**Best Practices in Community Participation and Gender Mainstreaming:
Literature Review and Documentation.**

**For UPHOLD-Uganda
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List of Acronyms

CBO	Community Based Organization
CBR	Centre for Basic Research
CCG	Classroom Completion Grant
CDA	Community Development Assistant
CDO	Community Development Officer
CDRN	Community Development and Resource Network
CSO	Civil Society Organization
DDHS	District Director of Health Services
DISH	Delivery of Improved Services in Health
ESIP	Education sector Investment Plan
FAL	Functional Adult Literacy
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
IMCI	Integrated Management of Childhood Illnesses
LABE	Literacy and Basic Education
LGFC	Local Government Finance Commission
MHCP	Minimum Health Care Package
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance planning and Economic Development
MoGLSD	Ministry of Gender Labor and Social Development
MoLG	Ministry of Local Government
NAADS	National Agricultural Advisory Services
NAPW	National Action Plan on Women
NGO	Non Governmental Organization
NGP	National Gender Policy
NHP	National Health Policy
NSP	National School Policy
PDC	Parish Development Committee
PEAP	Poverty eradication Action Plan
PMA	Plan for Modernization of Agriculture
PPA	Participatory Poverty Assessment
PTA	Parents Teachers Association
SFG	School Facilities Grant
SMC	School Management Committee
STI	Sexually Transmitted Infections
TDMS	Teacher Development and Management Systems
UNICEF	United Nations Children Fund
UPE	Universal Primary Education
UPHOLD	Uganda Program for Human and Holistic Development
UPPAP	Uganda Participatory Poverty Assessment Process
USAID	United States Agency for International Development
VCT	Voluntary Testing and Counseling
WHO	World Health Organization
YSP	Yellow Star Program

Executive Summary

Introduction

The literature review and documentation of best practices community participation and gender mainstreaming was commissioned by UPHOLD-Uganda for a period of 14 working days. UPHOLD is an intersectoral program funded by USAID and supported by the government of Uganda.

UPHOLD has a mandate to improve the utilization, planning, management, delivery sustainability and quality of services provided in health, education and HIV/AIDS prevention and treatment. It realizes that to achieve that, mainstreaming gender and ensuring community participation are pertinent issues that need to be put into consideration.

Objectives

The major goal was to gain insight on the experiences of other organizations, institutions government ministries about community participation and gender mainstreaming. This would help UPHOLD to understand the existing community participation, empowerment, and gender mainstreaming strategies/approaches. Specifically, the objectives were;

- *Review UPHOLD's Education and Health Strategies.*
- *Identify, gather and review relevant available literature*
- *Identify and gather materials and resources that can support UPHOLD's capacity building activities at different levels*
- *Develop a list of good/best practices that UPHOLD could immediately utilize/implement*
- *Identify gaps/areas that require more research*

UPHOLD Education Strategy

The education sector is a broad one that encompasses six core areas of intervention building on the ESIP, the School Health Policy for Uganda. The main goal is to improve quality in education. The six core intervention areas in education sector include the following;

- *Teacher Effectiveness*
- *Management and Support systems*
- *Community involvement in education*
- *School health and nutrition*
- *HIV/AIDS prevention and mitigation*

The proposed strategies like improving capacities of teachers, parents SMCs, PTAs, and other officials through utilization of the existing structures for intervention is a good

entry point. However, we need to think more broadly to address the issues motivation and the related sustainability since most of the community structures are working on a voluntary basis.

Health and HIV/AIDS Sector

The sector combines efforts to improve management of childhood diseases through the CIMCI, Prevention of Mother to Child Transmission (PMTCT), Early Childhood Development, prevention and mitigation of HIV/AIDS and nutrition. All these intentions require tremendous community participation in terms of monitoring, management and utilization of services in health.

It is important to note that firstly, community participation has implications on women especially for full time demand community work and secondly, the support to people living positively with AIDS still remains a challenge since the burden of care has shifted from institutions to communities. Communities have to be capacitated in order for them to fulfill that responsibility.

Review of Literature

Different kinds of literature were reviewed. It included the UPHOLD Education, HIV/AIDS and Health strategies. Others were program reports of different organizations, research reports, documented experiences from implementing organizations and official policy documents.

