



**TRANSPARENCY
INTERNATIONAL
UGANDA**

**END OF PROJECT EVALUATION
OPEN CONTRACTING FOR HEALTH
PROJECT (OC4H)**

FINAL REPORT



Community monitors during one of the monitoring exercises for the upgrading of a health centre in Bullisa district.

June 2021



**TRANSPARENCY
INTERNATIONAL
UGANDA**

END OF PROJECT EVALUATION
OPEN CONTRACTING FOR HEALTH
PROJECT
(OC4H)

FINAL REPORT

June, 2021

May 2021
Ismael Ochen Ochen

This evaluation was conducted by Ismael Ochen Ochen as an external evaluator.

DISCLAIMER

The errors contained here in the report is the sole responsibility of the author and the views expressed in this publication do not necessarily reflect the views of the Transparency International Uganda and Transparency International Global Health United Kingdom nor their partners and funders.

Citation

This report can be cited as follows:

Transparency International Uganda (2021). *End of project evaluation: Open contracting for Health Project*. Transparency International in Uganda, Kampala

Acknowledgement

This evaluation was conducted by Ismael Ochen Ochen as an external consultant. The consultant appreciates the management and staff of Transparency International Uganda (TIU) and Transparency International Global Health United Kingdom. Specifically, we thank the Executive Director Mr. Peter Wandera, Mr. Francis Ekadu, MS Agnes Peace Drateru, Ms. Brenda Ireo Ms. Angela Birungi and Shakirah Nakaweesa who effectively coordinated the field work. Brenda Ireo and Claire Kangabe of TIU meticulously coordinated the on-boarding of the consultant by timely providing the relevant information and documents. The consultant and TIU appreciated local leaders, local communities, Civil Society Organizations (CSOs) and partners who provided their valuable time to participate in the evaluation.

Finally, we deeply thank the respondents for offering their invaluable time to give us information. We thank everyone who contributed in different ways.

Table of Contents

LIST OF TABLES	v
LIST OF FIGURES	v
LIST OF TEXT BOXES	v
ABBREVIATIONS	vi
EXECUTIVE SUMMARY	i

CHAPTER ONE: INTRODUCTION	4
1.0 Introduction	4
1.1 Project context	4
1.2 Project description	5
1.3 The open contracting for health project approach	7
1.4 Purpose and objectives of the Evaluation	8
1.5 Scope of the Evaluation	9

CHAPTER TWO: METHODOLOGY	10
2.0 Over view of chapter	10
2.1 Evaluation design and the general approach	10
2.2 Sampling procedure	10
2.3 Data collection methods and tools	11
2.4 Data processing	12
2.5 Quality control	13

CHAPTER THREE: FINDINGS AND DISCUSSION	14
3.0 Overview of the chapter	14
3.1 Project planning and implementation processes	14
3.1.1 Planning and implementation approaches	14
3.1.2 Stakeholders' engagement	16
3.2 Relevance of the Project	19
3.2.1 Appropriateness of the project design	19
3.2.2 Relevance of the project to the local needs	20
3.2.3 Alignment of the project with the priorities of the district local governments	21
3.2.4 Alignment of the project with the national priorities	21
3.2.4 Alignment with the Strategic direction of the Transparency International Uganda	22

3.3	Effectiveness of the project	22
3.4	Efficiency of the project	24
3.5	Project Results	25
3.5	Sustainability of the project results	33

CHAPTER FOUR: LESSONS LEARNED, CHALLENGES AND CONCLUSIONS		36
4.1	Lessons Learned	36
4.2	Challenges	37
4.3	Conclusions	37
4.4	Recommendations	39

List Of Tables

Table 1	Description of the expected project results and indicators	6
Table 2	Disaggregated number of evaluation participants	11
Table 3	Dates of quarterly disbursement	24

List Of Figures

Figure 1	Analysis of number of tender and best bidder notices and signed contracts uploaded in the GPP viewed on 30th May 2021	27
----------	---	----

List Of Text Boxes

Text Box 1	Quotes on increase in disclosure and access to procurement information	26
Text Box 2	Improvement in the capacity of contract supervisors	29
Text Box 3	Quotes from a district official who participated in OC4H training and activities	32
Text Box 4	Quotes from a district official who never participated in OC4H training and activities	32

ABBREVIATIONS

CSO	-	Civil Society Organization
FCDO	-	Foreign, Common Wealth and Development Office
FGD	-	Focus Group Discussion
GoU	-	Government of Uganda
GPP	-	Government Procurement Portal
MOH	-	Ministry of Health
OC4H	-	Open Contracting for Health
PPDA	-	Public Procurement and Disposal of Assets
PDU	-	Procurement and Disposal Unit
TIU	-	Transparency International Uganda
TIGH	-	Transparency International Global Health
VAC	-	Voluntary Accountability Committees
WHO	-	World Health Organizations

EXECUTIVE SUMMARY

This report presents the methodology, findings, challenges, lessons learned and the recommendation of the end of project evaluation of a three years project titled Open Contracting for Health (OC4H) project, which was implemented by Transparency International Uganda (TIU) from 2018 to March 2021, with a financial support from United Kingdom Government's Foreign, Commonwealth and Development Office (FCDO) through Transparency International Global Health (TIGH) United Kingdom. The project was implemented in 6 districts of Mubende, Masaka, Buliisa, Oyam, Lira and Soroti in Uganda. The project aimed to enhance performance of contracts through increasing contract information disclosure and citizen monitoring with a view of addressing challenges that negatively impact on the quality, schedule and cost of contracts in Uganda and ultimately improving healthcare systems. The purpose of the end of project evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the OC4H project with emphasis on context, processes and learnings.

Data was collected from four selected districts that include Lira, Soroti, Oyam and Mubende. Purposive and simple random sampling techniques were used for selecting the four districts while the purposive sampling method was used for selecting the evaluation respondents. The districts were clustered into two. The first cluster included Masaka, Lira and Soroti, which were the initial districts where the project was implemented. The second cluster included Mubende, Oyam and Buliisa which were the additional districts which previously were not part of the project target districts. A purposive sampling technique was applied on the first cluster. Lira and Soroti were selected using purposive sampling technique because the government, civil society and the private sector participated in the project and there was need to generate information on the interplay of the three key actors in procurement. In the second cluster, Oyam and Mubende were randomly selected because none of the districts had any unique interventions.

At least 55 purposively selected respondents participated in the evaluation. They included local government officials, community monitors, civil society organizations (CSOs), the Public Procurement and Disposal of Public Assets Authority (PPDA), and the Ministry of Health (MOH). The respondents purposively selected because they have privileged information on the open contracting project and hold positions and perform roles which were thought to be of relevance in the evaluation. Data was collected through key informant interviews with 31 respondents who included the districts, subcounties, health centers, CSOs, PPDA and MOH officials and focus group discussion with 24 participants who included community monitors and private sector, site observation in four health centers and document analysis of project reports and relevant laws.

The key findings on the relevance, effectiveness, efficiency, impact and sustainability of the project were as follows. There was flexibility in the project approach. This made it easy to introduce new activities especially at the annual planning periods. The introduction of new activities helped the project to implement some of the recommendations that were got from the field. For example, the creation of private sector Associations in Lira and Soroti came as a result of the feedback got from the field. The project approach adopted new activities for as long as it helped the project remain consistent and relevant to the project context and the problems to which it was developed to address. The OC4H project was relevant to the needs of local communities who complained of poor quality of construction and supplies but they did not have knowledge and powers to act and demand for improvement. The project empowered the local communities to demand for the district

authorities to act on their feedback. In addition, the project is aligned with the national priorities of Uganda especially on fighting corruption in public sector.

The OC4H was effective in making procurement more transparent than before. The trainings and the engagements with the procurement and disposal units and the district officials enabled the districts to increase disclosure of procurement information. It was sited in Lira and Mubende district that much as the districts have been disclosing procurement information proactively on the notice boards, GPP and other platforms as required by PPDA Act, the districts reactively started giving timely information to the business communities to participate. Similarly, the demand for procurement information by the private sector and CSOs as a result of the capacity building conducted by the project was effective in increasing access to procurement information. Site monitoring by community monitors and CSOs together with district officials increased the identification of red flags and reporting of instances of inefficiencies especially on the construction of the health centers equally increased. The districts were also responsible in rectifying some of the identified defects on the buildings. In the implementation of the OC4H project, some approaches and interventions were more effective than others. The effective activities included community monitoring of the upgrade of the health centers, joint site monitoring of the construction in the health centers, joint feedback meetings, private sector engagements including private sector dialogues with the districts, CSOs engagements in monitoring procurement and the capacity building of key stakeholders on open contracting. The less effective activity was the open contracting hub. The hub was an online training platform on procurement which was to increase the knowledge of CSOs and government officials on procurement but they were less enthusiastic about it and very few targeted people participated.

Timely disbursement of funds, implementation of activities and the capacity of TIU to absorb the project funds made the project efficient in producing the results. The OC4H project produced significant outcomes and created an impact in many aspects. The core change created was improvement in the disclosure and access to procurement information. The CSOs and the private sector access contracts and evaluation reports among others from the districts, which previously was very difficult. However, disclosing procurement information through the Government Procurement Portal (GPP) remained very low. The main reasons for the limited disclosure in the GPP were the poor internet connectivity and lack of internet data. The common mechanisms used for sharing information were the notice boards, sending emails to contractors and sharing information with people who visited their offices.

The OC4H project has improved the relationship between the local governments on one hand and the CSOs and the private sector on the other hand. Improved relationship and cooperation, which is a catalyst for increased disclosure of information, were possible thanks to the engagement of district officials, CSO and the private sector in dialogues, workshops and joint monitoring. Improvement in the capacity of CSOs and community monitors to monitor public procurement contracts and in the capacity of private sector to access procurement information were significant contributions of the project.

The quality of the buildings at the health centers was improved, owing to effective monitoring supported by the project. The good quality of the buildings avoided costs that would be incurred in the renovation of the newly constructed buildings in just a short period of time. However, the OC4H project and the procurement entities have not identified, determined and reported the costs that have been avoided through open contracting. More importantly, there was no evidence that the project has already contributed to creating impact on the health outcomes although the project outcomes (changes created) that have been achieved are pointers towards improving health outcomes in future. This project leverages on the CSOs' loose coalition on open contracting, the

local capacities on open contracting that was built and the role of community monitors as measures for the sustainability the project results.

The slow level of responsiveness of government in taking actions on reported incidences of inefficiencies and corruption in procurement and facilitating the CSOs to effectively monitor procurement constituted significant challenges especially for the future sustainability of the actions.

The key learnings from this project are; the flexible and adaptable design of a project enables the project to adapt and take up the emerging relevant opportunities that spur the delivery of results and remain relevant to the changing circumstances, giving the local leaders and the community monitors the knowledge and power is instrumental in monitoring procurement contracts and holding contractors accountable, and unless the local governments empower community monitors and includes their roles in the contracts signed with between the local governments and the contractors, the roles of community monitors will be in oblivion as the contractors will ignore the community monitors.

It is recommended that in future TIU should ensure that, similar projects effectively monitor procurement at all stages of procurement process, including the procurement planning, selection of best bidders, contract awards and contract implementation. This is because procurement inefficiencies are committed at all stages. Further, Open contracting projects, in future, should not only focus on the health sector but all the other sectors in the districts because the improvement in procurement in only one sector may not lead to a whole systemic improvement in procurement. It is also recommended that the PPDA ensures that the participation of community monitors and CSOs in monitoring procurement is included in the procurement policy and regulations, and the PPDA develops a framework for follow up, monitoring and auditing of procurement contract supervision that should be implemented by all government ministries, agencies and departments, and local governments. Further, the government should allocate a percentage of the contract sum to facilitate the communities to monitor the implementation of procurement contracts, and review the fees for administrative review of tender evaluation to encourage genuine complaints on procurement processes.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This report presents the methodology, findings, challenges, lessons learnt and the recommendation of the end of project evaluation of a project titled Open Contracting for Health (OC4H) project, which was implemented by Transparency International Uganda (TIU). The project was implemented over a three years' period from 2018 to March 2021 with a financial support from United Kingdom Government's Foreign, Common Wealth and Development Office (FCDO) through Transparency International Global Health (TIGH) United Kingdom. The project was implemented in 6 districts of Mubende, Masaka, Buliisa, Oyam, Lira and Soroti in Uganda. The project aimed to enhance performance of contracts through increasing contract information disclosure and citizen monitoring with a view of addressing challenges that negatively impact on the quality, schedule and cost of contracts in Uganda and ultimately improving healthcare systems. The evaluation was conducted between April and May 2021. The purpose of the end of project evaluation was to assess the relevance, effectiveness, efficiency, impact and sustainability of the OC4H project with emphasis on context, processes and learnings.

