

The Mitchell Group Inc

LEADERSHIP ENHANCEMENT IN UGANDA

***USAID UGANDA CAPACITY BUILDING FRAMEWORK DESIGN AND
ASSESSMENT OF LEADERSHIP ENHANCEMENT INITIATIVES***



African Centre for Global Health and Social Transformation (ACHEST)

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ACRONYMS AND ABBREVIATIONS

ACHEST	African Center for Global Health and Social transformation
AIC	AIDS Information Center
AIDS	Acquired Immune Deficiency Syndrome
Ag PO	Acting Personnel Officer
BTC	Belgium Technical Cooperation
CAO	Chief Administrative Officer
COP	Chief of party
DAC	District AIDS Committee
DHO	District Health Officer
DANIDA	Danish International Development Assistance
HIV	Human Immune Virus
HMDC	Health Manpower Development Center in Mbale
HSC	Health Service Commission
KQs	Key Questions
LE	Leadership Enhancement
LGC	Local Government Commission
M&E	Monitoring and Evaluation
Mgt	Management
MOES	Ministry of Education and Sports
MOH	Ministry of Health
MOFPED	Ministry of Finance Planning and Economic Development
MOLG	Ministry of Local Government
MOPS	Ministry of Public Service
MTAC	Management Training and Advisory Center
MUBS	Makerere University Business School
NGOs	Non-Government Organizations
NUMAT	Northern Uganda Malaria AIDS and TB program
OVCs	Orphans and Vulnerable Children
PO	Personnel Officer
PPO	Principal Personnel Officer
SDS	Strengthening Decentralization Systems
SOW	Scope of work
STAR-EC	
USAID	United States Agency for International Development

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EXECUTIVE SUMMARY

Achest was contracted by USAID through Mitchell Group Inc and UMEMS to assess past, present and future leadership initiatives, to develop a comprehensive situation analysis, identify gaps and to make specific recommendations to fill the gaps. A framework was developed and used to review documents and interview key informants. This framework envisages continuous, non-ending process of capacity building, in a cyclic fashion.

The key findings were as follows:

- Uganda has sound foundations of well educated technical leaders, enabling policies and structures that can be built upon for future Leadership Enhancement and capacity building initiatives.
- The political, social and cultural environment presents challenges for the proper exercise of leadership as reported in a number of districts. This includes political interference with technical work, nepotism and corruption. Leadership development interventions should take this into account.
- There is a resources gap which is a major constraint to the performance of leaders. Uganda will continue in the foreseeable future to depend on external donor support and this should be taken into account in designing Leadership Enhancement initiatives. Sustainability of interventions by USAID and other development partners will need careful attention in the design of the interventions.
- There are lessons from USAID past and current initiatives that could inform future interventions. In particular closer integration and stakeholder involvement in the design and implementation of projects. Regular and formal Stakeholder consultation at appropriate intervals in the project cycle. The use of foreign contractors as implementers is seen as a challenge in sustainability and the development of ownership and local capacity.

The gaps and issues identified in the leadership enhancement initiatives were:

- Gaps in resources
- Gaps in sustainability
- Gaps in aid management
- Issues in political, social and cultural environment
- Gaps in the planning process
- Gaps in the content of package of interventions
- Gaps in implementation
- Gaps in M&E

The recommendations that focus on the thematic areas identified by the review can be summarised as follows:

1. Uganda has a well developed donor coordination mechanism with a mature Swap in the Health Sector. USAID leadership enhancement interventions as well as other projects should be developed and managed through this arrangement. USAID can contribute to one national plan, one implementation and one monitoring arrangement without the need to pool resources.
2. Leadership Enhancement and Capacity building is long term, slow and calls for commitment, patience for the long haul. It builds upon existing culture, politics and institutions which should be strengthened and not be bypassed. Uganda has sound foundations in leadership development including policies, structures and institutions that can form the basis for USAID support.
3. Systematic, comprehensive and consultative needs assessments should precede all interventions including those for leadership enhancement and capacity building. Lessons from past and present experience should inform the future.
4. Human resources are the single most critical resource and should be a key focus of Leadership or capacity building support. Systems support that facilitates the performance of leaders and their institutions should be included in leadership and capacity building interventions. Account should be taken of the operating environment including politics, culture and resources.
5. Implementation should be designed systematically and scientifically based on the 10 principles. In particular, there should be minimal external hindrances, resources to be aligned to expected outputs and outcomes, and there should be compliance with the plan and strategy. An implementation framework is proposed for leadership and capacity building.
6. An M&E framework is proposed covering all elements of leadership development in the context of capacity building.

1.0 INTRODUCTION

The African Centre for Global Health and Social Transformation (ACHEST) was contracted by USAID Uganda through UMEMS to conduct leadership assessment focusing on a) detailed assessment of past, current and planned leadership initiatives and internship programmes in Uganda, and b) to develop a comprehensive situation analysis with c) specific recommendations to fill identified gaps. USAID Uganda is concerned that despite two decades of innovative decentralization and other reforms in Uganda, leadership at the district level especially in service delivery (mainly health and education) has been uneven, where cases of successful leadership can be linked to individual characteristics rather than exposure and training. Many organizations and institutions operate with no clarity of vision, live in uncertainty, and their programs are driven by dynamics of donor funding which are often erratic and responsive to short-term needs. In order to respond to this situation and to manage the extensive governance reforms, Uganda requires competent leaders with foresight, commitment, inspiration and impeccable skills in initiating and managing change.

USAID and other partners have supported the GOU in capacity building, in leadership, finance management, strategic planning, procurement and monitoring and evaluation at central and district levels, both in the public and private sectors. But USAID notes in its Scope of Work (SOW) to ACHEST that capacity building has been described as “risky, murky, unpredictable, unquantifiable, having questionable methodologies, having contestable objectives, and having unintended and undesired consequences”. USAID further notes that capacity building efforts in Uganda “[has] not necessarily strengthen[d] the analytical capacity, adaptability, change management, adoption of initiatives and risk taking, all critical to sustainability”.

The assignment therefore seeks to provide a clear picture on leadership and capacity in terms of definition, realism and context, with a view to recommending appropriate approaches to implementation and performance measurement.

2.0 METHODOLOGY

2.1 Key Questions (KQs)

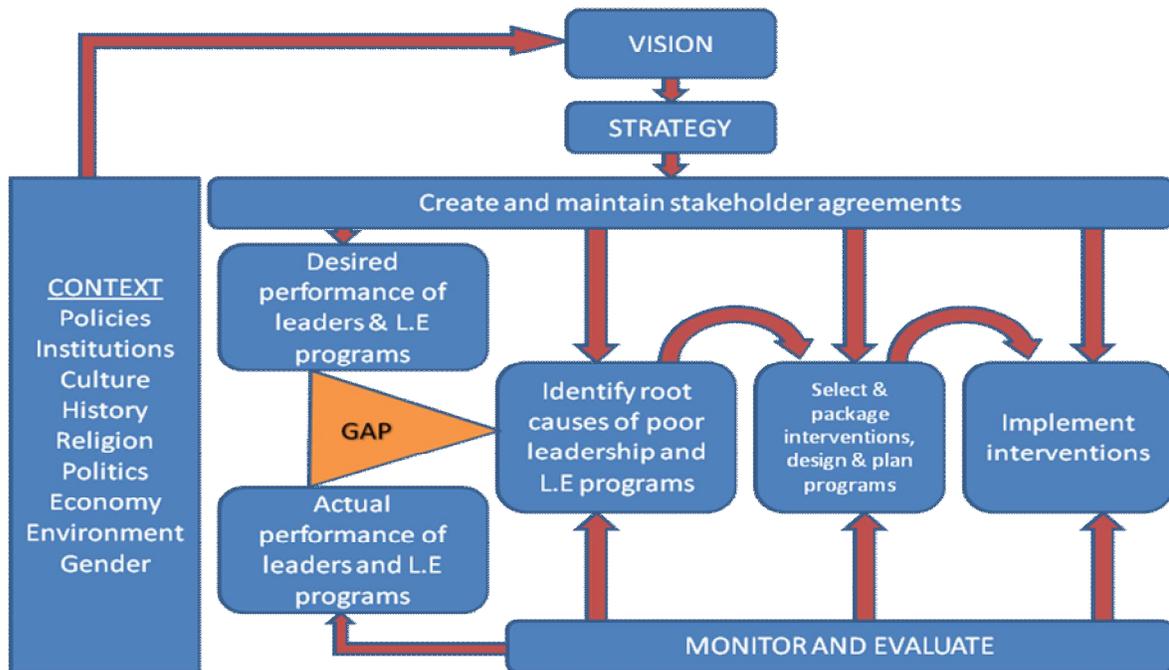
The inception report initially identified five KQs to examine the subject. But on further reflection, discussion and consultation with USAID Uganda and consultants dealing with capacity building, the KQs were revised as follows:

