved from Emerging to Well-developed, and **four** more districts moved from Growing to Well-developed.



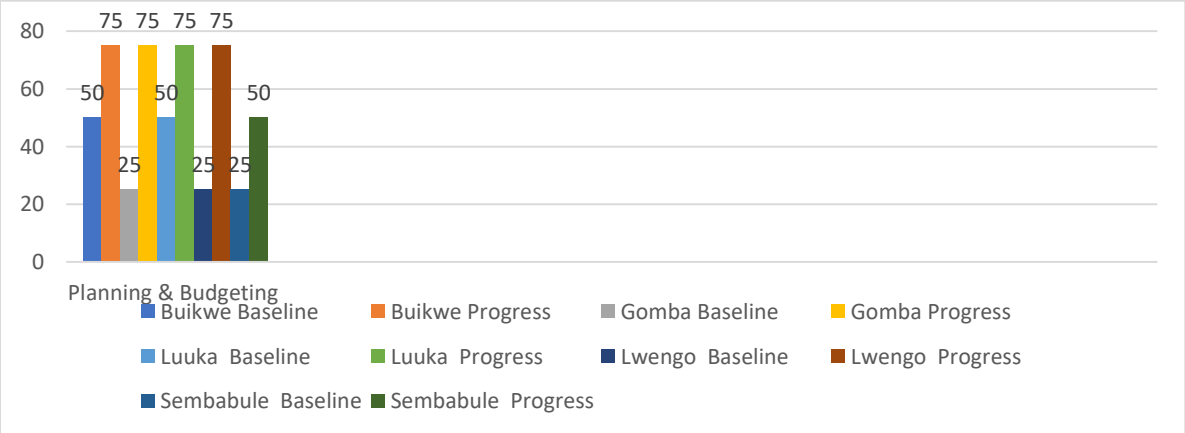
Their improved performance could be attributed largely to having:

- Conducted field monitoring visits, including visits to school construction sites, prior to their District Water and Sanitation Coordination Committee (DWSCC) meetings.
- Mobilized political leaders to participate in Open Defecation Free (ODF) verification exercises. Findings from the field monitoring visits and participation in sanitation and hygiene activities formed the basis of discussions and action planning in the DWSCC meetings.
- Established up-to-date, district-wide databases of relevant stakeholders, primarily civil society actors. With this database, DLGs then know which stakeholders to invite to engage with on a quarterly basis for district planning and budgeting purposes.
- USHA-compiled lists of value chain actors, such as trained masons and (new) hardware stores stocking Sato toilet products, by location and shared quarterly. Such lists provide easy-to- access referrals for communities seeking trained masons and other service providers to help out with construction of improved/basic household toilets.

As for the **four** districts that did not register an upward movement on the ISI scale, the following reasons explain some differences from the other nine districts::

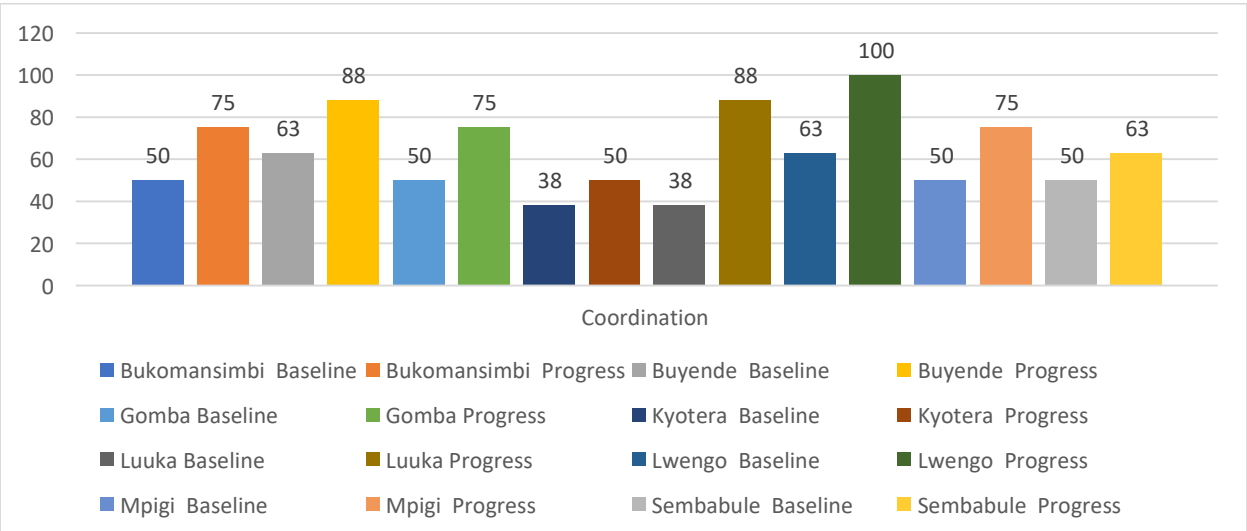
- Lack of capacity to identify and document sanitation and hygiene advocacy priorities based on evidence-based community needs
- Limited ability to influence policy making at local and national levels, such as through planned policy engagements
- Lack of ability of district line departments responsible for sanitation and hygiene to galvanize support from the district executive committee (DEC), except during Sanitation Week with no tangible DEC support committed afterwards

