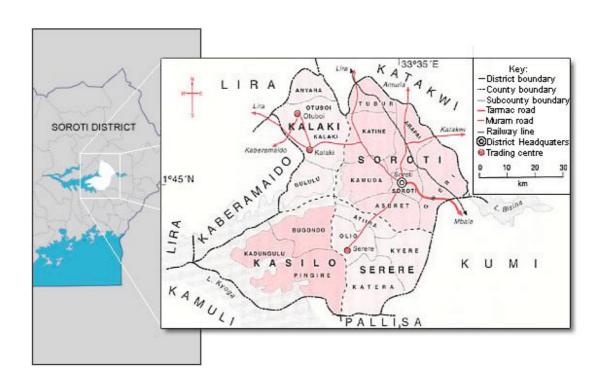
# Monitoring The Katine Community Partnerships Project (KCPP)

**The Second Visit Report** 

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"Practical men, who believe themselves to be quite exempt from any intellectual influences, are usually the slaves of some defunct economist" (Keynes)

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# **Acronyms**

AMREF African Medical and Research Foundation

DEO District Education Officer/Office
DIS District Inspector of Schools
DSC District Steering Committee

ITNs Insecticide Treated Nets (for protection from mosquitoes)

KCPP Katine Community Partnerships Project

LC Local Council

NUSAF Northern Uganda Social Action Fund PDC Parish Development Committee PEAP Poverty Eradication Action Plan

PM Project Manager

PMC Project Management Committee (at sub-county level)

PO Project Officer

PSC Project Steering Committee (at District level)

PSC Parish Sanitation Committee
PTA Parent Teachers Association
RBA Rights Based Approach

SACCO Savings and Credit Cooperatives SMC School Management Committee

ToC Theory of Change ToR Terms of Reference

UWESO Uganda Women's Effort to Save Orphans

VHT Village Health Team

VSLA Village Savings and Loan Association

# 1. Summary of issues and main recommendations

- 1. Recommendations about changes almost by definition do not identify the good that is present and which needs to be maintained. With this in mind the following points should be noted:
  - The KCPP staff are committed to their work, and appear to work well together as a group. The management style is team oriented, which is essential if there is to be effective integration of the project components.
  - There is a breadth of experience and expertise within the team e.g. the Health component Project Officer's experience with the Yellow Star programme, and the Project Manager's experience with training in rightsbased approaches.
  - There are good relationships with the district and sub-county authorities.
     Although the district authorities have made critical comparisons with NUSAF they are also openly appreciative of the good working relationship that they have with AMREF
  - Both the material aid and training provided by the different components are appreciated by the communities concerned within Katine. There have been no substantial criticisms of their quality or relevance.
- 2. This section summarises some major recommendations. The main text of the report lists specific recommendations by number, where the issues arise. There are 14 sets of recommendations (28 in all). And a further seven recommendations relating to the work of CARE and UWESO in Annex E. Please read them all. Search for: Recommendations\*
- 3. There have been significant delays in the project implementation, with the possibility of more than a quarter of the planned activities not being completed by the end of the first year (and possibly a third of the year 1 budget remaining unspent). However what is not necessary is a rush to complete activities by the end of September, simply for the sake of completing as much of the original plan on time as possible. What is important is attention to the *cause* of these delays. The results of this examination should be evident in more timely implementation in the October 2008 March 2009 period. See section 3.

PS1: AMREF have since pointed out that the project workplans outline "a sequence of activities as opposed to specific deadlines" (through the workplans do assign specific activities to specific time periods). In their view delays are to be expected because AMREF is involved in community development, and thus AMREF does not set the pace on its own. However, as noted later in this report, delays have also arisen from inefficiencies of process within AMREF. The question now is how big do the delays need to be before the project donors can legitimately express concern?

PS2: Re reviewing the causes of delays, AMREF's view is that their existing planning and review processes are adequate

4. The importance of particular project activities depends on their place within a wider strategic view of how the project will achieve its ends. A project with many activities but little strategy could easily be accused of gap-filling, and little more. This is a serious criticism that can be made of many aid projects, and one that AMREF needs to be able to respond to KCPP. The issue of KCPP's strategy is discussed in section 8, on the project's theory-of-change (ToC). One high level statement of KCPP's ToC is that the Development of Models + Creation of Demand = Development impact. This report argues (in 3.5 and 8) that the project's strategy for the encouragement of public demand (e.g. for access to quality health, education and water services) is underdeveloped and needs

attention including greater use of communication channels outside of the government administration (e.g. via mass media and elected representatives at different levels). The approach to the "development of models" also needs to be articulated more explicitly, because the options here are more complex than appear at first glance. In section 8.4 a number of different types of model creation have been identified. What would now be useful is clarification from AMREF on which of these are important in the KCPP. See section 8.

PS: AMREF's view here is that its corporate (10 year) and Uganda country strategy provide a sufficient strategic guidance to the KCPP

5. Another high level statement of KCPP's ToC is that the Community Partnering + Capacity Building + Operations Research and Advocacy = Development Impact. There is ample evidence that Community Partnering and Capacity Building are already taking place. What is not yet present is sufficient investment in the analysis of the efficiency and effectiveness of the work being by the KCPP, which could then be used by staff and other stakeholders to advocate the use of certain development approaches (aka models). Doing so would be consistent with AMREF's stated support for evidence-based advocacy (versus "assumption based advocacy"). Progress with operations research and advocacy would be evident in (a) dedicated activities and budget allocations for this work within each of the components' workplans, as well as for the M&E officer, and (b) documentation of progress made with advocacy efforts. See section 8.

PS: AMREF has commented that "AMREF is in the process of developing an advocacy strategy for the Katine project. The advocacy strategy will provide guidelines on how the project will gather the evidence and utilise it to influence policies and best practices at the local and national levels through the various foras that AMREF participates in such as the health policy action committee."

6. Two important sources of risk for the project have been identified during this July visit. One is external, and one internal. The external risk is that the KCPP will face significant competition for attention from other development projects, such as NUSAF<sup>1</sup>. NUSAF is more decentralised in its management, and seen to be more cost-effective by Soroti district officials<sup>2</sup>. With the beginning of NUSAF Phase 2 District and sub-county officials may be less open to the adoption of KCPP models, unless the KCPP engages in serious evidence-based advocacy about the value of what it is doing. There are also other development projects elsewhere in Uganda which will be competing for national and international attention along with the KCPP<sup>3</sup>. AMREF needs to identify how the KCPP approach is different and what difference these differences make (i.e. talking about its theory-of-change in practical terms) (See section 8.3). It needs to be able to show how it is adding value in ways that would not be possible if the same aid funds were to flow through different channels (either government or non-government).

PS: Re comparisons with other projects, AMREF have said "However we would like to desist from direct comparison with NUSAF because no formal comparable review has been done." Although AMREF may not wish to have comparisons made, other stakeholders are likely to persist in doing so, throughout the life of the project, and perhaps that reality needs to be acknowledged and responded to. This accommodation may have already begun, in that AMREF have also said that it "acknowledges issues raised by

<sup>&</sup>lt;sup>1</sup> Northern Uganda Social Action Fund. NUSAF Phase 2 is about to start in January 2009

<sup>&</sup>lt;sup>2</sup> But not without its own problems e.g. corruption. See *Sh2.5b NUSAF funds missing* New Vision, Thursday, 10th July, 2008 http://www.newvision.co.ug/D/8/12/638475

<sup>&</sup>lt;sup>3</sup> Including those announced by President Museveni, in his recent visit to Soroti.

the district and sub-county authority and aims to take their comments on board. As part of the project steering committee agenda, AMREF will aim to do a comparative financial analysis of the project's interventions vis a vis funds channelled through Katine sub-county and Soroti district."

7. A significant internal risk to project success is the degree of centralised management within the Uganda country program. Expenditures over UGX 100,000 (£33.50) .need to be approved by the Kampala office, whereas the Sub-county chief can authorise up to UGX 30 million. Quarterly workplans by all KCPP staff need to be approved by the Kampala office. Both processes take more time than more localised decision making. Strategies for communications and advocacy apparently need to be developed at the country level first. Country office staff represent the KCPP in both the monthly Project Management Committee and the quarterly Project Steering Committee meetings held in Katine and Soroti respectively. All these processes have implications for the efficiency, effectiveness and credibility of AMREF's work in Katine. It should be noted that concerns about the degree of centralisation have been made by members of the District Steering Committee, Sub-county Project Management Committee members, KCPP staff and Guardian visitors. There is, in my view, a strong argument in a favour of AMREF HQ undertaking a review of existing practices Where it is decided that specific processes do need to remain centralised then there should be clear and transparent performance targets for their completion times. See section 3.7.

PS: AMREF's response is that they use "standard management processes for Katine and all the other 23 projects in Uganda. These provide efficiency through scale as well as accountability that would be expensive and burdensome to replicate (sic) separately for every project. Moreover, these processes have been developed to support implementation across AMREF, based on our 51 years of work in Africa." They also note that "The PMC and SC were established through participatory discussions with all the stakeholders and are subject to review according to local needs.

8. Within the project there are two areas of strategy which need particular attention. In the health component the investment in upgrading of health centre facilities and training of village health teams has involved a de facto assumption that the necessary drug supplies will be available, especially anti-malarials. Reports from the VHTs and Health Centre staff indicate otherwise, than in fact shortage of anti-malarials is a major problem. This is in the context where the AMREF's 2007 needs assessment identified malaria as the single main cause of morbidity and mortality. This is clearly one area where a research and advocacy strategy needs to be developed as an integral part of the KCPP approach. See section 3.1.

PS: AMREF has commented that "Drug stock outs are a common problem in Uganda and AMREF has taken this as an advocacy issue. In another project in Uganda, AMREF is undertaking an operations research into the issue of drug supply chain. The results of this research will be used as evidence for wider advocacy and policy influencing and will benefit KCCP. AMREF also has other malaria specific projects in Uganda that are addressing similar issues."

9 The governance component also faces some challenges. On the ground in Katine the IEC<sup>4</sup> component has not yet started to address the issues of "the community's rights to basic services…", instead pre-existing conventional IEC materials are being re-used. The piloting of community partnering "from a rights based approach" seems to be on hold. Discussions in Kampala suggested that this office favours a

<sup>&</sup>lt;sup>4</sup> Information, Education and Communication

conservative interpretation of how issues of empowerment and rights can be dealt with. In Katine staff seem to have a more open view. AMREF should clarify its position by developing a strategy statement saying how its existing (or revised) governance activities in Katine will help achieve the governance objectives as stated in the project proposal. This strategy statement should be shared and discussed with its donors. See section 3.5.