- I) What were/are the strengths, weaknesses, gaps and issues of leadership enhancement initiatives in past and present?
- II) What leadership enhancement initiatives have been implemented in the past, one being implemented now and are planned for the future?
- III) What should an ideal leadership enhancement capacity development package consist of?
- IV) How can leadership development contribute to the overall goal of service delivery?
- V) How can leadership development be measured?

- VI) How can leadership development be systematic, scientific and institutionalized so that it is predictable, quantifiable and rational?
- VII) How can leadership development impart skills and competence in analysis adaptability, change management, innovative initiatives and sustainability?

2.2 Conceptual Framework

The vision of a better quality of life arises from the socio-economic context of the country. Based on the vision, the desired targets in service delivery and overall welfare are determined. So are the corresponding capacities for service delivery and leadership. Strategies to achieve such objectives and targets and ultimately to accomplish the vision are made. In the context of Uganda, it is important to create and sustain stakeholder agreements as there are numerous but important players in the social service sectors. Before the strategy is translated into annual work plans, desired leadership capacity and performance are set and the actual performance and capacity are assessed. The gap between the desired and actual levels of capacity and performance is determined. The root causes of the gap in leadership and general capacity are identified. A number of interventions are selected and packaged in accordance with the strategy. The plan is then implemented in a systematic way and monitored, and the information is fed back into determining the gap between actual and desired leadership performance. And the cycle is repeated. The figure below diagrammatically presents the conceptual framework.



Review of documents and literature was done under four categories: a) leadership, b) donor aid and capacity building, c) leadership enhancement initiative reports and plans. Research assistants reviewed USAID-funded projects for leadership enhancement initiatives. The two

leadership consultants reviewed literature on the leadership concept and subject in relation to capacity building and service delivery, and on donor aid and capacity building in general.

2.3 Review of documents

Review of documents and literature was done under four categories: a) leadership, b) donor aid and capacity building, c) leadership enhancement initiative reports and plans. Research assistants reviewed USAID-funded projects for leadership enhancement initiatives. The two leadership consultants reviewed literature on the leadership concept and subject in relation to capacity building and service delivery, and on donor aid and capacity building in general.

2.4 Key Informant Interviews

District and project officials were interviewed in six districts of Bududa, Jinja, Mbale, Namutumba in the East, and Gulu and Oyam in the north, and Mpigi in the central region. Three key officials were interviewed in each of the districts of Mpigi, Oyam, Namutumba, Mbale and Bududa. The key district staff members who were interviewed in each of the five districts were the Chief Administrative Officer (CAO) / representative, the District Health Officer (DHO) and the Personnel Officer. The USAID-supported projects whose staff members were interviewed included NUMAT, STAR-EC and SDS. The Chief of Party (COP) and/or other key project staff were interviewed. The table below summarizes the interviewees/respondents:

Table 1: Respondents from districts and projects

District	Project	Respondents	No. of respondents
Bududa	STAR-EC	CAO, DHO, PO	3
Namutumba	STAR-EC	CAO, DHO, PO	3
Mbale	STAR-EC	CAO, DHO, PO	3
Mpigi	--	CAO, DHO, PPO	3
Oyam	NUMAT	CAO, DHO, AgPO	3
Gulu	NUMAT	D/COP, Prog Manager	2
Gulu	SDS	D/COP (North)	1
6 districts	3 projects	5 types of respondents	18 respondents

Key informants from donor partners were also interviewed. These were from USAID, the World Bank, Italian Embassy, Belgium Technical Cooperation (BTC) and DANIDA. Central government staff interviewed included key staff of MoH, MOES, MOFPED, and MOLG.

Three types of tools had initially been prepared to cover three categories of respondents, namely: central level/districts, training institutions, and donor agencies. While the tools covered a wide range of questions, some questions were found inappropriate for some institutions/respondents, and others irrelevant. Using the questionnaires as a guide, more appropriate and relevant questions were asked and notes were taken from the responses.

3.0 FINDINGS

3.1 Desk Review

a) The Meaning of Capacity Building

Ultimately development or progress of a community or country is associated with independence or freedom from being controlled by others or by external factors (Sen, 1999). Donor aid establishes a dependency relation. Capacity building denotes a move towards independence or freedom. However, most development workers or institutions do not have a common understanding or definition of capacity. Capacity building is often used synonymously with institutional strengthening or development management. Emphasis is often put on program / project execution, independent of the permanency of systemic and structural capacity (Potter and Brough, 2004).

A useful attempt at the definition of capacity building is “the creation, expansion or upgrading of a stock of desired qualities and features called capabilities, that can be continually drawn up on overtime”. However, the focus here tends to be improving the stock of capacity rather than managing what capacity is available.

The Concise Oxford English dictionary offers several definitions of the word capacity, inter alia:

- *Power of containing, reviewing or experiencing or producing*
- *The maximum amount that can be contained or produced.*
- *The volume*
- *Mental power*
- *Faculty or talent*
- *A position or function*

These definitions indicate how and why the term capacity is nebulous and confusing. Thus, if a district or an institution does not have sufficient capacity, we could mean:

- *The staff do not have the knowledge or skills*
- *The staff are inadequate in number*
- *The staff do not have tools (computers, vehicles etc)*
- *The staff do not have a clear role in the system of decision-making, resource allocation, supervision etc.*
- *The staff are not supported by appropriate organizational management such as times of accountability, forums for decision-making etc.*

Potter and Brough (2004) suggest that management or institutional capacity is to do with systems capacity. They define an organizational system to comprise of a package of services, staff, facilities, structures and processes. The authors suggest 9 component of systematic capacity building: Table 2 below summarizes the hierarchy of capacity in a social service system.

Table 2: Hierarchy of components of a social service capacity

Components	Requirements
1. Performance capacity	Tools, money etc
2. Personal capacity	Knowledge Skills confidence
3. Workload capacity	Staff numbers Staff mix Appropriate job description
4. Supervisory capacity	Reporting & monitoring systems Lines of accountability Incentives and sanctions
5. Facility capacity	Are training centers adequate, service outlets big enough?
6. Support service capacity	e.g. laboratory services training institutions supporting organizations
7. Systems capacity	The flow of information, funds and decisions
8. Structural capacity	Decision-making forums
9. Role capacity	Authority and responsibilities given to individuals, teams and structures.

These components can be collapsed into four categories:

- (A) Tools
- (B) Skills
- (C) Staff and infrastructure
- (D) Structures and Systems

Potter and Brough (2004) assert that tools are easier and technical in nature, and take a short time to accomplish. But as one moves from (A) to (D) it gets more difficult. The structures and systems are harder, require socio-cultural interventions, and take far longer to achieve.

b) Leadership and governance

There are three interlinked concepts: leadership, stewardship and governance. Leadership has been defined as the ability to scan the environment and to create an alternative vision and strategy, and to inspire and align actors and interests for action to achieve an agreed goal. Leadership development refers to any activity that enhances the quality of leadership of an individual or an organization. Stewardship is the upholding and protection of public interest and trust and ultimately being responsible for ensuring conditions that allow people to attain the highest possible welfare are available. Thus governments are stewards or protectors of public interest and trust (WHO, 2000). Stewardship functions include providing a vision, oversight, regulation, incentives, institutions, partnership, accountability and monitoring.