Under the **Planning and Budgeting** governance domain, only **five** districts achieved upward movement on the ISI scale. While **one** district moved from Emerging to Growing, **two** districts moved from Emerging to Well-developed, and **two** more districts moved from Growing to Well-developed.



Their improved performance could be attributed to having annual sanitation and hygiene (SH) workplans in accordance with the Ministry of Water and Environment (MWE)'s guidelines in place. It should be noted that <u>all</u> 13 targeted districts had a sanitation and hygiene (SH) workplan covering at least two sub counties using funds received annually from the MWE. However, the standard of achievement of this governance domain is *whether a district has a formally documented plan for WASH covering the entire district, including all sub counties and towns, with clear intended results and activities that relate to demand creation, infrastructure support and behavior change, aligned with sanitation performance indicators and national priorities.* The eight districts that did not perform well in this domain evaluated themselves against this standard, considering it necessary to have a comprehensive, district-wide sanitation and hygiene plan beyond the two sub counties targeted annually using MWE funds.

Under the **Coordination** governance domain, **eight** out of 13 districts improved their ISI scores. **One** district moved from Emerging to Growing, **one** district moved from Emerging to Mature, **four** districts moved from Growing to Well-developed, and **two** districts moved from Well-developed to Mature. It should be noted that Kayunga and Jinja districts were already at the well-developed stage at baseline and remained at that level. This domain covers aspects of the DWSCC meetings and government stakeholder communication.



Their improved performance could be attributed largely to having:

- Conducted quarterly DWSCC meetings as per statutory guidelines. USHA technically and financially supported at least one and up to two out of the four quarterly DWSCC meetings.
- Conducted field monitoring visits prior to the DWSCC meetings, findings of which were discussed during the meetings.
- Improved the conduct of the DWSCC meetings, following set and predictable schedules for members and stakeholders to attend, and producing timely minutes of the meetings for easy follow-up of key actions items.
- Increased use of hitherto non-conventional means of communication, such as WhatsApp, as an alternative channel of communication to send out reminders of upcoming meetings, information on recent relevant meetings, and announcements. In Bukomansimbi District, health workers have been using the *MTrack* communication app.

As for the **five** districts that did not register an upward movement on the ISI scale, the following reasons explain why:

- Some DWSCCs are not communicating when they are convening meetings following set and predicable schedules, minutes are not shared in a timely manner, and except for the District Water Office, the line departments with respective sanitation and hygiene mandates do not present reports of activities at these meetings, and in some cases, do not even attend DWSCC meetings at all.

Under the **Monitoring & Data Use** governance domain, **four** districts registered upward movement(s) on the ISI scale. **Three** districts moved from Embryonic to Growing and **one** district moved from Emerging to Growing. Of all the subcomponents evaluated, all districts performed comparatively well on monitoring and supervision of activities as all received in-kind grants (IKGs) ie., motorcycles from USHA, and were able to monitor and supervise field activities regularly.