PS: AMREF have confirmed that "Rights Based Approach (RBA) is prioritised as a core implementation strategy in the AMREF global and country strategic plans. The RBA model is being developed and rolled out across Africa since this is a relatively new area for AMREF."..."Based on the agreed project design, the community empowerment component is broader than RBA. Progress on governance is based on the capacity of communities to engage with their decision and policy makers. AMREF's role is to catalyze community action since taking on that role would disempower the community".

- 10 Both of the two problems identified above may be reflections of what could be called a strategy gap in the current design of the KCPP. That is the absence of documented thinking about how activities in each component should connect causally to the project objectives of that component. The recent introduction of a new planning format for proposed activities may help fill this gap, if it asks the right questions. If not, they could be a form of micro-management.
- 11. The project has its own objectives and indicators, and data on some of these indicators is now being collected, in addition to the work done on the baseline survey. However further steps are needed. The definition of specific levels of achievement on the various project indicators is essential, if the success of the project is to be evaluable. In the longer term, the sustainability of all project aided activities will be dependent of capable monitoring of those activities by the relevant community groups and government structures (e.g. PTAs, SMCs, PDCs, VSLAs, etc). This is more likely to happen if KCPP objectives (especially the associated targets) are closely aligned with those of its local government and community partners. Although some progress is being made with identifying targeted levels of achievement on indicators of shared concern, this work does need to be finalised soon, preferably by the end of this year. See section 4.

PS: AMREF believes the existing comprehensive M & E framework for the KCCP is adequate, but that "it will be updated periodically on the basis based on new project information and in response to community priorities".

- 12. Regarding transparency, AMREF has been open in its dealings with local government, though local government would like to see more information on costs of activities. District and sub-county authorities have in turn expressed willingness to share information on their budgets, an offer worth pursuing. Although the importance of transparency seems to be well recognised in the KCPP office more attention does need to be given to improving transparency with the public at large in Katine, both about AMREF activities and the work of its partners. Simple measures could be useful, such as robust public notice boards at schools, health centres, markets and sub-county offices showing meeting minutes, survey results, annotated maps, and AMREF's own plans. The use of talk-back radio has also been suggested<sup>5</sup>. Internationally, progress with greater transparency via the AMREF websites has been slow, but with a major improvement during my visit, hopefully now to be sustained. See section 7.
- 13. Transparency will not be painless. It will almost inevitably bring with it some critical judgements of how well the KCPP is doing, when compared to others. For

<sup>&</sup>lt;sup>5</sup> There are three radio stations in the area, and many households have radios.

example, decentralised projects like NUSAF, and activities by smaller NGOs with lower overheads. Ideally AMREF will respond positively to these challenges, and provide in turn a demanding comparator for other development projects. This expectation is in effect the external evaluator's theory-of-change: about the relationship between transparency, the value of comparisons and increased aid effectiveness.

PS: AMREF has replied that it is "confident that our development model is rigorous enough to enable us to engage in informed development debates with other likeminded organisations."

# 2. Background to the July 2008 monitoring visit

- 1. This report describes the process and findings of my second visit to Uganda from the 25<sup>th</sup> July to 12<sup>th</sup> August 2008. The report is structured around the eight objectives as stated in the Terms of Reference for my visit, which can be found in Annex A.
- 2. The report is primarily for the attention of the staff of the Guardian, Barclays, AMREF, Farm Africa, CARE and UWESO. A draft report was circulated to AMREF and their comments on the draft have been used to finalise this report. The PS statements at various locations in this report refer to many of those responses. This finalised report will become publicly available via my Evaluating Katine website<sup>6</sup> and links from the Guardian Katine website<sup>7</sup>.
- 3. The schedule of meetings and visits followed during this visit can be found in Annex B. I would like to thank AMREF Uganda for effort put into planning this schedule, which fitted the needs of my visit without being overly ambitious in the timings or inflexible in the structure. Thank you also to all the AMREF staff in Katine, who made time to talk to me in the midst of their busy work programs.

# 3. Progress against Year 1 plans

Given the diversity of activities being implemented by each KCPP component it is quite a challenge to make a useful generalisation about overall progress with the implementation of project activities to date. The following tables provide some aggregate data. The first table summarises percentages of year 1 activities already completed, expected to be completed by the end of year 1, and expected to be completed early in year 2. These figures are based on discussions with each component team about each activity in their year 1 Implementation Plan work plan, plus other activities undertaken, but not in the original work plan. The percentage figures are a crude measure, they do not take into account the different scale of the various listed activities. The text that follows below examines aspects of each component's progress in more detail.

The second table summarises the progress of the components in terms of expenditure against budget, as spent by March 31<sup>st</sup>, July 31<sup>st</sup> and what remains to be spent by September 31<sup>st</sup>

Table 1: Progress in terms of completed activities				
	Percentage of Year 1 planned activities that			

<sup>6</sup> http://evaluatingkatine.wordpress.com/

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<sup>&</sup>lt;sup>7</sup> http://www.guardian.co.uk/katine

Components	Are already completed	Are likely to be completed by Sept	Will extend beyond Sept 08
Health	38%	52%	10%
Education	26%	40%	34%
Water & Sanitation	44%	30%	26%
Livelihoods	14%	56%	30%
Governance	36%*	10%	54%
	32%	38%	31%

<sup>\*</sup>This figure is questionable, because of a doubts raised below about the appropriateness of some of the activities

	Percentage of Year 1 budget that			
Components	Was spent by March 31 <sup>st</sup> *	Spent up to July 31 <sup>st</sup> **	Left to be spent by Sept 31 <sup>st</sup> **	
Health	19%	40%	60%	
Education	7%	54%	46%	
Water & Sanitation	43%	89%	11%	
Livelihoods	22%	30%	70%	
Governance	4%	65%	35%	
All	33%			
Average of 5 comps	19%	56%	46%	

<sup>\*</sup> As given in the first Six Months Progress Report. \*\* As given by Omoding, the accounts assistant for the Katine project.

AMREF have commented: "Tracking expenditure without reference to project results does not carry much value. We believe that specific results against the stated project objectives will be shown during the midterm evaluation." While I think the latter analysis is very important, my concern is that the stated project objectives will not be specific enough to enable any judgements about cost effectiveness (i.e. the relationship between expenditure against outcomes) (See section 4 below)

#### Recommendations\*

1. There may be pressure from within AMREF to ensure that all planned activities for year 1 are completed within year 1. Doing this solely in order to keep to the original plan could risk undermining the effectiveness of what the project staff have already done so far. Based on the crude statistics in table 1 above, this would in effect require a doubling of the anticipated workload for the last quarter. There could be long term negative effects on AMREF's relationships with its partners in Katine, in term their trust and confidence in AMREF. It could also mean a loss of opportunity to learn from what has been done so far, through adequate analysis of those activities.

PS: AMREF have commented that "The KCPP workplans are negotiated with our local partners in a participatory process. Implementation is carried out jointly with our communities and local stakeholders according to their needs and schedules. The risk of lack of trust or confidence does not arise where participation is core to the approach."

#### 3.1 Health component activities

The Health component team was asked to identify what they thought had been the most and least successful activities so far. The most successful activity was 1.1.2.1 in the work plan: Strengthen timely community outreach around services provided by Community Health Centres (such as child Immunisation day to improve childhood immunization coverage, HIV tests, VHT services). "These services were not there, but through discussions we identified what was missing, procured these things and distributed them to the health centres. The health centres were able to plan and start providing immunisation services. This is a tangible benefit that the project has clearly provided, and immunisation is a high priority for the Ugandan health service. We were also successful in helping the Health Centres organise child health day events in April-May, which increased the daily uptake of immunisation services between two or three times. The Health Centres have always had difficulty organising these in the past, because of limited resources."

The least successful activity was "1.3.2.4 Provide each VHT with a drug storage kit" While the Village Health Teams have been provided with drug storage kits these do not yet have any drugs, the most important part of the kit. They should have antimalarials, ORS and Panadol. They are supposed to be provided via a different budget line and supply chain to that providing the Health Centres. The project is not providing drugs, and it has no control over the government's drug supply process.

Similar questions were also asked of the members of the VHTs and the staff of the Health Centres. Amongst the VHT members from Merok, Ojom, Ochuloi, Olwelai Parishes members felt they had been successful re sensitisation regarding latrine usage, children's immunisation, the need to use clean containers for water storage, and the use of ITNs (bednets). One predicted all would have latrines in her village by the end of the year. Another said 40 of 70 households in her village had immunised their children. More than six members said they were now able to detect the signs of malaria in children very early on. This was important because early diagnosis meant that treatment will be guicker and more effective.

But when asked about least successful activities, the members highlighted lack of malaria drugs. "People are demanding, asking us, but we could not do anymore, even if the person comes to you at night and says this child is dying, at least give first aid, we cant give any assistance then. It's a big challenge, you can't give anything. Maybe if you had some Panadol inside...." When asked for a show of hands, this was identified as the most pressing problem facing the VHTs. A related problem mentioned by multiple members was the difficulty in collecting information from people when you have nothing to offer in return.

The same problem of inadequate drug supplies was mentioned by Health Centre staff attending the Sub-county Health Committee on 30<sup>th</sup> July. When interviewed they said that their drug supply lasted as little as two weeks out of every three months<sup>9</sup>. During the visit to Tiriri health centre the staff there referred to drug stockouts as a "chronic problem. Their most successful service was the provision of ante-natal care, and out-patient care, successful because lots of people were coming (including men). The least successful service was community outreach (because of no vehicles) and operations (because there was no doctor, no equipment and no power). To an outsider, the distribution of bednets also seems to have been a success, in terms of likely immediate effects, though there is not yet much hard data on the effects on the incidence of malaria in under 5's

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<sup>&</sup>lt;sup>8</sup> Paraphrased summary based on tape records.

<sup>&</sup>lt;sup>9</sup> This figure needs independent verification, because it was given to a visiting mzungu

In the KCPP's first Six Months Progress report there are two sections where problems are identified and solutions proposed <sup>10</sup>. In these sections the most emphasis has been given to the problem of illiteracy amongst VHT members (who were selected by their community), and how to respond to this problem (by differentiating roles within the team according to literacy needs). However, a secondary point is made that "The supply of anti-malarial medicines and Oral Rehydration Salt for the home based management of fever and diarrhoea at the health facilities is irregular." And that "The project should attempt to lobby the district to improve supplies of anti-malarials". **This recommendation is a polite understatement of what is a critical problem**, Malaria is reportedly the biggest cause of morbidity and mortality in Katine<sup>11</sup>. And incomplete treatment, because of the need to buy drugs on the open market is a major contributor to increased drug resistance. The VHT members reported that most people they are in contact with do not buy, or use, complete courses of treatment.

#### Recommendations\*:

2. As a matter of priority the KCPP should develop an advocacy strategy that spells out how it will respond to the problem of inadequate drug supply. This should include at least some basic documentation of the breadth and frequency of the problem, across health centres, and VHTs in Katine. Trends in budget allocations to the Health Centres also need examination<sup>12</sup>.

