

EXTRACT OF COUNTRY PROGRAM OUTLINE 22: STRENGTHENING  
GIRLS' AND BOYS' HEALTH

PLAN UGANDA

From the

MID-TERM REVIEW  
Of the Country Strategic Plan and  
Country Program Outlines  
FY 2004 – 2009

FINAL SYNTHESIS REPORT

November 2006

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APC	Annual Program Communication
CBO	Community Based Organisation
CCCD	Child-Centered Community Development
CDF	Community Development Facilitator
CPO	Country Program Outline
CSP	Country Strategic
DWD	Directorate of Water Development
FP	Family Planning
FGD	Focus Group Discussion
FY	Fiscal Year
HWF	Handwashing Facility
IMCI	Integrated Management of Childhood Illnesses
IEC	Information, Education, Communication
KI	Key Informant
MDG	Millennium Development Goals
MOH	Ministry of Health
MOWE	Ministry of Water and Environment
MTR	Mid-Term Review
NGO	Non Governmental Organisation
OSM	Operations Support Manager
PA	Program Area
PAs	Program Areas
PDA	Parish Development Associations
PDCs	Parish Development Committees
PNC	Post-natal Care
PSCs	Plan Supported Communities
RBA	Rights Based Approach
RH	Reproductive Health
RMTs	Resource Mobilisation Teams
RWHT	Rainwater Harvest Tank
SCT	Source Caretaker
TASO	The AIDS Support Organisation
TBA	Traditional Birth Attendant
USH	Uganda Shillings
UGA	Uganda
UWASNET	Uganda Water and Sanitation NGO Network
VHT	Village Health Team
WATSAN	Water and Sanitation
WUC	Water User Committee

## Executive Summary

Plan Uganda has been implementing the current Country Strategic Plan(CSP) and Country Program Outlines (CPOs) since July 2003 (FY04). Plan works in four districts of Uganda: Tororo, Kamuli, Luweero, and Kampala. Plan Uganda has selected four core program areas for Plan-supported communities:

- Protecting girls, boys and their families affected by HIV and AIDS (CPO 20)
- Empowering girls, boys and their families living in poverty (CPO 21)
- Strengthening girls', boys and their families health (CPO 22)
- Promoting lifelong learning (CPO 23)

A mid-term review of Plan's country program was carried out in June 2006 to assess performance and progress toward achieving CPO objectives, to determine if Plan's strategies and program approaches are relevant, appropriate and effective, and to identify obstacles to implementation of the programs, and areas for improvement.

### CPO 22 - Health

The purpose of this CPO is to strengthen girls', boys' and their families' health. The program focuses on -

- improving protection of very young children from preventable diseases;
- reducing malnutrition;
- improving children's access to both curative and preventive health services;
- encouraging community-based and community managed approaches to basic health care;
- promoting positive reproductive health behaviours and practices;
- increasing access to safe water and adopting effective hygiene and sanitation practices; and
- Increasing participation of children and their communities in decision-making regarding primary health care issues.

Plan's strategy of supporting and working in partnership with district health services is highly relevant and effective in increasing access to and use of health services in Plan program areas. Government is committed to providing a comprehensive package of essential health services to communities through district health centres and community-based VHTs. But districts often lack resources to address all priorities particularly at community level, and are encouraged to establish public-private partnerships with NGOs such as Plan to increase access and reach. Plan's support to VHTs is particularly critical, as these networks are often under-resourced yet provide important and effective links to households and communities for information and outreach services.

Plan's inputs into water and sanitation are very relevant and largely effective, and have significantly increased access to safe water and improved sanitation in Plan communities. Future efforts need to focus on strengthening community management of water sources, and to expanding latrine coverage in programme areas.

## Overall Comments

The review team found that in general Plan's program objectives, strategies and activities are relevant to addressing the key issues affecting the welfare of poor children in Plan's program areas. Plan's underlying program principles focusing on Child Centered Community Development (CCCD), institutional learning, integration, gender equity, environmental sustainability and cooperation provide a highly relevant framework for achieving positive and lasting impact in Plan's four core programs.

The efficiency of Plan's programs, measured by cost and output analysis, requires further attention in a number of areas, though in many cases it is still too early to fully assess efficiency factors. The team notes that taking on too wide a range of activities for some components may compromise efficiency as well as effectiveness and potential impact, as too little resources may be trying to cover too many interventions. The project team should consider scaling back some activities to focus more time and resources on those with greatest potential for achieving objectives.

For the most part Plan's strategies and activities are proving effective in achieving results that will contribute toward achievement of Plan's program objectives. A number of components will, however, need to be reviewed, adjusted and strengthened to enhance effectiveness over the remaining program period.

It is too soon to assess the impact of interventions, but with adjustments set out in recommendations for the individual program areas, Plan should be able to largely achieve its objectives by the end of the program period.

The review team raises a number of issues relating to sustainability of program interventions beyond the end of the programme. But Plan's strategy of working in partnership with national and district local government structures, local service delivery organisations (NGOs and CBOs) and communities to build skills and capacity is a positive step toward achieving sustainability.

## **Background**

### **1.1 Plan Uganda**

Plan is an international child-centred community development organization without political, religious or governmental affiliation. Currently Plan works in four districts of Uganda: Tororo, Kamuli, Luweero, and Kampala. These districts were chosen on the basis of issues affecting poor children's welfare. To tackle these issues, Plan Uganda has selected four core program areas for Plan-supported communities:

- Protecting girls, boys and their families affected by HIV and AIDS (CPO 20)
- Empowering girls, boys and their families living in poverty (CPO 21)
- Strengthening girl's boys and their families health (CPO 22)
- Promoting lifelong learning (CPO 23)

### **1.2 Mid-Term Review**

Plan Uganda has been implementing the current Country Strategic Plan and Country Program Outlines since July 2003 (FY04). A mid-term review of Plan's country program was carried out in June 2006 to -

- assess performance and progress toward the CPO objectives;
- determine if Plan's strategies and program approaches are relevant, appropriate and effective; and to
- identify obstacles to implementation of the programs, and areas for improvement.

The review focused on the relevance, efficiency, effectiveness, potential impact and sustainability of Plan Uganda's programs on the lives of children, their families and communities. A description of methods used in data and information collection is detailed in Annex 2.

## 2 Program Description

### Program Identification

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Country Name: Uganda

Country Code: UGA

Country Program Names:

- Protecting girls, boys and their families affected by HIV AND AIDS. (CPO 20)
- Empowering girls, boys and their families living in poverty. (CPO 21)
- Strengthening girls' and boy's and their families health. (CPO 22)
- Promoting lifelong learning. (CPO 23)

Date to Begin: July 1<sup>st</sup> 2003

Date to End: June 30<sup>th</sup> 2006

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Plan has worked in Uganda since 1995. The current Country Strategic Plan (CSP) sets out the direction the organisation is taking in the first half of its second decade, covering Plan fiscal years 2004-2009.

