

Republic of Uganda

FY2018 Ex-Post Evaluation of Japanese Grant Aid Project

“The Project for Rebuilding Community for Promoting Return and Resettlement of Internally Displaced Persons in Acholi Sub-Region in Northern Uganda”

External Evaluator: Tokiko Ito, Ernst & Young ShinNihon LLC

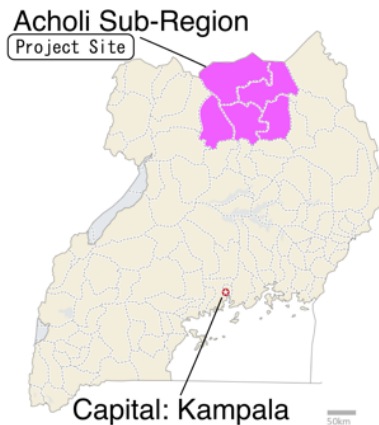
0. Summary

This project is aimed to improve the living environment of internally displaced persons (hereafter referred to as “IDP”) in the six districts (Gulu, Omoro, Kitgum, Lamwo, Pader, and Agago)¹ in the Acholi Sub-Region in the Northern Uganda through developing the social infrastructure of the communities (primary schools and health-care facilities) and access roads, thereby contributing to promote the return and settlement of IDP. The relevance of the project is high because it is consistent with Uganda’s national and regional development plans, education and health development policies, development needs, and Japan’s aid policies. The project cost was as planned, but the project period exceeded the plan because there were changes in the output volume due to changes to the project sites. Therefore, the efficiency is fair. The operational indicators of the quantitative effects of the effectiveness, such as the number of classrooms in a favorable condition, student capacity, and inpatient admission capacity, have achieved their targets. The improvements can also be confirmed through the qualitative effects such as the safety of passage to community-related facilities, the quality of education and medical services after developing facilities and equipment, and the living environment. In addition, the impacts on promotion of the settlement at IDP’s return communities are also recognized, and so, the effectiveness and impacts of the project are considered high. Moreover, there are no particular problems in the technical and financial aspects of operation and maintenance of this project, but there are some points to be improved upon regarding institutional/organizational aspect and the status of operation and maintenance of health-care facilities. Therefore, the sustainability of the effects realized through this project is fair.

In light of the above, this project is evaluated to be satisfactory.

¹ The administrative divisions of Uganda are district, county, sub-county, parish, village, and sub-village. At the time of project implementation, the targets were five districts, but in July 2016, Omoro County in Gulu District was divided from the district and was newly established as Omoro District. As for the project target site, four primary schools and the Lapainat Health Center (hereafter referred to as “HC”) in four parishes located in Gulu District at the time of project implementation are in Omoro District at the time of ex-post evaluation.

1. Project Description



Project Locations



Primary school building constructed by the project

1.1 Background

In Uganda, social infrastructure development in the Northern Region was significantly delayed, as compared to other regions due to the civil war that had continued for more than 20 years since 1986. The Government of Uganda formulated the *Peace, Recovery and Development Plan for Northern Uganda* (hereafter referred to as “PRDP”) in 2007 because it recognized the urgent need to support the Northern Region in order to maintain security in the country and reduce disparities. Among these, the plan was aimed at raising the social and economic indicators in the North to those of the national average, with the goals to rebuild and empower communities and to revitalize the economy. In order to recover the local communities that collapsed during the conflict, a wide range of support was urgently needed, including the promotion of IDP’s return and the provision of education and health care. However, the issues remain untouched because entire Northern Region is large, and the government budget cannot secure sufficient funds. In addition, the assistance to the Northern Region shifted from the emergency and humanitarian to the reconstruction and development stage, so funds other than the government funds were also insufficient for the needs.

Under these circumstances, in order to deal with the above issues, especially in the Acholi Sub-Region, where the civil war was particularly serious in Northern Region, Japan has developed prompt and continuous recovery support projects to enable the beneficiaries to feel the effects, such as by improving basic infrastructure in the return communities and reinforcing the administration’s public services, to promote IDP’s return and settlement. This project is one of them.

1.2 Project Outline

The objective of this project is to improve the living environment of IDP by improving the social infrastructure of the community (primary schools and health-care facilities) and improving access to the facilities, thereby contributing to promoting the return and settlement of IDP in six districts of Acholi Sub-Region in Northern Uganda.

Grant Limit / Actual Grant Amount	1,153 million yen / 1,153 million yen
Exchange of Notes Date /Grant Agreement Date	February 2012 / February 2012
Executing Agency	The Government of Republic of Uganda, Office of Prime Minister (hereafter referred to as “OPM”)
Project Completion	March 2015
Target Area	6 districts (Gulu, Omoro, Kitgum, Lamwo, Pader, and Agago) in Northern Uganda
Main Contractors	Multiplex Ltd., Armpass Technical Service Ltd., Pearl Engineering Company Limited, Draco (U) Ltd. (Construction) Crown Healthcare Ltd. (Equipment)
Main Consultants	NTC International Co., Ltd. & Oriental Consultants Co.,Ltd. (JV)
Procurement Agency	Japan International Cooperation System
Basic Design	April 2011–February 2012
Related Projects	[Technical Cooperation Projects] -“Project for Rural Road Network Development in Acholi Sub-Region in Northern Uganda” (April 2011–April 2012) -“Project for Capacity Building of Local Government on Implementation of Community Development Project in Acholi Sub-Region” (November 2011–November 2015) -“Project for Capacity Development of Local Government for Strengthening Community Resilience in Acholi and West Nile Sub-Regions” (June 2016–June 2020) -“Northern Uganda Farmers’ Livelihood Improvement Project” (December 2015–November 2020) [Japanese ODA Loan Project] -“Upgrading of Atiak-Nimule Road Project” (July 2013–2015) [Grant Aid Projects] -“The Project for Social Infrastructure Development for Promoting Return and Re-settlement of Internally Displaced Persons” (April 2010–February 2013) -“The Project for Provision of Improved Water Source for Resettled Internally Displaced Persons in Acholi Sub-Region” (July 2013–August 2016) -“The Project for Improvement of Gulu Municipal

	<p>Council Roads in Northern Uganda” (September 2016–March 2021) [Other Aid Agency] -USAID ”Northern Uganda Development of Enhanced Local Governance Infrastructure and Livelihoods (NUDEIL) Program” (2009–2013)</p>
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2. Outline of the Evaluation Study

2.1 External Evaluator

Tokiko Ito, Ernst & Young ShinNihon LLC²

2.2 Duration of Evaluation Study

This ex-post evaluation was conducted with the following schedule.

Duration of the Study: August 2018–August 2019

Duration of the Field Study: November 11–December 4, 2018

2.3 Constraints during the Evaluation Study

The target facilities of this project, primary schools, HCs, access roads, river crossings and road-drainage culverts,³ are located in 29 parishes in remote areas far from main roads in six provinces of Northern Uganda. For this survey, five parishes (three primary schools and three HCs) were visited. The situations of the other facilities were judged based on questionnaire and interview results from the executing agency, the District Education Office, and the District Health Office.⁴

3. Results of the Evaluation (Overall Rating: B⁵)

3.1 Relevance (Rating: ③⁶)

3.1.1 Consistency with the Development Plan of Uganda

At the time of planning, the Government of Uganda aimed for economic growth and the establishment of a stable and peaceful nation in the *National Development Plan (2010/11–2014/15)*. The government also formulated the *PRDP (2007)* in order to regain and consolidate a peaceful environment and build the foundation for recovery and development in Northern Uganda. As strategic goals towards these goals, the return and settlement of IDPs, reconstruction and empowerment of the communities through development of the

² In this survey, the external evaluator who belongs to Octavia Japan Co., Ltd. participated as reinforcement.