Governance is the alignment of multiple actors and interests to promote collective actors towards an agreed goal.

c) Donor aid and capacity building

Donor aid is supposedly given to recipient countries to finance “gaps” in capacity and service delivery. But the way in which aid is given and actual reasons are far more complicated. According to Schielser et al 2007, donors give aid to poor countries to 1) contribute to global public goods 2) provide global security 3) show solidarity, and 4) support their own domestic policy and interests. Aid has become increasingly problematic not just for capacity building, but in all its portfolios. There is no global mechanism to ensure proper administration and management of aid. Aid is short-lived, volatile, unpredictable and often mal-aligned with recipient country priorities.

There are too many aid management instruments. Social sectors such as health sectors are complex, with long term funding where short terms funding from donor aid is unsuitable, and may even be disruptive to the development of a social service. Rodman, 2005 characterizes poor quality as: 1) tied to ideology and profit, 2) having huge administration costs, 3) potential beneficiaries not often being informed or participating, and 4) such aid coming in short periods, in form of narrowly focused projects, and in numerous disjointed grants.

Because of such problems, a group of 6 donors and 56 poor countries signed the Paris Framework on Aid Effectiveness (Menacol, 2007). The framework consists of five components 1) ownership by recipient countries; 2) alignment of donor projects to recipient country needs, priorities and systems; 3) harmony among donors in management and information flow, 4) managing for results; and 5) mutual accountability

Sridhar D, 2010 identifies seven challenges in donor aid, all related to capacity building:

- Uncontrolled proliferation of donor funded projects and the hopelessness of coordination.
- Overemphasis on new players (UN organization, bilateral agencies, international NGOs, private foundations) rather than reforming and strengthen existing institutions and capacities
- Donor influence of priority setting and their lack of accountability for the decisions they make
- The rhetoric of “health systems” as donor projects are focused narrowly on vertical programmes such as HIV/AIDS and TB.
- Going around the government: it has become a culture for donor aid to go increasingly to non-state actors, thus disempowering government efforts and capacity
- Channeling funds through northern organizations, thereby denying capacity development of indigenous institutions. There is a concerted effort to eliminate or reduce the role of government and local organizations in aid management: “in this debate, the US government and the Gates Foundation are united in largely bypassing government health programs”.
- Linking health to national security foreign policy interests.

Sridhar (2010) suggests 3 main ways forward: a) to strengthen mechanisms to hold donors to account using the Paris and Accra agreements b) develop national plans and support national

leadership in health, and c) study and learn from south-to-south collaboration e.g. Sino-Africa, Africa-India collaborations, which have been instructive.

d) USAID-funded Projects in Uganda

Review of documents and literature was done under four categories: a) leadership, b) donor aid and capacity building, c) leadership enhancement initiative reports and plans. Research assistants reviewed USAID-funded projects for leadership enhancement initiatives. Many USAID-funded have projects been implemented in Uganda covering HIV/AIDS, health, education, poverty alleviation and support to OVCs. Most projects objectives were found to be ambitious, with limited overall achievements, and the projects always faced enormous implementation challenges. Table 2 below summarizes the salient findings.

Table 3: A summary of findings from review of selected USAID other donor funded projects

Project	Objectives	Achievements	Evaluation	Comments
District Health Services Project (DHSP)/World Bank	<ol style="list-style-type: none"> 1) Mobilize resources to finance health 2) Reallocate to preventive care. 3) Promote collaboration with private sector. 4) Strengthen planning management & coordination 5) Promote community participation. 	<ul style="list-style-type: none"> • Development of National Health • Policy sector decentralization reform • Restrictions of MOH • Policy reform • Quality assurance • Introduced SWAP 	Ambitions did not achieve many of the objectives but laid ground work for policy reform	Helped in capacity building and little in leadership enhancement.
AIDS competence Enhancement (ACE)/USAID	<ol style="list-style-type: none"> 1) Strengthen UAC 2) Strengthen MOH Resource Centre. 3) Strengthen few NGOs 4) Support HIV/AIDS Policy & Planning 	No concrete capacity recorded. Generated interest in capacity building	No attention on eldership. Training was narrow and for few staff. Implementation was out of context of institutional set-up. No sustainability.	Capacity building to focus on entire organization not on individuals
Capacity Project/USAID	<ol style="list-style-type: none"> 1) Enhance HRH policy & planning 2) Strengthen performance-based workforce planning 3) Promote practices for improved performance & retention. 	Increase in filled staff positions. Improvement in service delivery reflected in league table.	Improved HR info systems, audits and planning. Trained managers. Developed tools for planning & Mgt	No focus on leadership. Too narrow to address HR issues
Program for Human	<ol style="list-style-type: none"> 1) Improve HR capacity. 	<ul style="list-style-type: none"> • Trained staff 	Fell short of original	Too wide, too complex, too

<p>& Holistic Development (UPHOLD)/USAID</p>	<p>2) Increase service delivery capacity. 3) Promote enabling environment</p>	<ul style="list-style-type: none"> • Improved planning • Supported FP commodity distribution. • FP use increased. • Promotion of TB DOTS • Increased HIV testing and counselling. 	<p>aim of integration. Instead of district support, large funding was channelled to TASO & AIC. Implementation was open ended, with no clear deliverables.</p>	<p>ambitious. No midterm review. NGOs took over 70% of funds. Districts LGs took only 16%.</p>
<p>Joint Clinical Research Centre (JCRC)/Treat Programme/USAID</p>	<p>1) Expand access to HIV treatment. 2) Expand access to quality lab monitoring 3) Expand community outreach. 4) Build capacity of local organizations.</p>	<ul style="list-style-type: none"> • Client number rose from 864 in 2003 to 29,700 in 2007. • Treatment sites from 6 in 2003 to 51 in 2008. 	<p>Achieved most targets & objectives</p>	<p>Sustainability is questionable. No effort on eldership & general management. Differential salary top-up disrupted services, as those who did not get them neglected patients.</p>
<p>AIDS Integrated Model District program (AIM)/USAID</p>	<p>Strengthen capacity Integrate HIV/AIDS services Increase access to services</p>	<p>Trained DAC Plans were prepared. Monitoring carried out. Improved HIV services Improved referral network.</p>	<p>Evaluation by objective or target not available. Many Mgt issues were discovered and remained unattended to but as obstacles to the overall performance of the project.</p>	<p>This was capacity building project limited to training, planning, monitoring & referrals.</p>

3.2 Results from Key Informant Interviews

a) Level of the education of leaders

Without exception, all leaders, both at central and district levels interviewed have had university education with a bachelors degree, and a good number have master degrees. A few had formal training in leadership, but most have had short courses (including workshops and seminars) on leadership. All leaders demonstrated a sound grasp of their roles and the contextual challenges in leadership that they face. All leaders demonstrated a sound grasp of their roles and the contextual challenges in leadership that they face. In two districts, Bududa and Namutumba, concern was expressed about the level of education of district political leaders especially Councilors who are not required to have any formal education.

b) Understanding of leadership

While most respondents could not give a definition of leadership straight away, they had listed several components. Examples include:

“Leadership entails communication, striving for results, innovation, strategic planning, effective decision-making, being knowledgeable, showing direction to others, and being flexible” **official from Mpigi.**

“Leadership includes mentoring, resource mobilization, staff motivation...” **official of Numat project, Gulu.**

“The ultimate test of leadership is whether the organization’s objectives and goals have been achieved or are on course to be achieved...” **official from Health Service Commission.**

c) Initiatives by leaders

Most respondents hesitated in answering this question. Some confessed that most initiatives originated from the centre or were tied to the grants they received. Some central level staff mentioned initiatives made collectively by their organizations (notably MOH, HSC, MOPS, MOLG) to develop capacity and leadership.