PS: AMREF have commented: "We are fully aware of the extent of the issue and drug stock outs are commonplace throughout Uganda. Currently AMREF is looking at the issue of drug supply chain in Soroti, Luwero, Kiboga and Nakasongola district and the evidence generated will be used to complement the work done in Katine and to strengthen our advocacy around the issue of drug stock-outs."

3. If the project is "modelling" the use of bednets, then distribution needs to be associated with ongoing documentation and publicity about the results. The KCPP should ensure that data is collected and analysed on where bednets were distributed, the use of those nets since then, and any available information on any associated changes in incidence of malaria. This analysis should then be publicised within the sub-county and district to help raise awareness of the impact that is possible, and increase demand for bednets. (For more on "modelling" see section 8.4 below)

PS: AMREF have commented: The information on distribution of ITN bednets is currently being collected and analysed and informs implementation. The usage of the nets will be determined through focus group discussions, home visits, interviewing individual households. The information associated with changes in incidence of malaria will be determined by the trends at the respective health centres.

# 3.2 Education component activities

The Education component team was asked to identify what they thought had been the most and least successful activities so far. The most successful activity was 2.1.1. Train teachers on child centred teaching methodologies. "The government had

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<sup>&</sup>lt;sup>10</sup> Sections "4.2 Disparities in performance , why and how they will be addressed" and "6. Constraints, solutions, lessons learnt and recommendations"

<sup>&</sup>lt;sup>11</sup> The original project proposal to Guardian and Barclays reported that malaria accounted for 23% of all deaths

<sup>&</sup>lt;sup>12</sup> Because Tiriri Health Centre staff referred to an ongoing decline in yearly allocations, and AMREF inputs should not be accidentally reinforcing this trend.

rolled out a new teaching curriculum but did not have the money to train teachers how to teach this curriculum. Teachers were waiting keenly for this training. After this training they requested further follow up training, and individually they have been visiting the AMREF office for advice on teaching and assessment. We will try to follow this up with more training next year, in holiday times." The M&E officer identified activity 2.1.3 as most successful. This was the provision of teaching materials (textbooks) to four schools. This means the teachers have reference materials and the students have books they can share. The schools were very excited about this assistance.

The least successful activity was 2.2.2 Conduct an advocacy forum with female teachers to be role models for girls. "We had invited seven teachers from each of the four schools we were working with, and asked them to bring along a balance of men and women. But only two women teachers turned up. There were only two women teachers, and all the rest were men (35)<sup>13</sup>. Out of 102 teachers in the sub-county only 18 are women. So, we had to change our strategy". The M&E officer identified activity 2.1.6 as least successful. This was the rehabilitation of existing classrooms, ten of which were planned for this year, but none of which are yet completed. It was expected that this work would be straightforward, but in practice there needed to be a lot of consultations and paperwork, to clarify issues of ownership and responsibility for the buildings, before work could be begin. There was also a concern that the uncertainty will continue into the future and the community may not value the work done as much as would have it was constructed anew.

Later on I asked the Education teach what they thought had been the "most significant change" in the first six months of the project. They recounted the rest of the story about the women teacher's training. They had brought the problem to the attention of the District Education Officer, who had then come to the communities concerned and sought out additional women who could work as teachers on an interim basis (two for one school and one for another). He also made a commitment to find permanent women teachers for the schools through the annual teaching recruitment process for the district, which he was responsible for. This positive outcome was unexpected, and highlighted the fact that sometimes advocacy based on facts and directed to the appropriate target, can generate surprisingly quick results.

Meetings were held with a School Management Committee and a Parent/Teacher Association (PTA). Information was obtained on the members' views of their roles, but not on their overall assessment of their most and least successful activities in the last six months. Areas of performance that they were concerned with included raising money from parents to pay teachers, ensuring all children attend school, obtaining textbooks for the students, finding supplies (like chalk) from other schools, making sure that there are adequate water and sanitation facilities in the school, monitoring the quality of building construction work. The PTA suggested their performance could be assessed by monitoring changes in the school's physical environment, the student enrolment levels and drop out rates, children's health, and how much money they were able to raise. This clarity of focus reflects positively on their capacity as a group

The Six Monthly Progress Report section on constraints and lessons learned focuses on the problem of how to schedule time for teacher training, with in-term and during-holiday times both having problems This looks like an issue that would benefit from wider consultation, such as within the District level education coordination committee, which involves government and NGO stakeholders. Amidst all the construction and

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 $<sup>^{13}</sup>$  Two of these schools were community schools, with no women teachers at all.

training activity over the past nine months there seem to be a number of opportunities for AMREF to create wider and longer term value by analysing and publicising its experiences. These include how AMREF has dealt with the complexities of rehabilitating existing structures (versus creating new ones), and its effective local advocacy for more women teachers.

A bigger challenge will be how AMREF explains its strategy for the education component as a whole. Outside observers may soon be asking "What is the strategy for the Education component? Is it anything more than short term "gap filling" (providing classrooms, furniture, books, teacher training), essential as that may be right now. What does AMREF add that the government could not provide, if it had the same money?

PS: AMREF have commented: "AMREF's strategy is to close the gap between communities and basic services systems (in this case the education system). The focus is on improving children's access to quality education and to empower communities to play a more active role in the teaching and learning of their own children. AMREF is piloting a model of best practice that can be replicated by the communities, districts and others, which would focus on an effective education system in terms of gender equity, developing children's learning faculties, community participation in school issues and effective management by SMCs and PTAs". But the question remains, what is that replicable model of best practice here other than a functioning education system? How does an external agent like AMREF works with local communities to produce sustainable results in this area?

# 3.3 Water and Sanitation component activities

By neglect, the Watsan component team was not asked to identify what they thought had been the most and least successful activities so far. My guess on their behalf would be that the most successful activity has been the construction of the four shallow wells, and possibly as a second, the installation of the PVC water tanks in five schools. The reasons being that the wells have delivered immediate benefits and clean water supply was one of the highest priorities people identified during the needs assessment stage in 2007.

Identifying their view of the least successful activity is more of a challenge. It would seem to be the lack of resolution about where to keep the money collected from the communities before the drilling of the shallow wells. Discussions with the Project Management Committee indicated that this had been under discussion now for some months and was not yet been resolved. This money is intended for the purchase of a pool of spare parts for the hand pumps, which can in turn be purchased as needed, by the trained pump mechanics, using money collected by the Water Source Management Committees. The longer the issue remains unresolved, the bigger the risk that the money might be mismanaged

The major source of delays in implementation seem to be procurement processes, and the flow on effects of these delays. Delays were referred to in the procurement of materials for water jar construction, materials for protecting springs, materials for latrine slab construction, and IEC materials

A visit was made to a Water Source Committee (WSC) and to a Parish Sanitation Committee. With the WSC it was too early in its history to ask about what activities had been most and least successful to date. However the members were able to

identify a number of success indicators that I should look for, if I return in six months time. These included: the well head area would be fenced with wire to keep animals out, they would be able to show me a record book, with information on their activities, the water will be clean and drinkable, there will be a padlock on the pump (at night time?), the water pump will be functioning, and the surroundings will be clean. There was a strong emphasis on cleanliness, and not so much attention to the need to ensure money was collected to deal with repair needs. Collection of dues from households was noted as the most difficult task

During the meeting with the Parish Sanitation Committee members identified the following success indicators, for my attention in the future: increased percentage of households with latrines, reduced number of cases of diarrhoea and malaria, clean and accessible compounds and roads. Difficulties were noted in reaching the whole parish, though 14 of the 18 members do now have bicycles. And the self-help approach to latrines, providing construction kits was a problem for some households, such as those headed by widows or older people.

PS: AMREF have commented "Besides PVC water storage tanks, springs and wells the sinking of 8 boreholes and the rehabilitation of 5 existing boreholes have also been successes here".

#### 3.4 Livelihoods activities

According to the livelihoods team, the demonstration farms, using a new variety of cassava, have been the most successful activity so far (activity 4.3.2.3). "This is what people were expecting to see. And people are short of food right now, so it is more relevant than ever. It has given them confidence. There has been a high level of participation, in doing the work, and monitoring" 14. One risk, noted during one village visit, was that some farmers group members do not appreciate that both types of cassava (local and introduced) need to be given equal weeding treatment, otherwise the difference in results will be hard to interpret. Nevertheless, the prima facie evidence suggests the new variety will be much more productive. Given the reports of food shortages, AMREF could consider the purchase and distribution of new variety cuttings even before completion of on-farm trials, because it is highly likely there will be willing users already willing to take the risk of using the new variety According to the livelihoods team, the least successful activity has been activity 4.3.1.2: Liaison with National Agriculture Research System (NARS). Negotiations over the MoU about how their long-term relationship will work have taken longer than expected. It has not yet been identified how the partnership will work. In addition, there has been questioning within AMREF about why this relationship is needed, when Farm Africa expertise should be available.

During meetings with two farmers groups (both members of VSLAs, but only one involved in the cassava trial) I asked about how we could judge their success in six months time. The first group pointed to: how much money was in their cash box, that people would still be saving and borrowing, their meeting records would be available, rule breakers would be punished and the demonstration plot would be looking good The second group said their savings would have increased to UGX 500,000, new members will have joined, all members will be taking loans for business activities, and the cassava trial will be harvested and cuttings replanted. Although the agricultural activities seemed to be downplayed, when asked which were most important there was unanimity on the importance of agriculture. That is where the money would come from for savings.

<sup>&</sup>lt;sup>14</sup> A paraphrased explanation

PS: AMREF have commented that cash based indicators of success should not be overemphasised, what is equally important is the capacity of these groups to organise and manage resources.

Overall, activities in this component seem to be delayed more than in the others<sup>15</sup>. This may be partly due to the nature of the work with farmers groups, with its necessary emphasis on participatory process. Under the other components the community groups have either had more prescribed tasks (e.g. VHTs) or had more evidence incentives to be quickly organised (bicycles and boreholes). Other causes of implementation delays have been:

- Revisions to Implementation Plan by FARM-Africa in early 2008 this delayed project implementation from January–March 2008.
- Recruitment of a replacement Project Assistant
- Discussions within AMREF on when and where it is appropriate to use of third party services such as NARS, SNV, versus services available within AMREF and FARM-Africa.

# 3.5 Governance activities<sup>16</sup>

The Governance component team was asked to identify what they thought had been the most and least successful activities so far. The most successful activity was 5.1.1. Facilitate community information sessions with IEC materials on the community's rights to basic services such as water, health, education. This is where we have invested most time here. We now have about three structures set up to help with this work, IEC working groups at the parish, sub-county and district levels. We have identified the key messages and target groups. We will use materials produced by a sister AMREF project, but tested them through the use of focus groups. We have consulted with all the component staff during this process. And the materials we have developed are usable by illiterate people, they don't need to read written messages.