The end of project evaluation report is divided into four chapters. Chapter one provides information on the project context and the project description including the approaches which were used in the project implementation. The chapter also presents the purpose and scope of the evaluation that clarifies the main areas the evaluation covered. Chapter two covers the methodology including the evaluation design and approach, the sampling and data collection methods among others. The third chapter includes the findings and discussions of the process of implementation, the relevance, effectiveness, efficiency, the project results including outcomes and impact and the project sustainability. The last chapter includes lessons learned, the challenges encountered by the project and recommendations.

1.1 Project Context

It is estimated that globally, more than USD 7 trillion is spend on health services and statistics further show that at-least 10 –25% of global spending is lost directly through corruption, representing hundreds of billions of dollars lost each year¹. This in a way threatens any efforts to reform the public sector and to reach universal health coverage, which also affects efforts to achieve the UN's Sustainable Development Goal 3. Similarly, the health sector globally is considered to be particularly susceptible to corruption with an estimated 6% of the total global spent on healthcare being lost annually to corruption. Procurement presents the biggest risks and it is a particularly significant problem in developing countries where public resources are severely constrained (Transparency International, 2016).

Uganda spends over 55% of her budget on public procurement.² Open contraction is central to achieving value for money in public expenditure and service delivery. The Government of Uganda (GoU) spends large sums of public funds in procurement of medical supplies, infrastructures and other goods and services through public procurement. Therefore health being one of the most

¹ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2932527-9>

² <https://www.worldbank.org/en/news/opinion/2012/09/22/with-efficient-procurement-government-can-deliver-more-with-less>

valuable sector to every individual, it makes it an ideal sector to demonstrate the benefits of open contracting practices in public procurement.

Open contracting is the practice of publishing and using accessible information throughout the procurement cycle to ensure that the vast sums of public money are spent honestly, fairly, and effectively. Transparency in open contracting extends through every stage of the procurement cycle, from calls for bids to contract implementation. All the stages of procurement carry the risk of corruption and mismanagement, and therefore there must be transparency at each stage with full disclosure of information. Open contracting has been shown to significantly contribute to the strengthening of health systems, complementing the efforts of governments, international donors and institutions to build efficiencies and better meet the needs of the population. Research has shown that open contracting can minimize public procurement vulnerabilities, and has the potential to allow health systems to develop the resilience needed to withstand health crises, such as the recent outbreak of COVID 19.

It was based on the above context that TIU with support from TIGH developed a project to support open contracting in Uganda as described below.

1.2 Project description

The expected project impact was the health outcomes in Uganda has improved and the outcome was public procurement in national health systems is made more transparent. There were three outputs which were expected to have been achieved by the end of the project and they include:

1. National health systems have the skills and resources needed to implement open contracting in public procurement;
2. Supplier diversity in health sector public procurement is facilitated and
3. Civil society is sustainably engaged in public procurement processes.

The project was designed to build on the existing efforts by government, civil society and the private sector, referred to as the golden triangle, to identify opportunities for open contracting in the health sector. Based on the golden triangle, the project was implemented through the collaborative engagements between the government, civil society and private sector. The key stakeholders in the project were the six district local governments more especially the procurement officers and the District Health Officers, the central government particularly the Ministry of Health (MOH) and the Public Procurement and Assets Disposal Authority (PPDA), the civil society organizations (CSOs), local communities and the private sector. The key stakeholders were to make procurement more transparent and accountable and move towards making open contracting as the default process for public healthcare procurement in order to achieve better functioning health systems and outcomes in Uganda.

Table 1 below shows the expected project results at impact, outcomes and output levels, the indicators and baseline information. The actual results of which includes the expected project results as well as the unexpected project results are presented in section 3.5 in chapter three.

Table 1 Description of the expected project results and indicators

Level of results	Results narrative	Indicators	Baseline information
Impact	Health outcomes in 2 partner countries have improved	World Health Organization health surveillance statistics have improved	WHO surveillance results 2017
		Costs avoided through open contracting are identified, compared to a procurement cost benchmark and reported	No identification of costs avoided, comparison or reporting completed in partner countries
Outcomes	Public procurement in national health systems is made more transparent	<ul style="list-style-type: none"> Open contracting principles are applied in partner country public health systems Data generated by Open Contracting can effectively be used to report instances or trends of inefficiencies and vulnerabilities that may reveal trends or instances of corruption 	National governments in partner countries have applied open contracting data standards in their health systems
OUTPUT 1 – GOVERNMENT	National health systems have the skills and resources needed to resources needed to contracting in public procurement	The Open Contracting for the Health Sector hub is made available and adapted to the respective context Relevant national procurement staff's capacity is improved in relation to open contracting principles Government actively publishes tender documents to an open and transparent platform	<ul style="list-style-type: none"> instances of OC data being used to report instances of corruption or trends of inefficiencies and vulnerabilities in public procurement to relevant authorities national governments have a relevant Open Contracting for the Health Sector hub relevant procurement staff have completed the one-off training to introduce open contracting standards initiatives engaging private sector entities in relation to public procurement in the health sector

Level of results	Results narrative	Indicators	Baseline information
OUTPUT 2 - PRIVATE SECTOR	Supplier diversity in healthNsector public procurement is facilitated	<ul style="list-style-type: none"> Private sector entities, including SMEs, are regularly engaged with meetings and activities around open contracting and transparency in public sector procurement Potential contractors, including SME's, utilise open contracting information for public procurement Potential contractors have increased capacity to access and utilise open contracting public procurement information 	<ul style="list-style-type: none"> The private sector is not using open contracting data. Potential contractors are aware of commitments to publish open contracting public procurement information
OUTPUT 3 - CIVIL SOCIETY	Civil society is sustainably engaged in public procurement processes	<ul style="list-style-type: none"> Civil society monitor public procurements in health, using both Open Contracting data as well as physical inspection The Open Contracting for the Health Sector hub is made available to civil society organisations and adapted to the respective context Civil society's capacity to advocate for, and use Open Contracting information is increased. 	<ul style="list-style-type: none"> Monitoring frameworks is made available to civil society organisations OC4H hub is drafted Local partnerships with government established on open contracting

1.3 The open contracting for health project approach

The OC4H project applied the Open Contracting Model which involves publishing and using open, accessible and timely information on government contracts to engage citizens, CSOs, and business community/private sector in participating, identifying, reporting and resolving problems of procurement inefficiencies. Open contracting starts at the planning stage, and covers tenders, awarding, and implementation of all public contracts. The project took a holistic approach that

involves the community to directly monitor the implementation of the public contracts in their communities as well as the civil society organizations and the central and local governments. The project focused at both disclosure of public procurement information and monitoring the quality of implementation of contracts based on the international standards for open contracting as well as Uganda's legal frameworks. This enables the generation of findings and recommendations in respect of both disclosure and performance of the health procurement contracts.

Initially, the project was designed to monitor procurement and supplies of medicines and other pharmaceuticals. But the procurement of pharmaceuticals into the public health sector provided limited opportunities for open contracting at that stage. The procurement of essential medicines and medical supplies by donor funded projects and development partners, as well as private sector actors in the health sector are usually procured through the Joint Medical Stores (JMS). On the other hand, procurement of essential medicines and medical supplies by the MoH including funds from other sources that directly contributed to the MoH are primarily through the National Medical Stores (NMS). Both JMS and NMS are responsible for procurement, storage and distribution of medicines and medical supplies in Uganda and therefore. The open contracting cannot diversify suppliers in to the market to increase competition and drive down price, which are the key use cases for open contracting. Furthermore, due to the majority of international pharmaceutical manufacturers involved in the procurement space, engagement and project activities aimed at working with private sector stakeholders could be limited. As such the project changed to monitoring the infrastructure procurement in the health sector at the district local governments.

In addition to the above, the project was initially planned to be implemented in three districts that include Masaka, Lira and Soroti but it was extended to three additional districts of Mubende, Oyam and Bulisa. This was because there was a central government project of upgrading health centres from level II to level III in those districts which provided the opportunities for the OC4H to monitor the construction of buildings for the upgrading of the health centres. There were 23 health centres construction projects that the OC4H project supported monitoring .These includes the seven health centres being upgraded from level II to III (Butiaba Health Center, Avogera Health Center and Kigwera Health Center in Bulisa district, Butologo Health Center and Butawata Health Center in Mubende district, Iceme Health Center and Loro Health Center in Oyam district) While the 16 were isolated health centre constructions being monitored by CSOs. Some of them included; Aromo, Amach, Alik and Ongica health centers in Lira, while in Soroti, the construction of placenta pits and fence and supply of bed in Dakabela, Tubur, OJom and Arapai health centers and several health centers in Masaka district.

1.4 Purpose and objectives of the Evaluation

The purpose of the end of project evaluation to assess the effectiveness, efficiency, impact and sustainability of the OC4H project with specific emphasis on context, processes and learnings.

Specific Objectives

- 1) To generate learning and knowledge about the conditions in which the project achieved and may sustain its results in the context of open contracting principle;
- 2) To identify the results and social return on investment made in the project;
- 3) To measure compliance of planned activities verses the Budgets.

1.5 Scope of the Evaluation

The scope of evaluation was comprehensive, covering content, geographical and time scopes. The content scope covered the analysis of the process of implementation, the changes that have occurred because of the project's intervention, opportunities and constraints that have been encountered, important lessons that have been learnt and recommendations to TIU and TIGH for. The content scope also covered the relevance of the project, effectiveness, efficiency, impact and sustainability of the project results. The geographical scope included the six districts of Mubende, Masaka, Bulisa, Oyam, Soroti and Lira where the project was being implemented as well as the Central government entities namely Public Procurement and Disposal of Public Assets Authority (PPDA) and Ministry of Health (MoH).

The key tasks for completing the final evaluation included the following:

1. Reviewing project documents to gather preliminary information
2. Preparing inception report with detail methodology and data collection tools
3. Presenting inception report at inception meeting and incorporating inputs from TIU and TIGH.
4. Selecting sample and collecting data.
5. Processing data
6. Drafting the evaluation report
7. Preparing and submitting final evaluation report

CHAPTER TWO

METHODOLOGY

2.0 Over view of chapter

The chapter of evaluation methodology covers the evaluation design and the general approach that guided the evaluation. In this chapter, the category of the evaluation participants from each district, target population, sampling procedure and techniques, the methods and tools of data collection, data processing and analysis and the limitations of the evaluation exercise are presented.

2.1 Evaluation design and the general approach

The non-experimental evaluation design was adopted with qualitative research approach. The essential feature of non-experimental design is that there can be no control or comparison group unlike in experimental and quasi-experimental designs which require a homogeneous intervention and control groups. There was no control group (districts) for the OC4H project and the baseline information was not generated and therefore the non-experimental design was appropriate in the circumstances. Non-experimental evaluation studies produce actionable findings regarding program outcomes, best practices and for performance improvement but they cannot control for extraneous factors that could influence outcomes, such as selection bias. Efforts were however made to minimize selection bias as described in section 2.2 below. A cross-sectional evaluation model where data is collected within a single point of time was applied. The selected evaluation designs have the methodological rigor required in investigating the results and efficacy of programs and projects.

The evaluation applied the qualitative research approach through which qualitative data was collected. The qualitative approach generates rich information from the perspectives, perceptions and feelings of participants. The qualitative data that was generated was adequate to explain the findings and describe the project results. Evaluating the OC4H project did not require a large amount of quantitative data and therefore the qualitative approach was appropriate. The application of non-experimental evaluation design, the cross-sectional evaluation model and qualitative research approach enabled the in-depth and analytical evaluation of the OC4H project and generated accurate, systematic and analytical information.

2.2 Sampling procedure

The primary respondents were the officials of the district and subcounty local governments including Procurement Officers and health workers in the health centers, Community Monitors also referred to as the Voluntary Accountability Committees (VACs), PPDA, CSOs, the private sector and TIU staff. They were selected from the four districts where data was collected and the central government. The procedure of selecting the participants included the selection of the districts where data was collected and the selection of the individual participants from the selected districts and the organization. The six districts namely Maska, Lira, Soroti, Oyam, Bulisa and Mubende where the OC4H project was being implemented were grouped in to two clusters. The first cluster was the three initially targeted districts of Masaka, Lira and Soroti and the second cluster was the

extended districts, initially not part of the project target districts, and they are Mubende, Oyam and Bulisa. The districts were clustered because there were different approaches and targets in the initial and extended districts. The focus in the extended districts was mainly monitoring the construction in the health centers that had been upgraded while in the initial districts the focus was mainly on supporting CSOs and building the capacity of the private sector, mainly the small and medium enterprises (SME).