A senior MOH official gave examples of leadership and management staff orientation at UMI and training in management at Health Manpower Development Centre (HMDC) in Mbale. Some local government leaders enumerated initiatives that they originated themselves and mobilized funds for. These include establishing maternity units in Health Centre IIs (which overturns the MOH policy, but was accepted by MOH) in Oyam district. Other initiatives include empowering junior staff such as nursing aides to be appointed as heads of health centre IIs.

A senior administrator in Oyam district listed the following local initiatives for capacity building:

- Use of private firms for induction courses, overseen/witnessed by representatives from MOLG, MPS and Public Service Commission.
- Induction of staff on procurement procedures.
- Invited a team from the Prime Minister’s office to induct staff on team-building and how to relate with politicians.
- Requested and conducted tailor-made courses from MTAC and UMI.
- Liaised with partners such as NUMAT to support locally-designed, in-house trainings.
- Study tour to Masindi district.
- Training of top managers

Similar lists were also provided by other district leaders noting that these were guidelines from the MoLG.

d) Work Environment

The question about whether and how the general environment affects capacity building and leadership development elicited two main responses. Some respondents were of the view that the political environment, culture and religion did not affect their work in general and in particular the work on capacity building. Others cited political interference, nepotism and corruption as major constraints impeding the performance of district leaders. However, a few respondents (notably from HSC, LGC and UMI) were of the view that there is a culture in civil service where taking initiative and working proactively is not possible. The official from UMI said:

“We train leaders and managers in new public management concepts based on market principles. But when they get back to their posts in civil service, the environment does not allow them to apply what they have learnt. To apply new public management principles, the current civil service may have to be overhauled....”

Respondents mentioned old rules, hierarchy, the culture of “what the boss says is final” as making it difficult for staff to participate in management and decision-making.

e) The private sector

Officials from three private sector organizations were interviewed. The organizations were Uganda Nurses and Midwives Union, (UMNU) Uganda Medical Association, Uganda Protestant Medical Bureau. Generally these organizations have received some support from the government or donors (including USAID) for capacity building, mainly for training; tools; infrastructure; development of plans, policies and manuals. They expressed need for support in professional development and improvement in performance. In particular, they require support for mentorship, internship, placements, supervision of the staff.

UNMU which aims to advance the professional and welfare of its members suggests that more training of lower level staff. Leadership should be part of the training curriculum. As a nursing profession they think that leadership capacity in the profession will be assessed when more nurses occupy high levels of leadership in the health sector.

UPMB has developed an elaborate capacity building and leadership development strategy with institutional mechanisms in place. They however face problems of resource gaps and sustainability. Their biggest capacity constraint is with human resource, which is facing serious shortages and high turnover. For general way forward they recommend a needs assessment, mentoring, and support to their governance structures to improve performance.

UMA is currently weak, not supported by legislation with a very small membership. It has no regular revenue. It obtained small grants from a couple of donors but was not able to do much. It needs support for capacity building in its entire scope including leadership development. The members have been involved in supervision of doctors and public education by radio. They require legislation and a predictable revenue source to become viable and relevant.

f) Sustainability

Most respondents were of the view that no donor project in capacity building, including leadership enhancement could be sustained. Sustainability was interpreted to mean the continuation of project activities and benefits after the end of the projects. Some respondents, notably from Mpigi and Oyam said sustainability in this definition was not possible in the context of Uganda, but should be seen as the ability of the country to attract donor funding perpetually to support gaps in capacity and services.

g) Gaps, weaknesses and issues

Respondents listed a number of problems that were classified as gaps, weaknesses or issues. Gaps were identified in resources especially financing, tools (such as office space, stores, health/school buildings, equipment, housing etc). Weaknesses were identified in overall governance in the country, in information flow and system, in the functioning of government departments and structures, poor incentives for leadership development, inappropriate budget structures, and weak team spirit. The issues identified were unsustainable initiatives funded by donors, non-conducive environment for performance-based working, the lack of incentives for hard and honest work, many vacant sub-district positions of key cadres such as chiefs, accounts assistants, Community Development Officers, health workers most being untrained, lack of skills in conflict management, lack of ownership of strategic national planning process and plans, poor attitude of staff in training where they seek for allowances rather than to learn, and lack of needs assessment as basis for planning and other initiatives (e.g. donor-funded projects). Low demand for accountability from the public was also noted as a key factor affecting performance.

Leadership development was noted by some respondents not to be currently a priority of the government, based on the level of funding and planning. USAID projects were described by some respondents as being problematic:

“USAID-funded projects are usually parallel, disjointed, unsustainable, not replicable, unsystematic, changed in design before the project ends, generally of poor design and poorly implemented” (MOLG official and MOH official).

Strategic issues to be addressed were identified as resources, political will, overall capacity to address existing problems, leadership development to become a priority for both the government and most of its partners, and the nature of donor funds (fragmented, disjointed, narrowly focused, too small to have any impact etc), and linking strategic objectives with leadership development.

h) Leadership experiences

Respondents were asked about their experiences with leadership training, elements of good leadership, indicators of leadership performance and selection of leaders.

Training: Most respondents said leadership training had not been part of their main/technical training. But some got leadership training afterwards on the job. However, they are unable to practice good leadership because of resource and institutional constraints. Many also mentioned that leadership trainings (as part of short-term trainings in general) are driven by participants' and organisers' pursuit of allowances, not by the need to learn and improve leadership.

Elements of good leadership: Various respondents listed some or all of the following elements of a good leadership: That is, the ability to:

- Achieve overall goal of the organization.
- Scan the environment for opportunities
- Come up with an attractive vision.
- Create a strategy for the vision
- Inspire, motivate, incentives
- Align interest and resources to strategic objectives.
- Build teams
- Do strategic planning
- Negotiate
- Collaborate
- Coordinate
- Communicate
- Manage change

Indicators of leadership performance: Respondents listed some or all of the following:

- Extent to which strategic objectives have been met.
- Presence of a vision and strategic plan (strategic plan). Extent to which a leader can display the attributes in (b) above
- Extent to which a leader is viewed well within the organization
- Extent to which a leader is viewed well by the public.

Selection of leaders: Respondents suggested that for a person to be selected as a leader, they should have the following characteristics:

- Strategic, analytic thinker
- Fast thinking
- Wide multi-disciplinary knowledge
- Confident
- Listens to people
- Acts/responds to address problems

National capacity and leadership development system: Many district as well as central level government officials described the national system as attempting to address itself to national capacity and leadership development. The attempts mentioned include national institutions of management, leadership training institutions and programs. Examples in the health sector institutions include HMDC in Mbale, UMI and various programs in different institutions such as MU and MUBS. They also mentioned different government programs and projects under MOLG and MOPS aimed at both leadership development and capacity building as a whole. They were generally satisfied that Uganda had adequate policies and plans for leadership and capacity development. They however conceded that there were funding, contextual and institutional gaps in the implementation of national leadership and capacity building policies and plans. Concerns were raised about donor-funded initiatives that do not support their plans as these were often introduced outside of their plans.

As a result,

“We do not now plan according to what we need, but according to what the donors expect and tell us because the money comes from them” **Mpigi district official.**

The MOPS has an elaborate human resource strategic plan, procedures and manuals. The result-oriented management, performance-based funding and service code of conduct, reward and sanctions protocols, among others are in place. But some respondents observed that the institutional policies and manuals are not adequate to address leadership and capacity challenges. They required adequate operational funding, incentives to staff, stronger public demand for accountability, logistical requirements, and an enabling work environment.