Plan works in four districts in the east and centre of the country: Tororo, Kamuli, Luweero, and Kampala. These districts have been selected according to existing needs and Plan's potential effectiveness. In the years 2004-2009, Plan is continuing to work in Tororo and Luweero districts by opening up programs in other sub-counties. Plan is expanding its operations in Kamuli District, and will be phasing-out the sponsorship program in Kampala.

Key issues affecting the welfare of poor children in Plan's program areas are:

- The HIV and AIDS pandemic has direct and indirect effects on girls, boys and their families.
- The conditions are not fully conducive to the recognition of girls' and boys' rights or fulfilment of their needs.
- The health status of girls, boys and their families is low.
- Girls, boys, and their families have limited access to quality educational and vocational opportunities.

To tackle these issues, Plan Uganda is implementing four core programs in Plan-supported communities:

<b>CPO 20</b> Protecting girls, boys and their families affected by HIV and AIDS.	Goal: To mitigate the effects of the HIV and AIDS pandemic on girls, boys and their families in Plan-supported communities.
<b>CPO 21</b> Empowering girls, boys and their families living in poverty.	Goal: To alleviate the deprivation, vulnerability and powerlessness of poor girls, boys and their families in Plan-supported communities.
<b>CPO 22</b> Strengthening girls', boys' and their families health.	Goal: To improve the health status of girls, boys and their families in Plan-supported communities.
<b>CPO 23</b> Promoting lifelong learning.	Goal: To improve basic education and opportunities for life-long learning of girls, boys and their families in Plan-supported communities.



### 3 Summary of the HEALTH Program Review

#### 3.1 CPO 22 – Health

*Strengthening girls', boys' and their families' health.*

This program aims to improve the health status of children and their families in Plan program areas. The program focuses on -

- improving protection of very young children from preventable diseases;
- reducing malnutrition;
- improving children's access to both curative and preventive health services;
- encouraging community-based and community managed approaches to basic health care;
- promoting positive reproductive health behaviours and practices;
- increasing access to safe water and adopting effective hygiene and sanitation practices; and
- Increasing participation of children and their communities in decision-making regarding primary health care issues.

##### 3.1.1 Access to and Use of Health Services

Objectives for health services components are:

- Immunisation - To improve the immunisation of children below five years of age from preventable diseases from 39% to 60%.
- Child nutrition - To reduce the incidence of severe malnutrition among children 0 to 3 years of age from 13% to 10%.
- Access to health services - To increase access of children to health care services from 50% to 70%.
- Family planning - To increase use of modern family planning methods from 44% to 80%.

Key activities for the objectives noted above include:

- a. Promoting use of health services
- b. Promoting positive household health practices
- c. Supporting health services delivery
- d. Supporting outreach services

Plan Uganda works in partnership with district health services in all program areas to increase access to basic services for child health, child nutrition, and reproductive health, and to raise awareness and create demand at community level to increase utilisation of these services. Plan also works at community level, through VHTs, to promote good child nutrition practices and household measures to protect children against preventable diseases such as malaria and diarrhoea.

##### *Overview of findings*

The review team found that Plan's strategy of supporting and working in partnership with district health services is highly relevant and effective in increasing access to and use of health services in Plan program areas. Government is committed to providing a comprehensive package of essential health services to communities through district health centres and community-

based VHTs. But districts often lack resources to address all priorities particularly at community level, and are encouraged to establish public-private partnerships with NGOs such as Plan to increase access and reach. Plan's support to VHTs is particularly critical, as these networks are often under-resourced yet provide important and effective links to households and communities for information and outreach services.

*a. Promoting use of health services*

Plan works with VHTs, youth centres and district health service providers to provide information to communities, households and young people in order to raise awareness and increase utilisation of essential health services. Particular emphasis is placed on promoting utilisation of services for child health including immunisation and treatment of critical childhood illnesses such as malaria, diarrhoeal disease and malnutrition; for reproductive health including antenatal and maternity care, emergency obstetric care, post abortion care, STI treatment, and family planning; and for HIV and AIDS testing (VCT), prevention of parent-to-child transmission of HIV, treatment of opportunistic infections, and palliative care.

*b. Promoting household health practices*

VHTs are also instrumental in promoting positive health practices at household level. Plan supports VHTs to provide information and promote good child nutrition practices including breastfeeding, weaning, balanced diets, and home gardens; prevention and home treatment of childhood diarrhoeal disease; and prevention of malaria through use of ITNs. VHTs also provide information on prevention of STI and HIV infection.

*c. Supporting health services delivery*

Plan works with district health services to ensure that communities have adequate access to quality basic health services. Plan has helped to construct and renovate health centres in Plan program areas, and provides essential drugs and supplies to supplement district stocks when necessary. Plan also supports training of district health service providers, and supports provision of adolescent-friendly health services at youth centres in program areas.

*d. Supporting outreach services*

In order to take essential services closer to the communities, Plan supports district health workers and VHTs to provide outreach services at community level including child immunisations, family planning and condom distribution, home-based treatment of malaria, provision of ITNs, home-based care for those with HIV AND AIDS, and referral for other services.

*Lessons learnt*

- Involving beneficiaries and encouraging their active participation in programs reduces costs, creates a sense of ownership and builds capacity for sustainability.
- Children prefer and are comfortable with music, dance and drama as opposed to newsletters and posters.
- Providing free health services increases demand and utilisation, but lack of adequate resources from government undermines the quality of services

and commitment of staff; free health services supported by projects such as Plan raise concerns about continuity and sustainability over the long term.

- There is a high demand for youth-friendly health services in Plan's program areas despite inconsistent quality issues, indicating that this needs more attention.
- Male involvement in the promotion of health activities, especially family planning, reproductive health and child survival, is critical in order to support access to these services by women and children.
- In Uganda, religion is not a major barrier to contraceptive use.

### *Recommendations*

- Plan can help support district health services by identifying and recruiting a training focal person to work with the DDHS in monitoring standards and quality of training, as well as the application of acquired skills.
- Plan should work with private health facilities where possible to ensure access to urgent and emergency services for sponsored children when needed.
- Outreach clinics and services would benefit from additional inputs from Plan to improve the quality and range of services offered.
- Plan should explore ways to improve access to referral services, as community access to referral services at higher-level health facilities is a challenge due to transport costs and availability.
- Plan should work with district health services to strengthen logistics management for essential drugs and supplies.
- Intensify awareness efforts targeting males to get them more involved in the promotion of health activities, especially family planning, reproductive health and child survival.