Two districts were selected from each cluster. In the first cluster (the initially project target districts), Soroti and Lira districts were purposively selected because all the three actors in the Golden Triangle (Government, Civil Society and Private Sector) were involved in the project, unlike in the other districts, which was of significance to the evaluation. In the second cluster, Mubende and Oyam districts were randomly selected using simple random sampling technique because all of them had similar interventions and it was scientifically appropriate to offer all of them equal chances of participating in the evaluation.

Data was therefore collected from four districts of Oyam, Lira, Soroti and Mubende. There were 55 (15 female and 40 male) participants who were purposively selected. More men than women participated in the evaluation because the participants were selected based on their roles and responsibilities in which men dominated the roles and responsibilities in the local governments, CSO and the private sector. The main criteria of selection were participation in the OC4H project and holding privilege positions with responsibilities and roles that were of relevance to the project and the evaluation.

Table 2 Disaggregated number of evaluation participants

Sn	Category of participant	Districts/Locations					Total
		Oyam	Lira	Soroti	Mubende	National	
1	District Procurement Officers	0	1	1	1	-	3
2	District Officials (CAO, Chairperson, Secretary for Health, RDC, DHO)	4	2	2	2	-	10
3	Sub-county Officials (Chief, Chairperson LC III)	2	-	-	1	-	3
4	Health Center staff	2	-	-	1	-	3
5	Community Monitors (VAC)	8	-	-	7	-	15
6	Private Sector Associations	-	4	5	-	-	9
7	CSO	-	3	4	-	-	7
8	PPDA	-	-	-	-	2	2
9	MOH	-	-	-	-	1	1
10	Transparency International in Uganda	-	-	-	-	3	3
	Total	18	11	12	15	5	55

2.3 Data Collection Methods And Tools

Data was collected using the following qualitative data collection methods:

1) Key Informants Interviews

Interviews were conducted with 31 respondents from the districts, subcounties and health centers, the Ministry of Health, the PPDA and the CSOs as listed in table 2 above. These were diverse categories of respondents with different perspectives that enriched the evaluation discourse. Tailor-made key informant interview guides for each category of respondents were developed and used to guide the interviews.

2) Focus group discussion

There were 6 focus group discussions (FGD) conducted with community monitors (4) and members of the Private Sector Associations (2) reaching 24 participants in total. At least 15 (8 females and 7 males) community monitors of the four health centers in Oyam and Mubende participated in the FGDs. In Lira and Soroti, 9 (1 female and 8 males) members of the PSAs participated in the two FGDs. The FGDs in Lira, Soroti, Oyam and Mubende were comprised of not more than 5 people in each FGD. This was because there are only 5 community monitors for each health center the FGDs were held separately in each health center. In addition, only a few members of the PSA in each district were selected for logistical reasons. The participants in the FGDs were of similar background and socioeconomic characteristics which was of importance in securing effective participation. The FGD guides that were specific to the different categories of participants were used.

3) Site observations

Site observation was conducted in 4 health centers that included Butologo Health Center and Butawata Health Center in Mubende, and Iceme Health Center and Loro Health Center in Oyam district to inspect the progress and quality of the construction. These health centers were being upgraded to level III. Site observation was very important for tracking evidence of value for money as one of the open contracting principles and for interacting with local communities to understand their perspectives on the construction in the health centers. All the four health centers that the OC4H project was monitoring the construction were inspected.

4) Document analysis

Systematic and analytical reviews of documents was carried out to generate background information and obtain current status on the issues that underpin the evaluation objectives. Document analysis is very significant in putting evaluation in context and generates important information to contextualize evaluation questions. Project reports, budget, the scoping study on open contracting in Uganda, the PPDA Act, the Access to Information Act (2005), Whistle-blowers Protection Act (2010) among others were analyzed. The information was used to enrich the project context and the interpretation of findings from the primary data.

2.4 Data processing

The following steps were undertaken in processing and analyzing data

1. Hand written notes from interviews and discussion were transcribed.
2. Data was cleaned and edited
3. Data was coded and organized in to themes that were in line with the evaluation specific objectives, evaluation criteria, key evaluation questions and project performance indicators.
4. Data was analyzed using thematic, content and discourse analysis. The themes were collapsed into sub-themes in which the content and discourse analysis were applied to discover the findings which were interpreted. In some instances, direct quotes from the key informant interviews and FGDs were used, while maintaining confidentiality, in substantiating the findings.

2.5 Quality control

Quality control (QC) involved putting in place measures that ensured the quality and accuracy of the data and the report. The QC measures were implemented prior, during and after field work, and during data processing and report writing. Prior to field work, there was peer review of the data collection tools which ensured their precision and adequacy. The tools were reviewed against the evaluation objectives, evaluation criteria of processes, relevance, efficiency, effectiveness, impact and sustainability and the key evaluation questions to ensure that all the important evaluative elements were captured in the tools. Finally, the transcribed notes were edited and cleaned before data analysis was carried out. The external evaluator subjected the report to peer review before it was submitted to TIU and TIGH for the final reviews. These measures ensured that the errors were identified and revised.

CHAPTER THREE

FINDINGS AND DISCUSSION

3.0 Overview of the Chapter

The chapter of findings and discussions presents the empirical evidence on how the project was implemented including the planning and implementation processes and the stakeholders' engagement. The chapter also provides the findings and discussions on the relevance, effectiveness, efficiency, impact and sustainability of the project results.

3.1 Project Planning and Implementation Processes

This section provides the evaluation results on how the project was planned and implemented, the stakeholders' involvement and how the project was monitored, evaluated and information used in the project management. Evaluating the planning and implementation processes generates information and learning that can in future be used in the design of similar or alternative projects. The findings also indicate the relationship between implementation processes and the project results.

3.1.1 Planning and implementation approaches

- **Preparation of annual and quarterly plans**

Over the past three years, Transparency International Uganda (TIU) prepared annual plans at every beginning of the project year in April and submit to the Transparency International Global Health (TIGH) for approval. The approved annual workplan becomes the guiding framework for quarterly plans and implementation of the activities. For every quarter, a workplan and budget were prepared and approved by the TIGH and funds disbursed. The approved activities for the quarter were implemented by TIU and a report submitted for consideration during the preparation for the subsequent disbursement. Throughout the project implementation period, there was flexibility in the project approach. TIU was permitted to annually propose adjustments in the activities, introduce new activities or change the project target group if it was deemed important or required to meet the project objectives. This flexibility helped the project to implement some of the recommendations that were got from the field.

The annual and quarterly planning increased the flexibility and adaptability of the project, which allowed TIU to bring on board three additional districts where there was GoU project of upgrading health centers from level II to level III and involved private sector and CSOs among other new initiatives. Whereas there were annual and quarterly plans, funds were disbursed quarterly. The annual and quarterly planning approach enabled the project to identify and plan for the activities that could effectively be implemented thus increasing the project's potential to produce the intended results. Short-term - quarterly approval and disbursement of funds reduces the position of control of project management and may lead to many challenges, especially when there are delays in reporting and transfer of funds. Fortunately, these challenges were not felt in the OC4H project because there was timely reporting by TIU as well as timely response and transfer of funds by TIGH.

- **Development of the open contracting monitoring framework**

The OC4H project designed CSOs procurement monitoring tool that provides the key indicators that should be monitored in the construction at the health centers. The monitoring tool guided on the key elements to monitor in procurement planning process, tendering, bids evaluation, contract awards and contract management among others, starting from the procurement planning up to completion of the contract. In addition, it guides CSOs to assess if the execution of the contract is in line with BOQ. The CSOs monitoring tool made monitoring more focused, easier and information from the different sites could be easily compared. The monitoring tool made it easy for the monitors to identify red flags and bring to the attention of the local authorities.

The OC4H project also developed simplified BOQ to guide the community monitors in the monitoring of the construction for the upgrade of six health centers from level II to level III in the three districts of Mubende, Oyam and Bulisa. The Ministry of Health (MOH) allocated funds and centrally procured for the construction of a block for outpatient and inpatient treatment including maternity wards among others. At the time the project intervened, the contractors had been procured and work had started in the three project target districts. TIU in collaboration with the subcounties recruited five community monitors for each health center. There 35 community monitors in 7 health centers. A simplified version of BOQ for each health center was produced. The BOQ provided information on the type of blocks to be used, the roofing materials, floor materials, the ratio for mixing sand and the quality of all the materials. The community monitors used the simplified BOQ to monitor the quality of the construction and engaged with TIU and other stakeholders on their findings. The use of the simplified BOQs improved community monitoring of the construction of the health centers.

- **Capacity building of key stakeholders on open contracting principles and practices**

Findings revealed that one of the key approaches in the project was capacity building of district procurement officers, other district officials, members of private sector, CSOs and community monitors on open contracting principles and practices. The rationale of the capacity building was to enable the duty bearers, namely the district officials increase transparency in public procurement. It was also to enable the private sector develop capacity to access procurement information and demand for disclosure of procurement information. The essence of building the capacity of CSOs and community monitors was to increase their knowledge and skills to monitor public procurement and the execution and management of procurement contracts. As a result, there was increased capacity of members of private sector in accessing information through Government Procurement Portal (GPP). The district local government especially the procurement officers, the DHOs, the District Chairpersons among others increased their knowledge and skills of monitoring procurement. More importantly, the capacity of CSOs and the community monitors to monitor implementation of procurement contracts increased. Capacity building was of great importance to the community monitors and CSOs in monitoring of the implementation of procurement contracts.

- **Monitoring of the execution of procurement contracts**

The monitoring of management and implementation of the procurement contracts was one of the project approaches. However the project took the opportunity of monitoring the construction or upgrading of the health centers from level II to level III in Oyam, Bullisa and Mubende by the central government of Uganda under Ministry of Health. The project also monitored other local procurement for construction of buildings, placenta pits, fence and supply of beds at the health centers in the other districts of Lira, Soroti and Masaka. Some of the health centers included Aromo, Amach, Alik and Ongica health centers in Lira district and Dakabela, Tubur, OJom and Arapai health centers in Soroti district among others and several health centers in Masaka. Initially, the main focus was to

monitor the supplies of medicines and other essential health commodities but later on the central government procured construction of the building for upgrading health centers II to III. The project took the opportunity to also monitor the construction of the 07 health centers in Oyam, Bulisa and Mubende.

Local people (05 for each health center) were selected to volunteer as community monitors where OC4H was monitoring the construction. Thirty-five community monitors from seven health centers conducted ongoing monitoring of the construction of health centers using simplified BOQ as indicated above. There was also joint monitoring by the district officials, subcounty and health center leaders, TIU and community monitors. They visited the construction sites and assessed the progress and quality of the construction. In Lira, Soroti and Masaka, where there was no upgrading of health centers, which the project was monitoring, the OC4H project mobilized local CSOs to monitor the execution of local government procurement for other constructions and supplies in the health facilities. In both categories, the monitoring findings were submitted for action to the responsible parties. The extent to which the responsible parties acted on the findings, resolutions and recommendations is further discussed in section 3.5 below.

3.1.2 Stakeholders' Engagement

Of high importance in project implementation is the stakeholders' engagement. Stakeholders play an important role in project design and implementation and their involvement increases ownership and sustenance of project results. The key stakeholders in the OC4H project were the local communities, district local government, the Public Procurement and Disposal of Public Assets Authority (PPDA), the Ministry of Health (MOH) and CSOs. The project engaged different stakeholders in different ways. The evaluation examined how the project worked with the different stakeholders, the outcomes of the engagement and the areas of gaps.

- **Local communities**

The OC4H involved local communities in the subcounties where there was the upgrading of the health centers from level II to level III. The local communities were represented by a selected community monitors, which the project refers to as Voluntary Accountability Committees (VACs). The community monitors were trained and equipped with tools for monitoring the construction of the main blocks and twin-staff houses. They were provided with simplified BOQ that shows the materials that were to be used and also sensitized on the same. The training focused on the proper mixture of sand and cement using batching box, the quality of blocks, stones and water and the quality of the workmanship that was expected.