4.0 DISCUSSION

4.1 *The experiences of capacity and leadership development in Uganda*

a) **Capacity components**

Overall, the experience of leadership and capacity development in Uganda has been mixed. On the one hand, Uganda has had an impressive array of policies and guidelines and plans for capacity building and leadership enhancement. In addition, it has numerous donor-supported initiatives in capacity building both within and outside the national policy framework. On the other hand, the positive impact of these efforts is difficult to see. From this study, the government or national efforts in capacity building, though well intended to have a national coverage, only covers scattered and selected areas and aspects, and are not fully harmonized, or effectively and efficiently managed. Therefore, these efforts have not caused much positive impact. A respondent from the MoPS commented that over time there has been a marked improvement in the performance of the Public Service when compared to the situation obtaining in the 1970s and 1980s.

Capacity has four elements (Potter and Brough, 2004). These are: Tools, Skills, Human Resource and Infrastructure, and Systems and Organizational Structures. From tools to systems, it gets more difficult and longer to attain capacity. The study has demonstrated gaps which should become the basis for lessons and recommendations. The table below summarizes key areas of capacity development and how to measure progress.

Table 3: Capacity building components and assessment

Elements	Sub-elements	Indicators
Tools	Equipment Work space Transport Communication Office requirements	Adequacy of the range of tools Adequacy of the distribution of the tools.
Skills	Adequacy Relevancy Effective deployment Appropriate mix of skills	Adequacy of skills negative to key challenges. Relevancy of skills to key challenges. Adequacy of skills deployed and at work. Availability of required skills for each task/challenge.
Human resources	Numbers Distribution Motivation Retention Work environment	Percentage of required numbers Distribution by district/facility Levels of absenteeism Effective time spent at work Staff at work for at least 3 years.
Infrastructure	Adequacy of facility numbers Adequacy of facility sizes	Numbers relative to population Size relative to population

	Adequacy of staff residences Adequacy of offices, warehouses, stores etc.	Percentage of staff with residence Availability of offices etc. Adequacy of offices etc
Systems	Timely & effective flow of information. Timely & effective procurement Storage & retrievable of information. Control of local manager of staff Contracting of private sector Communication with community Links with NGOs Committees, Boards, Councils are functional.	Timely submission of forms Percentage of procurement done timely & in cost-effective manner Info stored and retrievable for use. Percentage of expenditure on work controlled to private sector. No. of NGOs linked to & working with the national system Number of times they meet. Decisions impacted on: Work schedule? Money? Staff appointments Staff discipline

b) Leadership components

Leadership has six tasks and five functions. The six tasks which can be converted into leadership objectives:

- Leading for results
- Enabling teams to face challenges
- Improving work climate
- Enabling staff to move up the leadership ladder
- Reorienting roles to manage change
- Initiating change for better results

The five functions of leadership are:

- a) Providing a vision
- b) Scanning for opportunities
- c) Focusing on goals
- d) Aligning interests toward the goal
- e) Mobilizing resource
- f) Inspiring staff

The study has shown that leadership initiatives have hardly paid attention to any of these 11 components. The 11 items can be used as a basis for developing a framework for leadership capacity development as well as for its assessment. The table below summarized these ideas:

Table 4: Leadership components, current gaps and indicators for progress

Leadership components	Gaps/Issues in Uganda	Proposed interventions	Possible indicators
1. Leading for results	Leaders not accountable for results. . Low public demand for accountability	Results be made contractual obligation. Leaders to be changed if poor results. Initiatives to promote public demand for accountability.	Extent of achievement of annual results. Number of public complaints/actions to demand accountability.
2. Enabling teams to face challenges	Leaders tend to expect challenges to be addressed from outside. Low level of ownership by leaders.	Local solutions to address challenges. Widen stake holder consultations at all levels.	Number of local solutions to key challenges. Extent to which challenges are addressed.
3. Improving work climate	Poor work climate a major challenge in all districts & appears not to have improved.	Systematic approach to poor climate elements	% of staff satisfied with work climate. Extent to which each key element addressed e.g. staff residence, staff salary
4. Moving up leadership ladder	Most leaders at different levels have remained at the levels for too long for as long as 10-15 years.	Need for systematic upward mobility of staff through appointments and promotions. Emoluments commensurate with length of service where no promotion is feasible.	% leaders/managers at same level for 5 years. % leaders promoted/appointed.
5. Reorient roles to manage change	Much of civil service has remained unchanged/traditional in the face of new public management orientation.	Effective public service reform to be through legislation. Develop roles to address changes & new challenges.	Extent of civil service not consistent with new public management principles. Percentage of staff able to face changes & challenges.
6. Initiate changes based on needs assessment for better results	Most changes introduced have not brought about better results.	Changes to be based on needs assessment and principles of implementation.	% of changes arising from an objective needs assessment. % changes based on principles of

			implementation.
7. Leaders' ability to provide a vision	Many leaders cannot provide convincing visions for their organizations. Convincing visions are not implemented due to many factors beyond the control of leaders.	Leaders to be given freedom to develop visions within broad national policy framework.	% districts with clear visions. Extent to which the visions are achieved over 5 years.
8. Focusing on the goal	Leaders tend to be pre-occupied with donor inspired outputs but not the ultimate goal.	The aid policy in Uganda to be restructured so as to support national leaders ...on goals not just short-term outputs.	Extent to which goals are achieved. Extent to which all resources are focused on the goal.
9. Aligning interests to the goal	There are too many conflicting and competing interests that come with resources especially from donor aid.	The restructuring of aid policy in Uganda could address this problem. Empowering local leaders to be in control of resources will also help.	% of resources for service delivery under control of local/district leaders. % resources channeled through the district budget.
10. Mobilizing resources	Leaders tend not to be proactive in resource mobilization but get resources pushed on them from above with severe restrictions.	Local leaders to be empowered and encouraged to lobby for resources locally and at national level. Locally generated taxes were requested.	% of resources from leaders initiative. Extent to which resources grow annually.
11. Inspiring staff	Most staff are demotivated, but where leaders are inspiring staff have better attitude towards work.	Leaders need to inspire staff inspite of resource constraints. Capacity building inspiring staff to be done.	% staff working on schedule. Rate of staff turnover. % staff with positive attitude.

4.2 The character of USAID aid grants

Reservations and frustration were expressed by respondents about how USAID grants are managed and used. The most outspoken comments came from central level respondents especially officials from the MOLG, MOH as well as other donors interviewed. To a less extent the same views were expressed by district officials. The review of reports and literature confirms that these views are widely held.

Overall, the following observations on why it is difficult to use USAID grants effectively have come out:

- Projects are parallel not complimentary to mainstream plans and efforts.
- Projects are disjointed and fragmented.
- Projects not based on systematic needs assessment.
- Projects designs are changed before the end of project, indicating initially poor designs.
- Implementation of projects is generally poorly done.
- Over-emphasis new institutions rather strengthen existing ones.
- The narrow focus of projects, and yet expecting sector wide improvements.
- Lack of ownership of donor funded projects by districts and central level officials.
- Disharmony with other donors in financial management and information flow.
- The frustration of seeing no tangible results on the ground.
- Lack of accountability to the people the targeted beneficiaries.
- Distortion of district planning; district officials nowadays first find out what a grant is for before they plan. Plans are therefore not based on needs assessments or district priorities.
- The impossibility of donor aid coordination.
- Unpredictability of aid.

Therefore to assess the appropriateness of USAID aid the following indicators could be used:

- a) Share of aid supporting, aligned with and supporting national/district plans that are based on needs assessment and locally defined priorities.
- b) Share of aid handled through and national/district institutions and organizations.
- c) Share of untied aid.
- d) Share of total donor aid managed through a well-coordinated national/district mechanism such as SWAP.
- e) Share of scheduled aid received by recipients over a plan period.
- f) Use of national information system to report on donor aid activities.
- g) Extent to which donor funded plans and programmes attain envisaged objectives and targets.