The least successful activity was 5.1.2 Carry out radio programmes to inform communities about VHTs. There were supposed to be a weekly program, but the budget is small, and we can only produce three programmes in the whole year. You need to keep reminding people with key messages. We will now have three programmes in this next quarter, and there will be more money for more programmes in the budget for next year.

From my own point of view the establishment of the District Steering Committee and Sub-County Management Committee in July is probably the most positive development because it is so central to the partnership between AMREF and local stakeholders.

<sup>&</sup>lt;sup>15</sup> The 1-year implementation plan in the Six Month Progress Report has some gaps that make achievement difficult to monitor. Six of the 29 activities scheduled for 2008 have blank descriptions.

<sup>&</sup>lt;sup>16</sup> AMREF have requested that "This should be referred to community empowerment component as was set out in the design of the project" However, in the Oct 2007 to March 2008 6 Months Progress Report the component is described as "Communities Empowered to Engage in Local Governance" and in the April-September 2008 workplan (approved by Kampala) the component is described as "Strengthen local governance"

Another important development is establishment of the Community Structures and Stakeholders databases. The former lists groups, committees and organisations that AMREF staff need to know about, and the latter lists key people in those committees and offices. These have been updated since they were created earlier this year.

In addition I have major reservations about the success of the IEC materials<sup>17</sup>. The workplan states that these will be "on community's rights to basic services such as water, health education" However the IEC materials I have seen have no rights content at all. They are traditional health awareness raising IEC materials, recycled from other AMREF projects. The use of these materials may be a mistake arising from a quick reading by staff of the workplan, combined with a lack of acquaintance with the Project Proposal and Concept Paper. Both of these documents make it clear that there are two types of activities under the Governance component. One is about increasing government capacity, which the other components are also trying to do. The other is about increasing people's awareness of their rights and their capacity to communicate what they want. These intentions have been described in the project proposal as follows:

- Communities more aware of their rights and the services that government should deliver
- Community members able to challenge MPs to demand better facilities, i.e. clean water

Amidst the second set of Governance activities focused on building government capacity there is Activity 5.2.2, which involves "Pilot[ing] a model of community partnering from a rights based approach that can be replicated by AMREF, government and other actors" This has not yet been implemented in Katine, because it is reportedly still under discussion in Kampala.. The apparent intention is to develop a countrywide plan first, which the KCPP will then follow. If true, this is very likely to lead to further delay, into the second year. The alternative approach would be to allow the KCPP to do as planned, and develop a pilot approach and to then let that experience inform the development of a countrywide plan. Whether anything will actually happen with this activity is open to question, following my debriefing meeting in Kampala. In that meeting the Country Director downplayed the significance and usefulness of rights based approach.

PS: AMREF have since confirmed that "Rights Based Approach (RBA) is prioritised as a core implementation strategy in the AMREF global and country strategic plans."

Overall there are grounds for serous concern with the progress of this component. Progress with planned activities in this component has been slow, with half of the Year 1activities unlikely to be completed by September 2008<sup>18</sup>. In addition, there seems to have been a loss of strategic direction. Implementation has been activity focused, without any guiding strategic framework. And the contribution of the country office to that strategic framework has been slow in coming. Its commitment to the empowerment dimension of improving governance seems to be in doubt.

PS: AMREF disagree with this judgement: "On the contrary, the team has demonstrated clear commitment to community empowerment in Katine. Like all other components, the empowerment component is being implemented in

<sup>&</sup>lt;sup>17</sup> And the sustainability of setting up purpose specific IEC working groups at multiple levels, versus working with existing structures such as the Health sub committee at the sub-county level, and the VHTs <sup>18</sup> This calculation takes into account five activities not in the implementation plan, but now completed (April stakeholders meeting, July DSC and PMC governance committee meetings, the Community Structures and Stakeholders databases)

accordance with the original plans. There was nothing specific that the country office was supposed to do that it has not done"

#### Recommendations\*:

4. The governance component of the KCPP urgently needs a strategy document, showing how the current (or revised) set of activities are expected to lead to the governance objectives as spelled out in the project proposal. All assumptions need to be clearly articulated rather than left unsaid <sup>19</sup>. The newly articulated governance strategy should then be subject of a round table meeting with Barclays and the Guardian.

PS: AMREF have commented that "We will produce an articulated strategy which we shall share with project partners which we hope will clarify our intended outcomes."

5. In parallel with the above, the strengths and weaknesses of an alternative approach to strengthening governance should be considered by AMREF, Guardian and Barclays. This would be to fund a specialist Ugandan NGO that would address the community empowerment activities (while AMREF focused on building government planning and management capacities). Similar to the involvement of UWESO in microfinance

PS: AMREF have commented that "AMREF has the required capacity and competence to develop and manage the empowerment component.

6. The current approach to producing IEC materials intended to help "strengthen local governance" needs re-thinking. Responsibility for use of the current IEC products should be transferred to other components (e.g. health, water, education) and/or the Communications Officer.

PS: AMREF have commented that "There is a misinterpretation in the way the community empowerment component was meant to work and we hope the newly developed community empowerment strategy will articulate this more clearly. IEC materials is just one of the many strategies for empowering communities but this has been given undue emphasis in this draft report" However, in the workplan, "Facilitate community information sessions with IEC materials on the community's rights to basic services..." is one of the two main categorisation of governance and empowerment activities.

# 3.6 Integration issues

There are two areas where integration of efforts will be important. The first is the management of the various databases created by each component<sup>20</sup>. Some of these will clearly be useful across the whole KCPP. Such as the VHT's de facto census of households in the sub-county. The data from this census has now been entered into an Excel database. Each component is also managing various mini-data bases, sometimes in MS Word tables, sometimes in Excel, with information such as the members of the various committees they are working with. And information on various performance indicators associated with different groups. Wherever possible this information should be integrated into one or more larger and more comprehensive databases, such as the ones on committees and their members already established by the Governance component.

<sup>&</sup>lt;sup>19</sup> For example, the meaning given to the term empowerment. Is simply about increasing people's skills, or does it involve more?

<sup>&</sup>lt;sup>20</sup> Any list of people or things, with information about their attributes, in a table form, can be seen as a database

Improved uses of databases could make an important difference in four areas:

- Efficiency: reducing the time spent on unnecessary data collection,
- Cost-effectiveness: getting more value from the time already spent in data collection
- Effectiveness: enabling more use to be made of known connections between groups e.g. for improved community mobilisation
- Equity: identifying what groups are not participating, and who might be "too involved" i.e. potentially dominating and/or controlling

There is a risk that as some databases are updated that information on previous members of different committees will be lost. This will limit the KCPPs ability to track important changes in governance, such as trends in the gender composition of different committees.

#### Recommendations\*

- 7. Overall responsibility for database integration should be assigned to a specific person. Possibly the M&E officer.
- 8. Where possible list data should be kept in Excel spreadsheets, not MS Word tables as is the case with some components at present.
- 9. A list of all the lists of information maintained by all the components, should be kept, updated and shared between the components once a month,

It was clear from meetings from different community groups associated with each of the components that members of these groups had many and diverse linkages with other groups of various kinds (government and private, religious and secular, economic and social), through their co-membership of these other groups. Those linkages can be both strengths and weaknesses. In some meetings the problem of having a chairperson who is also a chair of other groups or committees was highlighted: these people don't always turn up because they are so busy elsewhere, so meetings get delayed, or not chaired properly. In other meetings it was pointed out that having links with other groups made mobilising people for specific purposes that much easier. Less easy to talk about is the risk that certain individuals or groups will capture power and influence through the network of positions they hold in different groups and structures.

The net result is that the work of the different components, through the various community groups and structures, is already integrated, through their membership inter-connections. The potential problem is that this structure is probably only partially visible to the KCPP team, so its strengths and weaknesses are not so easy to identify. The more that is known about these interrelationships the better.

#### Recommendations\*

- 10. A single database on the membership of all the groups and committees KCPP staff work with is essential. If this is organised with people listed once each down the rows and membership information detailed in the columns, it will be possible to search and find connections between people and groups. It will be also possible to make these structures visible via the use of the Visualyser software, which can import Excel data.
- 11. Care should be taken to ensure that the same database should only contain information on what is publicly known and acceptable to be publicly known. It should not contain private information, or judgemental statements. Anyone wishing to access the information should be given access.

# 3.7 AMREF management practices

This section focuses on management because of their implications for project implementation and success. It is not intended to be comprehensive review of AMREF management practices. The overall impression is that the management of the KCPP is over-centralised in Kampala. This is an impression shared by myself as external monitor, a number of the District and Sub-county members of the Project Steering and Management Committees, many of the KCPP staff, and visiting Guardian staff

PS: AMREF disagrees with this judgement and view it as an "unsubstantiated impression" which should not be included in this report. However, the same judgement was expressed by District and Sub-county members of the Project Steering and Management Committees, and a majority of the KCPP staff in Katine, and in each case there were witnesses to those statements other than myself.

Centralisation is evident in four main areas:

- The very low spending limits on purchases that can be made by the KCPP in Soroti, when compared to those that can be made by the Katine Sub-county chief.
- The requirement that quarterly workplans of all KCPP staff be authorised in Kampala:
- The development of relevant strategies for different parts of the KCPP taking place in Kampala
- AMREF Kampala's participation in lead roles in the Project Steering and Management Committees.

The causes of this centralisation are not the concern here<sup>21</sup>, but the consequences are. The consequences are in the following forms:

<u>Delayed implementation</u>. Purchases made via Kampala are slower than local purchases, and the resolution of any associated problems takes more time. Requests from Katine have to compete for attention with requests from 20 other AMREF projects in Uganda. Goods have to be moved by road from Kampala, and face to face contact with the concerned people is not possible.

The two most obvious (but not only examples) are (a) the two motorbikes that have remained in storage in Katine for six months, leaving the whole KCPP team dependent on sharing the use of two project vehicles, (b) the incomplete bicycles that cannot yet be distributed to the VHTs, because of missing parts.

PS: AMREF has commented that these are "issues that arise in a resource-poor, developing country setting".

Delays also come through slow processes of approval for workplans. The approval of the 3<sup>rd</sup> quarter workplans took many weeks, leaving little time in that quarter for their actual implementation. Hopefully that was a once off event and future cycles will be quicker. They could be quicker still, if authorised by the Project Manager in Katine.

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<sup>&</sup>lt;sup>21</sup> For example, the Country Director has pointed out that Project Manager' spending limits have been determined by the AMREF Board.

PS: AMREF has commented that "Workplans have financial commitments attached and as mentioned above there are authorisation limits that require compliance."