Using the acquired skills, the community monitors, monitored the construction. Some monitors engaged the foremen and site Engineers whenever there were areas to be rectified or when the mixture and quality of the materials were not of the required standard while others only reported to TIU and during the joint monitoring. Much as the engagement of community monitors empowered them to effectively monitor the construction, their powers were limited and often ignored by the contractors and the Site Engineers. The limitations of their powers originated from the mandates. First, the community monitors are not a structure established by law including the PPDA Act and therefore the contractors attempted to disregard their monitoring findings. Second, they were introduced to the construction sites by TIU and the subcounty local government whereas the procurement of the construction of the health center houses was done by the central government. As such, the contractors tended to pay allegiance to the authorities at the district and the central government than local leaders and communities.

Fortunately, the ways the OC4H project engaged the community monitors in joint monitoring with the district leaders including the Resident District Commissioners, the District Chairpersons, District Engineers and District Health Officers and TIU among others empowered the community monitors. The findings of the community monitors during their routine monitoring were largely similar with those of the joint monitoring visits that were discussed and resolved during the joint feedback meetings where the contractors were present. Some of the recommendations of the feedback meetings included rectification in the construction where there were shoddy works and poor-quality materials. Consequently, the contractors felt the role of the community monitors.

Findings revealed that, whereas the community monitors begun their monitoring activities collectively as a team, they later started monitoring individually. Monitoring by individual monitors is not as effective as monitoring by a team of community monitors. This is because the individuals would not secure adequate audience from the contractors and the individual's recommendations may not be immediately acted on. Evidence shows that most of the findings of the community monitors were acted on after the joint monitoring and feedback meetings yet they had raised the same issues to the Site Engineers and Foremen. It is sufficing to mention that the power difference between contractors and local communities is so high that the latter cannot subject himself or herself to be accountable to an individual local community member. In addition, the community monitors did not have a time table for monitoring. Any member of the community monitors, at own decision and timing, would go to the site and monitor the construction. This is potentially disruptive to the construction as each monitor would require audience at the different times. It is also a recipe for some monitors to be infrequent and therefore inconsequential and less effective.

- **District and Subcounty Local Governments**

Both political and technical staff at the district, subcounties and health centers participated in the project as a key stakeholder group. The district officials who included the Resident District Commissioners, the District Chairpersons, Chief Administrative Officers (CAO), District Engineers and District Health Officers among others and the subcounty chairpersons and Senior Assistant Secretaries participated in the joint monitoring of the construction of the health centers in Mubende, Buliisa and Oyam. These also participated in the feedback meetings where they made recommendations for improving the quality of the construction. In the other districts, they were engaged in dialogues with the private sector and the CSOs monitoring activities. The engagement of the district and subcounty local governments increased the powers of the stakeholders including TIU and community monitors to hold the contractors and government officials accountable over the execution of procurement contracts.

- **District Procurement and Disposal Units**

Whereas the district procurement and disposal units (PDU) are part of the district local governments, the engagement with the unit is specifically illuminated because of its significance in the project. The OC4H project trained the procurement officers in the six districts where the project was being implemented. They were trained on information sharing, uploading of procurement information on the GPP and the principles of open contracting which demands for timely disclosure of information. Further, the procurement officers were also engaged in dialogues with the private sector associations and the CSOs. As a result of the engagements, the procurement officers have increased disclosure and sharing of information with the private sector and CSOs directly and through notice boards, GPP and upon request.

- **Civil Society Organizations**

The CSOs were engaged in monitoring procurement projects such as supply of beds, fencing, construction of placenta pits, kitchen shade and renovations in health centers. They monitored jointly with TIU and provided reports, which they used to engage with the district officials including the CAO. Every time they would go to the field to monitor, they could come back and meet with TIU together with the duty bearers. In Soroti and Lira districts, the CSOs were supported to form loose networks to support their efforts thus they established social media platform in WhatsApp for their communication. In addition, OC4H developed Open Contracting hub, an online E- learning platform, and trained the CSOs on how to access it and attend online training on open contracting. The engagements with CSOs were aimed at empowering the CSOs to monitor the procurement processes and the implementation of the contracts. The ways the CSOs were empowered have been presented in section 3.5 below.

- **Private sector**

The private sector particularly the small and medium enterprises (SMEs) play an important role in the implementation of procurement contracts as constructors and suppliers of goods and services. Engaging the private sector as a key stakeholder is of importance in open contracting. The private sector was solely engaged in the OC4H project in three key activities including training in open contracting, training in accessing information from the GPP, training in preparation of procurement bid and stakeholders' dialogues. The trainings were aimed at improving their capacity in open contracting so that they can demand for disclosure and increased access to information on public procurement. They were also engaged in dialogues with the district local government and the Uganda revenue Authority on matters pertaining to transparency in procurement and taxes. In addition, the private sector was mobilized to form private sector association (PSA). There were two Private sector Associations (PSA) formed in Lira and Soroti. The purpose of the PSA was to bring the voices of the private sector together for achieving the common goal of increased transparency in public procurement.

- **Ministry of Health**

Transparency International in Uganda sought for collaboration with the MOH on monitoring the construction of upgrading of the health centers. The MOH appraised the project objectives and dedicated a focal person for TIU to further strengthen the engagement on the OC4H. The TIU focal person in the MOH participated in community monitoring of the construction projects on behalf of the MOH. The engagements with the MOH brought a shared value for money in the execution of procurement contracts.

- **Public Procurement and Disposal of Public Assets Authority**

The Public Procurement and Disposal of Public Assets Authority (PPDA) was established by an Act of Parliament of Uganda (2003) to among others; advise Central Government, local governments and other procuring and disposing entities on all public procurement and disposal policies, principles and practices; and monitor and report on the performance of the public procurement and disposal systems in Uganda among others. Based on the roles of the PPDA in Uganda, the OC4H project involved the PPDA in the project activities as one of the key stakeholders. The PPDA was consulted when the project was being formulated and they provided their views. They were also involved in the trainings of district stakeholders on open contracting. The involvement of the PPDA in the OC4H project was important in leveraging from their technical expertise to train other key stakeholders. However, interviews with selected staff of PPDA revealed the lack of satisfaction with the ways

OC4H conducted the monitoring of the construction for upgrading of the health centers from level II to level III.

The reason of the dissatisfaction of the PPDA as a stakeholder was that the idea of open contracting is a tripartite arrangement that would involve the PPDA (government), the CSOs and the local communities yet TIU led the process and had the limitation on taking actions on the monitoring findings. Further, the community monitors do not have the authority to act, and can only provide raw intelligence report to competent authority such as PPDA to act. While the evaluation was not to validate the above reasons, the dissatisfaction of PPDA with the ways in which the project was implemented is also explained. The perspective of PPDA was unique and different from the perspectives of the district and subcounty local governments, community monitors and the MOH. These stakeholders expressed satisfaction with the ways the project was implemented and its results.

3.2 Relevance of the Project

The assessment of the relevance of the project included the analysis of the appropriateness of the project design, objectives and intervention in response to the changing circumstances in the context and problems being addressed and the relevance of the project to the local communities, the private sector and the CSOs. It also included the analysis of the alignment of the project with the districts and national priorities, and the strategic direction of TIU.

3.2.1 Appropriateness of the project design

The analysis of the appropriateness of the project design was aimed at assessing whether or not and how the project objectives, approaches and activities remained relevant and adjusted to the changes in the project context, the local and national priorities. Findings revealed that the project goal and objective remained relevant to the project context and the problems that were being addressed. There were no major changes in the project context and problems that necessitated a change of the goal and the objective. There were however changes in some targets, approaches and activities that were initially designed but were found not to effectively respond to situations surrounding the project which were not initially identified or addressed in the project design. While there were changes in the situations surrounding the project, as described below, which would potentially affect the delivery of the project results, the approaches and activities were introduced or adapted to help the project remain consistent and relevant to the project context and the problems to which it was developed to address.

Initially, the project aimed at applying open contracting in monitoring the procurement and supplies of medicines but circumstances and the realities could not allow. According to the Uganda scoping study report (Transparency International in Uganda, 2018), the procurement of pharmaceuticals for the public health sector provided limited opportunities for open contracting due to the tight regulation from the National Drug Authority, as well as the required adherence from National Medical Stores to procure drugs from the NDA list of authorised suppliers. This means that open contracting cannot diversify suppliers in to the market or guarantee to improve competition and drive down price, which is a key use case for open contracting. In addition, due to the involvement of the majority of international pharmaceutical manufacturers in the procurement space, engagement and project activities aimed at working with private sector stakeholders could have been limited. In response to the prevailing situation, the project changed from monitoring procurement of medicines

to construction of health centers. An opportunity arose in the upgrading of health centers from level II to level III where infrastructures were being constructed. They also extended the project from the initial three districts of Lira, Soroti and Masaka to the three additional districts of Oyam, Buliisa and Mubende where the health centers were being upgraded.

Further, the original ideas did not include community monitors but only CSOs. It became clear that communities needed to be involved in monitoring the construction in the health centers because they are on the ground and they are the final beneficiaries and owners of the facilities. The project approach therefore was changed and accepted to include community monitors whose roles have been elaborated in previous section in 3.1.2. Involving local communities in monitoring the construction in the health centers created a new layer of learning and benefits to open contracting practices as discussed in section 3.5 below.

In line with the above changes, it suffices to say that the project management, both TIU and TIGH, were flexible to redesign and adapt the project to respond to the existing realities and benefit from the emerging opportunities. This made the project design appropriate to the context and the prevailing local needs and national priorities. Some of the factors that facilitated the flexibility and adapting of the project design included; the practice of preparing work plans annually, which raised the opportunities for new ideas to be proposed and approved, the flexibility of the project and its structure which allowed the proposed changes to be accepted and of fundamental importance was the accepting and using the information generated from the scoping study that was conducted in 2018.

3.2.2 Relevance of the project to the local needs

- **Relevance of the project to the needs of the local communities**

The local people need quality services, which can be provided through transparent and competitive procurement processes at a fair cost. Local communities complained of poor quality of construction and supplies but they did not have knowledge and powers to act and demand for improvement. The project defined and explained the roles and rights of citizens to participate in the affairs of the government as indicated in Article 38 of the constitution of republic of Uganda. They were informed that they should participate in monitoring the implementation of procurement contracts in their communities and assured of their rights to access procurement information including BOQs and contracts. The OC4H project kept the local communities informed and able to monitor procurement contracts and as such it was relevant to the communities' needs of quality services and infrastructures.

- **Relevance of the project to the needs of the CSO**

The OC4H project supported the CSOs to do their work of monitoring service delivery, speaking for the local communities and holding the government accountable. The project therefore was relevant to the CSOs whose core business is the promotion of good governance and accountability. The CSOs therefore found opportunities and the technical and logistical support to discharge their core functions. That said, some CSOs participated in the OC4H project activities yet they were not consistent with their core business.

- **Relevance of the project to the needs of the private sector**

Similarly, the private sector is also one of the victims of lack of transparency in procurement, political interference in procurement and demand for bribes from technical staff responsible for procurement and management of procurement contracts. Discussion with members of PSA revealed that it is the

demand for bribes that drives contractors to do poor quality construction and supplies. The OC4H project was at the heart of addressing the lack of transparency that entangles the private sector. The OC4H project also helped the private sector to participate and compete for the contracts in their districts. They revealed that the association they formed helped them to have a collective voice.

3.2.3 Alignment of the project with the priorities of the District Local Governments

The strategic priority of district local governments is to reduce corruption and to provide quality service delivery. The creation of PDUs in the districts was intended to increase the efficiency of the procurement systems and increase transparency in local government procurement processes. The priority of local governments is therefore clear. The OC4H project whose aim is to increase transparency and avoid wastages and misuse of public funds in procurements is relevant with the strategic needs of the local governments. However, conflict of interest, fraud and opaque procurement processes are for individual gains with personal culpabilities that are at odd with the local government needs for quality service delivery.

3.2.4 Alignment of the project with the national priorities

During the period of implementation of the OC4H project, the GoU was in the final years of implementation of its second National Development Plan (NDP II) – 2015-2020. The NDP II was clear on fighting corruption and recognizes it as one of the obstacles in its development targets and attaining a middle-income country status by 2020. All the four objectives of NDPII are affected by corruption. The GoU articulated its ambition to fight corruption as enshrined in the objective 4: strengthen mechanisms for quality, effective and efficient service delivery. The NDPII developed a specific indicator to measure the reduction in corruption using corruption perception index. As indicated in chapter one, public procurement in all sectors including the health sector is one of the avenues of corruption including syndicated corruption between different departments and agencies of government. Procurements pose a lot of corruption risks and the root towards reduction in corruption risks is through promoting open contracting which involves the disclosure of information on public procurement at all stages. This project was therefore well-aligned with the national priority as enshrined in NDPII.