³ These are structures provided in the embankment or ground under the road in order to obtain space such as for drainages, waterways, and passages.

⁴ Due to the constraints of the evaluation, the field survey assistant conducted visits and interviews alone with the District Education Office and District Health Office in two districts (Lamwo and Agago) and in one parish (one HC).

⁵ A: Highly satisfactory, B: Satisfactory, C: Partially satisfactory, D: Unsatisfactory

⁶ ③: High, ②: Fair, ①: Low

community's facilities, and revitalization of the economy by restoring infrastructure such as roads and bridges were planned. Moreover, the *Education Sector Strategic Plan (2010/11–2015/16)* and the *Third Health Sector Strategic and Investment Plan (2010/11–2015/16)* set the goals to improve access to primary education and to provide primary health-care services to all citizens, respectively. In addition, in the *Ten-Year District, Urban and Community Access Roads (2004)*, development and maintenance of roads were stated as goals.

At the time of the ex-post evaluation, the Government of Uganda emphasized peace and stability and building the foundation for reconstruction and development in the North through the *Second National Development Plan (2015/16–2019/20)* and the *PRDP 3 (2015)*. Moreover, improvement of fair access to primary education and dissemination of primary health services to all citizens were stated in the *Education and Sports Sector Strategic Plan (2017/18–2019/20)* and the *Health Sector Development Plan (2015/16–2019/20)* respectively. In addition, in the *Work and Transport Sector Development Plan (2015/16–2019/20)*, the need for the improvement, restoration and maintenance of community access roads was identified.

Based on the above, at the time of planning and the ex-post evaluation, improvement of primary education, primary health services and access roads in the North are regarded as important in the country, and so, consistency with policies and measures is recognized.

3.1.2 Consistency with the Development Needs of Uganda

At the time of planning, in the Northern Region of Uganda, the development of social infrastructure, such as education, health and roads, was significantly delayed compared to other regions in the country due to the impact of over 20 years of conflict. While aiming to become a stable and peaceful nation, it urgently needed to restore local communities, ease regional disparities, and rebuild IDP's lives after the conflict calmed down. Many issues were left untouched because the Northern Region, which occupies two-thirds of the national land, was large, and the government budget was unable to secure sufficient funds.

At the time of the ex-post evaluation, according to the OPM, there was support in line with the *PRDP*, and progress was recognized in reconstruction and empowerment of the communities, but support for economic revitalization was limited and delayed. Moreover, it can be said that social services in education and health have also improved to some extent but are still inefficient.

Based on the above, in the Northern Region of the country, economic revitalization and improvement of social services are necessary. Therefore, at the time of planning as well as the ex-post evaluation, there are high needs for improvements to education and health services and the development of access roads; and thus, the consistency between the project and development needs is recognized.

3.1.3 Consistency with Japan's ODA Policy

The *ODA Data Book by Country (2007)*, formulated by the Japanese Ministry of Foreign Affairs, recognized development of human resources (education, etc.), improvement of basic living (health-care infrastructure, water supply, etc.), and improvement of basic infrastructure of economy (roads) as prioritized sectors of its assistance to Uganda. In addition, the *Yokohama Action Plan (2008–2012)* from the Tokyo International Conference on African Development (TICAD) IV advocated the promotion of “consolidation of peace and good governance.” In addition, JICA's program, “Regional Reconstruction Support Program for the Northern Region” in Uganda (2009), carried out several projects under the aid policy, including this project. It aimed to strengthen community functions by developing basic infrastructure and providing public facilities and targeted a secure, stable life for IDPs at places of return and settlement in the region.

Based on the above, this project is intended to provide assistance to education and health service facilities and basic infrastructure facilities in the country, including access roads, so this is consistent with Japan's ODA policy.

3.1.4 Appropriateness of the Project Plan and Approach

<Viewpoint of the project evaluation in conflict-affected countries/regions>

Since this is a project in the North of Uganda, an area affected by the conflict, the confirmation was made based on JICA's *Guide for Project Evaluation in the Conflict Affected Countries and Regions*.

- 1) Timing: The project was planned while the Government of Uganda promoted IDP's return and reconstruction of the community following the ceasefire agreement for the civil war in 2006. It is considered that the timing of project implementation has been appropriate.
- 2) Political and policy contributions: As mentioned above, in the *PRDP*, the government of the country aimed to regain and consolidate peace, building the foundations for recovery and development in the Northern Region of the country, and reconstructing the communities for that purpose. Following the end of the conflict, IDP wanted to return to former residences where there was land for their livelihood. In such circumstances, Japan's support for promoting return and settlement is recognized as having political and policy contributions.
- 3) Activities: In this project, community-related facilities (primary schools and health-care facilities) and access roads in IDP's return sites were developed. The project outputs in relation to regaining and consolidating peace by promoting the return and settlement of the returnees were planned.
- 4) Selection of area and beneficiary group: In this project, the target sites were set by

prioritizing the support target facilities in each of five districts (at the time of project implementation) in Northern Acholi Sub-Region. This is because of the consideration of selecting the target district and parish more fairly in terms of the area selection. Moreover, communities that need multiple facilities and have a large population were given the top priority. In addition, the plan was to support primary education, primary health care, and access roads and to benefit many people in the target communities. It is judged that the criteria for selecting the area and beneficiary groups were considered not to promote instability factors.

- 5) Implementation system: Under the OPM, responsible for the reconstruction of the Northern Region, the offices in charge of the relevant sectors of the five districts are participating in the project, thus creating a project management system with no bias in the area or by sector.

Based on the above, it is confirmed that the project was not to promote politically nor socially negative influences or instability factors and was appropriate.

Based on the above, this project has been highly relevant to Uganda's development plan and development needs as well as Japan's ODA policy. The project plan and approaches in the conflict-affected areas are considered to be appropriate. Therefore, its relevance is high.

3.2 Efficiency (Rating: ②)

3.2.1 Project Outputs

In this project, development of primary schools, health-care facilities and access roads and provision of equipment were implemented. Table 1 shows the planned and actual outputs of this project. The Japanese output plan has been changed in the outline design, the detailed design, and the second detailed design (see the appendix documents for details of the changed contents: "Appendix Table 1: Changes in the number of targeted parishes," "Appendix Table 2: Output changes of primary school facilities," and "Appendix Table 3: History of output changes of health and medical facilities"). In this evaluation, the second detailed design and the actual results are compared and judged.

Table 1: Planned and Actual Outputs by the Japanese Side of the Project

Plan (2nd Detailed Design) (2012)	Actual (2018)
<p>1) Construction</p> <ul style="list-style-type: none"> - Primary school facilities⁷ 22 locations (parishes), 30 schools (100 classrooms, 49 teachers' houses, 92 latrines blocks, 20 boreholes, educational furniture, etc.) - Health-care facilities and equipment procurement⁸ 3 locations (parishes) (incl. 1 location same as the school), HC III – 1 general ward, HC II – 2 outpatient department (hereafter referred to as “OPD”) blocks, 3 incinerators, 4 latrine blocks, 2 boreholes, medical equipment – total of 33 types⁹ - Access roads Total length 70.6 km incl. 26 locations with river crossings and road-drainage culverts¹⁰ 	<p>1) Construction</p> <ul style="list-style-type: none"> - Primary school facilities 27 locations (parishes), 35 schools (108 classrooms, 57 teachers' houses, 108 latrines blocks, 19 boreholes (incl. 3 repairs), educational furniture, etc.) - Health-care facilities and equipment procurement 3 locations (parishes) (incl. 1 location same as the school), HC III – 1 general ward, HC II – 2 OPD blocks, 3 incinerators, 4 latrine blocks, 3 boreholes (incl. 1 repair), medical equipment – total of 33 types - Access roads Total length 64.0 km incl. 22 locations with river crossings and road-drainage culverts
<p>2) Consulting Services</p> <p>Detailed design, bidding document preparation, bidding assistance and construction supervision work, etc.</p>	<p>2) Consulting Services</p> <p>Implemented as planned</p>

Source: Document provided by the executing agency

The differences between the plan and actual are confirmed as shown in Table 1. The explanation is as follows:

1) Changes from the outline design to the second detailed design:

Target sites selected in the outline design and where it was then confirmed that the

⁷ In this project, the number of required classrooms is set as one classroom for each grade from first to seventh grade, with a maximum of seven classrooms per each target school. The number of classrooms to be developed is set as the number of required classrooms minus the number of existing classrooms available. The number of required teachers' houses is set as four households; if there is a shortage, a teachers' house with two households in one house is to be built. For latrines, one latrine for every 40 students and four latrines are to be built for a school without a teachers' latrine. A borehole is to be developed if there is no water supply facility.