In the literature, it is evident that there have been different experiences for different implementers in gender mainstreaming and community participation. They are grouped under the following themes;

- *Training and capacity building as an approach to mainstreaming gender and ensuring community participation*
- *Experiences with gender mainstreaming where by some organization have supported activities like training, developing manuals, or carrying out audits geared at gender mainstreaming*
- *Power relations and community participation; looking at how the skewed power relations between men and women can affect community participation and gender mainstreaming*
- *Increased workload for women as a factor affecting the effectiveness of women and men in participating in different community activities. This means that apart from affecting their effectiveness and efficiency, it also increases their workload.*
- *The role and importance attached to the Community Development Office.*

There still exists a gap in documentation of experiences in community participation, and gender mainstreaming, how effective certain activities were in achieving community development and the gap remaining. This should go beyond the numbers and activities to

effectiveness, efficiency and equity. Action Research on the effectiveness of affirmative action at especially district, sub-county, and lower levels would be one way of informing us on how far we have gone and the gap remaining.

Experiences in Community Participation

The study indicated that different organizations and institutions have used different approaches/strategies for community participation and involvement for development. They have registered considerable levels of successes albeit encountering some difficulties.

Various approaches have been used in ensuring community participation and mainstreaming gender therein. More often than not, this seems to focus on involving women in the different interventions. We do not have a uniform approach to community participation. As such, approaches are likely to vary from intervention to another and we therefore might need to consider them separately. We note, however that ensuring community participation and mainstreaming gender therein is not a simple task and requires a lot of patience, understanding and commitment.

Good Practices
There are many approaches that are being used by different organization and the following have been were recorded as good practices that UPHOLD could easily adopt to suit its needs in the different thematic and strategic interventions. These include the following among others;

- *Reward-Sanction approach: The Ministry of Local governments' reward and sanction method under the LGDP program has reported commendable successes. UPHOLD could refine this to suit the different strategic actions especially in community participation and gender mainstreaming.*

- *Household Competitions: These have been used by Africares' CIMCI program in Ntungamo district to improve and ensure particular homecare aspects. UPHOLD could adopt this for not only its child survival programs but also other sectors like education, and HIV/AIDS prevention and management. This can be done at the community or sub-county levels or even school level.*

- *Integrated Programs like the Water for Child Health- Africare, Ntungamo Still in their CIMCI program; they protected water sources and using that as an entry point, implemented other childhood survival interventions. They helped communities to form water user committees charged with the role of maintaining, cleaning and managing the water sources. These committees later were instrumental for mobilization and sensitization of communities on child development and survival initiatives.*

- ***The Yellow Star program:*** *This is a strategy piloted by DISH II project in close collaboration with Ministry of Health as a measure to ensure quality service delivery up to the lowest level of healthcare provision. The Yellow Star program has gained applause and support in different sectors. Since its community participation aspect is still in its infant stages, and UPHOLD is adopting the strategy, strengthening it and then extending it to other sectors would be important. Other good practices are discussed in chapter five.*

Gender Mainstreaming and community participation

The two are interlinked in that as one thinks of community participation, it is imperative that they think of mainstreaming gender in that participation process. Mainstreaming gender will improve on the participation levels but we will have to think beyond the affirmative action (numbers) and go to issues of how to ensure effective representation and democratic decision-making. Equal representation by men and women in this case is not an end in itself but rather a process toward gender equity.

Existing Gaps

Gaps still exist in terms of information available. This is because documentation of experiences is still a big challenge. This is especially in organizations that are funded to carry out implementation. The reporting they do is basically for accountability purposes and acquiring more funding. Their program documents therefore show what was done, whether it was done as planned and the gap remaining. There is need to think of ways of building importance around documentation of experiences, identifying what lessons were learnt, what worked or did not and what can be done about that.

Therefore, a lot more needs to be done in documenting of community participation experiences and mainstreaming gender. One particular issue that needs urgent attention is the placing of gender in the local context with local terms/definitions. It would also be worthwhile to carry out more research on the effectiveness of affirmative action and how that can be translated into actual/effective representation. And of course, the unanswered question is whether community participation and mainstreaming gender improve the livelihoods of the poor.