4.3 Needs assessment

The lack of systematic needs assessment for the planning capacity building and leadership enhancement has come out clearly as a major issue. Gaps in capacity building efforts in general include: funds, human resources, equipment, physical structures (e.g. offices, residences, and health facilities), institutions, systems for management, and supplies (e.g. drugs). Gaps in leadership enhancement include gaps in incentives for leaders, work climate, appointments and promotions of leaders, orientation to the role of leaders, and preparedness to face challenges of change. Issues that recur commonly throughout the assessment of general capacity and of leadership capacity include: corruption in state and nonstate institutions, poor attitude of staff and leaders to change and to learn, the problems of donor aid, and poor governance.

Since both capacity building and leadership enhancement are ultimately aimed at achieving the goal of the sector (e.g. health or education), measurement of their success will be judged by the extent to which such goals have been attained. Other monitoring measurements of capacity are in resource gaps, level of improvement in specific gaps and issues. Suggested indicators are included in the table below:

Table 5: Suggested leadership enhancement indicators

Gaps/Issues	Indicators	Comments
Capacity in general		
Funds	Extent to which gaps in funds from all sources address national/district priorities.	All funds include: Govt Donors NGOs Private sector
Human Resources	Human resources gaps in: Numbers Skills Distribution Mix Motivation	For planning Human resources include all those available in the country.
Equipment	Availability/adequacy of office logistical and technical equipment relative to assessed needs.	Equipment include office (e.g. computers) logistical (e.g. cars) or technical (e.g. microscope).
Institutions	Availability and functionality of institutions of management and leadership (e.g. committees, boards, guidelines, plans etc)	Institutions include management structures and procedures (e.g. committees and manuals)
Systems	Extent to which management systems meet the assessed needs.	Systems are the inter-related and coordinated activities to achieve a specific task (e.g. information systems).
Supplies	Availability of essential drugs	Availability in stores & to

Gaps/Issues	Indicators	Comments
	and supplies	users. It also includes consistency and predictability.
Assessment of leadership enhancement programs		
Incentives	Rewards for good performance. Disincentives for bad performance	The incentives may be at unit, local, government or national level
Work climate	The key conditions for work: Reasonable salary Residence Water & other amenities School	These may include issues of corruption, discrimination and favouritism
Appointment, appraisal & promotions	Whether formally appointed Whether promoted since appointment How long on same post?	These are controlled by the Public Service or District Service.
Selection/identification of leaders	What criteria are used to identify and select leaders	Are the criteria applied, if not, why not?
Training/Orientation	Orientation/Internship of leaders Formal/Short trainings	What are the training needs assessed.
Tooling	What technical, logistical and office tools are needed? Availability and adequacy	These must be assessed within the context of existing resources constraints.
Assessment of leadership performance		
Goal of the sector/organization	Extent to which the goal/objectives of the sector/organization have been attained.	Consider time scale, resources and other contextual factors.
Creation of an attractive/convincing vision	The presence of a vision and strategy to achieve it. The credibility and acceptance of vision by stakeholders	The attractiveness of a vision and strategy is the hallmark of good leadership
Ability to inspire/motivate	The rate of turn over of staff Dedication to work (hours spent usefully at work) Proportion of staff who view a leader well Proportion of (outsiders) The public who view a leader well	Many factors such as working environment confound the inspiration and motivation of staff. But comparison with organizations with similar conditions can indicate the ability of leadership to inspire/motivate.
Ability to coordinate and align different interest and resources to strategic objectives	Proportion of resources to national/organizational priorities Proportion priorities not funded Resource gap Extent of over-funding and under-funding of priorities	These also measure abilities to negotiate, collaborate, communicate and manage change.

4.4 Packaging of Leadership Enhancement

From the study, emerge 6 key principles that could be used to package a leadership enhancement programme. These are:

- 1) Comprehensiveness of the content of the package to include capacity building elements directly linked to leadership, leadership enhancement activities, leadership skills development and management skills.
- 2) The development, publication and circulation of a strategic plan for the organization to all its stakeholders.
- 3) Assessment of resources from all sources (i.e. from the government, donors, fundraising etc) and identify gross gaps, under-funded and over-funded areas.
- 4) Assessment of possibilities to reallocate according to identified priorities.
- 5) Phasing and sequencing of the package for maximum benefit, for efficient management within affordable resources.
- 6) In designing capacity development strategies and plans the following principles are recommended (Ref: Carlos Lopes and Thomas Theisohn 2003 UNDP):

1. Capacity building is a long term, never ending process.
2. Respect for and use of local values, and fostering of self-esteem of the local people.
3. Scanning near and far; but reinvent locally to suit local circumstances.
4. Capacity building should be for sustainable outcomes.
5. Incentives should be aligned with capacity development.
6. Fixed mindset and vested interests must be challenged in working out effective capacity building strategies. Frank dialogue and a collective culture of transparency are essential
7. External aid must be integrated into national priorities, processes and systems.
8. Capacity building efforts must build on existing capacities rather than create new ones.
9. If institutions are not functional, or national officials are not cooperative or interested, promoters of capacity building interventions should stay engaged; they should not withdraw or work outside or parallel to the existing systems.
10. Capacity building programmes decision-makers and implementers must ultimately remain accountable to the people who are the beneficiaries of the programmes.

The table below summarizes the broad content of leadership development package that emerges from the study.

Table 7: Suggested content of leadership development

Key Areas	Components
1. Capacity building in general	Funding Human Resource Equipment Infrastructure Institution Systems
2. Leadership enhancement programmes	Incentives Work climate Appointments & promotions Procedures for identification, selection and placement of leaders Training/orientation Tooling/retooling Governance/Governance structures
3. Leadership skills development	Vision and strategy development Scanning for opportunities Aligning resources Mobilizing resources Inspiring staff Improving work climate Creating team spirit Preparing for challenges Initiate or prepare for changes to achieve better results.
4. Management	Planning Organizing Implementing Coordinating Control Monitoring & Evaluation Resource mobilization

4.5 Implementation

The most striking comment about the failure of plans and programs in general, and of capacity building and leadership enhancement programs was poor implementation. Most respondents affirmed that they had the necessary annual plans and programs, work plans, but implementation was always a problem. The same comments are reflected in the various reports on USAID-funded programs reviewed as part of the study.

Principles of implementation are derived from the perfect conditions for programme implementation in Hogg wood and Gunn, 1984. If one assesses these principles against what emerges from respondents about implementation of government and USAID-funded programs, one will find significant gaps and issues in conforming to these principles.

Below are the 10 principles of perfect implementation:

- 1) There should be no crippling external factors.
- 2) Time and resources should be adequate for the expected results.
- 3) The required combination of resources should be available.
- 4) The cause-effect theory in the program design should be valid.
- 5) The cause-effect relationship should be direct.
- 6) Dependency on external factors or actors should be minimal.
- 7) There should be perfect understanding and agreement on the objectives.
- 8) Activity tasks should be in the correct sequence.
- 9) There should be perfect communication and coordination.
- 10) There should be perfect compliance to management and policy guidelines by implementers.

The table below compares health programmes of implementation across government, USAID-funded projects and the private sector. The answers came from the study.