The MOH and the PPDA are part of the central government entities whose strategic roles are to ensure that relevant national priorities are achieved. The goal of PPDA is to ensure that the public procurement and disposal system in Uganda achieves value for money. One of the ways of achieving this goal is through open contracting, which is at the core of the OC4H project. In addition, the project contributed to the ongoing rolling out of the GPP, which is one of the priorities of the PPDA hence firmly aligning itself with the national priority. Therefore, the OC4H project is well-aligned with the strategic direction of the PPDA. This was confirmed in an interview with officials of PPDA who revealed that “the idea of open contracting is a tripartite idea where we would have the PPDA (government), CSOs and communities.” Further, in the monitoring of the construction for upgrading the health centers, the project fitted with the aim of the MOH to construct the health centers within cost, quality and time.

3.2.4 Alignment with the Strategic direction of the Transparency International Uganda

The overall goal of TIU is to empower citizens to demand for transparency and accountability. Fighting corruption and deepening democracy and governance are at the core of TIU's work. The OC4H project is therefore aligned with the strategic priorities of TIU. The project is in line with the TIU's strategy of working in collaboration with stakeholders including local communities and local leaders to improve services delivery. There have been similar projects implemented by TIU from which it drew the lessons used in the design and implementation of the OC4H project. This is therefore not an isolated project and it is well-aligned with the strategies of TIU. The importance of the alignment with the strategies of TIU is that the project objective remains one of the TIU's priorities and could benefit from the internal expertise and capacities.

3.3 Effectiveness of the project

Evaluating the effectiveness of a project is of fundamental importance in determining the approaches and activities that have helped in the achievement of the project results. Effectiveness of a project is the extent to which the project approaches and activities helped achieved the project objectives. In this case, the OC4H project can be said to be effective if the approaches and activities have made public procurement in national health systems more transparent. The main findings on the effectiveness of the project were on increasing transparency in procurement, monitoring of implementation of procurement contracts, improving the technical capacity of the key stakeholders in procurement, engagement with the private sector and the open contracting hub.

- **Effectiveness in increasing transparency in procurement.**

The OC4H was effective in making procurement more transparent than before. There was increased disclosure of procurement information by the district local governments as a result of their engagement with the project. The trainings and intense engagements with the PDUs and the district officials enabled them to increasing disclosure of information.

The approaches of mobilizing and building the capacity of civil society made them able to demand for information on public procurement, access some information and monitored public procurements in health through physical inspection. Before the project, access to information by CSO was extremely difficult. They were not aware about their rights to access public procurement information. It was mainly the anti-corruption CSOs who were involved in monitoring procurements. Findings revealed that CSOs have increased their engagement with the local governments, demand for access to information and hold the local government accountable for procurement inefficiencies.

- **Effective monitoring of implementation of procurement contracts**

Site monitoring by community monitors and CSOs together with district officials generated information that was used to report instances of inefficiencies, poor workmanship, poor quality of materials among others. In some instances, especially in the construction of the health centers, corrective actions were made. In Iceme health center in Oyam district for example, the contractor removed the ceiling that had shrugged and reconstructed it when the district and subcounty leaders together with community monitors who demanded that it should be well-constructed. However, outside the health center construction, there was slowness of the district local governments in taking actions on the reported instances of inefficiencies and shoddy work. Interviews with CSOs indicate that the district local governments at times do not take tough actions on shoddy work that has been reported because they are conflicted in some procurements.

- **Effectiveness in improving the technical capacity of key stakeholders in monitoring procurement**

The project was effective in contributing to improving the technical capacity of the district leaders, community monitors and CSOs through participation in monitoring and trainings. The involvement and the utilization of the technical expertise of staff from the PPDA was important in providing the technical trainings to the procurement officers and DHOs. While the capacity of some district technical staff was improved through training in open contracting, other relevant staff were not included in the capacity building interventions. The trainings were limited to the procurement officers and the DHOs. The contract committees and potential evaluation committee members and contract managers who are very crucial for the open contracting practices were not trained. The main sources of inefficiencies in the implementation of procurement contracts are in contract awards and contract management but the project interventions did not include the capacity building for contracts committees and the potential contract managers. It suffices to say that the capacity building intervention was effective but the targets of the staff to train was inadequate because other important actors in procurement including the members of contracts committee, potential members of evaluation committees and project supervisors. Future interventions should consider these categories of key actors as well.

- **Effectiveness in engaging the private sector**

One of the effective approaches was the engagement with the private sector entities - the SMEs who were regularly engaged with meetings, training and dialogues around open contracting and transparency in public sector procurement. Most of the private sector association members participate in supplies, services and works. The engagements not only increased the capacity of the private sector entities to utilise open contracting information for public procurement but also facilitated relationship building between the private sector and the local government. Before the project, the local government had engaged the private sector only during pre-bid meeting and bid opening which provide limited opportunities for dialogues.

- **The Open Contracting Hub**

Initially the Open Contracting hub was thought to be made available and adapted to the respective context to be used for improving capacity of procurement staff and CSOs. This was not effective as the procurement staff were not enthusiastic about it. As such, the activity was redirected to university procurement students. Even for the CSOs, it was not effective as few CSOs staff, despite the training conducted on using the hub, attended the training through the hub. Among those who accessed the hub training, few completed and obtained certificates of completion. The most outstanding reasons which were provided for not attending the training through the hub or not completing was low internet connectivity and lack of internet data. However, these reasons are not very strong if someone had substantial interest in the training. It appears the relevance of the course to their daily work was not seen. In any case, students from Ndejje University and Uganda Christian University Mukono were more enthusiastic and some student enrolled and completed the course. While the students' participation was not part of the initial project plan, thanks to the flexibility of the OC4H project, the relevance of the students' participation to the project objective and outputs were insignificant and at best not clear.

In summary, some approaches and interventions were more effective than others. Even in some of the effective interventions there were some elements that proved less effective as narrated above. Based on interviews, FGDs and document analysis, effective activities included community monitoring of the construction in the health centers, joint site monitoring of the construction in

the health centers and joint feedback meetings. Other effective activities were the private sector engagements including private sector dialogues with the districts, CSOs engagements in monitoring procurement and the capacity building of key stakeholders on open contracting. The less effective activity was the open contracting hub. There was increased participation in the hub procurement course when the target participants were changed to students but it never the less remained less effective in light of the project objective.

3.4 Efficiency of the project

The efficiency of a project is as important as its effectiveness. It is a measure of how economically resources such as funds, expertise and time among others were used to produce the project results. In evaluating the efficiency in the implementation of the OC4H project, the main focus was put on assessing the timely completion of implementation of the project activities and the proportion of the budget that was spent in the project and, in any case, the factors that facilitated compliance or hindered it,

- **Timely implementation of activities**

The project planned activities were implemented and completed in time as previously indicated. At the end of the project, most of the activities were completed. The main activity which was still being implemented was the exit meetings that were being conducted in the districts. As previously described, TIU was preparing annual and quarterly work plans, which were used to process and transfer funds to TIU. The percentage of the funds TIU spent determined the next disbursement. As such, shorter-term work plans improved timely implementation and completion of activities. In addition, the resources available were adequate for the planned activities within the planned scope of operation to achieve the planned outputs and outcomes. There was no finding indicating the lack of resources as a constraint in achieving any output.

- **Efficiency in the disbursement and absorption of funds**

Between 2018 – 2021, about 100 percent of the budget was transferred to TIU for the project. By the time of the evaluation, 95.8 percent of the total funds disbursed to TIU was spent in the project implementation over the last three years. This means that the absorption capacity of the project was high and there was efficient disbursement of the project funds from the TIGH to TIU. The actual dates the funds were transferred to TIU every quarter from the first year up to the third quarter in the third years were analyzed. The analysis of fund transfer dates shows that there was timely disbursement of funds to TIU. Further, the analysis of the reporting deadline and the next quarter transfer dates indicates that TIU reported timely which facilitated timely transfer of funds. These demonstrates efficiency in the project management.

Table 3 Dates of quarterly disbursement

Period	Start Date	End Date	Actual Transfer Date	Reporting Deadlines
Year 1 - Q1	01-Apr-18	30-Jun-18	Fri 22 Jun 18	Mon 09 Jul 18
Year 1 - Q2	01-Jul-18	30-Sep-18	Tue 24 Jul 18	Mon 08 Oct 18
Year 1 - Q3	01-Oct-18	31-Dec-18	Thu 15 Nov 18	Mon 07 Jan 19
Year 1 - Q4	01-Jan-19	31-Mar-19	Thu 07 Feb 19	Mon 08 Apr 19
Year 2 - Q1	01-Apr-19	30-Jun-19	Thu 04 Apr 19	Mon 08 Jul 19
Year 2 - Q2	01-Jul-19	30-Sep-19	Fri 28 Jun 19	Mon 07 Oct 19

Period	Start Date	End Date	Actual Transfer Date	Reporting Deadlines
Year 2 - Q3	01-Oct-19	31-Dec-19	Mon 21 Oct 19	Tue 07 Jan 20
Year 2 - Q4	01-Jan-20	31-Mar-20	Fri 10 Jan 20	Tue 07 Apr 20
Year 3 - Q1	01-Apr-20	30-Jun-20	Tue 05 May 20	Tue 07 Jul 20
Year 3 - Q2	01-Jul-20	30-Sep-20	Tue 28 Jul 20	Wed 07 Oct 20
Year 3 - Q3	01-Oct-20	31-Dec-20	Mon 12 Oct 20	Thu 07 Jan 21
Year 3 - Q4	01-Jan-21	31-Mar-21		Wed 07 Apr 21

In many of the quarterly disbursements, the funds were transferred in less than one month into the new quarter. Transfers within a period of one month after the end of the quarter was considered as timely disbursement considering the time taken in preparation of the reports and processing the funds. Significant delays of more than one month in the transfer of funds were only in the first year and in the first quarter of the third year. Timely transfer of funds is one of the measures of efficiency of the project. It facilitated the timely planning, implementation and the completion of the project activities. In line with the above findings and discussions, the OC4H project was efficient on the timely transfer of funds and timely utilization of the funds. The evaluation did not establish whether or not the resources were utilized efficiently, which can be established through audit.

3.5 Project Results

The evaluation revealed the outcomes and the impact results of the project including the expected and the unexpected results. The details of the expected outcomes and impact results including the project performance indicators are in table 1 in section 1.3. The results demonstrated the extent to which the OC4H project created changes in the public procurement processes especially in the execution of procurement contracts in the health service delivery in Uganda in the districts where the project was implemented. The changes (outcomes and impact results) are described below.

- **Changes in disclosure and access to procurement information**

The essential principle of open contracting is disclosure of procurement information at all stages of a procurement cycle. The procurement stages start from procurement planning through the calls for bids, evaluation process, selection process, award of contracts and execution of contracts among others. The OC4H project engaged the procurement entities to disclose procurement information at all stages of procurement and in the same way built the capacity of the private sector actors and CSOs to access procurement information. As a result, there has been increase in the level of disclosure of procurement information by the district local governments as well as increased access to procurement information by the private sector, who are potential contractors, and the CSOs who monitor the procurement process and the execution of contracts.

As a result of the OC4H project, the districts have become more transparent than before. The CSOs and the private sector can access information and documents they need from the PDUs more than ever before the project. They can access contracts and evaluation reports, when they request from the PDU, which previously were very difficult to access. There was therefore increase in disclosure of procurement information to CSOs and the private sector than before the OC4H project. Quotes in the text box below substantiate the changes in disclosure and access to procurement information owing to the OC4H project.

Text Box 1 Quotes on increase in disclosure and access to procurement information

Previously, there was “no access to contracts, we get through politicians, technical people don't want to give” (interview with a radio presenter, Lira district, 14/4/2021).

“The issue of getting document from the procurement officer was only through (made possible by) the project but they had not understood what open contracting mean. Now they understand” (interview with CSO Leader, Lira district, 16/4/2021).

“Before Transparency International came, it was very hard to get information from the district. The CAO can dodge you. After TIU, they realize they needed together with us for a common local. Now, at least, it is better” (Interview with CSO staff, Soroti district, 19/4/2019).