Possible Partners and their roles:

During the discussions with different organizations (Research, CSOs and NGOs) and particularly ministries of Gender and Health, and basing on UPHOLD's approach, some potential partners were identified. They include but are not limited to ActionAid, CDRN, AMREF, UPDNET and SNV. This was in terms of what roles they can play and also the experiences in community participation and gender mainstreaming.

Chapter One

1.0   Introduction

This is a report of the study commissioned by Uganda Program for Human and Holistic Development (UPHOLD) on literature review and documentation of best practices in community participation and gender mainstreaming.

UPHOLD is an intersectoral program funded by United States Agency for International development (USAID) and supported by the Government of Uganda with a mandate to improve the utilization, planning, management, delivery, quality and sustainability of services provided in health, education and HIV/AIDS prevention/treatment.

UPHOLD realizes that apart from improving the capacities of the districts to provide better services as well as their utilization, also views sustainability of such capacities and services as very crucial. It also notes that community participation is a very crucial aspect for the success of the programs and if a sense of ownership for the different programs is to be developed. UPHOLD also noted that there are many organizations at different levels, ministries and institutions that have been involved in community development work that have registered considerable levels of success.

It is against this background that UPHOLD commissioned this study so that efforts, strategies/approaches and lessons from such experiences of different organizations can be documented so as to draw lessons for better performance. Also in strong recognition of the influence that gender and culture have on human behavior and attitude, UPHOLD wants to embrace the sensitive gender approaches/strategies that have been used in community participation and mainstreaming of gender. This is meant to help UPHOLD to understand the existing community participation, empowerment, gender mainstreaming strategies and initiatives so that the best practices can be integrated in the UPHOLD's interventions.

The study undertook the following;
- Review UPHOLD's HIV/AIDS, Education and Health Strategies.
- Identify, gather and review relevant available literature
- Identify and gather materials and resources that can support UPHOLD's capacity building activities at different levels
- Develop a list of good/best practices that UPHOLD could immediately utilize/implement
- Identify gaps/areas that require more research

1.1 Methodology

There were initial discussions with UPHOLD staff (Action Research Specialist and Community Involvement Education Coordinator) to agree on the methodology, process and instruments. The consultant then visited different ministries (including Ministry of Gender, Labor and Social Development, Ministry of Health, Ministry of Education, and Ministry of Local Government) from where Key Informant Interviews were held. Interviews were also held with key staff in different NGOs CBOs and Research Institutions. Different research reports, official documents, annual reports, strategic work plans, and UPHOLD documents were reviewed.

1.1.1 Data Collection

The data that was sought was both primary and secondary. This included data from ministries and organizations; and review of different documents from the organization and ministries respectively. Documents include government documents, research, program, implementation and evaluation reports.

Checklists for key informants in the different organizations and Ministries were developed. These were useful in collecting information on what strategies they have used, the lessons they have learned and other experiences. The key informants also provided research reports and or other relevant documents particular to their sectors. Key informants were also useful in identifying other potential sources of information including individuals or organizations.

1.1.2 Limitations of the Study

The study had some of limitations that ought to be mentioned here.
- Limited number of documentation and research reports on community participation
- The work was totally enormous considering the number of reports that had to be read to extract the issues of community participation and gender mainstreaming. Coupled with the fact that organizations and institutions were scattered, the time allocated for the study was very short. It is possible that some relevant documents could have been missed.
- It was difficult to obtain copies of some documents since some institutions' resource centers were out of bounds or only to be read there, or books were simply for sale.
- The timing could have been better. Considering the onset Christmas holidays and end of year, many people and organizations were extremely busy and could thus spare very little of their time.

1.1.3 Definition of Concepts[1]

For the purposes of clarity and focus, it is important to define some concepts since they are used in many sectoral plans and strategies but are generally taken to be self-explanatory.

- **Community**

UPHOLD defines a community as; **"**a stratified group of people living in an area and are bound together by some common norms, culture, values, interests; and often share resources as well as challenges." In a community we find all categories of people ranging from children, adolescents, adults, parents, elders, leaders, teachers, peer groups, community resource persons, Community based institutions like CBOs, FBOs, and CSOs and others.