### **3.1.2 Water and Sanitation**

The objective for this component is to improve communities' access to potable water from 60% to 75% and the adoption of effective hygiene and sanitation practices from 10% to 70%. Key activities for this component include:

- a. Providing safe water supply
- b. Maintenance of safe water sources
- c. Construction of latrines
- d. Promoting good hygiene and sanitation practices

### *Overview of findings*

The review team found that Plan's inputs into water and sanitation are very relevant and largely effective, and have significantly increased access to safe water and improved sanitation in Plan communities. Comments on individual activities are summarised below.

#### *a. Providing safe water supply*

Plan has supported the provision of safe water supplies to communities and schools in Plan program areas: community boreholes have been drilled in 26 locations and rehabilitated in 7 locations, protected springs have been developed in 26 locations, shallow wells have been constructed in 7 locations, and 17 selected schools have been provided with rainwater harvest tanks. In

communities, users pay small monthly or yearly fees (in rural areas) or fees per use (in urban centres) to help maintain the water source.

The review team observes that Plan interventions for this objective have been highly successful. Household access to and use of safe water has increased from 25% to 99% in Plan program areas, and most households (70%) use a separate clean container for storage of drinking water in the house. User fees do not seem to be a hindrance to accessing safe water in most areas.

*b. Maintenance of safe water sources*

Plan has supported training for community Water User Committees to manage and maintain safe water supplies. To date, 214 WUCs have been formed and have undergone training in program areas. Overall, 87% of households in rural areas report having a WUC for their water source.

As many community water sources are still relatively new, there is little to assess on the effectiveness of WUCs in maintaining and repairing water sources over time. A big challenge noted by the review team is collecting money from users to cover maintenance costs – people are reluctant to contribute until repairs are actually needed, and even so many regard the water source as a gift from Plan which should not require user charges.

Maintenance of rainwater tanks at schools is proving to be somewhat problematic: three of eight systems observed during the mid-term review were non-functional due to poor security and maintenance, and nearby communities often contribute to over-use of these systems.

*c. Construction of latrines and hand-washing facilities*

Plan supports the construction of latrines and hand-washing facilities at primary schools in Plan program areas. To date, 36 school latrines have been constructed. A special design which provides a cleaning/changing room for girls has led to positive results in maintaining attendance rates for girls in program areas. Hand-washing facilities have also been constructed at schools, but maintenance of these is proving problematic due to theft and vandalism of taps.

*d. Promoting good hygiene and sanitation practices*

In schools, Plan supports health, water and sanitation training for science teachers, who then conduct child-to-child training for their students. Each school has two trained teachers in place, and each school has selected students to undergo training in order to facilitate sharing of information through school health clubs.

At community level, Plan trains and supports VHTs to sensitise community members on safe hygiene and sanitation practices. Overall latrine coverage in Plan program areas is above average at 75%, though most are traditional pits rather than improved designs. Hand-washing practices at household level remains low, however, with 83% of households lacking hand-washing facilities near the latrine, and maintaining cleanliness of latrines is also a challenge.

Households have also begun to take up other good hygiene practices: 57% maintain clean compounds, 67% have bathing shelters, 66% have drying racks, and 63% have pens for housing animals away from the living areas.

#### *Lessons learnt*

- Involving communities in the project cycle beginning with problem and priority identification has contributed to the success of this component.
- Community mobilization is very critical in the provision of safe water supply and sanitation.
- Using local resource persons in promoting improved hygiene and sanitation as well as sensitizing communities on issues of operation and maintenance of water sources is one way of ensuring sustainability of benefits.
- Collaboration and networking especially with district local governments is quite critical for improved implementation of activities, and subsequently non-duplication of activities.
- While access to safe water is greatly improving, the adoption of safe hygiene and sanitation practices and behaviours is a gradual process that requires on-going reinforcement of messages and good practices.
- Provision of water to schools when the neighbouring community does not have a water source can create conflict over water use between the school and the community; planning for and ensuring equitable access is important.

#### *Recommendations*

##### Preventive maintenance

- Plan Uganda should support training for community WUCs and water source caretakers in preventive maintenance.
- At least one man and one woman per sub-county should be selected for training as hand pump mechanics.
- Source caretakers and pump mechanics should be provided with basic tools for maintaining their water source.
- Availability and access to supplies and spare parts for repairs and maintenance needs to be improved; Plan will need to work with district water authorities and DWD to address these issues.

##### Community mobilization

- Continued sensitization of the community is needed to ensure that funds for repairs and maintenance are available when required.
- WUCs need to give feed to the community regarding the user fees collected and details of expenditure .
- WUCs where possible need to open Bank Accounts on which to deposit the collections

##### Water, hygiene and sanitation in schools

- Continue emphasising to head teachers and school management committees that maintenance of the provided facilities is a mandate of the school authorities. This will help in lowering the rate of break down of the RWH systems.

- Lobby governments, school authorities and parents to hire a school guard to ensure that school water and sanitation facilities are safe from misuse and vandalism.
- The training of teachers for WATSAN and other health programs should not be restricted to selected science teachers, but based on interest and commitment.
- Students should be more actively encouraged to take WATSAN information, messages and good behaviours home to their households and communities.

#### Hygiene and sanitation at household level

- VHTs should be supported to more vigorously promote positive hygiene behaviour change at community level.

#### Monitoring

Plan should

- work with district water and health authorities and VHTs to intensify post-construction monitoring of completed water sources and facilities.
- Provide basic facilitation to VHTs and PDCs, and encourage health centre in-charges to always give feedback to VHTs.

## **4 Overall Program Evaluation Analysis**

### **4.1 Program Relevance**

Plan's program objectives, strategies and activities are relevant to addressing the key issues affecting the welfare of poor children in Plan's program areas:

- The HIV AND AIDS pandemic has direct and indirect effects on girls, boys and their families.
- The conditions are not fully conducive to the recognition of girl's and boy's rights or fulfilment of their needs.
- The health status of girls, boys and their families is low.
- Girls, boys, and their families have limited access to quality educational and vocational opportunities.

Plan's underlying program principles focusing on Child Centered Community Development (CCCD), institutional learning, integration, gender equity, environmental sustainability and cooperation provide a highly relevant framework for achieving positive and lasting impact in Plan's four core programs.

### **4.2 Program Efficiency**

The efficiency of Plan's programs, measured by cost and output analyses, requires further attention in a number of areas, though in many cases it is still too early to fully assess efficiency factors. Specific issues are noted in the following sections by objective, and are detailed in individual component reports.