Increased costs: Centralised and pooled procurement does not necessarily create cost efficiencies. The District authorities have questioned the costs of the AMREF boreholes, compared to what they saw constructed by NUSAF. Bicycles that were bought in Kampala can be bought cheaper in Soroti. . And visitors to the Guardian website have questioned what they see as the high cost of the school construction compared to other cases they know of.

AMREF have since responded to criticism of the costs of their schools, via a reply posting on the Guardian Katine website<sup>22</sup> In that debate there is no dispute that the costs were higher, but there is debate about whether those higher costs were justified.

Neglect of strategy: When management time is being concentrated on the details of each staff member's workplans it is more likely that the larger and more important issues of strategy are being neglected. KCPP staff have attempted to start work developing strategies for project communications, and how to implement a rights based approach to governance issues. But this work has been put on hold, until the country office has time to attend to it. And even then, it is proposed that a country strategy must be developed first of all, not strategies specific to individual project<sup>25</sup> As well as being a source of delay, this approach seems to limit the opportunities for learning from local experimentation.

Diminished credibility: When KCPP staff do not have the evident authority to do things their credibility in the eyes of local stakeholders is likely to be diminished. This must make their work harder. The Project Steering and Management Committee members see the KCPP being represented by country office staff, not the Project Manager. They know that the Katine sub-county chief can authorises expenditures many times that allowed to the KCPP Project Manager.

AMREF have commented "There is no documentation to support the conjectures in this paragraph." However, there is a place for *explicit* conjecture about is happening. Arguments can always be made against the specifics of the conjecture.

Staff turnover: Staff have already come and gone in communications livelihoods, health and water. When staff leave and have to be replaced this causes further delays and inefficiencies If staff are not given sufficient autonomy, and feel constrained by procedures rather than helped, this is likely to decrease their motivation and contribute to further staff turnover. Staff turnover is an important, albeit complex, summary indicator of how the KCPP compares to the rest of the world.

PS: AMREF has commented that "The human resource for health crisis affects services all over Africa. Staff turnover occurs in any organisation and not unique to AMREF, especially in isolated and stressful environments like Katine" Their view was that the opinions in this paragraph required

In the Kampala debriefing it was reported that communications and advocacy strategies for the Uganda country programme as expected to be ready by the end of September.

<sup>&</sup>lt;sup>22</sup> See "Were Amorikot school building costs justified?" by Richard Kavuma and the arguments for and against, at http://www.guardian.co.uk/society/katineblog/2008/sep/29/education

"documentation". That seems unrealistic since even those leaving an organisation need to be careful about what they say about the organisation<sup>24</sup>.

#### Recommendations\*

12. AMREF headquarters should review the extent they wish the KCPP project to be centrally managed, and where more authority could be delegated to the KCPP staff in Katine<sup>25</sup>. At present the current degree of centralised control in Kampala poses a significant risk to the successful implementation of the project.

PS: AMREF has commented that "AMREF Headquarters routinely reviews project management across the organization. The KCPP will be reviewed against the set standards and procedures."

13. Regardless of the decision that is made about devolution, the management procedures that do remain in place in Kampala should be accompanied by transparent and demanding performance targets.

PS: AMREF has commented that "AMREF already has clear management systems in place.

The first Six Months Progress Report includes the following statement: ""All of the key personnel for the project are managed by the Project Manager, with AMREF Kampala Office, AMREF Nairobi Head Office and FARM-Africa providing technical support and guidance." In respect to the Kampala Office, the statement about providing support and guidance only seems to be more of an ideal, rather than actual practice.

# 4. Changes expected by end-of-project (2010)

The KCPP has a set of five objectives and fifteen sub-objectives<sup>26</sup>. Under these are sets of indicators, which describe a mix of AMREF activities, changes in partner organisations, and changes in households. Approximately 159 indicators in all. As I have pointed out previously, there are two problems with this initial set. One is the large number of indicators involved, and the lack of any clear prioritisation<sup>27</sup>. With 54 health component indicators it will be difficult to make any aggregate judgement about what has been achieved in that sector. The second is the fact that few of these indicators have any associated targets. In theory therefore any improvement on these indicators would be an achievement. But in practice stakeholders in Katine and elsewhere would be expecting more than that. What are reasonable expectations for improvements after a three year intervention still needs to be defined. And time is moving on.

In the last few months the KCPP component teams, with the support of the M&E Officer, have started to develop some specific targets on selected indicators, for each component. These are almost overly ambitious in that they are mid-term targets, when in fact targets for the end of the project would be probably be sufficient. The full list is available in Annex C. I have since reviewed these with each component team, and provided some feedback on how they could be improved. That advice has emphasised the following:

<sup>&</sup>lt;sup>24</sup> Instances were mentioned, but there was wariness about names being provided because of concern about possible consequences

<sup>&</sup>lt;sup>25</sup> There is a related issue here of whether the KCPP can be treated as a exception in any way, or whether it is essential that all projects be subject to the same requirements.

<sup>&</sup>lt;sup>26</sup> As shown in the year 1 Implementation Plan

<sup>&</sup>lt;sup>27</sup> This is, I suspect, the result of developing indicators "up" from activities, rather than "down" from end-of-project objectives.

- State the objectives in the simplest language possible, so everyone can understand them. For example:
  - By the end of 2010, 90% of all the children in Katine will be immunised against measles
    - Instead of Improving measles coverage from 79% to 90%
- Avoid the use of compound sentences. For example:
  - By the end of 2010 there will be one latrine for every 40 pupils in every primary schools in Katine
    - Instead of <u>To</u> improve on the learning environment in 12 primary schools out of 14 schools <u>by</u> reducing latrine stancepupil ratio to the recommended 1:40 by March 2009
- Avoid target statements that only relate to what can be achieved with AMREF inputs
  - Using the above example, refer to every school in Katine, not just 12 out of 14. The latter will not make much sense to people outside AMREF.
- Separate out the targets for improvements in the functioning of community organisations and for improvements in household's welfare, under each component<sup>28</sup>. For example, the functioning of Village Health Teams, and the health of households.
- Do not include targets that are focused on AMREF activities. These should be found within the quarterly work plans.
  - For example "To provide all (1005) the village health team members with form of transport and drug storage kits"

Because the KCPP is a *community partnership* project the targets should be, much as possible, collectively understood and owned. The more they are so, the more likely they might be achieved, by using all available resources. Appropriate language will help, as suggested above. Alignment with existing official targets will also help, if they fit the Katine context (otherwise customise them).

Outside of AMREF there have been a number of relevant discussions on development objectives and associated targets. There is now a five-year plan for the sub-county and district as a whole, which resulted from a planning process started last year<sup>29</sup>. And at the national level there is the Poverty Eradication Action Plan (PEAP), the Ugandan national framework for poverty alleviation. As noted in the Six Months Progress Report, the KCPP contributes to three of the PEAP Goals: (Goal 2: Increasing production, competitiveness and incomes, Goal 4: Human rights and governance, Goal 5: Human development). Goal 5 focuses on the importance of a well-educated, healthy and productive population as a prerequisite for developmental progress. There are likely to be indicators and national targets for each of these Goals. There are also relevant sector specific strategies such as the Health Sector Strategic Plan (HSSP) and cross cutting policies like the National Gender Policy.

Establishing some alignment with local, district and national targets will require continuing consultations between component teams and their partners at sub-country

<sup>29</sup> For some reason, this process was not referred to in the needs assessment undertaken in 2007.

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<sup>&</sup>lt;sup>28</sup> Many of the groups I met with during this visit were able to identify their own indicators of success, and in some case they identified specific targets e.g. 100% of households having latrines

and district level. With some KCPP components there is already a close fit, most notably with the health component targets and those of the health section of the five year plan. And also in the area of water and sanitation. In other components, such as Livelihoods and Governance, there is less guidance available from existing policies, and more work will be needed to select the most appropriate and measurable indicators, and then some achievable targets on those indicators.

Publicising these agreed targets will be an important part of the process. It will help raise public expectations and build a consensus about their importance. If AMREF and its partners make public statements about the importance of achieving these they will be committed to working hard to achieve them. More so than if the targets remain buried inside unpublicised documents. There is clearly an overlap in the work required here with that of the rights based approach proposed under the Governance component.

#### Recommendations\*

14. AMREF and its partners should make one or more public statements this year about the measurable changes they would like to see by the end of the year 2010, in the areas covered by each of the KCPP components. These should not focus on AMREF activities, but on desired changes in people's lives and their community organisations. There are plenty of medium term outcomes to choose from, that could be sought and measured.

PS: AMREF has commented that "Documenting desired changes to people's lives is a good suggestion by the evaluator and its feasibility will be explored when updating the M&E framework."

15. The same targets should be publicised on the Guardian website

PS: AMREF has commented that "This will be discussed following the process above."

A post-project (2010) perspective is also worth thinking about. By the end of 2010 AMREF staff should have enough local experience to be able to make some informed predictions about the likely functioning of the various community groups in the years that follow. For example the percentage of Water Source Committees, Village Health Teams, and Parent Teachers Associations, etc that will be still functioning in the year 2013<sup>30</sup>. This will require a balanced appraisal of the percentage working in 2010 and how they will survive in the next three years. Exaggerated claims of achievements to date will not be in their interest. The Guardian website could involve the UK public in make competing predictions of what will happen, and these could be tested via a post-project impact assessment in 2013. That prospect should motivate many stakeholders to take a longer term perspective on development, something that is often missing.

PS: AMREF has commented that "With a three-year time frame for project implementation, the KCPP cannot commit to specific long-term impacts. The project is focused on outputs and intermediate outcomes." However the proposal above is not about committing to specific long-term impacts but rather making some informed predictions about long-term impacts beyond the life of the KCPP. Much could be learned from the success and failure of these predictions.

<sup>&</sup>lt;sup>30</sup> According to some criteria that should be well established before 2010.

# 5. Planning processes

One of the objectives of my Terms of Reference was to review existing processes of planning and review, especially those of the community groups that are central to AMREF's work in Katine. In practice this is a large task, which I have only addressed in part. The focus here is on planning review process that already exist and how they are or could be relevant to the successful implementation and sustainability of KCPP activities

# 5.1 District wide planning

The most important process is the annual planning cycle that encompasses all level of government in Soroti district and all the sectors that AMREF is working in. This is part of a longer term five year planning cycle. The current five year plan period began in July 2008. AMREF has engaged with this process in two ways, it seems. One is to present its own plans and discuss with relevant section of government how they fit in with government plans. This has been appreciated by officials I have spoken to, because not all NGOs do this. And it enables them to avoid duplicated activities, and ensure some fairness in how the development budget is distributed. In parallel, it seems that some government officials have also sought AMREF's participation in some of the planning processes, in order to help develop the contents of those plans. These types of input need documenting, because they are an important development input that can be low cost, and potentially long lasting.