Now days procurement officers give us information. They told us it is our right to know the results they put on notice board why you are successful or not. This was not happening before this project (FGD, PSA, Lira district, 15/4/2021)

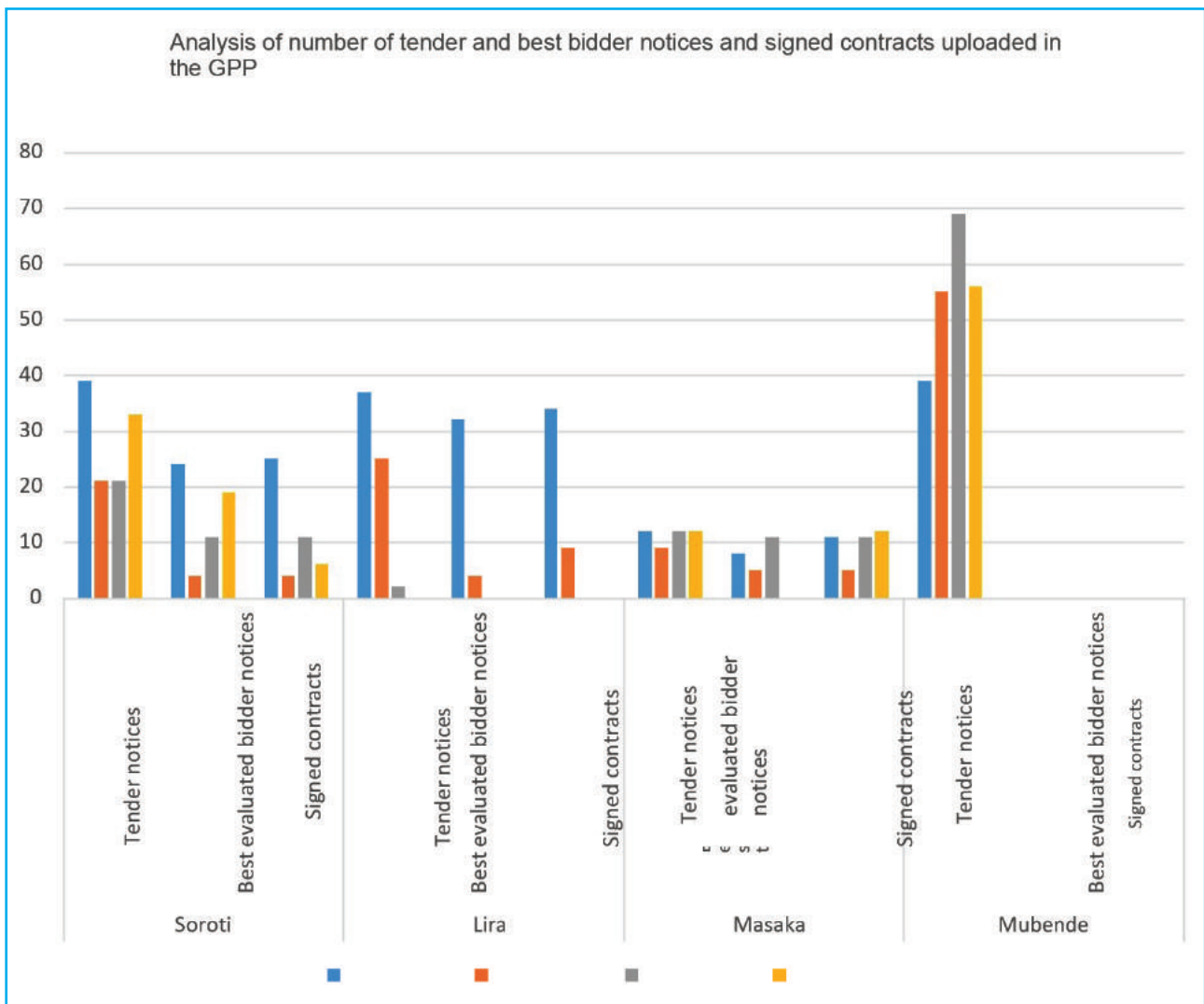
Whereas the project increased disclosure and access to procurement information, it was not to the general public rather to the private sector and the CSOs. The engagements between the CSO and the SMEs on one hand and the government on the other hand was a facilitative factor for the disclosure of procurement information to the private sector and the CSOs. Local communities, local leaders and health center workers do not have access to BOQs, contracts and other relevant information. Local communities were not accessing procurement information for the procurements that were being implemented in their areas except for the health centers that were being upgraded because TIU provided the information.

The districts display information on notice boards and share some information during meetings but they do not display vital information including the BOQs on the construction sites where communities can access. They also do not disclose to the communities the contract sum allocated for the procurement. The district local governments fear that disclosing the sum of contract will incite local communities to complain about the bloated cost of procurement contracts. Contractors also keep BOQs secret in fear of communities demanding that they implement the contracts as stipulated in the BOQs. These limit the ability of the local communities to monitor procurement contracts and hold contractors and government transparent and accountable as required of open contracting. Although the OC4H project expected to increase access to procurement information for all key stakeholders, it was successful for the private sector and CSOs and was less successful for the local communities. There was exception of the few community monitors. Low level of disclosure to local communities undermines the rationale of open contracting that was being promoted by the project.

In 2014, the GoU rolled out the Government Procurement Portal (GPP) to publish contract information online. The GPP system allows procuring entities (PEs) across the country to post procurement plans, tenders and award information publicly through the portal. It is currently the primary data system used in the country to capture, manage and publish procurement data. The OC4H promoted disclosure on information on GPP by the project target districts. The project trained the PSA members and CSOs to access the information on the GPP. The PSA members expressed that their capacity to access the information on the GPP improved after they were trained by the OC4H. They however, revealed that the district local governments do not frequently and timely upload procurement information on the GPP as and whenever there was any. This claim was confirmed by some procurement officers who narrated some of the challenges that affect the frequent and timely disclosure of information in the GPP.

The number of tender notices, best evaluated bidder notices and signed contracts uploaded by Soroti, Lira, Masaka and Mubende districts were analyzed to establish whether or not there was an increase in the disclosure of procurement information between the financial year 2017/2018 when the project started and 2019/2021 when the project ended. The analysis was carried out for only the four listed districts because Oyam and Buliisa are not yet in the GPP. The number of tender notices, best evaluated bidder notices and contracts signed within the financial year are comparable types of procurement information because the tender notices should lead to the selection of the best bidder and to signing the contracts.

Figure 1 Analysis of number of tender and best bidder notices and signed contracts uploaded in the GPP viewed on 30th May 2021



The analysis revealed that there was no increase in the number of tender notices, best evaluated bidder notices and contracts signed that were uploaded between the baseline year of 2017/2018 and the end-line year of 2020/2021 across all the districts except on tender notices in Mubende district. Further, there were significant differences on the number of tender notices, best evaluated bidders and signed contracts with the tender notices being higher. Meaning that there was a low level of disclosure of the best evaluated bidders and signed contracts in comparison with the tender notices across all the financial years in all the districts. In Mubende in particular, there was no record of disclosure of the best evaluated bidders and signed contracts in all the financial years. These analyses collaborate with interviews with the district officials who reported that they upload as much

as they can but they face challenges that affect their level of uploading information on the GPP. While the project increased awareness and access to the GPP by the CSOs and PSA members, it did not significantly change the level of disclosure of procurement information through the GPP.

The main bottlenecks on uploading of procurement information on the GPP that were cited by districts officials include the poor internet connectivity, lack of internet data as well as capacity of the officers to enter data on GPP. While these bottlenecks are strong, the lack of enforcement in uploading the procurement information on the GPP is partly responsible for the low compliance of district local governments in uploading the information on the GPP. It suffices to say that the training on uploading procurement information on the GPP is not adequate to cause changes in the level of compliance without legal enforcement as well as addressing the bottlenecks.

- **Changes in relationships and cooperation among key actors in procurement**

The OC4H project has improved the relationship and cooperation between the local governments on one hand and the CSOs and the private sector on the other hand. It has also blurred the line of power differences between the local communities on one hand and the local government and the contractors on the other hand. The three arms of government, private sector and CSO/local communities form the “Golden Triangle” emphasized in open contracting. The engagements between CSOs and local governments during meetings and monitoring activities organized by the project cemented the relationship between CSOs and government. The Procurement Officer of Soroti district revealed that the project “helped bridge a gap between CSO and government” (Interview, Soroti district, 19/4/2021). Similarly, in the districts where there were dialogue meetings between the private sector and the district local governments, the relationship and cooperation between the private sector and the local governments improved.

In FGD with the private sector, they revealed that they agreed to work together with the district local government. It was revealed that in dialogues between private sector, CSOs and the district local government, “Most time there were blame games. CSOs point fingers at politicians, private sector point fingers at technocrats. CSOs don’t point fingers at our eyes. Usually, there were no agreements but recently we agreed that we work transparently” (FGD with private sector, Lira district 15/4/2021). The accusations against each stakeholder were a step towards normalization of relationships and increasing transparency. Improved relationship and cooperation were revealed as key factors in increasing the disclosure of procurement information. Good working relationship and cooperation is of importance in ensuring mutual accountability, transparency and value for money, which are some of the key outcomes of open contracting. It was therefore important that the OC4H project facilitated engagements that created positive changes in relationship and cooperation between procurement actors.

- **Changes in the capacity of CSOs to monitor public contracts**

The OC4H project built the capacity of CSOs in monitoring in Lira, Soroti and Masaka districts, provided CSO monitoring tool, and facilitated the CSOs to conduct field monitoring in health centers. These supports have improved the capacity of CSOs in monitoring public contracts and engagement with the authorities to demand for information and quality of execution of procurement contracts. The project built a loose network of CSOs to monitor public procurement processes and execution. The network brought the CSOs together which provided the opportunities to CSOs to collectively monitor procurement. Findings revealed that the CSOs monitored and engaged with the district local governments on the implementation of the procurement contracts. They compiled monitoring reports and submitted to the district local governments and TIU. Whereas there was slow response by the local governments on the monitoring findings reports by CSOs, never the less, the

CSOs held the local governments accountable and demanded for transparency and quality in the execution of procurement contracts, which demonstrated their increased capacity.

- **Changes in the capacity of private sector to access procurement information**

The OC4H project brought together the small and medium enterprises in Lira and other districts in Lango and in Soroti to form Private Sector Associations (PSA). The association gave the private sector the collective bargaining power which they used to engage with the district local governments over transparency in procurement and the Uganda Revenue Authority (URA) over arbitrary taxation. The formation of the PSA empowered the members to demand for and accessed procurement information. In addition, the OC4H project trained the PSA members on bid writing, Electronic Procurement and access to GPP. The trainings improved the knowledge and skills of the private sector to access information and make responsive bids. The PSA members expressed confidence in their capacity to login online and access information from the GPP. However, the district local governments are still running paper-based procurement and Soroti district in particular has not yet been enrolled in Electronic procurement, which do not provide the opportunities to test the capacity of the private sector to go online. The dialogue meetings convened by the OC4H project improved the capacity of the private sector in engaging and negotiating with technocrats in the districts for access to procurement information.

- **Changes in the capacity of districts, subcounties and health centers management to monitor contract execution**

The OC4H improved the capacity of the procurement officers and the District Health Officers (DHO), subcounty and health centers management in open contracting procurement processes and contract monitoring and supervision. The project improved the capacity of local government personnel through trainings and involvement in monitoring. The procurement officers and DHOs were trained by TIU in collaboration with the PPDA. As a result, they became more aware of their roles and responsibilities.

Text Box 2 Improvement in the capacity of contract supervisors

Project supervisors are learning their roles. Some never had site meetings we now see certificates with minutes. (Key informant interview, Soroti district, 15/4/2021)

The project however prioritized training only the DHOs and the procurement Officers but not the District Engineers, members of the contract committees and other officers who are involved in contract supervision. Project supervisors are nominated from the user and the technical department. Contract committees are composed of technical staff appointed to serve a term of three years whereas evaluation committees are ad-hoc committees, nominated for a particular evaluation of bids. They play important roles in procurement. The DHO and District Engineers are usually the project/contract supervisors for procurement projects that involve construction in health centers and therefore training them was of utmost importance. Consequently, the opportunities to developed the capacity of some key personnel through training was missed out. Despite of the above, the involvement the local leaders in joint monitoring with TIU and CSOs bridged the capacity gap.