- **Gender**

Attributes of men and women that are culturally constructed, varying from culture to another

- **Gender mainstreaming**

A way or process of ensuring that men's and women's constraints, needs, potentials and capabilities are incorporated in the development policies, processes and strategies at all stages including planning, implementation and evaluation.

- **Gender Analysis**

This is a process of thinking through issues within or outside an activity or program in order to get solutions so that both men and women can benefit equally

- **Community participation**

A process engaging and involving communities actively in the program cycle from identification to evaluation, with clear roles and responsibilities for all the stakeholders including men, women and children

- **Approach**

A road map or clearly defined proposal for attaining a broader goal

- **Gender Planning**

Refers to conscious analysis of men and women's needs from the initial stages of a program, and throughout the whole process, based on sound cause and effect analysis

- **Gender Equity**

A rights and numbers based approach to opportunities, resource allocation and distribution where by men and women receive equal share of development

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[1] These definitions are adapted from those used by many development organizations and the Local Government Gender User's Kit

1.1.4 Organization of the Report

The report is organized in six chapters. Chapter one gives a background of UPHOLD and the rationale for the study. It outlines the objectives of the study, how it was carried out, and the limitations to the process. Chapter two presents policy context in which we can place gender mainstreaming and community participation. Chapter three gives the literature that was reviewed and what is inherent in it. Chapter four presents the aspects of community participation in UPHOLD's different sector interventions and the proposed approaches. In chapter five are the experiences of different organizations and institutions in mainstreaming gender and achieving community participation. It then gives a list of good/best practices. The brief chapter six gives the conclusions summarizing the gaps that exist and then lastly, possible partners for UPHOLD and the roles they can play.

Chapter **Two**

The Policy context

2.0   Introduction

In this chapter, we examine the relevant policy frameworks in which one can place community participation and gender mainstreaming before presenting the experiences and strategies of different institutions/organizations. We shall make reference to the Constitution of the Republic of Uganda, the National Gender Policy (NGP), The National Action Plan on Women (NAPW), the Decentralization Policy, The Poverty Eradication Action Plan (PEAP) and Universal Primary Education (UPE).

2.1   The Constitution

The Constitution of the Republic of Uganda (1995) under numerous parts guarantees the equality of men and women. Article 21 pledges equality of all people before the law, in all walks of life, and enjoyment of equal protection. Women's rights are emphasized in Articles 32 (Affirmative Action), 33 and 34; while article 180 talks about the composition of the different Local Councils and consequently, Parliament. Gender mainstreaming is therefore integrated in the Uganda Constitution.

2.2   The National Gender Policy

In the same efforts, there is the National Gender Policy (NGP), formulated and adopted in 1997. This was formulated against the background that there were severe gender inequalities in the various development sectors of the economy. Due to the cultural and societal setups, it was evident that there were intrinsic tendencies of ignoring and discriminating against women. Institution of policy mechanisms to influence national development processes was therefore very critical.[2]

One of the goals of the NGP is ensuring that both men and women participate in development programs at all stages. The NGP was conceived within the Gender and Development (GAD) approach after the Women in Development (WID), which focused mainly on women. Particularly, the objectives are;
- Promotion of equal access to and control over economically significant resources
- Identify/Establish framework for promotion of gender responsiveness in development process
- Ensure participation of both men and women in all stages of development.

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[2] This followed a process of global debates including world conferences on women held in 1975 (Mexico), 1980 (Copenhagen), 1985 (Nairobi) and 1995 (Beijing)

2.3   National Action Plan on Women

On the other hand, the NAPW enforces the NGP, ensuring that service providers are aware of issues pertaining to women participation in development programs. The NAPW was a follow up on the 4th World Conference held in Beijing in 1995. Particularly, the NAPW has the following areas as priorities;

- Poverty, income generation and economic development
- Reproductive health and Rights
- Decision making and legal framework
- The girl Child education

It is apparent that from the above areas of priority, an issue pertaining to the participation of women and men in different aspects of society that affects them is of utmost importance. Participation of women and education of girls is specially emphasized.