⁸ In Uganda, there are four levels of health-care facilities, from the health center IV (HC IV) to the village health team (HC I) below the district (general) hospitals, under the jurisdiction of the District Health Office. One health center III (HC III) is to be established in every sub-county and for every 20,000 people, to perform preventive care, outpatient treatment, normal deliveries, inpatient care, and examinations. One health center II (HC II) is established in every parish and for every 5,000 people, to perform preventive, outpatient treatment, home care, and emergency deliveries.

⁹ A total of 33 types of equipment were procured for HCs, but the provided contents and numbers differ by HC. The breakdown for the equipment is as follows: examination couch, stethoscope, thermometer (adult), blood-pressure machine, weighing scales (adult, toddler & infant), height meter, ophthalmoscope, otoscope, autoclave, sterilizer drum (medium & small), patient bed (adult & pediatrics), drip stand, wheel chair, oxygen therapy apparatus, resuscitator (manual type for adult & infant), suction apparatus, delivery bed, patient screen, stretcher, cold Box (for vaccine storage), cupboard (instrument), refrigerator for medical, vaccine carrier, instrument trolley, cupboard (others), diagnostic equipment set for OPDs (thermometer, tourniquet, etc.), delivery-instrument set (umbilical-cord-cutting scissors, vaginal speculum, etc.), suture-treatment instrument set (forceps for arterial and sponge, etc.).

¹⁰ River crossings and road-drainage culverts are developed at places where access roads to schools and HC facilities are obstructed by small rivers.

facilities targeted for the project had already been developed by nongovernmental organizations (NGOs), etc., were excluded in order to avoid duplication of support content (seven schools in four districts and one HC III), and the number of facilities and the contents of attached facilities to be developed were changed (ten schools in five districts) in the detailed design. In addition, based on the request of the districts, sites with high priority on the support candidate list were added (six schools in three districts) but were excluded from the second detailed design. This is because there was a district where the bid price for a primary school's construction exceeded the expected amount due to a rise in construction prices and fluctuations in currency-exchange rates, so the bid was unsuccessful.

2) Changes after the second detailed design:

The final outputs were changed in accordance with the changes among the target primary schools during the project implementation. As a result, the numbers of classrooms, teachers' houses, latrines, and boreholes increased from the second detailed design, but the distance of access roads and the number of river crossings and road-drainage culverts decreased. As a main change, one primary school in Lamwo District located in a forest reserve was deleted upon request of the District because it took time to obtain construction approval from the country. After that, target primary schools (six schools in four districts) were added upon the request of each district. In addition, regarding the boreholes, some sites were removed from the target list or replaced with alternative sites because construction permission was delayed, or boreholes had already been installed by other donors. Furthermore, regarding the access roads, the sites that had already been repaired by other donors, local governments, and communities were removed, and according to expansion of the damage situation, the distance of repair was changed, and some sites were added (decreased 39.7 km and increased 33.1 km from the second detailed design). There was no change in outputs volumes at health-care facilities.

Furthermore, at the time of these output changes, it was considered to make support fair among the target districts. According to the construction consultant in charge of supervision (hereafter referred to as "the Consultant"), at the time of the preparatory survey, as described above, the facilities that needed to be developed in the target districts were prioritized and listed. The plan was to increase the number of target sites by developing the minimum required facilities at each project target site. The target sites, in principle, were selected according to the list in order of priority when it was changed. Therefore, it was possible to adjust the target sites without divergences between the output plan and the actual results. As a whole, the project's planned output volume with the actual results cannot be simply compared, but it is considered that there were no changes in the details of the facilities that would have affected the project effects overall. In addition, regarding some sites where

support was provided by other donors, etc., facilities in the target districts were efficiently and effectively improved by selecting alternative sites. Moreover, the project costs were carefully managed, with consideration given to selecting the target districts and parishes fairly. Thus, it is considered that process of changes was appropriate. Furthermore, Uganda's outputs were implemented as planned, including exemption from taxes for Japan and the third countries' companies, the provision of conveniences, appropriate usage of facilities, bearing necessary expenses other than the grant, processing of payment procedures and bearing of various fees, assessment of environmental impacts, and securing of a budget.

3.2.2 Project Inputs

3.2.2.1 Project Cost

While the planned total project cost was 1,153 million yen (out of which, 1,153 million yen was covered by Japan), the actual project cost was 1,153 million yen as planned (100% to the plan). As mentioned above, when the plan was changed, the project budget was also taken into consideration and the selection of the project target sites were arranged in accordance with the list of facilities that needed to be developed in the target area. As a result, while the output volume has changed, the increase and decrease in the project costs have been controlled. Information on the project costs of the Ugandan side was not obtained from the executing agency.¹¹

3.2.2.2 Project Period

The project period was planned to be 27 months from February 2012 (starting from the date of G/A) to April 2014 (when the main construction and delivery of equipment were completed). While, the actual period was 38 months from February 2012 (starting from the date of G/A) to March 2015 (when construction was delivered) and exceeded the plan (approx. 141% of the plan). The main reasons for this delay are the delay in the receipt of materials, the delay in the delivery of materials at each project site, and the lack of the necessary number of workers due to the financing of the construction contractor at some sites. At the time of bidding, occurrence of such situations was unforeseeable because the contractors were selected after it was confirmed that they met a certain level of standard. On the other hand, the influence on the project period of changing the target sites during the project implementation was minimal because the candidate list for the project target sites was used to save time for selecting a new target site. The obligations of the Ugandan side are said to had been implemented by the completion of the main work.

¹¹ Some outputs were difficult to calculate monetarily, so the data was not recorded.

<Viewpoint of the project evaluation in conflict-affected countries/regions>

At the time of the implementation of the project, it was a time when the return of IDP had been promoted to a certain extent, and there were no impacts to the implementation of this project due to security instability. Changes in outputs were carried out as evenly as possible among the five districts (at the time of project implementation) according to the plan. It was confirmed that the project period and the project cost were not affected by the situation of external conditions or preconditions such as the deterioration of security or changes in circumstances.

Based on the above, although the project cost was as planned, the project period exceeded the plan. Therefore, efficiency of the project is fair.

3.3 Effectiveness and Impacts¹² (Rating: ③)

3.3.1 Effectiveness

3.3.1.1 Quantitative Effects (Operation and Effect Indicators)

Through the site visits and questionnaires to each District Education Office and District Health Office, it was confirmed that the primary schools and health-care facilities developed by this project had all been utilized. Tables 2 to 5 show the baseline, target, and actual value of the indicators related to the quantitative effects of the project.