Within the Governance component there are also plans for other more process oriented inputs into government planning processes to do with community based information systems, IT skills training, and planning and budgeting skills training. There are other more political aspects of governance that AMREF staff may or may not attend to. For example, how well do elected executive members on the LC3 represent the sub-county's planning interests, versus their particular parish within that sub-county<sup>31</sup>

The formation of the District Project Steering Committee and Sub-county Project Management Committee have been important positive developments for the project, in terms of building a closer engagement with government structures and processes. And ensuring that the locus of project decision making is in Soroti, not elsewhere. Influence should be taking place in both directions, of AMREF on government and vice versa. This process should evident in some degree through the minutes of these meetings

#### Recommendations\*

16. AMREF staff should be periodically monitoring changes in the parish, sub-county and district planning process, for signs that the KCPP project activities are having an impact, both on the content of official plans and how the planning process works. These are ways in which the project could be having a wider and longer term effect, in addition to more immediate effects within Katine sub-county.

#### 5.2 Health activities

The District Health Office's (DHO) annual plans are developed as an integral part of the wider district planning process. The Health component team report that they liaise closely with the DHO re AMREF's own plans and how they fit within the DHO's plans. This view was confirmed by DHO officials. There are two issues possibly worth

<sup>&</sup>lt;sup>31</sup> An issue raised by an LC3 staff member

monitoring here in the future. One is the extent to which AMREF is able to be responsive to emerging needs, versus only respond to those needs identified in their 2007 needs assessment. The other is the extent to which AMREF's inputs are genuinely additive to health services in Katine sub-county, versus being counterbalanced by diversion of district resources to other sub-counties. The same questions could equally apply to each of the other components relationship to this planning process One of the purposes of establishing the PMC and SC to ensure that AMREF promotes synergy in project planning at sub-country and district levels.

#### 5.3 Education activities

As with the Health component, the District Education Office's (DEO) annual plans are developed as an integral part of the wider district planning process. AMREF staff consult with DEO staff re their own plans and those of the DEO.

A District level education coordination committee has been set up by the DEO, with support from SNV. In meetings earlier this year a set of five education priorities for the next year was discussed and agreed upon by all participants, both NGOs, CBOs and government<sup>32</sup>. These relate to a larger list of objectives within the District's five-year plan. AMREF has been part of this process. Ideally, AMREF's end-of-project objectives will relate to at least some of the items on this list of priorities.

At the school level there is an annual general meeting held each year, facilitated by the PTA at which the SMC reports progress for the year, and the proposed plan for next year. The Education team will be attending the AGMs of some but not all of the 13 schools in Katine. These events should provide AMREF with a useful means of monitoring overall progress.

#### 5.4 Water and Sanitation activities

At the District level there is a District coordination meeting held three monthly, which is attended by government and NGO representatives involved in water and sanitation issues in the district. Progress and plans are shared in these meetings. This meeting is attended by AMREF staff

At the sub-county level there is a Sub-county Health Committee, which includes water and sanitation activities within its ambit. This committee has received capacity building support from the AMREF team. I attended one meeting and was impressed by the presentation of a report on water and sanitation conditions in the sub-county. This report was quite critical of the state of toilet facilities in the nearby health centre, and conditions elsewhere. What will be of interest is what happens to the recommendations made at each of these meetings: do they get acted on, or left aside. Minutes are kept of these meetings and could provide a continuing record of the extent to which important issues are raised and then dealt with affectively.

At the Parish level there are Parish Sanitation Committees with more local responsibilities. These seem less formalised in their functioning. Their work is reported on to the Sub-county Health Committee

<sup>32</sup> Relating to improved academic performance, infrastructure, teacher training, numbers of teachers

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# 6. Monitoring change

# 6.1 Progress reporting

One of the objectives of the July visit was to examine the way in which the project is using its indicators proposed in the KCPP M&E Framework, and whether there are any gaps in the way that project activities and outcomes are being monitored.

In section 4 above I have already argued for the need to develop targeted levels of achievement on the most important indicators, in consultation with AMREF's partners.

#### Recommendations\*

17. The existing M&E Framework is disadvantaged by not having a Logical Framework type of structure. So the list of indicators under each objective is quite mixed, and so are the responsibilities for their achievement. It would be useful, especially for discussions with AMREF's partners in Katine and Soroti, to separate out the indicators under each component (and associated objectives), into three types: (a) those that describe AMREF staff activities, (b) those that describe the functioning of community organisations and other partners, (c) those that describe changes in the welfare of households (health, education, water and sanitation, livelihoods, and empowerment). There should be a balanced mix of these under each component.

PS: AMREF appear to disagree with this proposal. In their view "The project's M&E plan and logical framework of indicators were completed in December 2007 and continue to be updated.

- 18. Despite the fact that the M&E Framework refers to 49 indicators that will be reported on quarterly, the first Six Months Progress Report only contained two tables of data, on 6 education indicators, and 4 water and sanitation indicators. This suggests improvements may be needed in two areas: (a) more systematic reporting of progress on indicators across all five components, in the next Six Months Progress Report, and if necessary, (b) simplification of the list of indicators.
- 19. If at all possible, the structure of the Six Month Progress Report needs revision, to minimise the amount of repetition. In the last report component activities were described in the Executive Summary, Description of Overall Performance, and Results Obtained. Problems were analysed both under Disparities in Performance and under Constraints, Solutions...When progress is described under each component it would be best if AMREF activities, partner activities and changes in households were separated out, rather than mixed in together.

PS: AMREF has commented that "Considering that the project reports that are produced are intended for a diverse audience, it is not easy to come up with a single reporting format that fully satisfies the expectations of all the various audiences. We will review the current reporting format to ensure that it is not repetitive. "

In January 2008 it appears that the KCPP might make use of the MSC method of monitoring and analysing unexpected changes. That plan now seems to be on hold, pending a review of its usefulness in another AMREF project, by the AMREF country office. This seems unnecessarily cautious approach, given that MSC as a method has now been in use around the word for the past 15 years and there is a wide community of users, accessible via a dedicated email list. In place of what could be

MSC stories for each component, the Six Months Progress Report has included two "case studies", but without any explanation of how and why they were selected.

PS: AMREF has commented that "It is too early in the project to field the MSC approach and generate useful information, for the staff effort involved. That approached will be fielded in the latter half of project implementation."

In future Six Months Progress Reports the sections on each component could try using the AMREF's team members selection of what they think was the MSC in their areas of work in the past six months (If AMREF will allow them to express their own opinions). The report could also include component staff judgements of the most and least successful project activities, as shown in section 2 of this report. This would help ensure the report not only contained facts, but also some evaluative thinking as well.

# 6.2 Monitoring the performance of Health Centres and VHTs

The Health Centres are subject to two processes of periodic review. The District Department of Health carries out a three monthly review, using a team of consultants. Their report looks at patient care, physical conditions, stockouts, and outreach services and produces a list of recommendations. The assessment is supposed to take three days, but often takes much less (four hours on the last visit). A second review process is carried out under the aegis of the District hospital, but information was not collected on this process. Elsewhere in Uganda a different assessment process is used, called the Yellow Star program<sup>33</sup>.

PS: AMREF has commented that "The yellow star has been piloted in a few districts in Uganda in phases.Phase1(Luweero, Nakasongola, Jinja, Kamuli, Masaka, Mbarara), Phase 2(Masindi, Kampala, Rakai, Sembabule, Ntungamo, Kasese) and has not yet been rolled out in the entire country. AMREF will adopt and support implementation of the practice when its scaled up countrywide. It will also be pilot tested in Katine project."

My provisional understanding is that the VHTs provide monitoring data to the Health Centres. If the Health Centres also have supervisory responsibility over the VHTs then they could be expected to develop an assessment of their relative performance. Those assessments need monitoring by AMREF, to ensure they are paying sufficient supervisory attention to the VHTs

#### Recommendations\*

20. The Health component team should examine the relative merits of the different HC review systems in use and identify if AMREF could provide useful capacity building support in this area. Attention should be given to the simplicity, rigour and transparency of the methods used, and their effectiveness in prompting improvements in services.

PS: This proposal was accepted by AMREF. They noted that there will be a review of the HC systems [which] will focus on areas of supporting the HC staff to understand the review process, regular supervision and feedback mechanism using the current review method, developing action plans after feedback from the review team

21. The Health component team should periodically ask the Health Centres for their assessments of the VHTs in their area, including (a) the most and least successful VHTs (criteria and evidence), and (b) the most and least activities carried out by

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www.who.int/management/vellowstar.pdf

the VHTs (criteria and evidence). And then use this information when planning further capacity building support.

# 6.3 Community monitoring of schools

The Education component team have, with the assistance of the M&E Officer, developed a Check List For Community School Monitoring. The PTA and students have also been involved in its design. The checklist covers six areas: school sanitation and hygiene, personal hygiene, good school infrastructure and facilities, academic performance, talking compound, and administration. These are all desirable inputs that could help generate good education outcomes. It is proposed that the checklist will be used by parents and students, but not by the teachers, because it was thought their judgements would not be objective.

The checklist looks simple and usable. It does however have a bias (in terms of numbers of items) towards hygiene (14 out of the 34 items). This could be managed by introducing weightings for the different groups of items, which could be obtained from consultations with parents, teachers and other stakeholders. Identifying their views of the weightings would be a way of democratising this tool, helping it capture and make visible what the public expects to find in a good school. There is a direct connection here with the empowerment dimension of the KCPP's governance component.

It would be interesting to know what is proposed next in terms of using the checklist. Will the results be presented at school AGMs, and compared to those of other schools? Will the checklist, and its results, be discussed with the DEO? Will the results be shared and discussed on local talk-back radio? The use of this sort of checklist, with aggregate scores, is one way around the problem of having too many indicators, which was mentioned earlier in this report.

# 6.4 Budget allocation for KCPP Monitoring and Evaluation activities

Approximately £39,000 has been budgeted for M&E activities. Some of these funds have been allocated, and used, for the baseline survey. It is likely that other funds will have been put aside for the mid-term and end-of-project reviews. Other funds will be needed for ongoing "operations research", an important part of the AMREF approach. In each of the components there will be a number of practices whose costs and effects will need monitoring and analysis.

The country office has indicated its preference that M&E activities should be integrated within each component, not treated separately. If so, then each component needs to have a budget line for monitoring and evaluation activities. These funds could be used in conjunction with technical support from the M&E Officer. If the funds are not provided then it is likely that good intentions will not be realised, similar to what can happen with intentions for gender mainstreaming

#### Recommendations\*

22. KCPP staff should be provided with a breakdown of the budget allocation for M&E activities by year, and across components

PS: AMREF has commented that "The AMREF development model emphasizes an integrated approach to M & E where everyone takes responsibility for M & E processes within their respective areas of work and this is where we are heading towards."