2.4   Decentralization Policy

As a measure to support the Government's recovery from the 1970-80s' economic decline, government devolved power to lower tiers of government in 1992. Decentralization was closely followed by the passing of the Local Government Act 1997 (LGA), by the Government of Uganda. Decentralization involves devolution and transfer of planning, financial, implementation and political responsibilities from the Central government to the Local Governments (LGs).

One of the aims of the process was to take services closer to the people. The rationale behind the decentralization was also that if districts were given autonomy and power, they could plan and implement the plans with much more ease and success. With different guidelines for operation under different modes of funding, districts and local communities would participate in terms of contributing (10% under LGDP/DDP) and or local materials. Community participation and gender mainstreaming therefore are a critical aspect of the decentralization policy.

Though reports from reviews and evaluations (UNCDF, 2000 and MoLG, 2001) show that the decentralization process has made commendable successes in different areas, they also note that gaps still exist in the areas of effective community participation and gender mainstreaming.

2.5   The PEAP

The PEAP is conceived to be operationalised in a decentralized framework. The broad and overall goal of the PEAP (Poverty Eradication Action Plan) is to ensure mass poverty eradication by the year 2017. Formulated in 1997 and revised in 2001, the PEAP has four pillars.

1) Rapid and sustainable economic growth and development,
2) Good governance and Security,
3) Increased ability of the poor to raise their incomes, and
4) Enhanced quality of life

One clear indication of community participation is that the revised PEAP was greatly influenced by the voices of the poor men, women and children consulted during the Participatory Poverty Assessment (PPA) carried out in nine districts in 1998 (MoFPED, 98, 99)

Looking at the above goals, it is evident that participation by both men and women is fundamental for the overall development. It is also important to note that issues of gender equality relate to all the goals of the PEAP and the need for mainstreaming cannot be over emphasized.

A pertinent issue in the fourth pillar, which emphasizes quality of health, brings out concerns of reproductive health, and the Minimum Healthcare Package (MHCP). This points to the efforts in the direction of considering health problems that are gender specific and thus consideration of women.

2.6   Universal Primary Education

The Government of Uganda, as one of the measures for poverty reduction, introduced the Universal Primary Education (UPE) in 1997. Initially, the program was meant to benefit four children from each family but many families went beyond this and every child that could walk to school was enrolled. In some cases, children go carrying their younger siblings. (See UNICEF, 2001; Save the Children, 2000/2001).

Where as government accepted the reality and adjusted the policy accordingly, the smaller children have not been catered for and they affect their older brothers/sisters' learning. This has resulted into numbers shooting up with the total enrollment estimated at 7.2million in 2002. This has resulted in high pupil to teacher/classroom/textbook ratios. In recognition of that, the ESIP aims to improve ratios through
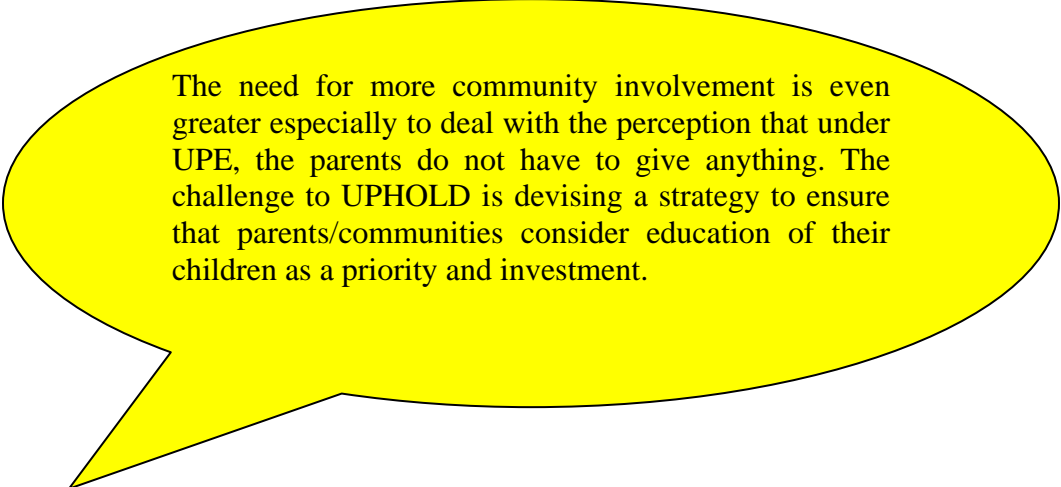
- Good quality and cost effective teacher training to be achieved through the Teacher Development and Management Systems (TDMS) among others