1) Operation indicators: The number of classrooms in the favorable environment of the target school and the student capacity

Table 2: [Operation indicators] Changes in the Situation of Target Schools

Indicators	Baseline	Target	Actual
	Year 2011	Year 2018/19	Year 2017/18
	2nd Detailed Design	3 Years After Completion	2 Years After Completion (1 Year Before Target Year) *
No. of Classrooms in a Favorable Environment at the Target School (rooms)	131	239	248
Student Capacity at the Target School (persons)	7,074	12,906	13,392

Source: Document provided by six target District Education Offices

*Note: As the school year 2018/19 ends in January 2019, data have not been compiled at the time of the ex-post evaluation. Therefore, the data for 2017/18 (February 2017–January 2018) of two years after the project completion was obtained (same as Table 3). In addition, data of all target schools were acquired only for this one year because data were unsorted in the District Education Offices.

As the number of classrooms was changed during the project implementation, the target

¹² Sub-rating for Effectiveness is to be put with consideration of Impacts.

values were set again at the time of the ex-post evaluation as shown in Table 2 according to the calculation method for the operation indicators at the time of the planning of the project. The number of classrooms in a favorable environment at the target schools was calculated by adding the number of classrooms developed in this project (108 classrooms) to the baseline value. The student capacity at the target schools was calculated by adding the classroom capacity developed in this project (54 students per classroom, 5,832 in total) to the baseline value.

According to each District Education Office, the number of classrooms in a favorable environment at the target schools was 248 in total (108 classrooms by this project and 140 classrooms by each District Education Office and other donors). As shown in Table 2, “the number of classrooms in a favorable environment at the target schools” and “the student capacity” have already achieved the target values already in one year before the target year. It can be said that the number of classrooms in a favorable environment at the target schools has increased, and the number of students who can study in a good environment has increased because of the development of the school buildings by this project.

2) Additional Indicators: Number of enrolled students, number of students per classroom, and number of students per latrine in the target schools

Table 3: [Additional Indicators: Operation and Effect Indicators]
Education Environment Data of Target Schools

Indicator	Target	Actual
	Year 2018/19 3 Years After Completion	Year 2017/18 3 Years After Completion (1 Year Before Target year)
Total No. of Enrolled Students in Target Schools (persons)	n/a	21,166
Average No. of Students per Classroom (persons/room)	54	67 *Note1
Average No. of Students per Latrine (persons/latrine)	40	43 *Note 2

Source: Documents provided by six target District Education Offices

*Note 1: 21,166 persons/318 classrooms (total no. of available classrooms in the project target schools)

*Note 2: 1,166 persons/496 units (no. of latrines for students in the project target schools)

According to each District Education Office, the facilities developed by this project are being fully utilized. On the other hand, the number of enrolled students has been increasing year by year, and both the average number of students per classroom and the average number of students per latrine exceeded the target values (target standard of the Ugandan Government); hence, the numbers of classrooms and latrines are insufficient compared to the number of students.¹³ However, the number of classrooms developed in this project (108

¹³ The actual number of students per classroom may be even higher than the 67 persons stated in Table 3. That is because the target schools in this project have 318 classrooms in total, including classrooms that are usable

classrooms) accounts for about 34% of the total number of classrooms (318 classrooms) in the target schools, and it is thought that this project has contributed to the mitigation of overcrowding of students per classroom. Furthermore, the students' latrines installed in this project (280 units) account for about 56% of all students' latrines (496 units) in the target schools. Therefore, this project is considered to have contributed to the mitigation of the shortage of latrines. In addition, according to each District Education Office, it is confirmed that all of the teachers' houses developed by this project have been utilized. Considering that there are schools where several single teachers share one house, it is probable that more than the planned number of teachers (114 persons) are provided with the houses.¹⁴

3) Operation Indicator: Inpatient admission capacity

Table 4: [Operational Indicator] Inpatient Admission Capacity in Lapainat HC III

Indicator	Baseline	Target	Actual		
	2011	2018	2015	2016	2017 *Note 2
	-	3 years After Completion *Note 1	Completion Year	1 Year After Completion	2 Years After Completion (1 Year Before the Target Year)
Inpatient Admission Capacity (persons/year)	128	480	480	480	480

Source: Document provided by Lapainat HC III

*Note 1: The inpatient admission capacity is calculated as ten beds (installed in this project) x 48 weeks (assumed hospitalization of an average one week per patient)/the number of general wards. The target value is calculated based only on the number of beds installed in this project and does not include the existing inpatient admission capacity stated in the baseline.

*Note 2: The data for 2018 had not been compiled by the time of the ex-post evaluation. Therefore, data from 2015 to 2017 was obtained and comparative verification was conducted (same as Table 5).

As shown in Table 4, the inpatient admission capacity at Lapainat HC III has achieved the target value. At the time of the ex-post evaluation, the general ward developed in this project mainly consisted of a delivery room, a room for resting and follow-up observation of mothers and babies after delivery, and a room for women and children, and the equipment for delivery and all beds are installed. The medical equipment for procedures other than delivery are used in OPDs. Therefore, the general ward and attached facilities developed in this project are utilized for inpatient care, and it is recognized that they contributed to the increase in the

but not appropriate environments. However, the number of teachers in the project target schools is 307, which is less than the total number of classrooms. In addition, according to each District Education Office, there are also schools where two or more teachers are assigned to one classroom when there are many students. Therefore, it cannot be said that all classrooms are being used. Moreover, by school, the number of students per classroom achieves the target value in seven out of the 35 target schools. In addition, the number of students per latrine achieves the target value in 13 out of 35 target schools.

¹⁴ The data in each District Education Office was unsorted, and the number of teachers who use the teachers' houses was not available. The project built 57 blocks of teachers' houses. One teacher's house block developed in this project consists of two houses, and each house has two rooms, a warehouse, and a kitchen (semi-outdoor).

inpatient admission capacity.

4) Additional Indicators: Actual results of inpatient, number of beds, number of outpatients and number of deliveries.

Table 5: [Additional Indicators: Operation and Effect Indicators]
Changes in the Medical Functions of Lapainat HC III, Boro HC II, and Laita HC II

Indicator	Baseline	Target	Actual *Note 3			
	2011	2018	2015	2016	2017	
	-	3 Years After Completion	Completion Year	1 Year After Completion	2 Years After Completion (1 year Before Target Year)	
No. of Inpatients (persons/year) *Note 1	128	n/a	384	418	490	
No. of Beds (beds) *Note 1	4	n/a	32	32	32	
OPD (persons/year)	Lapainat	17,644	12,096	13,048	18,500	
	Bolo	1,109	5,955	Unknown	9,104	
	Laita	5,886	n/a	Un- known	Unknown	6,949
	Total	24,639	Un- known	Unknown	34,553	
No. of Delivery (persons/year)	Lapainat	n/a	n/a	216	300	311
	Bolo *Note 2			0	0	0
	Laita			61	Unknown	87
	Total			277	Unknown	398
No. of Surgery (cases/year)	n/a	n/a	n/a	n/a	n/a	

Source: Documents provided by three target District Health Offices and Lapainat HC III, Bolo HC II and Laita HC II.

*Note 1: It is from the data of Lapainat HC III, which has general ward facilities.

*Note 2: Regarding the number of deliveries at Bolo HC II, midwives were not assigned until March 2018, and there were no deliveries till then.

*Note 3: Aging data after project completion were not available for all indicators because in each facility, the data of the target period was not grasped and was unclear or lost.