The team notes that taking on too wide a range of activities for some components may compromise efficiency as well as effectiveness and potential impact, as too little resources may be trying to cover too many interventions. The project team should consider scaling back some activities to focus more time and resources on those with greatest potential for achieving objectives.

There is also considerable overlap in activities and interventions between different CPOs; income-generating activities, for example, appear and are reported on under several CPOs and it is not clear (from the review team reports) if or how these are being coordinated individually or collectively on the ground. Integrating and coordinating activities across CPOs is important for efficiency as well as effectiveness; identifying and supporting an integrated 'core package' of interventions for each programme area may help, if this is not already the practice.

### **4.3 Program Effectiveness**

For the most part Plan's strategies and activities are proving effective in achieving results that will contribute toward achievement of Plan's program

objectives. A number of components will, however, need to be reviewed, adjusted and strengthened to enhance effectiveness over the remaining program period. These are highlighted in the following sections by objective, and in Section 6 which summarises recommendations.

#### **4.4 Program Impact**

It is too soon to assess the impact of interventions, but with adjustments set out in recommendations for the individual program areas, Plan should be able to largely achieve its objectives by the end of the program period.

#### **4.5 Sustainability**

The review team raises a number of issues relating to sustainability of program interventions beyond the end of the programme. Some of these issues, by their nature, may not be sustainable beyond the life of the program (such as provision of scholarships, provision of food supplements, etc). Plan's strategy in these cases should be to make sure that all planned outputs are fully achieved by the end of the program period, and that all concerned beneficiaries are fully informed about the scope and span for time-limited interventions. Plan can also help communities, local governments and other partners to identify and access other sources of funds to maintain particularly critical interventions as needed.

Other sustainability concerns can be effectively addressed. Plan's strategy of working in partnership with national and district local government structures, local service delivery organisations (NGOs and CBOs) and communities to build skills and capacity is a positive step toward achieving sustainability.

Developing clear 'exit strategies' for program components and activities as soon as possible will help Plan and its partners to plan ahead and focus resources to gain maximum benefit and sustainability within funding timeframes.



## 5 Summary of the HEALTH CPO Recommendations

The summary of recommendations set out in this section represent the outcomes from a participatory workshop that reviewed the initial findings of the mid-term review. Participants discussed the findings with review team members, and reached final consensus on recommendations and key actions for each program. Priority recommendations that are most likely to achieve positive impact are also suggested for each program.

### 5.1 CPO 22 – Health

#### Priority recommendations:

- Work with district health services to identify practical and sustainable ways to increase access to a critical range of outreach services and community-based services.
- Work with district health services to expand access to youth-friendly reproductive health and HIV AND AIDS services.
- Through school agricultural programs, encourage and facilitate students to take home good nutrition messages and home garden skills to their households and communities.
- Scale up sanitation and hygiene messages through VHTs at community level.

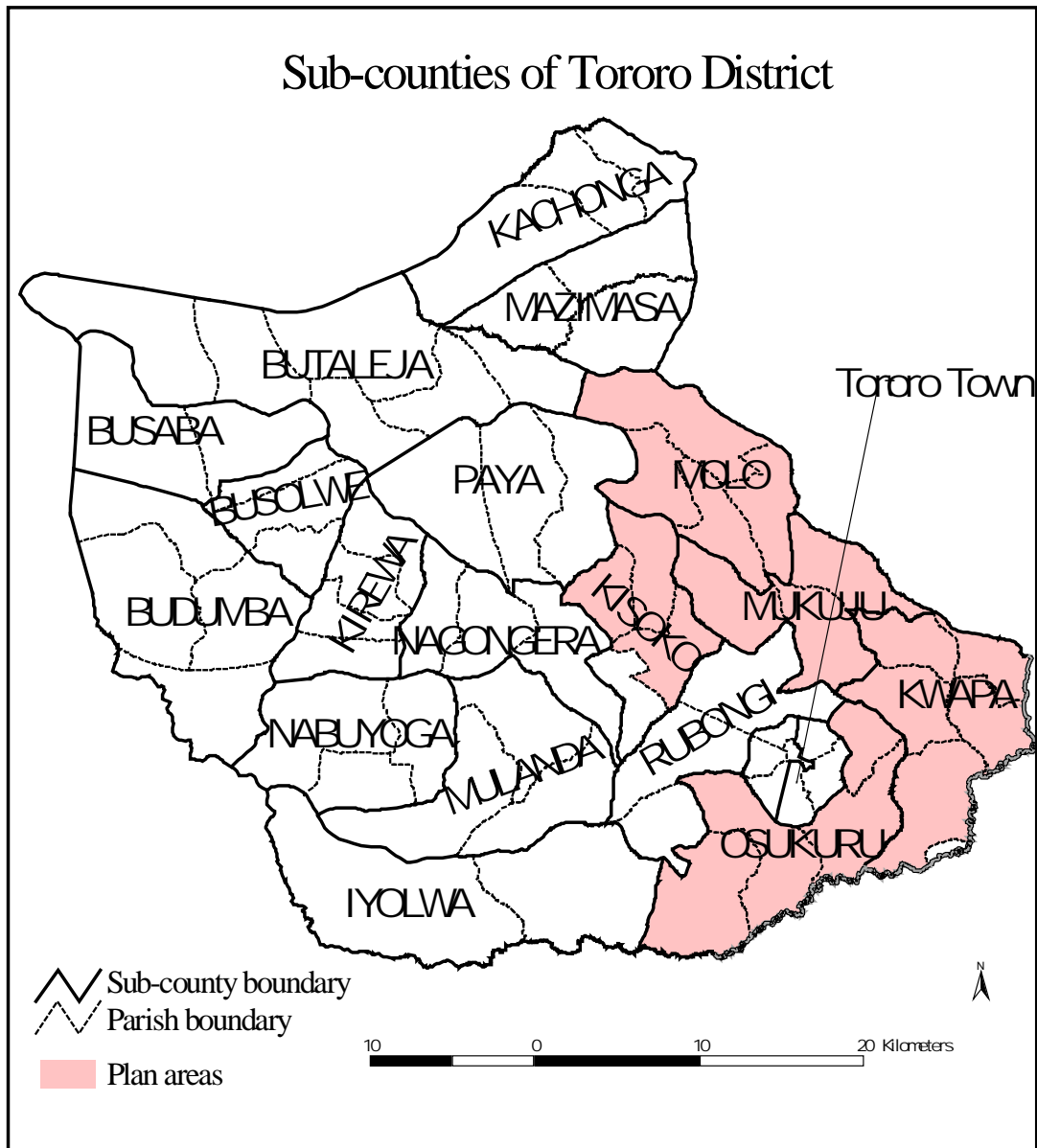
<b>Immunisation</b> To improve the immunisation of children below five years of age from preventable diseases from 39% to 60%.	
Issues	Recommendations
Training (timing) Out-reaches	<ul style="list-style-type: none"> <li>• timely planning with all stakeholders</li> <li>• streamlining partnerships (follow-ups)</li> <li>• planning for appropriate logistics</li> </ul>
<b>Child nutrition</b> To reduce the incidence of severe malnutrition among children 0 to 3 years of age from 13% to 10%.	
Issues	Recommendations
Demonstration gardens and plots Children's centres IEC materials (nutrition)	<ul style="list-style-type: none"> <li>• encourage and support demo gardens and plots</li> <li>• capacity building for all stakeholders</li> <li>• intensify nutritional awareness at family levels</li> <li>• promote child-to-child programs on nutrition</li> <li>• developing the appropriate IEC materials on nutrition</li> </ul>
<b>Access to health services</b> To increase access of children to health care services from 50% to 70%.	
Issues	Recommendations
Drugs Treatment of medical emergencies	<ul style="list-style-type: none"> <li>• support improvements in general healthcare management</li> <li>• strengthen support, supervision, and monitoring</li> </ul>