- Classroom building- through completion of partly finished classrooms, construction of new ones, (with improved ones for Children With Disabilities (CWDs) and
- Availing textbooks

Already, under the ESIP framework, a significant proportion of a number funds (School Facilities Grant (SFG), Classroom Completion Grant (CCG), and Capitation Grant) are disbursed to schools but neither caters for maintenance. Communities, in partnership with Parents' Teachers Association/ School Management Committees (PTAs/SMC) are charged with the maintenance of the classrooms.

From the PPA II report (MoFPED, 2002), and review of UPE progress (MoE, 2003), there are still some challenges that have to be addressed. 1) the current regulations in relation to poor communities in urban areas, 2) automatic Promotion and 3) teachers accommodation/housing in comparison to quality of classrooms. The Improving Education Quality (IEQ) report (1999) and PPA II/ UNICEF (2002) also mention the need to involve the pupils especially in designing and evaluation of the projects; with a clear mind that they are the primary beneficiaries.

On the side of parents, mainly due to the President's pronouncement, they have totally perceived the program as free. So, they are lying back, and even though they would afford simple scholastic materials and food, they believe that UPE should provide for that since the president said there is no paying.

The need for more community involvement is even greater especially to deal with the perception that under UPE, the parents do not have to give anything. The challenge to UPHOLD is devising a strategy to ensure that parents/communities consider education of their children as a priority and investment.

In conclusion, one can say that in the UPHOLD Education strategy, the PEAP, ESIP and UPE policies; issues of gender mainstreaming are tackled. One particular issue is

ensuring that both boys and girls are enrolled and retained in school (UPHOLD, 2003; ESIP, 1997). There are strategic efforts in all the policies to ensure that. Also community participation is emphasized in terms of involving parents and teachers in dialogue, monitoring, maintenance and supervision to ensure quality of services

2.7   The National Health Policy (1999)

Health impacts heavily on the economic development especially due to the effects it can have on the human resource. Though the health sector status in Uganda remains poor, there have been considerable efforts to revamp and improve it. One such effort is the development and implementation of the National Health Policy (NHP), formulated within the provisions of the constitution and the Local Government Act, (1997). This translates into decentralized service delivery, within the PEAP. The Policy, whose overall objective is to reduce mortality, and morbidity emphasizes community participation and involvement; private sector partnership and mainstreaming gender concerns in planning and implementation of health programs.

This includes ensuring access to the Minimum Health Care Package (MHCP), and creating enabling conditions for service delivery. Specifically, it provides for support and attention to communities' active role in disease prevention and healthcare through empowerment, capacity building, and monitoring. This is envisaged to be achieved through development of community capacity building guidelines, establishment of health committees that are gender balanced, support community based health services and training of community resource persons; and facilitate the development of community based information systems and research on social issues that affect health.

Gender mainstreaming is also of concern in the policy. Notably, there is particular stress on supporting organization that work to reduce gender violence, support campaigns on the same issue, removing gender related barriers to healthcare access and utilization; equal participation of men and women at all levels of programs.

2.8   The School Health Policy

The policy aims at creating a conducive environment in which pupils can be able to learn and enabled to learn. It notes that there are different challenges that are affecting the performance and development of the children. Issues of poor health, including malnutrition and disease; have in most cases culminated into absenteeism, low enrollment, poor performance in class and drop out.

The policy is well placed in other policies including the PEAP, decentralization, the National Health Policy, Water Act, Plan For Modernization of Agriculture, Government Education White Paper and others. It emphasizes community and private sector

participation in different aspects including school child nutrition, protection of children against abuse/violence, guidance and counseling, sanitation and sexual reproductive health. The role of the private service providers, the parents, teachers, community leaders and organizations at different levels is underscored. One strategy to achieve that is through formation of committees at different levels (community, school, sub-county, district, ministry, and classroom)[3] for monitoring, evaluation and management purposes.