# 7. Increasing transparency

Transparency is a means by which everyone is enabled to monitor and evaluate what is happening, not just M&E specialists. When public money is spent on public goods, transparency is a public right, not a private privilege. In 1947, in the first session of the United Nations, the UN General Assembly stated that "Freedom of information is a fundamental human right...and is the touchstone of all other freedoms to which the United Nations is consecrated" These sentiments are worth bearing in mind, given that the Governance component of the KCPP is concerned with the promotion of empowerment and the use of a rights based approach.

In November 2007 the AMREF Board approved an Open Information Policy<sup>35</sup>. An associated implementation plan was developed between December and March and shared with me in April<sup>36</sup>. While comprehensive in many areas the plan did not make any explicit reference to the public availability of project documents<sup>37</sup>. Up until early August none of the project documents relating to the KCPP were available on AMREF websites<sup>38</sup>. However, at the end of my visit significant progress was made, with the listing of the Six Months Progress Report, the Initial Community Needs Assessment, the Conceptual Framework, Household Baseline survey and the Community Baseline survey reports. Hopefully this progress will be sustained throughout the remaining life of the project.

Equally importantly is the transparency of AMREF's work within Uganda, especially at the district and sub-county level. AMREF have indicated that openness with government about their plans and progress is an integral feature of their way of working, in the KCPP and other projects. This was confirmed by District and sub-county officials. The establishment in July 2008 of the District Steering Committee and the Sub-county Management Committee is also evidence of this intent. The minutes of these meetings will provide an important window on actual practice and how it matches local partners' expectations. In the July minutes it was interesting to note that the "CAO (Chairperson) highlighted the need for a cost analysis to be developed in partnership with AMREF so that district officials may more effectively lobby for continued monetary support from the district to Katine". Similar comments about the need for information on project costs were made during my meeting with the CAO in August. The Project Manager has already responded with more information on the breakdown of the project budget.

AMREF could in turn expect some transparency from their government partners, in terms of official plans, budgets and progress reports. The Steering and Management Committees could be an important vehicle through which AMREF requests are made and responses noted. Access to such information could help AMREF to identify how government is responding to their work, in terms of replication and modification of existing practices

PS: AMREF has commented that "All these issues have been discussed with sub-county and district partners and are part of the PMC and SC agenda"

Transparency with the public at large is more of a challenge. It was proposed that the new AMREF office in Katine would have a public resource centre, where people could come to find out information about the project and website. Because of budget

<sup>36</sup> But not with the public via the AMREF website

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<sup>&</sup>lt;sup>34</sup> UN General Assembly, Official Record, First Session, December 1946, Part 2, page 29.

<sup>&</sup>lt;sup>35</sup> Available online at:

<sup>&</sup>lt;sup>37</sup> A comment I made on Evaluating Katine, in April 2008. See

<sup>&</sup>lt;sup>38</sup> Though some were available on the Guardian website.

constraints that has not yet eventuated. However plans exist for the purchase of a container to function as a storeroom, releasing one room in the office to function as the resource centre. That will include a computer with Internet access (with links to Katine related websites).

Other more "low- tech" solutions have been discussed during my visit. These include public notice boards under veranda-like shelters, to be located at Katine schools, Katine health centres, the Katine sub-county offices, outside the AMREF Katine office, and in the nearby Katine market. At the least, these would display minutes from meetings of groups AMREF is working with (and who already produce minutes of their meetings). These include the Steering and Management Committees, School Management Committees, the Sub-county Health Committee, and possibly others like the proposed Livelihoods Stakeholders Forum. In addition, records of relevant performance data could also be made public this way. For example, the District Dept of Health's periodic assessments of the health centres, and the recent review of sub-county sanitation standards, by the Sub-county Health Committee. Annotated maps could also be useful, showing the location of AMREF and other activities.

Budget transparency is another difficult area. AMREF's main approach at present is to provide budget information broken down into a number of major categories, such as those shown on the Guardian Katine website. An additional approach has been discussed during this visit. That is to identify and make public the unit costs of items and activities under different components. Especially those expenditures that government and communities may need to make themselves in the future. Such as the cost of portable latrines, water tanks, bicycles, cashboxes, laboratory buildings. Doing so could have three benefits: (a) providing feedback to AMREF where they may have possibly paid too much, (b) providing comparator data for government and communities who want to make similar purchases in future, (c) setting expectations about transparency that could be expected from other NGOs, and even the government itself. Publicising unit costs is one way of meeting the Management Committees request for more information on the costs of line items in the work plans.

In the previous visit I proposed that all survey data should be made publicly available, especially to other organisations working in Katine, both government and non-government. The same applies to the various databases being developed by each component, one of which effectively provides a complete census of all households in Katine. The January proposal has since been accepted in principle, but yet to be operationalised. One challenge is how to publicise the data to the audiences most likely to want to use it. One possible means is through meetings such as the district level coordination meetings lead by the DEO, which are attended by government and NGO staff. Another is through the District Project Steering Committee. A short presentation could be made in each meeting about what data is available.

Other means of increasing public knowledge about the KCPP could include:

- A brochure on KCPP. A draft was prepared by the KCPP office in Katine and sent to the Kampala office, but no feedback has been received about it to date.
- A map of the sub-county, showing where project activities are distributed –
   PS: AMREF has commented that "AMREF is currently building this with project staff."
- The use of signed agreements whenever assets are handed over, such as bicycles, school equipment, health centre equipment, etc. These could explain the conditions under which the items were given, and what is expected in return. Copies could be made available via the public noticeboards mentioned above

Staff participation in local talk-back radio programmes, when new activities were about to be initiated, or when new assets were to be handed over to community groups<sup>39</sup>.

PS: AMREF has commented that "This is a good idea and will take place."

The process of extending transparency will not be painless, for AMREF or its partners. In the case of AMREF it will almost inevitably bring with it some critical judgements of how well the KCPP is doing, when compared to others. For example, larger projects like NUSAF, and activities by smaller NGOs with lower overheads. Ideally AMREF will respond positively to these challenges, and provide in turn a demanding comparator for other development projects. This expectation could be seen as the external evaluator's theory-of-change: about the relationship between transparency, comparisons and aid effectiveness. Increased transparency will enable more detailed and demanding comparisons between how aid is used. Those comparisons in turn may prompt more careful thinking about the use of aid, and some associated improvements in its effectiveness.

PS: AMREF has commented that "AMREF believes that the diverse representation through the PMC and SC as well as through the various sector community structures (VHTs, SMCs, etc) offer the best opportunities for a more structured feedback and engagement with the wider community. The PMC and PSC can make their own decisions about the choice and manner of publicizing information"

# 8. AMREF's Theory of Change

# 8.1 Why have a Theory of Change

AMREF have asked me to explain this term. A Theory of Change (ToC) is an explicitly documented (and therefore evaluable) view of how change is expected to happen. A ToC can be described in ways that range from the very general to the very specific. More specific descriptions, involving multiple stages or steps, are of more value as guides to project implementation and they are easier to evaluate. But more generic descriptions can also have some useful implications.

The Country Director has asked if a testable ToC is really needed. A useful question. Firstly, a testable theory needs to be an explicit theory. A project designed on the basis of an explicit theory will be easier to implement, in the sense that there will be less ambiguity about what needs to be done. Secondly a project design with a testable theory has a chance of having a wider impact. It is possible a project could show evidence of development impact in the area where it is working. While local impact is important, being able to replicate that impact elsewhere is even more so. That means being able to explain and convince others how the local impact was achieved, so they can then do the same<sup>40</sup>.

# 8.2 Types of Theories of Change

AMREF's three-part development model can be seen as mid-level ToC (community partnering, capacity building, operations research and advocacy). Up to now the KCPP project design has emphasised the first two, but the KCPP Project Manager is

<sup>&</sup>lt;sup>39</sup> This proposal was made by a KCPP staff member

<sup>&</sup>lt;sup>40</sup> Not being able to do this suggests either the organisation has limited competence or it is operating like a self-interested business, which wants to keep its successful ways of doing things to itself. For more on the importance of aid organisations producing public goods, see "Aid organisations as selfinterested businesses?" at http://mandenews.blogspot.com/2008 03 01 archive.html

now developing the third. This will be very relevant given that District authorities, and others, are making comparisons of the cost-effectiveness of KCPP and NUSAF. Later on in this section I will show how to make this three component model, as used in Katine, can be made more observable.

The Project Manager has also initiated a wider discussion amongst staff on the project's theory-of-change at a more abstract level, by introducing a distinction made between three types of change processes: emergent, transformative and projected change<sup>41</sup>. AMREF has previously signalled its intention to use the "Most Significant Change" monitoring method alongside its existing set of measurable indicators. If this goes ahead then it will help ensure that emergent changes (i.e. those not expected to arise from planned project activities) may be adequately monitored and analysed. This is very appropriate given that in almost all project locations many more things are happening than one organisation's project activities. One of the biggest developments with many potentially unpredictable consequences is the tarmacing of the Jira road, through the centre of the sub-county.

Expectations about projected change are often described by the use of the Logical Framework. This is a type of "logic model" that outlines a chain of statements with the following structure: "if A is done and B assumptions hold then C will result. And if C happens, and D assumptions hold then E will results…,etc" The original HCPP proposal did not include a Logical Framework, but it did include a hierarchical ordering of objectives, with the upper level providing more general descriptions of the lower level objectives. This sort of structure does not communicate how change is expected to happen. The September 2007 Conceptual Framework (the de-facto revised proposal) did list some expected outcomes that will result from AMREF activities and a list of example indicators. But it did not spell out the expected steps by which these outcomes would take place. It does not provide an evaluable ToC.

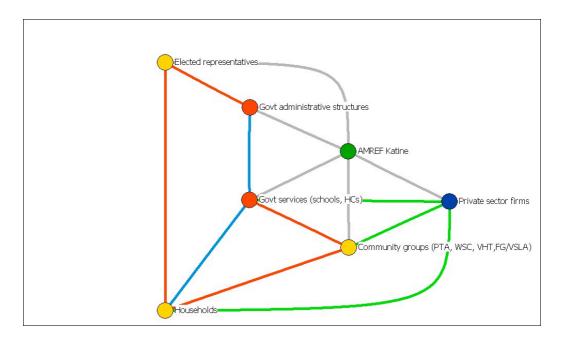
In the January visit report Annex 1 I provided an alternate version of such a logic model, where each level referred to different actors in a chain: Donors work with AMREF who work with Community Organisations who work with Households in Katine. At each step along this chain objectives can be identified for the types of changes that need to happen. While this actor-centred model is easier to explain than a traditional logic model, it still fails to capture how AMREF is trying to work in Katine in adequate detail. For example, AMREF is working simultaneously with government structures as well as community organisations and is trying to influence the relationships between them, as well as their relationships with households. Some of the complexity of those relationships was captured in the Annex 2 of the same report: "A network description of the Purpose level of the KCPP"

# 8.3 A network view of the KCPP's Theory of Change

The diagram below represents a simplification of the January 2008 network description, which I think may help capture more of how AMREF is working in Katine but also some of the choices that it faces.