As shown in Table 5, the number of inpatients at Lapainat HC III has increased. According to the HC staff, hospitalizations for postpartum follow-up observation are not included in the number of inpatients.¹⁵ The number of beds in the HC has increased by 18 excluding this project's contributions. Therefore, it is considered that the increase in the number of inpatients at the HC is not the effect of this project alone. By the time of the ex-post evaluation, the number of outpatients had increased at all of the HCs. According to the District Health Department and each HC staff member, HC II and HC III generally provide medical care for childbirth, malaria, diarrheal diseases, respiratory diseases, and minor

¹⁵ It is said that postpartum hospitalization for follow-up observation usually lasts one night, but some mothers return home on the same day of delivery without hospitalization. (At the time of the site visit, the actual situation was confirmed by attending the discharge of a mother who gave birth on the previous day and her newborn baby.)

injuries. Through this project, at HC II, one OPD block was developed and medical equipment is being utilized. The contents of medical care have been greatly improved compared to before when the facilities were not available, so it is very helpful. In addition, malaria-prevention measures are being taken, and there is no tendency for the number of patients with other diseases to increase. Therefore, it is considered that the increase in the number of outpatients is because there were patients who came to the clinics from wider areas because of the improved facilities, equipment, and access roads. On the other hand, it cannot be said that the number of staff members is sufficient; according to the HC staff, they are always busy due to a lack of human resources. Moreover, the number of deliveries has been on the rise in Lapainat HC III and has also increased in Laita HC II, which has started delivery care as a result of the development of facilities by this project. According to Bolo HC II staff, a midwife had not been assigned to the HC until February 2018 due to a lack of personnel, and delivery care has been started since March. By the time of the ex-post evaluation, there had been several dozen deliveries. As described above, in Lapainat HC III, the beds installed by this project are also used for postpartum follow-up observation and hospitalization. Based on the above, this project is considered to contribute to outpatient treatment, an increased number of deliveries, and recovery of the delivery function at target HCs, to a certain extent.

3.3.1.2 Qualitative Effects (Other Effects)

1) Resident safety to travel to community related facilities is ensured

According to the interviews with each District Education Office, each District Health Office, and the residents,¹⁶ before the project completion, the students passed through bush on their school route, so there was a risk of falling into the river, being injured by plants, and bitten by snakes, etc. In addition, there were many locations where walking got difficult in the rainy season. However, the access roads to the school were improved, and the school routes became safe. The commute times to schools were reduced, so students returned home earlier, which relieved their parents. On the way to Lapainat HC III, people bypassed the

¹⁶ The qualitative survey was conducted on teachers, HC staff, and users by visiting to schools and HCs (a total of five parishes in four districts). The following sites covering the project outputs (1. primary school, 2. HCs II and III, and 3. Access-road facilities) were selected upon recommendation of the District Education Offices. The visited sites were all three HCs (Lapainat HC III in Omoro District, Bolo HC II in Pader District, and Laita HC II in Agago District) and, due to time constraints, three primary schools and their access roads: Kitney Owalo primary school in Gulu District (for development of an access road), Bolo primary school in Pader District (adjacent to Bolo HC II), and Awalkock primary school in Omoro District (a school closer to Lapainat HC III among the developed primary schools because there was no primary school adjacent to the HC III, although no users of the HC were confirmed from the school related people since the distance was far). At primary schools, interviews were conducted with a total of six parents (five men and one woman). The targets include members of the School Management Committee (hereafter referred to as "SMC"), which is an organization that operates and maintains the school. At HCs, group interviews with three users of each HC, a total of nine people (three men and six women) were conducted. A total of 15 people at primary schools and HCs were interviewed.

nearby creek, but in times of emergency, they crossed the creek at the risk of danger. However, the access became safer through the development of a river crossing and road drainage-culvert, and the time going to the HC was shortened by tens of minutes. Based on the above, it is considered that the residents' safety when travelling to the community-related facilities was secured by this project, and the convenience was improved.

2) The learning environment and the quality of education are improved

Through the interviews with the District Education Offices, the principals, and the communities, their opinions were heard as follows. Through this project, a highly durable primary school buildings were developed, so there is no danger of collapse of building and lightning strike. In addition to safe classrooms with bright daylight, the installation of latrines made it easier for students to focus on learning. Compared with before the project completion, the number of students who return home during a class due to feeling sick, such as from a stomachache or diarrhea, has decreased. As students concentrated more on classes, it became easier for the teachers to manage their classes. The burden on teachers has been reduced by provision of desks and chairs being provided for teachers and the development of staff rooms where they can store lesson materials. With the development of the teachers' houses, the residences of teachers dispatched from other areas were secured, and the problems of transfer and commute times were reduced. According to the District Education Offices and the school principals, teachers' working attitudes have improved. For example, teachers' tardiness and absences from work have reduced. At the schools established by the community (two schools),¹⁷ high-quality school buildings and attached facilities were constructed by this project, which resulted in the schools' accreditation as public schools. As a result, it is said that budget allocation and teachers' dispatches from the administration have begun. It is considered that a better education has become available for the students. In addition, the installation of boreholes has ensured safe water for teachers, students, and the surrounding residents. Moreover, water from boreholes can also be used to clean the latrines. It is said that the numbers of transfer students from other areas have increased because the environment of the target schools of this project is good. In addition, at the time of the ex-post evaluation, school principals and SMCs were pleased that large-scale repair of the school building would not be required for a long time because the school environment was improved, and the long-lasting school buildings were built by this project. According to the District Education Offices and each school principals, the attendance rate of students has

¹⁷ The schools established by the community were schools established by the residents in areas where it was difficult to go to school, mainly because the public schools were far away. Although there is a subsidy from the government, in principle, the residents manage school operations (at the time of the ex-post evaluation). The two target schools of this project were expected to become public schools but were not certified at the planning stage.

improved, and the number of dropout students has decreased. Based on the above, this project is considered to contribute to the improvement of the learning environment, education environment, and quality of education.

3) Improvement of the quality of medical care from a medical facility by recovery of the functions of the outpatient and emergency departments

Before the completion of the project, Bolo HC II and Laita HC II had no building for OPD and had simple medical-care facilities that only distributed medicines at the staff houses. By this project, OPDs, delivery rooms, and patients' waiting rooms were developed, and the medical facilities are in place, so it became possible to implement appropriate medical treatment and delivery in a better environment. At Lapainat HC III, the OPD block and the general ward, including facilities for delivery, were divided. In the OPD block, it became possible to separate general and surgical outpatient services and to treat patients more efficiently. Moreover, because the numbers of rooms and beds were increased, the wards for men and women were separated. In addition, more appropriate maternal health-care services, including prenatal screening and instruction, have become possible. Both HC II and HC III safely keep equipment and medicine in the stores. Both the facilities and equipment are mostly utilized and very useful. On the other hand, congestion at the HCs has not been mitigated due to the increase in the number of outpatients. Based on the above, the development of health-care facilities and procurement of equipment by this project are considered to have contributed to the improvement of functions of outpatient and emergency departments of HCs and the improvement of the quality of medical care as medical facilities.

4) Improvement of living environment

As mentioned above, the development of primary schools, health-care facilities, and access roads has led to the improvement of education and health-care services. The development of boreholes and access roads has reduced the time for people spend collecting water, as well as accessing to schools and HCs. In Lapainat HC III, it was necessary to bypass a creek on the way from the HC to the main road. It took time to transport the patient to another hospital, so treatment would be delayed. There were cases of subsequent complications to patients and of stillbirths. There have been no such cases since the completion of the river crossing and road-drainage culvert by this project. There are also some patients who go to the distant Lapainat HC III instead of the HC II near their houses. By the development of the school facilities, shops targeting the residents who gather around the school increased in number. In addition, by the development of the access roads, middlemen have come into the communities, and markets for agricultural products have been created. It has become easier to sell agricultural products made in the residents' farmland.

Based on the above, by implementing this project, it is considered that the economic activities of the residents and the life in the community have become more convenient, and the living environment has been improved.