Specific targets for to cater for minority disadvantaged groups like internally displaced, disabled and girl children are also highlighted. They include enforcing of byelaws, children follow ups, sanitary materials and specials needs of the different groups.

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[3] See School Health Policy for Uganda, 23

Chapter Three

Review of Literature

3.0   Introduction

This chapter looks at the different sets of literature that were reviewed. These fall in a larger framework of gender mainstreaming and community participation. The literature specifically as per terms of reference included explicitly;

- o UPHOLD Education and Health/HIV/AIDS (**UPHOLD, 2003**) strategies, which give a road map of UPHOLD's strategies and intended activities for intervention in the different core areas.

- o Operational guidelines for Water and Health Sectors. These give guidelines and suggestions on how activities should run, the implementation process, how to monitor and roles and responsibilities of different stakeholders.

- o Training manuals including Oxfam Gender Training Manual, (**Oxfam, 1995**), 'Balancing the Scales'- (**MoGLSD, 2000**), 'Gender Mainstreaming: A Resource Guide, (**Save the Children-US, 2000**). Health Unit Management Committee Training Trainers' Manual: Participatory training Manual', (**AMREF, 2002**). These highlight different methodologies for training, analysis and inclusion of gender issues in development.

- o There were also bulletins/newsletters from SNV, ActionAid, Literacy and Basic Education (LABE), SCF, Uganda Debt Network (UDN), and Centre for Basic Research (CBR).   They included CBR Bulletin (**1999-2002**), EUPEK News Letter, (**2003**); FOWODE's Gender Budgeting Experience', (**FOWODE, 2002**) and Stop Corruption Now!' (**UDN, 2003**) and The AIDS Support Organization (**TASO 2002, 2003**)

- o Research reports on poverty and gender, health service utilization, gender mainstreaming, and education carried out both by individual researchers and institutions. They included, but were not limited to 'Deepening the Understanding of Poverty', **(MoFPED, 2002); '**Perspectives of Quality Learning: Improving Education Quality Case Study' (**Kanyike, L et al, 2000**), 'Engendering Uganda's Poverty Eradication Initiatives: Desk review on Gender and Poverty', (MoGLSD, 2003); Community Involvement in Health development: A Review of concept and Practice, (**Oakley, P, 1999, WHO-Pub**)

- o Program documents/reports on design, implementation and evaluation of different projects undertaken by different organizations. They included reports from ActionAid, Community Development and Resource Network (CDRN), SCF, Unicef, UNDP/UNCDF/MoLG (Inaugural Assessment of Minimum Conditions

for Districts/Municipal Local Governments **(1999)**, Assessment Manual for Minimum Conditions and Performance Measures for Local Governments **(2000)**

o Policy documents included the National Action Plan on Women, National Gender Policy, Constitution of Uganda, Local Government Act, 1997; Education Sector Investment Plan, Health Sector Strategic Plan, National Health Policy, Home Based Management (HBM) of Malaria and School Health Policy for Uganda

o There were also working/Briefing papers on gender and poverty and women's participation in different social-economic aspects. They were mainly from CBR and Oxfam/UPPAP. They included "Gender and Poverty: Learning from the Poor**- (Oxfam/MoFPED, 2000)**; Health and Poverty in Uganda: Learning from the Poor- (**Oxfam/MoFPED, 2000**); Water and Sanitation: Learning from the Poor, (**Oxfam/MoFPED, 2000**); Gender Equity and Local democracy in Contemporary Uganda: Addressing the Challenges of Women's Political Effectiveness in Local Government, (**Ahikire, J, 2001**); Women Public Politics and Organization: Potentialities of affirmative Action, (**Ahikire, J, 1994)**

o There were also program work plans and strategic frameworks including UPHOLD's Annual Work plan and Strategic Framework (**UPHOLD, 2003**); Community Mobilization and Empowerment Strategy, (**MoGLSD, 2000, 2003**) 'Better Health for Ugandans: AMREF Strategic Plan', (**AMREF, 2003**) and TASO strategic plan for the period 2003-2007 among others.

We cannot give the whole exhaustive list of all the document reviewed here but rather summarize them in the above categories. However, a whole list is attached in the references at the end of the report.