Inadequate facilities at health centres Malaria interventions	<ul style="list-style-type: none"> <li>• explore alternative ways –eg solar energy</li> <li>• separate malaria from IMCI</li> </ul>
<b>Family planning</b> To increase use of modern family planning methods from 44% to 80%.	
Issues	Recommendations
Youth-friendly services Long-term FP methods Male involvement	<ul style="list-style-type: none"> <li>• refer to CPO 20 recommendations</li> <li>• ensure comprehensive FP in all PAs</li> <li>• targeting men at work sites</li> <li>• ‘stepping stone’ approach</li> </ul>
<b>Water and sanitation</b> To improve communities’ access to potable water from 60% to 75% and the adoption of effective hygiene and sanitation practices from 10% to 70%.	
Issues	Recommendations
Management of community water sources needs strengthening	<ul style="list-style-type: none"> <li>• Implement PU coordination arrangement to have CDF competence</li> <li>• Strengthen water user committee capacity, management, and transparency</li> <li>• Revitalise local pump mechanics and spare parts sellers</li> <li>• Strengthen monitoring of watsan management both within Plan and government / community systems</li> <li>• Introduce interventions to ensure water quality periodically</li> </ul>
Wat/San education and behaviour change	<ul style="list-style-type: none"> <li>• Identify and adapt best practices / innovations in behaviour change methodologies</li> <li>• Review, refine, and scale up IEC in watsan (integration)</li> </ul>
High needs, limited resources	<ul style="list-style-type: none"> <li>• Refine strategy and increase investment in household sanitation / hygiene</li> <li>• Lobby for appropriate issue to strengthen government policy on watsan</li> <li>• Strengthen networking with water sector at all levels (competence)</li> <li>• Strengthen partnership with the district water Office and District Director of Health Services for effective planning, implementation and monitoring of interventions</li> <li>• Seek partnerships for funding to respond to urban watsan problems / flood control / solid waste management</li> </ul>
Opportunities for integration	<ul style="list-style-type: none"> <li>• Strengthen integration between programs – multiple uses of water (livelihoods)</li> <li>• Strengthen integration between watsan and health within CPO 22</li> </ul>