The involvement of the district and subcounty officials including the District chairpersons, Resident District Commissioners, Subcounty chairpersons and other technocrats in joint monitoring of health center construction in the three districts improved their capacity in monitoring the implementation of public procurement contracts. They participated in well-structured joint monitoring and feedback meetings that did not only improved the quality of the construction but also the capacity of the officials who participated. The monitoring tools provided by TIU guided the local government

officials and improved their monitoring skills. They understood what to monitor as was remarked in an interview that “Transparency International brought very clear things. We used not to know what to monitor. We had guiding framework and tools but the tools were not clear” (Key informant, Oyam District, 14/4/2021). The very clear monitoring framework and tools that guides on what to monitor and the participation in monitoring activities improved the capacity of the local government officials.

The project empowered staff at the health centers to monitor contracts in their health centers. Previously, they could not take action nor make recommendations because they project contractors came from the central government or the district. The contractors were too powerful to listen to local government staff at the subcounties and health centers. As a result of the project the personnel at the subcounties and health centers know that it is their rights to monitor and because they gained knowledge and skills of monitoring, their level of confidence to hold contractors accountable improved.

- **Changes in community participation in monitoring of public contracts**

The OC4H increased the participation of the local communities through the formation and support to community monitors also known to the project as Voluntary Accountability Committees (VACs) to monitor the construction in the health centers which were being upgraded from level II to level III in Oyam, Mubende and Buliisa districts. The community monitors were selected by the local leaders in collaboration with the project team to monitor the construction at the health centers. They monitored the construction separately as VACs and together with other stakeholders in the joint monitoring with the district authorities. While conducting their own monitoring, the community monitors share their findings with the site engineers and with TIU. However, the contractors and the site engineers were slow in acting on the findings and recommendations of the community monitors and sometimes the community feedback are not addressed. Fortunately, the community monitors were also involved in the joint monitoring and feedback meetings where all stakeholders and the district authorities participated. In these monitoring and feedback meetings, the same findings and recommendations were brought back and joint resolutions were made hence forcing the contractors to act on the resolutions that included rectifying the poor quality of the construction or the materials.

The participation of community monitors in monitoring the construction raised up the voices of the local communities which previously had been low. However, findings revealed that the participation of local communities in monitoring the implementation of procurement contracts was low in the other districts where the OC4H was not monitoring the construction in the health centers. Without effective participation of local communities, they cannot have a voice and cannot offer any recommendation nor complain about any inefficiency or poor quality of work.

- **Changes in reporting of incidences of inefficiencies in procurement and contract management**

The PPDA Act (2003) allows bidders to file complain and seek for administrative review when they are not satisfied or suspected malpractice in the evaluation and contract award. A fee of about 1 million Uganda Shillings is required. While the fee discourages unnecessary complaints, the amount is not fair enough to encourage genuine complaints.

As a result, people fear to make formal complains about the procurement processes. During the execution of contracts, local communities and leaders report incidences of inefficiencies but they were often ignored by the contractors and project supervisors and district leaders were often not effective in taking actions to resolve the complaints. The ineffectiveness of the responsible leaders in taking actions to hold contractors accountable and rectify the errors of omission and commission

harbored the suspicions of conflict of interest and corruption, and discouraged local communities and leaders from reporting incidences of inefficiencies in contract execution.

The OC4H project however increased the reporting of incidences of inefficiencies in contract execution. Local communities especially local leaders and community monitors and CSOs reported incidences of poor-quality of work and materials. The OC4H project established mechanisms for reporting such as community monitoring, joint monitoring by local leaders, community monitors and district leaders and CSOs monitoring and reporting. Such mechanisms encouraged reporting of incidences of inefficiencies. Some of the reported incidences especially for upgrading the health centers were resolved and errors of omission and commission were rectified and or quality of materials were improved. In some incidences of inefficiencies, especially those reported to the district leaders by the CSOs who monitored various contract execution in health centers, the district leaders were slow to take actions. Never the less, the practice of reporting incidences of inefficiencies in contract execution has gained traction. Similar traction is yet to be realized in reporting incidences of inefficiencies and inappropriateness in bid selection and contract award.

- **Changes in the quality of construction, supplies and services**

Improvement in quality resulting from the OC4H project was registered in the construction of houses for upgrading of the health centers thanks to the technical support of the Engineer from TIU and the simplified BOQ which TIU prepared. The community monitors and local leaders had simplified BOQs which they used for monitoring and recommending for rectification where there were deviations. Poor workmanship and materials were detected during the monitoring and they were corrected. Out of the six health centers which the OC4H project was monitoring, the evaluation observed four health centers in Oyam and Mubende and all of them were of good quality. This is therefore a reason to believe that even the other two health centers in Bulisha which were not sampled are of good quality. It is sufficing to say that the OC4H project improved the quality of the construction in the health centers which were being upgraded.

There were three reasons for the improved quality of the construction in the health centers which were being upgraded. The first was that the construction was on-going which presented the opportunity for applying the open contracting principles in the contract execution. The second was the different stakeholders were mobilized and participated in the monitoring and made resolutions aimed at improving the quality of the construction and thirdly the district local government took the lead in holding the contractor accountable which ensured that the recommendations were implemented by the contractors.

In the other health centers, which were not being upgraded, the evidence of improvement in the quality of construction, supplies and services resulting from the project interventions were found. It is noted that by the time the OC4H project facilitated monitoring by CSO and engaged the PSA, some of the contracts had already been executed and the opportunities for rectification based on the findings had been missed. In the health centers where there were on-going projects, the practice of local government leaders taking the lead in holding contractors accountable over the monitoring findings were not yet effective. Consequently, quality improvement in these circumstances is farfetched.

- **Changes in the attitudes of key actors in procurement**

The OC4H project impacted on the attitudes of key actors in procurement especially the PDU in particular, the district local governments, and the private sector. The district leadership recognized CSOs involvement as complementary to their efforts. The CSOs as well saw opportunities in collaborating with the district local government. The engagement between the local government

and the private sector also changed their attitudes. Previously, there were antagonistic attitudes among key players. If a member of private sector or CSO asks for information from the local government, there were negative responses that were influenced by negative attitudes. Even where a local government provided genuine responses, they were received with suspicion due to negative attitudes that existed among the key players in procurement.

Text Box 3 Quotes from a district official who participated in OC4H training and activities

“At implementation, there are a little bit of challenges when the contractor does not want to share the BOQ. Contractors fear that people will say it is a lot of money”. (Interview with a district official, 19/4/2021)

“We encourage contract supervisors to deliver BOQ on sites. Some CSOs found no BOQ on site. We told them if you don’t find BOQ, the first contact is the Chairman. Supervisor could be going with it not leaving at the site”. (Interview with a district official, 19/4/2021)

Text Box 4 Quotes from a district official who never participated in OC4H training and activities

“Chairman LC III. I gave him a BOQ and said can you interpret and within seconds he changed. That is why we don’t take that information seriously” (Interview with a district official, 22/4/2021)

“The public does not have BOQ and the law does not provide for it. Give them to interpret, they will all run away” (Interview with a district official, 22/4/2021)

The OC4H created awareness and established forums for mutual engagements which created positive attitudinal change. Text box 3 contain quotes from an interview with a person who participated in the OC4H project activities and text box 4 contains quotes from a person who did not participate in the OC4H activities. The two interviews were conducted in different districts and both interviewees are key actors in procurement in their respective districts. The analysis of the quotes shows significant differences in their attitudes towards sharing BOQ with other key stakeholders. The quotes in text box 3 reflect a more positive attitude towards sharing BOQs in comparison with those in text box 5 from a person who did have the opportunities to participate in the OC4H project activities. It can therefore be said that the OC4H impacted on the attitudes of key actors in procurement who participated in the project.

- **Costs avoided owing to open contracting**

Open contracting is aimed at reducing cost of procurement projects arising from transparency due to increased disclosure of procurement information, competition due to increased supplier diversity resulting from increased confidence in the procurement system, and value for money. One of the impact indicators of the OC4H project was “costs avoided through open contracting are identified, compared to a procurement cost benchmark and reported”. Generally, costs of procurement projects can be avoided directly and indirectly. Costs are avoided directly due to competitions that force prices down and value for money attained. On the other hand, costs are indirectly avoided due to good quality of works and supplies that are durable and have value for money. The key evaluation questions which were used to gather information were whether or not the cost avoided through open contracting was identified and how the OC4H has reduced cost of procurement projects.

Key informant interviews with the district officials, PPDA and TIU revealed that the costs of procurement that might have been avoided through open contracting was not identified and determined against the procurement cost bench-marks. This evaluation did not identify and determined the costs avoided due to open contracting because of the limitation in the scope of

evaluation and the available time. This does not in any way mean that there were no costs avoided through open contracting and as a result of this project. This is an area that requires investment in future in case of similar projects. There were however indirect costs that were avoided as narrated below.

The findings revealed that OC4H project reduced the cost of the construction of the health centers that will be realized in the long-term projects because the project involved effective monitoring and supervision of the construction. In the previous section, it was elaborated that the defects in the construction of the health centers were identified during the monitoring by the district, subcounty and communities and the contractor was directed and rectified the defects. For example, in Iceme Health Center in Oyam, the contractor had to remove the ceiling that was shrugging and reconstructed it. In Butologo Health Center in Mubende, the contractor had cemented the floor but he had to remove and tiled it in accordance with the BOQ. Had these rectifications not been made, the buildings would require renovation in just less than three years like it happened in Soroti district. In Awaliwal Health Center in Soroti district, the ceiling was falling off within just one year after it was constructed and the district had to find funds to repair it since the defect liability period of six months had lapsed and the contractor could not be held liable. In Aromo Health Center in Lira district, a ceiling in a maternity ward collapsed and the district has to repair it. The additional cost incurred in Awaliwal and Aromo Health Centers, for example, would had not been incurred if the quality of the construction was effectively monitored. These narratives confirmed that OC4H project help the government avoided indirect costs as a result of quality construction.

- **Changes in health outcomes**

The expected impact of the OC4H project is “the health outcomes in Uganda has improved”. The rationale for open contracting in the health sector is that if open contracting reduces cost of projects, then more projects can be implemented and health service delivery will increase and ultimately the health outcomes improve. One of the key questions in the evaluation was on how the OC4H project improved the health outcomes. The analysis therefore revealed that the project has the potential to improve health outcomes due to some of the outcomes the project created. For example, there is evidence that the project has indirectly avoided cost, improved the quality of the construction of the health centers and created positive attitudinal change of key procurement actors as narrated above.

Whereas there was no evidence that the project has already contributed to creating impact on the health outcomes, the project outcomes (changes created) that have been achieved are pointers towards improving health outcomes in future. At the time of the evaluation, it was not yet feasible to find the project impact on health outcomes because the project timeframe was short. In addition, some of the health impact triggers such as the construction of the health centers were not yet completed and the supplies of essential medical commodities were not yet made. There are pointers that when the construction is completed and the equipment are acquired and used appropriately by the local governments, there will be improved health outcomes.

3.5 Sustainability of the project results

The sustainability of project results is the idea that once a project has ended, the results should continue to benefit the target population and other potential future results should be realized. The results of a project must not end at the end of a project. In evaluating the level of sustainability of the OC4H project, focus was put on examining the sustainability measures that the OC4H project put in place as part of the project design and implementation strategies and the local capacities

that have been developed to further the project results after the project has ended. In examining the sustainability measures and the local capacities for sustainability, the strength of the implemented measures as well as the inherent challenges that undermine the sustainability of the project results were identified. The findings revealed the following:

- **Leveraging on the CSOs' loose coalition on open contracting**

The project design and implementation strategies leveraged on the CSOs who were supported to form loose coalitions in Lira and Soroti as a sustainability measure. The CSOs were identified, mobilized, trained and oriented to monitor open contracting. They formed loose coalitions that advocate for open contracting, demand and access procurement information and conduct monitoring of public procurement. The loose coalitions have leadership, regularly communicate among the members using WhatsApp platforms and Emails. This was a measure that can further the OC4H project initiatives as the project ended. Their strength lies on their local embeddedness and the network and linkages that they have established.

Whereas the CSOs loose coalitions can bolster the project results as the project ended, it was not established in all the districts. They were not established in Masaka, Mubende, Oyam and Bulisa. This would challenge the sustainability of the initiatives and the results in those districts. Besides, the CSOs need funding to operate and lack of fund will suffocate their efforts to pushforward with the open contracting initiatives. In addition, some of the CSOs do not directly implement governance and accountability projects and therefore demanding for transparency in public procurement will be alien and additional work that cannot be sustained without the facilitation from TIU. These challenges, potentially undermine the hope for sustainability arising from the involvement of CSOs.