Photo 1: OPD block at HC II constructed by this project



Photo 2: Access road and river crossing and road-drainage culvert developed by this project

3.3.2 Impacts

3.3.2.1 Intended Impacts

Promotion of settlement in IDP's return communities

Most IDP are considered to have returned between 2006 and 2009 before the start of the project.¹⁸ Therefore, it is assumed that the direct impact of this project on promoting return is limited. According to the executing agency and residents, in Northern Uganda, most IDP returned to their pre-displacement residences where their ancestors had lived before the conflict. When IDP, many of whom were originally farmers, made decisions on return, securing agricultural land as a means of livelihood and the restoration of peace and security were particularly important. Next, whether there were schools and HCs in the area was important. At first, a representative of the family returned to the ruined land of the former residence, confirmed and maintained the one's land, and prepared the living environment for the family's return. Secondly, in order for the entire family to return, it is said that schools

¹⁸ It was not possible to officially grasp the number of IDP returnees, the return periods, or the number of settlers at each project site. This is because the catchment areas of schools and HCs' medical treatment do not clearly exist, and the demographic data have not been taken by every target community. According to the JICA's *Report of Recovery Program for the Reconstruction of the Northern Region of the Republic of Uganda (2014)*, it is thought that IDP's return in Northern Acholi Sub-Region in Uganda started in 2007, approximately 80% returned by August 2009, and almost completed in 2014. According to UNOCHA, about 186,000 IDP were registered in 89 camps in the six target districts in 2009. In the same year, 178,000 returnees were identified in 493 temporary residences, and the total number of returnees to communities was 530,000. From this, it can be confirmed that about 80% of IDP left camps and were on the way back at the time of 2009. According to the 2014 census, the population of the six target districts of the project totaled approximately 1.18 million, and a further population increase compared to 2009 is confirmed.

for children to attend and health-care services became necessary,¹⁹ and such related facilities have been developed by this project.

Moreover, according to the residents, during the implementation of this project, through the observation of construction work of the facilities, they acknowledged that strong buildings were constructed using construction materials not used in the past in the target area. In addition, durable buildings for houses and shops using materials such as bricks have been constructed around the primary schools. This is considered to represent the intention of the residents to settle for a long time. As mentioned above (3.3.1.2 Qualitative Effects), the improvement of living environments of the communities was also observed. It is said that the reconstruction of the community was recognized in the visual aspect by the development of facilities and in the psychological aspect that can be read from the people's willingness to settle. Among them, despite the government's policy promoting return, there were some IDP who hesitated to return because they were skeptical about whether peace had truly been regained in their former residences due to the experiences of conflict. However, the residents who returned earlier spoke about the reconstruction of the community, and later some IDP decided to return and come back. Regarding the promotion of settlement, the residents did not think about moving from their ancestral lands from the beginning, and it is thought that there was intention of settlement from the time of their return. However, the comment was also received from the residents themselves that in the process of rebuilding the community, they built trust in the community and fostered confidence as a community. Thus, the reconstruction of the community is considered to have affected the psychological aspect of maintaining the residents' intention to settle.

Based on the above, although its direct impacts are limited, it is considered that this project has contributed to the promotion of return, to a certain extent. Moreover, it is considered that this project has contributed to the reconstruction of the community and has had an impact on the psychological aspect in which returnees maintain their willingness to settle.

3.3.2.2 Other Positive and Negative Impacts

As this project falls under Category B of the *JICA Guidelines for Environmental and Social Considerations (April 2010)*, it was determined that the undesirable impacts on the environment would not be serious. Through the interviews with the planning office of each district, it was not possible to confirm the environmental monitoring plan, the implementation status during the project implementation, or the effects of environmental management because the persons in charge at that time was unknown in each district. As a matter of fact, it is said that the scale and content of this project are not subject to monitoring plans or implementation based on each district's environmental

¹⁹ Returnees first moved from IDP camps or other shelters to temporary residences close to their former residences. The representatives of the family returned directly to their former residence from the IDP camps.

management level.

Regarding the land acquisition and the resettlement of residents, through the interviews with the executing agency and the site visits, it was confirmed that neither had occurred. Moreover, it was also confirmed that no negative impacts on the environment, such as air or water quality, noise, vibration or ecosystems have occurred.

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During the implementation of the project, no particular problems have arisen in terms of the local governments' administrative abilities, their mutual trust with the communities, and the relationships within the communities. Most IDP returned to their former residences, and at the beginning, there were troubles among the residents due to the unclearness of the boundaries of their land. However, no problems occurred until the time of the ex-post evaluation because many of the residents had been acquainted for a long time and local leaders took a mediating position. It is judged that no negative impacts to the project implementation have occurred, and the effectiveness and impacts were not affected by the situation of external conditions or preconditions such as the deterioration of security or changes in circumstances.

Based on the above, this project has largely achieved its objectives as planned. Therefore, effectiveness and impacts of the project are high.



Photo 3: Borehole developed by this project



Photo 4: General ward in HC III developed by this project

3.4 Sustainability (Rating: ②)

3.4.1 Institutional/Organizational Aspect of Operation and Maintenance

At the time of the ex-post evaluation, the OPM, which is the executing agency of this project, has jurisdiction over the reconstruction of the Northern Region. The governing authority of primary education is the Ministry of Education and Sports, and the District

Education Offices and each primary school operate and maintain schools. All of the target schools became public schools before or after the project completion, and the District Education Offices allocate the operation and maintenance budgets and assign teachers.²⁰ Many schools face shortages of classrooms and teachers due to increases in the number of students. However, according to each District Education Office, it was confirmed that the minimum number of teachers were allocated to manage classes at the target schools, and that there was no major hindrance to class management. The shortage of teachers in primary schools is a common problem not only in the target area but also in rural Uganda due to a lack of budget and problems with teachers commuting to remote areas. However, the Ministry of Education and Sports recognizes this issue and is working to improve it by having newly deployed 2,600 primary school teachers over the past three years throughout the country. As for each school facilities, the District Education Office performs the large-scale repairs of facility (e.g. repair of roof of school building). Each SMC is responsible for the operation and maintenance of primary schools and has a three-year term system. The committee is composed of parents and local people, and the principal is also a member of the secretariat. When there is a shortage of the budgets for school operation and maintenance, the SMC may support the budget, in cooperation with the residents, as needed. Regarding the boreholes, the water use committees of the communities are involved in the operation and maintenance because the residents also use them.

The governing authority of HCs is the Ministry of Health, and the District Health Office and HCs operate and maintain the facilities. The District Health Offices allocate operation and maintenance budgets to each HC; allocate the staff; and provide medical equipment, spare parts, and medicines. According to the standard of Ministry of Health standards, it is said that 16 staff members are to be assigned to a HC III and nine staff members to a HC II. The number of staff of Lapainat HC III reached the standard of 16, but there are insufficient specialists in duties, such as nurses and assistant nurses. The number of staff of Bolo HC II is four and of Laita HC II is six, with a shortage of security guards and cleaning staff. In any case, the number of staff is not sufficient for operations. At the time of the site visit, according to the staff, it was confirmed that there were no major obstacles to the operation of HCs, but HC staff were extremely busy. The reasons lie in a shortage of budget and personnel, and a shortage of staff is an issue in rural Uganda as well as in the target HCs. Regarding facilities and equipment, the regional medical equipment maintenance workshops under the jurisdiction of the Ministry of Health, which are set up at eight of 14 Regional Referral Hospitals across the country, are in charge of maintenance and management of

²⁰ According to the District Education Office, teachers will be allocated for the number of grades operated in each school. As an example, in the case of school operating up to seventh grade, a minimum of seven teachers are assigned. More than one teacher may be assigned to a class with a large number of students.

medical equipment of public medical facilities in Uganda. Regarding HC III and HC II, HCs carry out minor repairs, and the regional medical equipment maintenance workshops repair or outsource equipment maintenance as needed. The workshops in Gulu and Lira Districts are in charge of repairs in the project target area. The HCs also have facilities that cannot be repaired because the staff are too busy. According to HC staff, while the number of outpatients is increasing, continued staff shortages may affect HC operations, including maintenance and management of facilities. However, it is considered difficult to increase the number of staff so immediately. As for access roads, river crossings and road-drainage culverts, sub-counties maintain and manage them, and since the facilities are relatively new, there are no problems in maintenance.