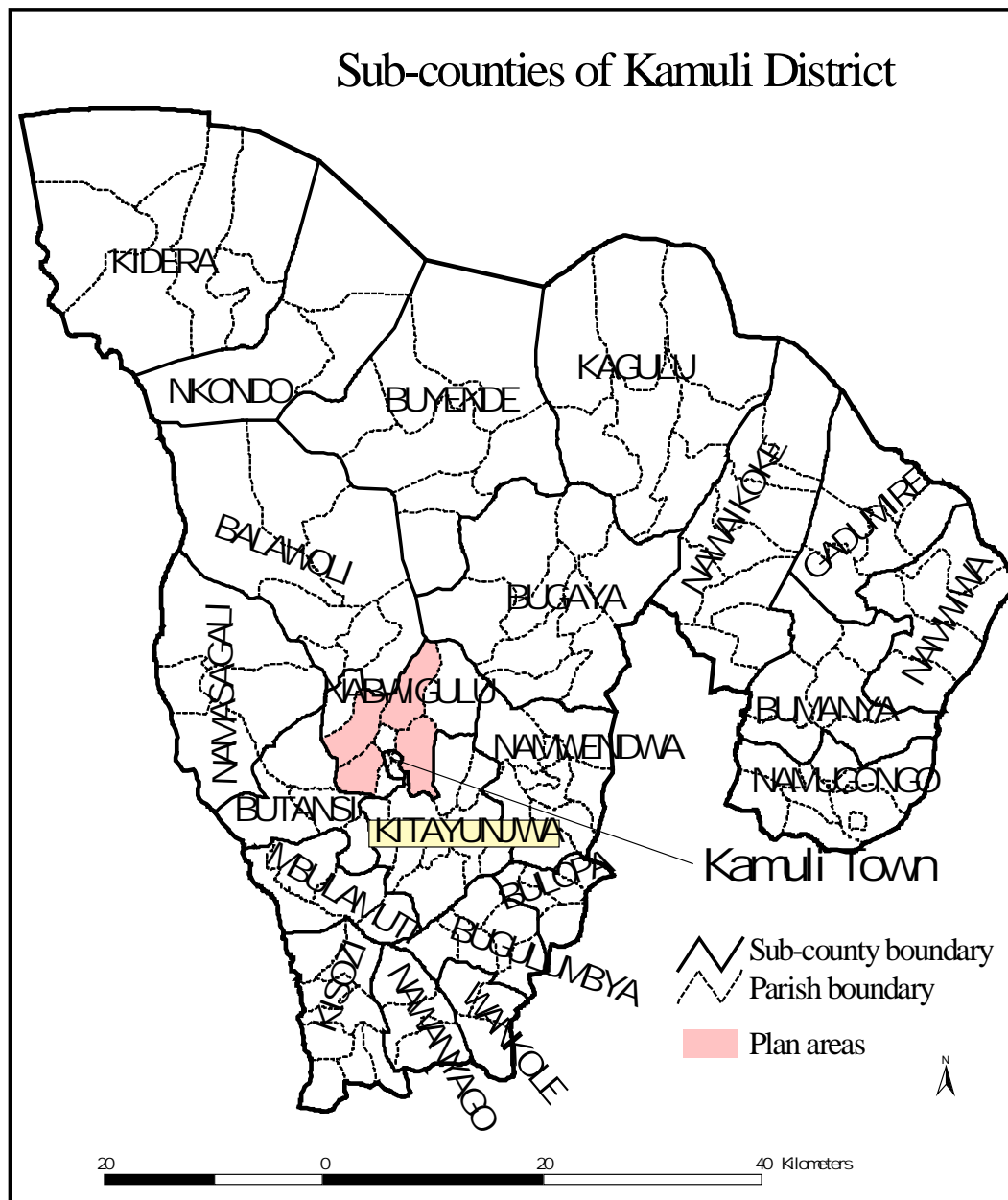
	<ul style="list-style-type: none"> <li>• Build competence in Plan Uganda for child-to-child and scale up</li> <li>• Build competence of Plan Uganda in RBA and scale up in PAs</li> </ul>
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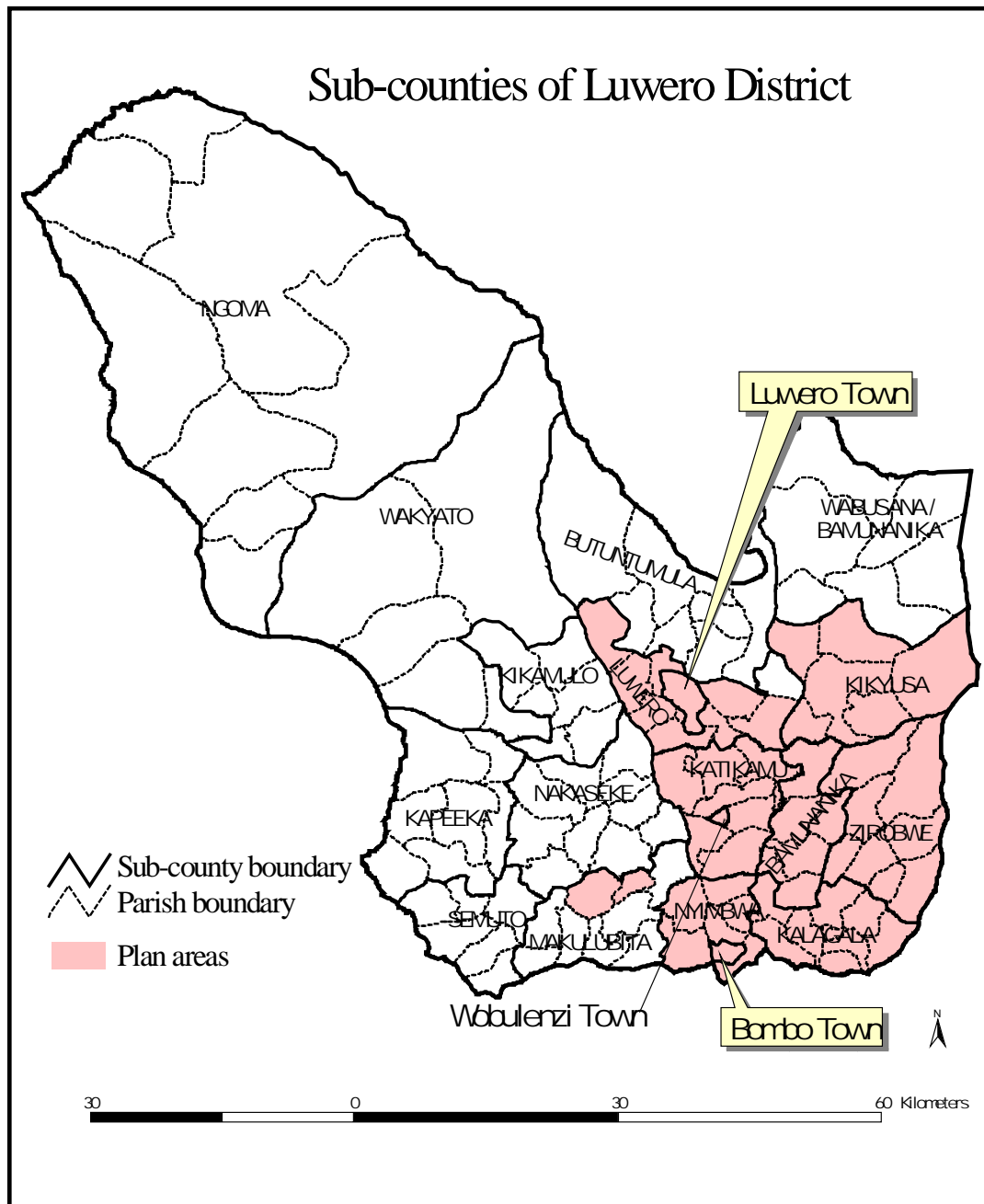
## Tororo District