Table 8: Comparison of the implementation of Government, donor and private projects

Implementation Principles	Government Plans & Programs	USAID Projects in Uganda	Private sector plans/projects
1. No external hindrances	Greatly hindered by reliance on donor-funds	Hindered by USAID's restrictive, and inflexible policies	Free from external hindrances, except where there are donor grants
2. Adequate time & resources	Resource gaps are large. Sometime scales are unrealistic	Time & resources inadequate for expected results	Realistic alignment of expected results with time & resources.
3. Required combination of resources	The right combination always a problem, especially human resource, tools & infrastructure	Right combinations available within project, but not available with the wider system.	Resource combinations more available.
4. Validity of cause-effect theories	Some programmes have valid theory, others do not.	Little validity demonstrated	Validity is variable, but reviewed frequently
5. Cause-effect link is direct	Some are direct, others e.g. reduction of infant mortality may be indirect	Largely indirect, sometimes cause is too small or narrow for intended effect.	Cause-effect link is clear within, but indirect with overall system.
6. Minimal dependency	High dependency (about 90%)	Almost 100% dependency, both technical & financial.	Lowest dependency.
7. Agreement on objectives	Generally health sector objectives	Understood, but perhaps not fully	Understood, agreed on a limited range

Implementation Principles	Government Plans & Programs	USAID Projects in Uganda	Private sector plans/projects
	well understood & agreed upon.	agreed upon.	of contribution.
8. Correct sequence of tasks	Not possible due to donor conditions and lack of proper planning.	Not possible because the funded tasks are narrow, and implemented in parallel.	Possible and largely followed.
9. Perfect coordination	Still a problem, especially where some donors are involved.	Coordination of government & district actors is a problem.	Greatly achieved though not perfect.
10. Compliance with national policy	Problematic for various reasons including lack of resources, lack of awareness, lack of understanding etc.	By design, compliance with donor policy is ok, but compliance with national policy has serious gaps.	Compliance with internal and national policies is good.

If the implementation of health plans and programs is scored based on the above comparison, (that has arisen from interviews and review of various documents), the following results are obtained. Table 9 below summarizes the scorecard. The 10 principles are weighed against general responses/views drawn from the findings in this report out of 10 marks for each principle of implementation. The analysis shows that the most poorly implemented projects are USAID projects, the best private sector plans. The government plans are just about 50% well implemented.

Table 6: Implementation scorecard of health plans in government, USAID and private sector programs.

Implementation Principles	Government Plans	USAID Projects in Uganda	Private sector plans
1. No eternal hindrances	4	3	8
2. Adequate time and resources	5	4	6
3. Required combination of resources	4	4	5
4. Validity of cause-effect link	5	3	6
5. Cause-effect link is direct	5	4	5
6. Minimal dependency	4	2	8
7. Agreement on objectives	8	6	6
8. Correct sequence of tasks in a district context	4	3	6
9. Perfect coordination	5	3	7
10. Compliance	5	3	6
TOTAL	49%	35%	63%

4.6 Monitoring and Evaluation

From our conceptual framework and from the study results, it is clear that M&E is central to the development of capacity building in general and leadership enhancement in particular. Indeed it is central in any planning and program design. The conceptual framework shows how M&E is interlinked with almost all components. Broadly M&E entails that there is a desired level of performance/capacity/leadership, with well spelt out standards and targets for improvement. It also entails that actual level of performance has been assessed objectively, with measurable indicators. M&E, in addition entails that a comprehensive assessment of issues and gaps has been carried out, and that nothing serious has been left unattended to. Then, the adequacy and appropriateness of planning of leadership capacity development is assessed.

Implementation plans is assessed as part of M&E. The coordination, agreements and compliance to agreements, and the whole governance and stewardship of the leadership enhancement is also monitored and evaluated.

Finally, outputs and outcomes are identified, measured and compared with the expected levels.

4.7 Leadership development approaches and institutions.

The study has revealed that the Government of Uganda and development partners recognize the importance of leadership development. There are on-going government interventions in place and donors including the USAID have past, present and planned programs. However there is lack of coherent and comprehensive strategy for leadership development in the country. As a result many public servants make private arrangements to enroll for leadership training in local and foreign institutions. Commendable attempts have been made by MOPS, MUSPH and UMI to develop leadership capacity. Indeed there are plans to set up new institutions (e.g. the Civil Service College under the MOPS. The recent effort to popularize patriotism should hopefully contribute to improving overall enabling environment for better leadership and the demand for accountability in the country. From the views of the respondents and review of documents, a number of approaches and institutions have been proposed or floated for consideration to improve leadership in the country. First, it is thought that pre-service training and development of leadership is necessary. This would be in schools, universities and other tertiary institutions. It would have to be deliberate and systematic and taken seriously as an examinable module or subject. Second, in-service leadership training in government departments, NGOs and private sector must be encouraged and systematically developed. Third, universities and tertiary institutions should provide comprehensive leadership courses (up to one year) on leadership for students intending to devote much time in leadership as a profession. Finally, specialized institutions such as UMI and others that are to be created should be able to address specific needs in finance, local governance, health services, education/schools etc. Such institutions should be able to develop tailored courses to address special needs of leaders or potential leaders. The table 10 below presents a leadership enhancement approaches and institutional development.

Table 7: Leadership training approaches and institutional development

Approaches to leadership training	Institutions involved	New approaches/Institutions required
Pre-service training	Schools, universities and other tertiary institutions	Mandatory for high school and tertiary institutions.
In-service training	Ministries, local governments, NGOs, private sectors	Mandatory/encouraged systematic and routine orientational identification of potential leaders.
Formal specialized leadership training	Universities, specialized institutions, private firms/institutes	Develop curricula for general leadership and specialized leadership to take up to 1 year.
Tailored leadership courses	Specialized institutions	Short courses on different aspects of leadership and management.

4.8 Sustainability

If capacity development means the gradual move towards independence from external reliance and freedom, from external support to self reliance, then sustainability must embody taking responsibility and ownership to ensure the continuation of project activities and benefits after external support is ended. This entails generating more internal revenue and other material and human resources as well as attitudinal transformation that supports systems thinking. This is a slow and gradual process. But progress should be seen to be made in this direction. Thus, the move towards sustainability should be monitored by the following indicators:

- Proportion of capacity / leadership development funding from internal sources
- Proportion of planned activities based on needs assessment as opposed to those induced by external grants whose purpose is expressly determined by donors
- Proportion of funding devoted to systems and infrastructure, as opposed to that devoted to tools and skills training
- Proportion of project activities integrated into the national system
- Proportion of project activities and benefits that continue beyond 5 years after project closure

4.9 Identified gaps and issues

Thus there gaps and issues identified in the leadership enhancement initiatives are:

- Gaps in resources
- Gaps in sustainability
- Gaps in aid management
- Issues in the political environment
- Gaps in the planning process
- Gaps in the content of package of interventions
- Gaps in implementation
- Gaps in M&E

5.0 RECOMMENDATIONS TO USAID UGANDA

AID Management

Uganda has one of the most mature Swaps in Africa which provides a conducive environment for aid harmonization and alignment with country priorities. It is not necessary for USAID to embrace budget support or pooled funding. However it is necessary for USAID to work within the principle of the three ones in health systems development namely: one national plan, one implementation mechanism and one monitoring and evaluation arrangement with the country and the other development partners. As much as possible planning and disbursement should be synchronized with Uganda cycles or firm commitments declared in time to enable resource forecasting.

Resource Gaps

In the foreseeable future Uganda is likely to require support from USAID and other donors. Therefore planning for support should acknowledge this so that such assistance is tailored to be strategic, catalytic and long term building on existing foundations and strengthening leadership and existing institutional capacity for the long haul. As far as possible investment should be in the areas that are least funded, which the potential beneficiaries have identified as their top most priorities.

Human resource is the single most critical resource in leadership, capacity development and offers the only hope for sustainability of investments. Human resource development as a whole should therefore be of the highest priority. USAID is advised to work with the government and other agencies in Uganda to invest in this area and advocate for incentives to support holistic HRD which include creating enough numbers of trained staff, their equitable distribution, improving the working conditions and the work climate, staff retention, and motivation. There are models in other African countries that show promise and which could be emulated.

USAID should extend its support to infrastructure and systems development, so that in the wider picture, there is a balanced and cohesive development in the 4 areas of capacity building of a) tools, b) skills c) human resources, and d) systems and institutions.