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<sup>&</sup>lt;sup>41</sup> From "A Theory of Social Change and Implications for Practice, Planning, Monitoring and Evaluation" By Doug Reeler, of the Community Development Resource Association



This diagram can be used to describe the three-component model mentioned above, in more observable terms. In the KCPP AMREF is involved in "community partnering" with four types of actors: Government administrative structures (LC3, LC5), Government services (Schools, HCs), community groups (PTA, WSC, VHT, FG/VSLA), private sector firms, and elected representatives. In practice some of the relationships are more important than others. This part of the model could be improved by describing the relative priority of the relationships and how they differ in kind<sup>42</sup>. For example, it appears that the relationships with elected representatives and the private sector are not as developed as those with Government administrative structures, Government services, and community groups.

AMREF's "capacity building" work is focused on a more limited number of actors, on community groups and government services. The relationship with government administrative structures seems to be more focused on sharing of plans and securing involvement in capacity building activities. AMREF makes extensive use of District and sub-county level government staff to provide training to HC and school staff and community groups.

As noted above, operations research and advocacy is not yet a part of KCPP activities. When it does, it is likely to focus on how the capacity building relationships (in grey) affect the triangle of relationships involving community groups, government services and households.

The same network diagram can be used to describe two other aspects of AMREF's ToC in Katine. These are the encouragement of rights-oriented public *demand* for improved services and the development of replicable *models* of how to improve services.

AMREF's work with **community groups** is expected to lead to **households** become more demanding of better services. This could happen via different pathways

- Direct pressure from households on government services
- Pressure on government services expressed via community groups, representing households.

<sup>&</sup>lt;sup>42</sup> Priority can be expressed by line thickness, kind by line colour.

- Pressure on government services expressed via government administrative structures pressured by elected representatives, pressured by households.
- Pressure on government services expressed via government administrative structures pressured by elected representatives, pressured by community groups, representing households.

By making these different pathways more evident the network diagram provides a useful prompt to make the KCPP TOC change more specific. Which of these pathways is seen as more versus less important? Is there expected to be any synergy between these, whereby when they are both working, the net effects will be much greater?

Parallel to the demand side of AMREF's ToC is the process of developing and promoting models of how to best do things. AMREF's work with **government services** and **community groups** is expected to lead to better services being provided to some **households**. Evidence of this improvement, will be gathered by **AMREF** and **these partners**, plus in some cases **private sector** consultants, and packaged as replicable *models* of practice. These models will then be promoted via one of more of these pathways:

- By **AMREF**, to **government administrative structures**, who will encourage / tell **government services** to use them.
- By AMREF, to elected representatives, who will encourage / tell government administrative structures, who will encourage / tell government services to use them.
- By community groups to government representatives, who will encourage / tell government administrative structures, who will encourage / tell government services to use them.

Again, as above, by making these different pathways more evident the network diagram provides a useful prompt to make the KCPP TOC change more specific. Which of these pathways is seen as more versus less important? Is there expected to be any synergy between these, whereby when they are both working, the net effects will be much greater?

Making the ToC more explicit will also make it easier to test whether the expected process is actually happening or not. A more specific ToC will point us to the people we should be talking to.

Looking at the diagram above, there are a number of other possibilities that could be usefully clarified by AMREF:

- To what extent are community groups intended to be used by government as additional channels for the delivery of government services versus additional channels for the delivery of public pressure on government services? At present the emphasis seems to be on the former.
- To what extent will AMREF encourage households and community groups to make demands via government structures (services and admin structures), versus via their elected representatives? And associated with this, to what extent will AMREF seek to engage directly with Katine people's elected representatives?
- To what extent will AMREF seek to use private sector sources of knowledge for the development of improved models of practice, versus staff with government structures (services and admin structures)?
- Which of the two large categories of change processes will be most effective in improving household welfare: creating demand or promoting models of better

practice? Or it is essential that both approaches are combined? (which might be more of a challenge).

#### Recommendations\*

- 23. The choices about which relationships and pathways are most important may vary for the different components, especially for livelihoods development versus health and education services. For this reason it might be advisable for each KCPP component team to try to answer these questions separately, before then looking for a whole-of-KCPP view. It might also be useful for the KCPP to see if they need to refine the network diagram, so that it has a better fit with how they see the main types of actors in Katine, and their relationships with each other. A copy of the Visualyser software has since been provided to the KCPP team.
- 24. The country program office now requires KCPP component teams to give a detailed explanation of how each activity listed in their work plan will work, and why it is needed. It would be easy to incorporate into that format a requirement for a simple actor-oriented theory-of-change description, using statements with the following structure
  - i. If we do this.....
  - ii. And these conditions hold (assumptions about the context).....
  - iii. Then this will happen....

For example: If we train <u>PTAs</u> in how to systematically monitor school performance, and the <u>District Education Office</u> tells the <u>SMC</u>s they have to report on their response to these assessments, then the services provided by schools to students will improve.

#### 8.4 What sort of models?

There seem to be a number of different views on what constitutes a potentially replicable model in the KCPP.

- 1. The whole sub-county as a model: At the District level, some authorities expect that at the end of the project period the whole of Katine sub-county will be available as a model that others will want to see and learn from. This is not a view held by AMREF or the Guardian, as far as I am aware. The reason being is that there are not enough resources to address water, health, education and livelihood needs across the whole of the sub-county. There will still be substantial needs unmet at the end of the project period.
- 2. The whole project package as a model: For AMREF, the KCPP is a new way of packaging activities. Most AMREF projects do not include separate Education, Livelihoods and Governance components. It might be expected that AMREF will want to learn whether this type of project structure works, and whether it is worth replicating. As a model it may also have some relevance to other NGOs.
- 3. Combinations of inputs in a given village as a potential model: Perhaps by accident as much as design, there will be many different combinations of project inputs across the 66 villages. Even within the Livelihoods components there will be two major variations: Villages with VSLA only and those with VSLA and agricultural inputs (improved cassava varieties). The effects of these two types of inputs on household welfare will be of interest to many NGOs and possibly government as well. There will also be cross-component combinations, such as villages with clean water and functional VHTs, villages with functional VHTs only or with clean water only. An important question here is whether the project will be geared up in time to identify the effects of these different combinations.

- 4. Individual practices within the project as a model. For example, a particular approach to the development of Village Water Source Committees, or the Community Monitoring tool that will enable PTAs to monitor school performance, or the similar Yellow Star system used with some health centres in the north. These are likely to be of interest to local government, and to other NGOs. These should be easier to evaluate than the effects of combinations of practices. But they will require the practices concerned to be different in some significant way, form how things are done elsewhere.
- 5. Models that were developed elsewhere by AMREF: If this is so, and implementation is being done in Katine for demonstration purposes, then the whole process should be part of a communications strategy, with information provided to targeted audiences before, during and after the demonstration. This should include solid evidence of the effectiveness of the practice in other contexts, preferably similar ones. There is no experimentation with models involved here, just demonstration and persuasion.
- 6. Models that have been approved by Government: For example, the functioning of Village Health Teams. If these are introduced exactly as prescribed by government then AMREF will need to show how it is adding value. It could do this by an introductory process that is more educative than normally found in government directives and training programmes. Otherwise it could easily be asked why the donor funds being used by AMREF are not being given directly to the local authorities, to be used by them to implement the VHT or other models.
- 7. Models in the simplest sense: Here the simple fact of providing a service that was not provided before can be seen as an example of what can be available. People may see a service or good being provided, and this will raise their expectations about what they might expect in the future. This seemed to be one view of how AMREF is providing models, as seen by the Country Director. The challenge here will be to raise expeditions about what the government should be providing, when in front of them the people in a community seeing an NGO providing a good or service. AMREF staff in Katine and Kampala have made repeated mention of the need to "manage people's expectations". Re-directing these expectations would be more useful than simply dampening them, but not necessarily so easy to do.

#### Recommendations\*

25. AMREF should prioritise which of these types of models are most important within the KCPP. Each model has its own implications for what needs to be done.

PS: AMREF has commented that "AMREF is pleased that the external evaluator sees the KCPP as a rich source of material for exploring various evaluation theories. In conjunction with our communities and our local stakeholders, our own focus will remain on implementation and results in the field." Unfortunately this comment seems to reflect two misunderstandings. Firstly, the different theories given above are about how the KCPP should be working in Katine, not about different ways of doing evaluation. Secondly, choices made between these theories will make a difference to how implementation should proceed. These choices will also affect how an evaluation should judge any implemented activities. There are two useful quotations to bear in mind here:

- "Practical men, who believe themselves to be quite exempt from any intellectual influences, are usually the slaves of some defunct economist" (Keynes) – so make your theory explicit and contestable!
- "There is nothing as practical as a good [explicit] theory" (Lewin)

# 9. Responses to the Guardian website

I arrived with a "null hypotheses" at hand, that AMREF Katine staff would be too busy with their community work to be reading the Guardian Katine website, and that when combined with other problems like limited access to the internet, this meant they would not have tried to make any contributions to the debates on that site. The same would apply to my "Evaluating Katine" website.

This view was wrong. Most AMREF staff I spoke to seemed to visit the Guardian site quite frequently and all could recall particularly postings that had prompted a reaction of one kind or another. Postings on my website had also been read. On some occasions staff had discussed the postings in their staff meetings. In addition, a number of staff had prepared responses to some of the postings, and forwarded them for approval through the AMREF structures. Views differed on what then happened to these responses. In Katine my impression was that in some cases nothing more was heard. In Kampala staff were adamant that all responses were reacted to, and in most cases actually posted. I will monitor responses more carefully during my next visit.

In contrast, knowledge about the Katine website amongst members of the Project Management and Project Steering Committees was very limited. This is unfortunate given the importance of their role. But it is also understandable, given the context of their day to day work, and the inaccessibility of the internet in Katine.

#### Recommendations\*

- 26. Guardian staff visiting Katine should make a point of taking to AMREF staff at all levels about their reactions to the postings on the Guardian Katine website, and on my "Evaluating Katine" website.
- 27. KCPP staff should negotiate with the Soroti internet café owners to have the Guardian Katine website shown as the default web page, when web browsers on their computers are first opened by each new customer.
- 28. The KCPP Communications officer should organise the "screening" of a tour around the Katine website, for members of the Project Management and Project Steering Committees. This could be done by connecting a LCD projector to a computer in the KCPP meeting room in Katine.

PS: AMREF has commented that "This is idea we are taking on board. One the community resource centre is operational (this next quarter) this will be a key priority"