However, other functionalities assessed under this domain were whether districts had: a monitoring plan; tools to collect data in line with national monitoring frameworks; a robust data management system to store data; processes in place to collect and analyze data in a timely manner, and ability to monitor for equity and inclusion of service delivery to marginalized groups. The ISI progress assessment found that monitoring and data use remains a challenge across all districts regarding these aspects. Some of the reasons for these challenges include:

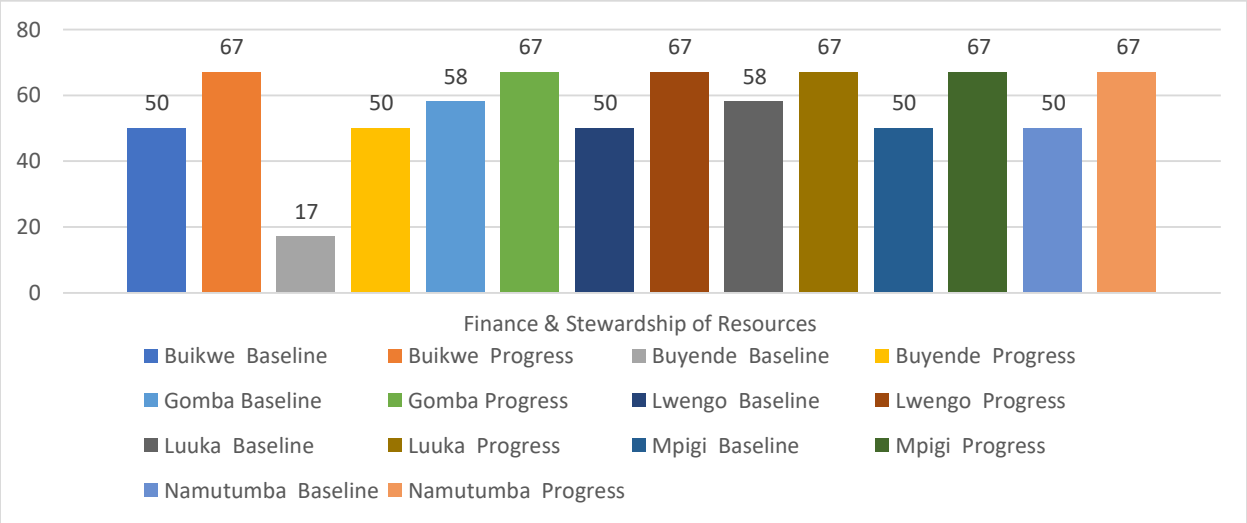
- While the Environmental Health division of the Ministry of Health (MoH) provides standard forms for the Village Health Teams (VHTs) to collect data of household sanitation quarterly, no oversight is conducted and often, there are irregularities in data collection and in actual submission of data. VHTs are not trained or motivated to collect this data.
- Sanitation and hygiene data collection is paper-based and heavily relies on the fragile Village Health Teams (VHTs) system. In general, data collection from village to parish to subcounty is fractured and data may be lost along this chain.
- While data collection tools that align with Joint Monitoring Program (JMP) standards and address demand creation, supply chain, and the enabling environment exist for VHTs to collect data at household level, the tools are not cascaded to the village or school level to use.
- Sanitation and hygiene data is inconsistent, inaccurate and are usually not a true representation of the district. Some District Health Inspectors (DHIs) from the Ministry of Health - responsible for sanitation at the household level - admit to "projecting" data based on the previous year's data to report to the national level when requested.
- While DHIs use a simple Excel system to capture data, they have limited skills to analyze the data and health biostatisticians rarely attends to sanitation and hygiene data.

Case Study: Gomba

Gomba district scored 44 points (61%) out of a maximum score of 72, thus falling in the "Well-Developed" stage of capacity and performance, a movement upwards from an overall baseline score of 31 points or "Growing" stage. The district is relatively young having been established in 2010. The District has certain performance features that could partially explain their impressive movement on the ISI scale ladder, specifically that they:

- Consistently convene all DWSCC meetings even without USHA's support.
- Commit to the ISI process as exemplified by the caliber of staff that attended both ISI baseline and progress assessment workshops.
- Follow through on planned actions.
- Closely collaborate and supervise grantee activities.
- Possess young and resourceful environmental health staff eager to absorb and utilize new information.