Nature of USAID Funding

USAID mechanisms for channeling funds currently use contractors mostly from the USA although there is evidence of more use of local subcontractors. It is recommended that this trend to use local contractors be scaled up in order to build the capacity of indigenous institutions and free more funds for project implementation from more expensive foreign contractors.

USAID is advised to select its investments based on well designed and comprehensive needs assessments and benefit from lessons from existing and past projects, most of whose designs have been evaluated to be defective. That is, USAID should adopt zero-based

project/program design instead of incremental program design based on lessons from previous (defective) projects.

USAID is advised to design its implementation strategy on the proven principles of implementation.

Ownership, or rather the lack of ownership, is critical in the implementation of USAID projects. USAID is advised to ensure that its projects are owned by the implementers, stakeholders and beneficiaries by a) using needs assessed local, district and national plans, b) using indigenous institutions and organizations, c) integrating the programs into the national system, and d) being accountable to people of Uganda at local, district and national levels.

USAID is advised to consider instituting mechanisms for demonstrating accountability for its decisions, projects and programs to stakeholders including local level beneficiaries, to the districts it operates in, and to the national level through the appropriate institutions. This can be achieved by holding regular consultations with stakeholders at appropriate intervals during the project cycle including the final evaluations. MoFEP is interested in seeing this happen.

Needs Assessment & Planning Process

In project identification and as a prelude to joining the national planning cycle through the Swaps, USAID is advised as follows;

Needs assessment should always precede any USAID fund project content and design.

In needs assessment, gaps and issues should be identified in: funding, human resources, equipment, institution, infrastructure and systems.

Leadership needs-assessment should include assessment of staff numbers, incentives, work climate, conditions of service, training needs, and tooling needs.

Leadership skills training should be comprehensive and include vision and strategy development, scanning, alignment of resources and interests to goals, mobilizing resources, inspiring staff, improving work climate and creating team spirit, preparing staff for challenges and initiating or preparing for change.

Packaging Interventions

USAID is advised to ensure that capacity building and leadership enhancement program contents are comprehensive and balanced overall. In particular, it should avoid over-funding some aspects when other aspects are un-funded or under-funded.

USAID should determine which aspects to fund and by how much after a needs assessment, and assessment of available resources and funds from all sources.

When the program content is too large to be implemented at ago, a sequential phasing of tasks needs to be done. For example, in logical sequence, a number of tasks can be completed over the first five years, and the next lot of tasks in the following five years.

USAID is advised to follow international best practice in leadership and capacity building by supporting and encouraging the use local values and foster self-esteem of the local people and stakeholders.

USAID should use and build on existing capacities and systems rather than create new ones or import from abroad.

If the national systems are not functional or local officials are uncooperative or uninterested, USAID should stay engaged, rather than withdraw and work outside or in parallel.

Implementation

USAID is advised to use the 10 principles of implementation to design, monitor and evaluate the implementation of its programmes.

In particular, USAID is advised to divest implementation to local institutions and organizations and avoid micromanagement, so as to minimize external hindrances in implementation.

The overall available resources and time should be reasonably aligned with the expected results.

The right combination of resources must be assessed in the overall sector, where resources from other stakeholders are taken account of. If after such an assessment, the right combination of resources is not available, then USAID should address this as a priority.

Cause and effect link should be clear in programme design. In particular, the link between interventions, outputs and desired outcomes should be valid and direct.

There should be coordination and alignment of actors and stakeholders to the overall goals and objectives.

USAID is advised to ensure compliance with project work through ensuring ownership, strong coordination and stewardship, and the use and strengthening of local institutions and systems.

Monitoring and Evaluation

In monitoring and evaluating leadership development, all components need to be individually assessed using measurable indicators.

The leadership enhancement information should be integrated into national management information systems, and fed into planning processes.

USAID may consider and further develop and implement the following leadership development M&E framework.

Table 8: Leadership development M&E framework

Leadership development components	Aspects	Indicators
Ability of leader to improve incentives	(Parrot) Rewards (Stick) Disincentive	% of staff qualifying for awards. % of staff punished.
Ability of leader to improve the work climate	Salary/emoluments Residences Utilities Other facilities	% staff on minimum competitive salary % of staff with residential accommodation % of staff
Availability and use of objective evidence for the selection & recruitment of leaders	Criteria Objectivity Used routinely	Criteria % leaders appointed on agreed criteria
Vision and strategy	Availability of vision Appropriateness of strategy	Vision/mission statements Proportion of strategy in line with vision and available & projected resources.
Ability to inspire staff	Staff turnover Dedication to work Perception of staff of their leader Perception of the public of the leader	% annual staff turnover % staff who spend work hours usefully at work % of staff who view the leader well % public who view him well
Agreements on leadership development	Agreements made Agreement maintained Agreements enforced	% Achievements of objectives % Budgetary fulfillments
Narrowing of gaps identified	Quantifiable gaps in leadership	Extent to which gap has been narrowed relative to expected target.
Root causes of poor leadership & leadership development	Identified Planned for Implemented	% of root causes planned for % root cause addressed through implementation
Vision & strategy of leadership development	Vision Strategy	Long term vision statement on leadership development Strategic plan on leadership development Proportion of annual attainments of leadership development strategic plan.

Table 9: Detailed M&E matrix for leadership development in the context overall capacity building

Gaps/Issues	Indicators	Comments
Capacity in general		
Funds	Extent to which gaps in funds from all sources has reduced	All funds include: Govt Donors NGOs Private sector
Human Resources	Human resources gaps in: Numbers Skills Mix Motivation	For planning Human resources include all those available in the country.
Equipment	Availability/adequacy of office logistical and technical equipment relative to assessed needs.	Equipment include office (e.g. computers) logistical (e.g. cars) or technical (e.g. microscope).
Institutions	Availability and functionality of institutions of management and leadership (e.g. committees, boards etc)	Institutions include management structures and procedures (e.g. committees and manuals)
Systems	Extent to which management systems meet the assessed needs.	Systems are the inter-related and coordinated activities to achieve a specific task (e.g. information systems).
Supplies	Availability of essential drugs and supplies	Availability in stores & to users. It also includes consistency and predictability.
Assessment of leadership enhancement programs		
Incentives	Rewards for good performance. Disincentives for bad performance	The incentives may be at unit, local, government or national level
Work climate	The key conditions for work: Reasonable salary Residence Water & other amenities School	These may include issues of corruption, discrimination and favouritism
Appointment & promotions	Whether formally appointed Whether promoted since appointment	These are controlled by the Public Service or District Service.

	How long on same post?	
Selection/identification of leaders	What criteria are used to identify and select leaders	Are the criteria applied, if not, why not?
Training/Orientation	Orientation/Internship of leaders Formal/Short trainings	What are the training needs assessed.
Tooling	What technical, logistical and office tools are needed? Availability and adequacy	These must be assessed within the context of existing resources constraints.
Assessment of leadership performance		
Goal of the sector/organization	Extent to which the goal/objectives of the sector/organization have been attained.	Consider time scale, resources and other contextual factors.
Creation of an attractive/convincing vision	The presence of a vision and strategy to achieve it. The credibility and acceptance of vision by stakeholders	The attractiveness of a vision and strategy is the hallmark of good leadership
Ability to inspire/motivate	The rate of turn over of staff Dedication to work (hours spent usefully at work) Proportion of staff who view a leader well Proportion of (outsiders) The public who view a leader well	Many factors such as working environment confound the inspiration and motivation of staff. But comparison with organizations with similar conditions can indicate the ability of leadership to inspire/motivate.
Ability to coordinate and align different interest and resources to strategic objectives	Proportion of resources to national/organizational priorities Proportion priorities not funded Resource gap Extent of over-funding and under-funding of priorities	These also measure abilities to negotiate, collaborate, communicate and manage change.

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ANNEXES

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List of Persons Interviewed

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42.	Dr. Edward Ssemafumu	Chief of Party (COP)	STAR-E
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