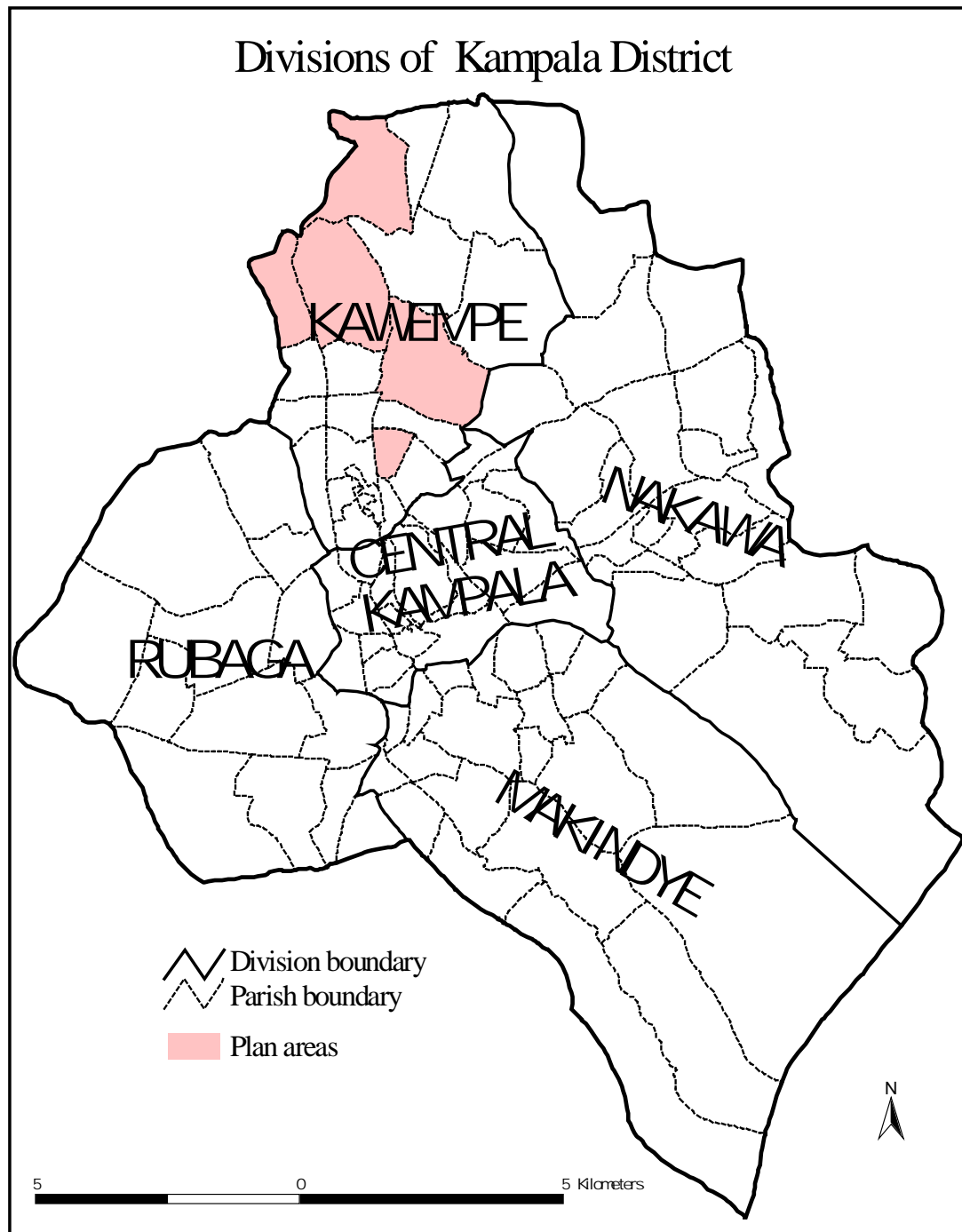
## Kamuli District



## Luwero District



## Kampala District





## Annex 2 Methodologies Used in Evaluation

The study adopted participatory evaluation methods aimed at analyzing the viability of the processes used in implementing planned activities. Stakeholder participation in measuring program performance is crucial in a review since it provides a learning opportunity. The approach consisted of data collection using both primary and secondary sources. The former comprised consultative meetings and key informant interviews while the latter comprised review of documents. A household survey was also conducted as a means of corroborating the qualitative information with quantitative data.

A total of six consultants were engaged in the review. Each Country Program Outline (CPO) was assigned to a consultant to critically review the CPO activities in the period (FY 2004-2006). CPO 21 was subdivided into two thematic areas namely: Empowering Boys, Girls and their families living in poverty; and Child Rights, Gender and Community Managed Projects. CPO 22 was also subdivided into two themes namely: generic health related program theme and the Water & Sanitation theme.

### Area and Scope of study

The review covered all the Plan Program areas of Tororo, Kamuli, Luwero and Kampala. A random sample of sub counties in the program areas was conducted as indicated Table 1.1.

Table 1.1 selected areas for the Mid Term Review

Program Area	Program units covered	Household Respondents
Tororo	Mukuju sub-county Mera sub-county Kisoko sub-county Molo sub-county	360
Kamuli	Nabwigulu Sub county Kitayunjwa Subcounty	270
Luweero	Makulubita sub-county) Ziobwe sub-county	270
Kampala	Kawempe Division	180
<b>TOTAL</b>		<b>1080</b>

The review focused on the relevance, efficiency effectiveness, impact and sustainability of Plan's programs on the lives of children, their families and communities. The review ensured adequate sampling of projects in the CPOs

per program area. The aim was to reflect on the appropriateness of the approaches adopted in the implementation of key activities of the CPOs.

### **Methods of data collection and analysis**

Both qualitative and quantitative data were collected. The former included: conducting consultative meetings with program beneficiaries; focus group discussions with targeted clients of various CPO activities; and in-depth interviews with carefully identified respondents. Key informants were also interviewed and these included CPO program staff from the various PAs, implementing partners (Government and NGOs) and local leaders in the beneficiary communities. A household survey comprising 1080 households and covering all CPOs was conducted. The aim was to corroborate the qualitative information garnered from FGDs, Key informant interviews and in-depth interviews.

## **Annex 3      Terms of Reference for Evaluation**

### **1. Background**

From 1999 – 2003, Plan Uganda implemented programs and projects in accordance with a Country Strategic Plan (CSP) and four Country Programs (CPOs) -- Primary Health Care, Education, Natural Resources Management and Capacity Development. This document defines the terms of reference for conducting the final evaluation of the CSP and CPOs. The Terms of Reference provide the scope of the study; however, through the inception report, the Team Leader` may propose additional aspects that will strengthen the investigations and enrich the results. The evaluation will adopt participatory methods of appraisal, involving children and their families, Plan staff and other stakeholders.

It is envisaged that the findings of the evaluation will provide useful information for improving and further strengthening of the new CPOs effective for the period FY 2004 – FY 2008. (Annex 1 summarises the initial situation and the program objectives.) The results shall serve as a basis for making adjustments in program approaches to more efficiently address issues that affect the growth and development of children in Plan supported communities. A rigorous analysis of the strategies employed, the mechanism used to deliver outputs and the outcomes of the programs will be beneficial in improving activities and better reach the poorest and most vulnerable children and their families.

### **2. Purpose and Scope of work**

The overall purpose of this evaluation is to assess the effect the four Country Programs have had on the lives of children and their families in Plan-supported communities and whether they achieved the set objectives

It is expected that the work of the consultant shall include, but not be limited to, the following;

#### ***Approaches and Strategies***

- Effectiveness of strategies and relevance of the interventions.
- The degree of accomplishment in terms of improving the lives o vulnerable children.
- Review of achievements (progress).
- Assessment of “*earlier identified risks,*” other critical factors, and the stability of assumptions.
- Implementation of program principles in the context of each CPO.
- The relationships with key implementation partners and the extent of their participation in the programs.

#### ***Projects***

Projects are the principal mechanisms for implementing country programs. The projects will be evaluated on the soundness of their design and relevance as well as effective and efficiency of their implementation. Some factors to consider include:

- Consistency of the project objectives with the program and country objectives.
- Consistency between the implementation strategies of the project and the program.
- Consistency between the roles of the partners in the project with those identified in the CPO.
- Consistency between the outputs in the project and the CPO.

The projects produce outputs, which are expected to generate the results and the desired impacts. Hence, the evaluation shall analyse performance in terms of produced outputs, in each CPO, in comparison to planned outputs.

### ***Outcomes***

The outcomes refer to access and utilisation of produced outputs. It is important that the evaluation looks beyond the families' ability to access the outputs, but also to whether the families were using the outputs for the intended purposes. The evaluation will analyse:

- % of communities that have gained from outputs.
- % of families that have gained from outputs.
- % of families accessing outputs.
- Nature of utilisation of outputs (Type and degree of use)
- Level of satisfaction of children, families and communities (from their perspective, how well have the outputs/outcomes met community demands?)