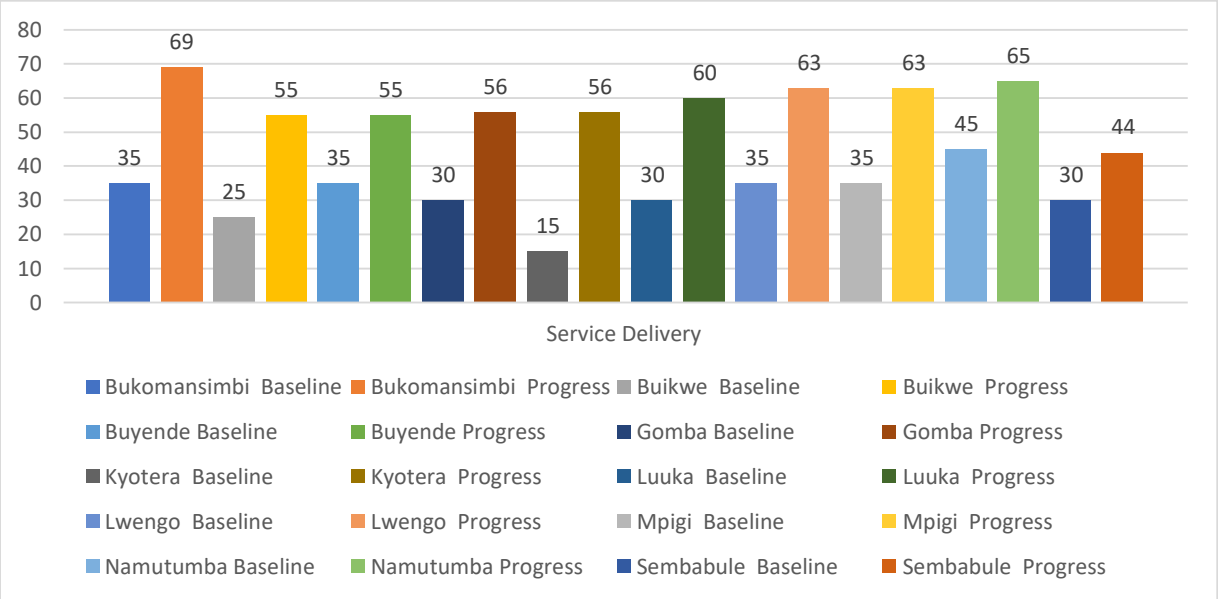
Under the **Financing and Stewardship of Resources** governance domain, **seven** districts registered upward movement(s) on the ISI scale. **One** district moved from Emerging to Growing and **six** districts moved from Growing to Well-developed.



Their improved performance could be attributed largely to having performed well in the subcomponent *sanitation and hygiene budget execution* of the sanitation grant from the Ministry of Water and Environment (MWE). The grant is well utilized as per the conditions set out. However, under the *Human Resources* subcomponent, most districts still face technical staffing challenges to support various sanitation and hygiene activities as mandated.

However, all districts have limited capacity to mobilize resources independently from MWE for sanitation and hygiene activities. In the Central West, USHA invests heavily in sanitation and hygiene activities in communities and schools in select subcounties, providing the district with additional "off budget" financial support, while the Japan International Cooperation Agency (JICA) provides support specifically to Gomba and Mpigi districts and the Korea International Cooperation Agency (KOICA) provides support only to Mpigi district. In the Central East, many districts are comparatively better off with financial support from NGOs, such as Plan International, World Vision, Water Mission Uganda and Busoga Trust, among others.

Under the **Service Delivery** governance domain, **10** districts registered upward movement(s) on the ISI scale. **One** district moved from Growing to Well-developed, **five** districts moved from Emerging to Growing, and **four** districts moved from Emerging to Well-developed.



The best performed subcomponent was *"Knowledge of Government of Uganda sanitation and hygiene plans, policies and regulations."* Their improved performance could be attributed largely to having:

- Participated in USHA's WASH-related policy dissemination workshops that targeted both district and sub-county government staff. During these workshops, DLG staff increased their knowledge of national sanitation and hygiene policies, laws and regulations.
- Some staff participated in USHA's market-based sanitation implementation approach (MBSIA) trainings increasing their knowledge and technical skills in this area.

Community-led Total Sanitation (CLTS) is the most known and proposed approach to sanitation and hygiene behavior change in rural Uganda yet all DLGs continue to grapple with untrained staff on the approach. Among all DLGs, only about 15 percent of Environmental Health staff have ever been trained on CLTS.

Across all districts, there are also still challenges associated with operation and maintenance of community water sources and District Water Offices do not have operation and maintenance (O&M) plans for rural water supply systems. There is also no deliberate targeting of differentiated Sanitation and Hygiene (SH) activities for different categories of people rendering social inclusion of marginalized groups minimal if not non-existent.

Lessons

1. Since the **ISI tool serves both as a learning and an 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 on which to strive. In the process, they come to understand each other's views on WASH governance through the consensus-building process.