Based on the above, regarding the institutional/organizational aspect of operation and maintenance of the facilities developed by this project, no major problems have been observed in the educational facilities in particular. However, there are some concerns about the organizational aspect of the health and medical care facilities.

3.4.2 Technical Aspect of Operation and Maintenance

The developed facilities and the procured medical equipment by this project do not generally require high technical skills for operation and maintenance, and it is said that these tasks can be handled by each district's department in charge and each institution. Because the staff cannot repair HC's solar systems and electronic devices, it is necessary for the regional medical equipment maintenance workshops to repair them or for HCs to outsource this task. Solar panels and inverters are also sold in markets in the remote areas in Uganda, so it is considered possible for the staff to obtain parts locally and arrange maintenance. In addition, the District Education Office is to provide training to each SMC about its roles and activities regarding the operation and maintenance of school facilities. Some districts conducted the training, but other districts did not do this for budgetary reasons.²¹ Usually, the SMC members consists of former principals and teachers from the community, the parents of several students, etc. in addition to the principal, so it is hard to think that they are completely ignorant. It is desirable to conduct training so that the ability of SMCs do not differ from school to school, but at the time of the ex-post evaluation, there is no major concern specifically identified regarding the technical aspects of SMCs.

Base on the above, at the time of the ex-post evaluation, no major problems have been observed with regard to the technical aspects of operation and maintenance.

²¹ According to the JICA Uganda Office, SMC training was implemented for all target schools during the project implementation.

3.4.3 Financial Aspect of Operation and Maintenance

The operation and maintenance costs of each district are indicated in Table 6.

Table 6: Amount of Budget Distribution by Sector in Target Districts (Approval Amount)

(Unit: Million Uganda Shilling)

Sector	Year 2015/16	Year 2016/17	Year 2017/18	Year 2018/19
Gulu District*				
Education	18,850	12,924	12,580	13,944
Health	5,540	2,836	4,552	4,531
Road & Engineering	1,813	870	1,128	1,517
Total District Budget	35,262	25,499	30,389	31,238
Omoror District*				
Education		9,058	9,385	11,744
Health		1,770	1,935	3,483
Road & Engineering		673	518	960
Total District Budget		17,950	19,370	24,846
Kitgum District				
Education	13,504	Unknown	9,361	10,782
Health	6,505	Unknown	5,143	6,601
Road & Engineering	2,275	Unknown	1,458	1,818
Total District Budget	30,578	Unknown	24,958	30,825
Lamwo District				
Education	6,401	Unknown	5,734	6,766
Health	2,600	Unknown	1,928	3,538
Road & Engineering	1,779	Unknown	1,184	1,547
Total District Budget	17,995	Unknown	15,922	22,756
Pader District				
Education	9,736	9,054	9,438	11,599
Health	2,890	3,406	4,495	4,803
Road & Engineering	1,805	1,931	1,387	2,294
Total District Budget	22,249	22,353	26,920	27,742
Agago District				
Education	9,508	8,986	10,396	11,672
Health	3,711	3,215	3,156	4,000
Road & Engineering	1,568	1,422	1,290	1,950
Total	21,217	21,195	21,043	31,238

District Budget				
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Source: Ministry of Finance, Planning and Economic Development of Uganda

*Note: Year 2015/16 data for Omoro District is not available since it was separated from Gulu District in 2016.

As indicated in Table 6, regarding the approved budget allocation for each sector, all districts have secured without major reduction trends from the year of 2017/18 to 2018/19.²² Omoro District was separated from Gulu District in 2016, and the budget of Gulu District was significantly reduced. The budget for the operation and maintenance of primary schools is allocated to each school from the Ministry of Education and Sports through the District Education Office. Teacher salaries are paid directly to teachers from the district. The budget for operation and maintenance is to be funded from the administrative expenses (15%) of the budget (Universal Primary Education Fund, hereafter referred to as “UPE Fund”²³), which is allocated to each school with a headcount of students. According to each District Education Office, the amount of UPE Fund is not sufficient for schools but it is distributed as planned. There is a prospect that there will be no problem with securing the UPE Fund in the future under the policy. In addition, when the above budget for operation and maintenance is insufficient, the SMC in each school collect donations from the residents to support expenses. The budget for the operation and maintenance of HC is allocated to each HC from the Ministry of Health through the District Health Offices, and staff salaries are paid directly from the district to the staff. Each HC decides how to use the budget from the district (Primary Health Care Grant, hereafter referred to as “PHC Grant”²⁴). According to each District Health Office, the amount of PHC Grant is not sufficient for HC, but it is distributed as planned. There is a prospect that there is no major problem in securing the PHC Grant in the future under the policy.

Based on the above, at the time of the ex-post evaluation, information and data on actual expenditures were not obtained, however, there were no major concerns regarding the financial aspect of operation and maintenance considering the situation surrounding budget allocation.

²² However, in the education sector of the Kitgum District, the decrease in the budget for the year of 2017/18 was significant compared with other districts. A detailed reason could not be identified, but it is thought that the development budget was reduced, and the budget was decreased as a result. On the other hand, the influence on the operation and maintenance budget allocation for this project is limited.

²³ The UPE Fund is a grant from the Ministry of Education and Sports for the purpose of free primary education. The *Education and Sports Sector Strategic Plan (2017/18-2019/20)* states the promotion of the complete dissemination of primary education by granting free primary education. The UPE Fund is the central budget and the budget per student is indicated.

²⁴ The PHC Grant is provided by the Ministry of Health. The *Health Sector Development Plan (2015/16-2019/20)* states the dissemination of health-care services for all and emphasizes the PHC Grant to promote the provision of free medical services at public medical facilities. In every quarter, the amount allocated is 500,000 Uganda Shillings for HC II, and 1,125,000 Uganda Shillings for HC III.

3.4.4 Status of Operation and Maintenance

The developed facilities (primary school buildings, the general ward and OPD block, and access roads) are relatively new, so no major repairs have occurred, and they are generally well utilized as confirmed at the time of the survey. According to the teachers at the target schools of this project, minor damage to the facility doors and the water tank faucets were observed.²⁵ Parts are available locally and can be repaired. There are also some parts that have not been repaired immediately because there is no hindrance to class management. Regarding the boreholes shared with the residents, no problem has occurred, as the community's water use committee, the school, and the HC cooperate to maintain and manage facilities.

As for the medical equipment of HC developed by this project, they are basic; they include a weighting scale, a height meter, and a thermometer, so HCs do not go through routine and periodical inspections. Medical equipment, spare parts, and medicines are provided from each District Health Office. However, the medicines needed by many patients such as for colds are not sufficient due to the delayed delivery of medicines.²⁶ On the other hand, it is observed that it takes time to repair solar systems and inverters following breakdown. The repairs cannot be handled mainly due to the busyness of the staff of the HCs and the regional medical equipment maintenance workshops.

Base on the above, at the time of the ex-post evaluation, it is considered that there are no major problems in the maintenance of the facilities and equipment that were developed. However, regarding the repair of equipment and the delay in the delivery of necessary goods from the District Health Office to HCs, it is possible that the effects of this project may be hampered because the issues were left unhandled.