### ***Relevance***

How well the programs addressed the key issues or problems expressed in the Country Strategic Plan:

- Was the program seen as a relevant response to the key issues affecting the Plan-supported communities?
- To what extent have issues diminished or continued to be important to the children, their families and communities?
- What political, economic and social trends in the country may have affected the program issues?
- How did the program adapt/adjust in order to address the changing circumstances?
- Were the program principles adhered to throughout the program period?

### ***Effectiveness***

Effectiveness of the programs is assessed on ability to meet the planned outputs and outcomes. A gap analysis of baseline indicators has already been carried to determine whether there has been a change in indicators values.

### ***Efficiency***

The extent to which the program used the least possible resources to achieve the required quality of outputs/outcomes. The analysis focuses on the efficient use of inputs to produce the required quality outputs. Answers to the following questions will illustrate the degree of efficiency in implementing the program:

- Did implementation ensure efficient use of Plan's management and resources?
- Were systems in place to ensure that the quantity and quality of inputs were appropriate and were purchased at the best price?
- How did the children and their families determine what projects to implement, the duration of implementation, and the monitoring mechanism for implementation?
- How does the actual performance compare to the planned performance in terms of outputs produced, cost, timing, quality, role of partners, participation/contribution of community, access to outputs and cost per community member?
- Did the project design reflect appropriate technical standards?
- How were indigenous resources and knowledge used in identifying and implementing programs/projects?

### ***Impact***

The systematic analysis of the differences in people's lives (children, families and communities) brought about by the program).

- What significant changes, if any, have occurred in the lives of children and their families during the program period?
- What changes can be attributed to Plan programs?

### ***Sustainability***

The extent to which the impacts of the programs will continue after the end of the programs:

- Are children, their families and communities able to sustain the programs? What resources (financial or otherwise) are available in the community to continue the work of the program?
- Has the choice of technology been made with consideration of both the cost and technical capability of the community? Can the community access technical input required to sustain the project?
- Does the local political situation at the community, district and government level allow for the continuation of the program objectives?
- Are there significant social, political or religious rifts created, exacerbated or sustained by the project?
- Were the aims of the program consistent with current Government policy?
- Did children and their families play an active and leading role in terms of responsibility, authority and control?
- Does the community have the organisational and technical capacity to manage the continuation of the work of the program? Does the community have structures in place to manage project implementation (e.g. project development committee)? Are roles and responsibilities clearly defined?

- Are there any social factors that will affect the long-term access of the poorest to program benefits?
- Did the program have an impact on cultural values or priorities? Is this likely to continue? What impact will this have on the program goals in the future?
- How stable is the community? Does the residential status of members of the community (transient or sedentary) affect the implementation and success of the programs?

### **3. Methodology**

It is expected that, where applicable, the evaluation will employ both qualitative and quantitative methodologies. The corporate evaluation guidelines propose sampling methodologies and tools for qualitative studies, which the Lead Consultant may adopt and/or adapt. It is highly recommended that the evaluation utilise participatory methodologies that fully involve field staff, children, and members of the community who took the lead in implementing the projects.

The following general steps are proposed for conducting the evaluation:

- a) Preparatory meetings
  - Refining the Terms of Reference
  - Defining the timeline
  - Agreeing on outputs and the dissemination plan
- b) Evaluation workshop
  - Detail the intensity of the evaluation
  - Explore cross-cutting dimensions and objectives
  - Integrate concerns of stakeholders
- c) Self-completion exercise
  - Validation of issues from the group discussions
  - Data gathering tools
  - Determine sampling strategy
  - Constitute background information
- d) Design workshop
  - Develop details for field work
  - Refine preliminary tools
  - Design specific sampling plan
- d) Field exercise
  - Gathering of qualitative/quantitative field data

### **5. Coverage**

The evaluation will be conducted at the country level, although the analysis and subsequent results may highlight unique findings from Program Unit or Program Area levels. The report shall consolidate results from all Program Units into a country-level report.

### **6. Timeframe**

The evaluation shall be conducted in February and March 2004. The results will be available for elaborating program approaches and packaging interventions (and projects) for new CPOs (FY 04 – FY 08).

The external Consultant shall submit an inception report by the xxx 2004, the Consultant shall submit 3 copies of the draft report. It is expected that the report shall highlight the findings as per Country and program objectives; and the purpose of the evaluation. Both Plan Uganda technical staff and Regional Office support team will review the draft report for possible factual and technical errors, and forward concerns to the Consultant for correction. Plan Uganda then will convene a workshop to deliberate on the findings and chart-out the utilisation of the results. Thereafter, the Consultant will produce the final report (in 5 copies, with a soft copy on diskette) by 31<sup>st</sup> of April 2004. The final report will be reviewed by Plan Uganda technical staff and forwarded to RD for approval.

*Note that an evaluation summary will be prepared and appended to the final report in the proposed format (see Annex 2) by the Lead Consultant.*

## **7. Review team**

The evaluation team shall be headed by an external Consultant with proven expertise of conducting complex evaluations. The Consultant will be knowledgeable about participatory planning, monitoring and evaluation methodologies with additional skills in teamwork, data collection and analysis.

## **8. Modalities for bidding**

The evaluation process will start with invitations to bid and issuance of terms of reference to potential national and international consultants. The list of external consultants will be compiled by the Procurement Manager in consultation with the Program Support team and submitted to the Operations Support Manager (OSM) for approval and invitation. The submitted bids shall contain both the Technical and Financial proposals for the evaluation. After the bidding deadline, the bids will be opened and reviewed by a committee headed by the OSM. An evaluation report shall be prepared clearly indicating preferred consultants. The Finance and Administration Department will negotiate and prepare a contract with the chosen Consultant. The Consultant shall be paid by cheque in the following instalments: 50% at the signing of the contract agreement, 30% at submission of acceptable draft report, and 20% at submission of acceptable final report. Local (national) experts will be identified and hired after contracting the “Team Leader” following the same procedures.

## **9. Bibliography or Reference documents**

- a) The Country Strategic Plan and the Country Program Outlines (FY 99 - 03)
- b) The Country Strategic Plan and the Country Program Outlines (FY 04 - 08)
- c) The Corporate Planning Monitoring and Evaluation Baseline I and II reports.
- d) Project Outlines.
- e) Final and mid-term evaluations project, especially grant funded projects.
- f) Monitoring reports on outputs produced (PPM reports, for instance).
- g) Project Completion Reports.
- h) The Annual program Communications (APC)
- i) The CAB and Actual totals for each year of the CPO.
- j) Audit reports.