- **The involvement of community monitors**

The Voluntary Accountability Committees (VAC) also known as community monitors were selected from the local communities, trained and participated in monitoring of the construction at the health centers. As members of the local communities, they will continue living in their communities and it is hoped that they will utilize the skills they acquired to monitor other public construction in the health centers, schools and other public places.

The biggest obstacle which the community monitoring will face is the power to hold contractors accountable since they were not part of the established formal structure of monitoring that is known in local government. The community monitors got their power from TIU and the districts recognized them partly because TIU was supporting the district in joint monitoring. The extent to which the districts will continue to recognize the community monitors, receive their reports and respond to issues they will raise will determine the level of sustainability of the project results accruing from their involvement. Unless the local government empowers community monitors, their roles will be in oblivion.

The reporting channel used by community monitors raises sustainability questions. While the community monitors shared their monitoring findings with local leaders including the district officials during joint monitoring and feedback meetings organized by TIU, their formal reporting structure was directly to TIU who would receive their monitoring reports and also follow up the matter with the district leaders and the site engineers. There were no local government officers who were directly responsible for coordinating the function of community monitors. While this channel facilitated the required quick actions, it will become dysfunctional as TIU closed the project, however, it is anticipated that the close out meetings that TIU held with the local governments helped to bridge this gap.

- **The role of the Private Sector Associations**

The PSAs were formed to drive the interest of the private sector in accessing procurement information and enjoying transparency in public procurement that secures competitions in doing business with government. The OC4H built the capacity of the PSA and generated their consensus on their collective power. The PSA will pursue their interest as the private sector irrespective of the presence and support of the OC4H project and TIU. The convergence of interests of members of the PSA will drive the sustainability of the initiatives although the PSAs have not yet become so strong. They were still in nascent stage and have not yet tested implementing any of their planned actions without the support of TIU. Fear is ripe that private sector businesses by their nature are competitive and competitions for business opportunities among members may drive internal divisions that can weaken the PSA initiatives for promoting open contracting in public procurement. Future short-term engagements with the PSA would be necessary to strengthen their unity and commitment.

- **Utilizing the local capacities on open contracting**

There are local capacities at the district with both technical and political leaders, the subcounties and health centers. The project developed local capacities through trainings, participation in monitoring and engagement with other actors on open contracting. It is hoped that the local capacities will be utilized to continue monitoring public procurement processes and implementation. The monitoring frameworks which the OC4H developed are also available with the local leaders to use. These provide opportunities for the sustainability of the OC4H initiatives and results but political influence and conflict of interest in contract award will water down the local capacities that have been developed.

CHAPTER FOUR

LESSONS LEARNED, CHALLENGES, CONCLUSIONS AND RECOMMENDATIONS

4.1 Lessons Learned

The following lessons will be of importance in the design and implementation of similar projects.

1. The flexible and adaptable design of a project allows a project to adapt and take up emerging relevant opportunities that spur the delivery of results and remain relevant to the changing circumstances. The OC4H project was flexible and adapted to extend to other districts and incorporated monitoring of upgrading of health centers, which increased the project impact.
2. Building capacity of all staff who are relevant in the procurement chain such as heads of departments and other line staff who are usually nominated as project managers/supervisors, and contract committee is important for holistic improvement in procurement processes and execution. Training the DHO without training the District Engineer cannot improve the quality of construction in health centers since the Engineers supervise the projects.
3. Without the compelling laws, there will be very limited uploading of procurement information on the Government Procurement Portal (GPP). Because there is no compelling law, the project staff go extra miles to persuade the procurement technical staff to upload information on the GPP.
4. Unless the local government empowers community monitors, and includes their roles in the contracts the local governments sign with contractors, the roles of community monitors will be in oblivion as contractors will ignore the community monitors. Effective communication and engagement between community monitors and the districts procurement project supervisors can contribute in empowering community monitors.
5. Giving local leaders and community monitors the knowledge and power is instrumental in monitoring procurement contracts and holding contractors accountable. Without the knowledge of what the BOQ and the contract stipulates, local leaders and community monitors cannot effectively monitor. They would not have the information to base their recommendation. Similarly, power allows the local leaders and community monitors to question and report the works and services they found inappropriate and of poor quality. If you go to a construction site and you don't have power you cannot talk anything.
6. Embedding the reporting channels of community monitors with the formal structures of government other than wrapping around the OC4H project management strengthens sustainability of the community initiatives. They do not remain tailless once a project closes.

4.2 Challenges

The following challenges were encountered and have implications on the project's performance and sustainability.

1. The level of responsiveness from government in taking actions on reported incidences of inefficiencies and corruption in procurement and contract execution was slow. Communities expect immediate actions when complaints have been reported but at times they don't and the district would say we are working on it yet there is demand for actions. This constraint the open contracting interventions.
2. The project focused on health at the expense of the whole chain of procurement thus not addressing other interlocking players such as the project supervisors, the contract and evaluation committees. Project supervisors are nominated from the user and the technical department. The inefficiencies in procurement get their roots from the bid evaluation and supervision. Therefore, the OC4H project's concentration on health constrained the possibilities of uprooting the inefficiencies.
3. Facilitating CSOs to effectively monitor procurement constituted a significant challenge especially for the future sustainability of the actions. CSOs required facilitation inform of transport refund and allowances to carry out the role of monitoring public procurement, which is their role. This is because some of the CSOs do not have governance, accountability and transparency as their core business and as such their participation in monitoring public procurement was additional work that needed facilitation. Others do not operate in the same subcounties where the health centers that were to be monitored were located hence requiring transport facilitation to go to the field to monitor.

4.3 Conclusions

1. There was flexibility in the project approach. TIU was permitted to annually propose adjustments in the activities, introduce new activities if it was deemed important to meet the project objectives. This flexibility helped the project to implement some of the recommendations that were got from the field. The effective quarterly and annual planning approach increased the flexibility of the project.
2. The OC4H project was relevant to the needs of local communities especially on the need for quality services construction and supplies, and the lack of knowledge and powers to act and demand for improvement.
3. The monitoring tools which were developed by the project guided and ensured effective monitoring of the procurement. The CSOs monitoring tool guided the CSOs and other key stakeholders in monitoring the procurement planning process, tendering, bids evaluation, contract awards and contract management among others. The tool also guided CSOs to assess if the execution of the contracts were in line with the BOQs. In addition, the simplified BOQs that were made for the health centers guided the community monitors at the health centers which made it easy to identify the red flags that were brought to the attention of the local authorities.
4. There was increased capacity of key stakeholders on open contracting practices. The members of PSA increased their capacity to access procurement information through the GPP. Furthermore, the capacity of the district officials, the CSOs and the community monitors to monitor implementation of procurement contracts increased. While there was improved capacity of the district officials including the procurement officers and DHOs, the capacity building did

not target some of the key actors in the district procurement processes including the contract committees and project managers or supervisors.

5. There was effective involvement of local communities in monitoring the construction of the health centers. The local leaders and community monitors monitored the construction, discussed their findings and provided feedback to the contractor and actions were taken to rectify the red flags which were raised. Most of the findings of the community monitors were acted on after they raised them during the joint monitoring and feedback meetings.
6. The use of the open contracting hub in building the capacity of key stakeholders including the CSOs in open contracting practices was not effective. There was no enthusiasm for the online course conducted through the training hub. Few CSOs staff, attended the training through the hub and among those who accessed the hub training, few completed and obtained certificates of completion.
7. The project planned activities were implemented and completed in time. The shorter-term work plans every quarter improved the timely implementation and completion of activities.
8. There was efficiency in project management as demonstrated in timely disbursement of funds, timely utilization of funds and timely reporting.
9. There has been increase in the level of disclosure of procurement information by the district local governments. The districts have become more transparent than before. The CSOs and the private sector can access information and documents they need from the PDUs more than ever before the project, however, vital information such as BOQs and contract sum allocated to the procurement project are not displayed at the construction sites.
10. There was no increase in the number of tender notices, best evaluated bidder notices and contracts signed that were uploaded on the GPP between the baseline year of 2017/2018 and the end-line year of 2020/2021. The district local governments do not frequently and timely upload procurement information on the GPP as and whenever there was any.
11. The OC4H project has improved the relationship and cooperation between the local governments, the CSOs and the private sector who are the key actors in procurement. The relationship was improved because of the increased access to information, dialogues, joint monitoring and other engagements.
12. The OC4H project increased the reporting of incidences of inefficiencies in contract executions. Local communities especially local leaders and community monitors, and the CSOs reported incidences of poor-quality of work and materials.
13. There was good quality in the construction of the seven health centers that were being upgraded to health center level III in Buliisa, Oyam and Mubende due to the effective monitoring that was supported by the project. TIU, community monitors, and local and district leaders held several joint monitoring of the construction and feedback meetings in which they raised red flags that were rectified.
14. The costs of procurement that might have been avoided through open contracting was not identified and determined against the procurement cost bench-marks.
15. There was no evidence that the project has already contributed to creating impact on the health outcomes, however, the project outcomes that have been achieved are pointers towards improving health outcomes in future. It was not yet feasible to find the project impact on health outcomes because the project timeframe was short. In addition, some of the health impact

triggers such as the construction of the health centers were not yet completed and the supplies of essential medical commodities were not yet made at the time of the evaluation.

16. The sustainability of the project results will be based on the local capacities on monitoring procurement that have been developed for the local government, local communities and CSOs. The loose coalitions of CSOs and the PSA will be vital in ensuring the continuity of the project initiatives. There are however constraints in the project sustainability including the lack of power of the local communities and CSOs to hold contractors accountable and the slow response of the district authorities on reported incidences of inefficiencies and corruption in procurement.

4.4 Recommendations

Based on the findings, lessons learned and challenges encountered, the following recommendations have been made. Some recommendations are for future use in cases of similar projects while others are for advocacy for policy changes.

1. In future, TIU should ensure that similar projects effectively monitor procurement at all stages including the selection of best bidders, contract awards and implementation among others. The project should not only concentrate on monitoring the implementation of contracts but monitor at all the other stages since procurement inefficiencies occur at any stage of the procurement cycle.
2. TIU and other stakeholders should, in future, ensure that Open contracting projects do not only focus on the health sector but include all the other sectors in the districts because the improvement in procurement in only one sector may not lead to a whole systemic improvement in procurement.
3. TIU should select and work with CSOs that are engaged in fighting corruption because they easily incorporate the issues of open contracting into their business and ease the financial burden of facilitation.
4. TIU should facilitate journalist who are part of the CSOs to investigate and broadcast issues of corruption and inefficiencies in executing procurement contracts so as to remedy the slow responses of the district authorities on reported incidences of inefficiencies and corruption in procurement and to encourage legal actions to be taken.
5. The PPDA should ensure that the that the participation of community monitors and CSOs in monitoring procurement is included in the procurement policy and regulations.
6. PPDA should develop a framework to guide following up, monitoring and auditing of procurement contract supervision. The framework should be implemented by all government ministries, agencies and departments, and local governments.
7. The government should allocate a percentage of the contract sum to facilitate communities to monitor the implementation of procurement contracts since the local communities are on sites and can effectively monitor projects as the owners and beneficiaries of the works, goods and services that have been procured.
8. The government should review the amount of fees paid for administrative review of tender evaluation in case of dissatisfaction with the outcome. This will encourage bidders who are not satisfied with the bid evaluation process and outcomes to file complaints to challenge the procurement processes.

9. TIU, ministries and district local governments should identify and determine cost avoided due to open contracting and use the information for advocacy for open contracting.
10. The evaluation recommends that Hybrid contracts where one contractor is given many projects in lots should be avoided since some contractors with limited capacity find it difficult to complete the work in time and in the costs agreed.



**TRANSPARENCY
INTERNATIONAL
UGANDA**

Kampala Office:

Plot 3, Martyrs Lane, Ntinda
P. O. Box 24335 Kampala Uganda.
Tel: +256 473 420 263
Fax: +256 0392 001177
Email: info@tiuganda.org

Lira Office:

Plot 18 Otim Lakana Road
P. O. Box 24335 Lira – Uganda
Tel: +256 372 280645
Email: tiu.lira@gmail.com.

TOLL FREE NUMBER: 0800 100 189

www.tiuganda.org