Based on the above, there is no major problems observed in the institutional/organizational, technical, financial aspects and current status of the operation and maintenance system of the education facilities and access roads in this project. However, some problems have been observed in the institutional/organizational aspect and with current status of the operation and maintenance system of the health and medical facilities. Therefore, sustainability of the project effects is fair.

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It was confirmed that, as the project in the conflict affected areas, no impacts have been

²⁵ Not only at the target schools but also at almost all of the primary schools have the same problems regarding damage to the water tank faucets. They are often not repaired. According to the District Education Office, residents who do not know how to use the water tank faucets destroy them. There is no improvement even if a briefing session is held for the residents. Officials said that will continue their efforts to explain to the residents.

²⁶ At the time of the site visit, it was reported that the delivery of cotton wool was delayed at Lapainat HC III and that it was insufficient at parturition. The HC received it from a nearby HC.

observed in the institutional/organizational, technical, financial aspects and current status of the operation and maintenance system due to external conditions, such as deterioration of security and changes in circumstances.

4. Conclusion, Lessons Learned and Recommendations

4.1 Conclusion

This project is aimed to improve the living environment of IDP in the six districts in the Acholi Sub-Region in the Northern Uganda through developing social infrastructure of community (primary schools and health-care facilities) and access road, thereby contributing to promote the return and settlement of IDP. The relevance of the project is high because it is consistent with Uganda's national and regional development plans, education and health development policies, development needs, and Japan's aid policies. The project cost was as planned, but the project period exceeded the plan because there were changes in the output volume due to changes to the project sites. Therefore, the efficiency is fair. The operational indicators of the quantitative effects of the effectiveness, such as the number of classrooms in a favorable condition, the student capacity, and the inpatient admission capacity, have achieved their targets. The improvements can also be confirmed through the qualitative effects such as the safety of passage to community-related facilities, the quality of education and medical services after developing facilities and equipment, and the living environment. In addition, the impacts on promotion of the settlement at IDP's return communities are also recognized, and so, the effectiveness and impacts of the project are considered high. Moreover, there are no particular problems in the technical and financial aspects of operation and maintenance of this project, but there are some points to be improved upon regarding the institutional/organizational aspect and the status of operation and maintenance of health-care facilities. Therefore, the sustainability of the effects realized through this project is fair.

In light of the above, this project is evaluated to be satisfactory.

4.2 Recommendations

4.2.1 Recommendations to the Executing Agency

1) There is a delay and a shortage in the distribution of medicines from the District Health Offices to HCs. In addition, delays have been occurred in the repair of HC facilities. As factors, it is possible that because of the busyness of the District Health Offices due to a lack of personnel, the response is late, follow-up is not carried out properly, and HC staff members are busy and cannot cooperate with the District Health Office and the regional medical equipment maintenance workshop or arrange for outsourcing. It is considered necessary for the District Health Office to thoroughly monitor or communicate with each HC and to grasp and handle problems such as the damages to equipment and the shortages

of medicines before any trouble occurs with the operation of HCs.

2) The number of primary school teachers and HC staff is not sufficient for the increasing number of students and outpatients/inpatients. The Ministry of Education and Sports has been trying to increase the number of teachers. It is desirable for each ministry and district administration to continue to make further efforts to secure its budget and to improve dispatching conditions, such as the arrangement of houses for teachers and staff members.

4.2.2 Recommendations to JICA

None

4.3 Lessons Learned

Understanding the factors that help with reconstructing the community

In this project, community-related facilities, such as primary school buildings, HCs, and access roads, were developed in order to promote the return and settlement of IDP. After the construction of the school buildings, constructions of brick-made and durable buildings by residents were observed near the schools. The convenience was improved by the access road and it became possible to buy and sell agricultural products in the community, and shops were opened around the area where people gathered. As a result, the residents recognized the reconstruction of the community. Moreover, it is said that some IDP returned after they actually confirmed the reconstruction of the community. In addition, some opinions were presented on the psychological impact of the reconstruction on the residents that they have regained their trust in the community back to the pre-conflict state and have fostered more confidence in the community. Thus, it is considered that the improved community environment triggered by the development of facilities through this project promotes the return of the residents and retains their intention of settlement. In the similar projects in the future, it is considered to be effective to understand the characteristics of the target community, to carefully and thoroughly analyze factors that are considered to be important for the community's reconstruction, to examine the project outputs and the construction sites of facilities (places where people gather in the community, schools, medical facilities, religious facilities such as a temple and a church, near the market, etc.), and then to utilize them in the formation and implementation of projects.

Creating a priority list for the target sites and an agreement with the executing agency

Regarding the selection of the project sites, during the preparatory survey at the time of the project planning, the project target sites were decided along with the components of supports based on the request of the Government of Uganda considering the urgency, maintenance obligation, efficiency of construction and supervision, and implementation

capacity of the local contractors. In a process, five sub-counties, where recovery and development tended to be delayed, and where the need for support was high, were selected in each district based on interviews with the five target districts. In addition, two communities that had a large population and were with high needs for the development of primary schools and health-care facilities were selected in each sub-county. Then, after conducting a survey of the current situation of each community and confirming the development needs of each facility, the target communities, the priority level, and the components of the support were agreed with the Uganda side. In this process, the candidate site list was created according to the priority levels. In addition, also at the time of the change in the project target sites following the outline design survey, the target parishes and sites were changed and selected based on the priority list in consideration of fairness without regional bias. One of the reasons for the change in the project site is that facilities were already developed by other donors, such as NGOs, before the project implementation. Therefore, it is considered that the support was effectively planned and implemented at high-priority sites by using the priority list without duplication in the five target districts efficiently for the components (primary education, health-care services, and access) requested by the Government of Uganda. In the future, for similar projects where the support component is in multiple sectors and in wide target areas, it is considered to be beneficial for efficient and effective project management to reach an agreement with the executing agency after creating a list of target sites according to their priority levels, then to plan and implement a project, instead of limiting the sites at the time of the initial planning.

Appendix document

Appendix Table 1: Changes in the Number of Target Parishes

Timing of Change of the Plan	School	HC	Of those both School and HC	Total
Outline Design (hereafter "OD") (February 2012)	24	4	3	25
Detailed Design (hereafter "DD") (September 2012)	27	3	1	29
2nd Detailed Design (hereafter "DD2") (November 2012) *	22	3	1	24
Actual (2016)	27	3	1	29

Source: Documents provided by JICA and the Consultant

*Note: Regarded as the planned target values

Appendix Table 2: Output Changes of Primary School Facilities

Timing of Change of the Plan	Parish	School (schools)	Class-room (rooms)	Teachers' House (blocks)	Latrine (blocks)	Borehole (units)	Crossing Facility (locations)	Road (Km)
OD (Feb. 2012)	24	37	121	65	124	22	29	73.3
DD (Sep. 2012)	27	36	118	61	111	20	26	70.6
DD2 (Nov. 2012) *	22	30	100	49	92	20	26	70.6
Actual (2016)	27	35	108	57	108	19	21	63.9

Source: Documents provided by JICA and the Consultant

*Note: Regarded as the planned target values

Appendix Table 3: Output Changes of Health and Medical Facilities

Timing of Change of the Plan	Parish	HC (locations)	General Ward (blocks)	OPD (blocks)	Latrine (blocks)	Bore-hole (units)	Incinerator (units)	Crossing Facility (locations)	Road (Km)
OD (Feb.2012)	4	4	2	2	4	2	3	0	0
DD (Sep.2012)	3	3	1	2	4	2	3	0	0
DD2 (Nov.2012) *	3	3	1	2	4	2	3	0	0
Actual (2016)	3	3	1	2	4	3	3	1	0.1

Source: Documents provided by JICA and the Consultant

*Note: Regarded as the planned target values