2. **Field-based evidence and information is essential to improving district leadership and advocacy governance functions.** When DLG leaders participate in sanitation and hygiene activities and undertake field monitoring visits, as well as obtain information of key actors in the landscape, they are empowered to make decisions on what needs to be done and who they need to involve in the decision-making process to promote improved sanitation and hygiene conditions.

Filling Staffing Needs in Jinja District

Most if not all districts in Uganda are grappling with the challenge of inadequate manpower to deliver services. For instance, Bukomansimbi district has only eight staff out of 19 environmental health staff needed. Gomba only has two staff out of seven (7) heath inspectors needed and seven staff out of 36 health assistants needed. The main reason for the staffing gap is a cap on staff recruitment - commonly referred to as a wage bill ceiling - imposed by the Ministry of Public Service due to inadequate resources.

However, Jinja District found a way to circumvent this situation. The Jinja Chief Administrative Officer's (CAO's) office, together with the office of the Chairperson Local Council V (LCV) worked with the human resources department, analyzed their payroll to identify redundant or "irrelevant" non-technical positions (such as office messengers, compound slashers, and cleaners) that could be substituted with much needed technical staff across the different departments. Armed with this analysis, they presented a case to the Ministry of Public Service to allow them to utilize the money "saved" to recruit and fill their technical staffing needs. In so doing, Jinja resolved its technical staffing needs and of the required 84 environmental health staff, the district has 63 positions filled. Specifically on health assistants, the district successfully filled 47 of the required 59 staff positions.

Source: Jinja District HR database

3. **Many DLGs view long-term sanitation and hygiene plans covering entire districts as key to alignment between national and sub-national plans and goals.** Overall, there are weak linkages between the sanitation and hygiene plans at the local level with national mandates. Being able to develop a comprehensive plan and budget for sanitation and hygiene activities across the relevant departments with sanitation and hygiene mandates within a district would align what needs to happen at district level with sub-national targets and national mandates. Districts' performance will remain poor as long as there is no alignment with national and sub-national sanitation and hygiene plans and no integrated plan and budget with dedicated funds from the three line departments of water, health and education. Many districts acknowledge that they still have a long way to go in achieving comprehensive annual sanitation and hygiene plans covering all line departments. While districts currently have some resources for sanitation – the sanitation grant from the Ministry of Water and Environment for at least two sub counties per district; the Primary Health Care grant from the Ministry of Health; and the School/Facilities grant for the construction of toilets attached to new classroom blocks – the amount is insufficient to carry out the mandates of the respective line departments. Without clear integrated plans and budgets, the resources are also not adequately pooled to finance

integrated sanitation and hygiene programs, let alone attract funding from various development partners.

4. **DLG staff and stakeholders that convene on a regular basis to share lessons learned and make decisions on sanitation and hygiene are better able to coordinate efforts.** Many districts have started to embrace social media (e.g. WhatsApp) as a free tool to improve government stakeholder communication and collaboration with success. Improved coordination amongst actors is useful for DLGs to avoid duplication of efforts, reduce wastage of limited resources and leads to equity in resource allocation and distribution. USHA's experience in supporting DWSCC meetings in each of the 13 districts has also demonstrated that the quality of meetings - the ability to communicate, coordinate and work together - is as important if not more important than the number of meetings held.

5. **Providing up-to-date knowledge and skills regarding sanitation and hygiene is critical but not sufficient.** USHA provided support to DLGs to increase their knowledge of sanitation and hygiene plans, policies and regulations and other technical skills. However, even if DLG staff have the capacity and are "qualified" to deliver services, they may be hampered by other constraints (e.g. lack of budget to implement or data management gaps). Addressing these enabling conditions in a systematic manner requires a concerted effort from government, alongside civil society and the private sector, to tackle and address.

6. **Given the wage bill ceiling, in some cases, districts may be able to analyze their staffing needs and reallocate resources to be able to hire more technical personnel.** In general, staffing of technical personnel is low across districts. The case story from Jinja district highlights that in some cases, districts can assess whether they have too many "non-techncial" support staff and can reallocate the budget to be able to hire more technical personnel to fulfill service delivery mandates.

7. **Increasing the capacity of DLG staff requires an adaptive approach.** Capacity building needs change form and content over time, such as when policies change or when districts are redrawn and staff are transferred in or out of districts. Part of USHA's approach has been to closely monitor through regular pause and reflect events both internally and externally to ensure that capacity interventions adapt to these changes when needed and remain relevant to DLG staff.

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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