3.1 What does the Literature Reveal?

On a general note, community participation and gender mainstreaming are terminologies that are not explicitly defined but rather used as self-explanatory issues. Community participation seems to be defined and centered on communities attending meetings and or giving/contributing locally available materials while gender mainstreaming seems to refer to numbers of men and women involved in a project or activity. Some organizations however, like UNICEF (Progress Report, 2001), ActionAid (Footprints in Social Transformation, 2002) and SNV (Progress reports, 2002-02) indicate and outline possible measurable indicators. From the reviewed literature, following are the main themes that emerge as major focuses.

3.1.1 Training and Capacity Building

Many organizations (ActionAid Africa, 2002; CDRN, Annual Report 2002; Save the Children- US, 2000) and even the ministries (MoGLSD[4], MoLG[5], MoH[6]) mentioned training and capacity building as a much-used approach in ensuring community participation at different levels. However, what does not clearly come out is whether they are training so that people have skills with which to implement programs or whether the training was actually the participation.
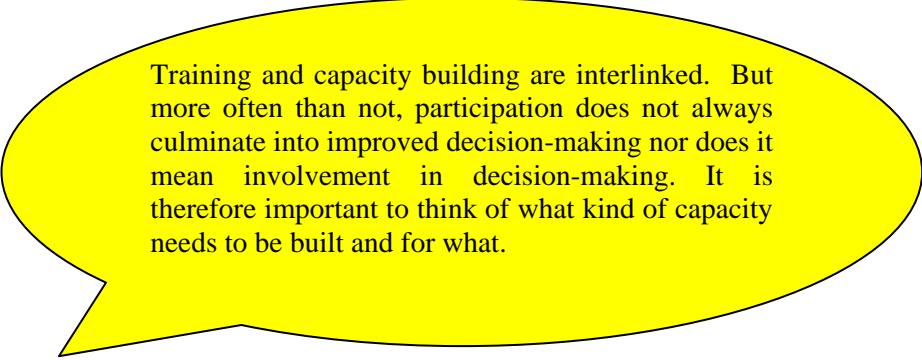
The much-used approach to the training is usually through workshops, seminars, or short-term induction courses. These are sometimes very short up to two days even. However, according to the reports (MoLG, 2002; MoGLSD, 2001; Action Aid, 2002), these workshops 'achieve miracles'. When for two days one undergoes training, is such a person able to make gender sensitive plans, analyze gender issues, monitor and evaluate them, and consistently track the gender sensitivity therein? This is definitely not very realistic considering that somebody else undertakes a degree in the same field for three years. The result of these workshops is experts with no expertise! The need therefore to critically review what can work, what cannot, what methodology should be used and how it should transform into community participation is still a missing link.

On another note, some of the reports and program documents tend to have conceived training and capacity building as one and the same thing. Here, the assumption is that training is to build capacity. Whereas this is true on one side, the two have to be separated and diagnosed first for effective community participation. The gender mainstreaming strategy for local governments (MoLG, 2002 Page 24), poses a question about the training in order to understand training as a strategy for mainstreaming gender. *"What are we building skill for? Is it to facilitate the quality of decisions taken or improve the quality of participation?"*

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[4] Balancing the Scales; Trainers Manual, 2001
[5] Gender Mainstreaming Strategy for Local Governments, 2002
[6] HSSP 2000/01-2004/05

Training and capacity building are interlinked. But more often than not, participation does not always culminate into improved decision-making nor does it mean involvement in decision-making. It is therefore important to think of what kind of capacity needs to be built and for what.

3.1.2 Experiences with Gender Mainstreaming

Some policy documents (the PEAP in the first pillar, for example) and research reports use the word but do not define or quantify it. Others use kind of catch phrases like "gender sensitivity, gender responsive, gender gaps, and gender concerns" without necessarily identifying them. These are sometimes selectively applied at different levels but not throughout. The outcome is small sections on gender but not mainstreaming. (See also MoGLSD Desk Review, 2003)

A critical issue that arose from the organizational level discussions and reports was how to effect representation. It was noted that though the documents suggest gender equity, more often than not, the interventions are those that are looking at the women's efficiency in development. Much of this has focused on numbers and not the outcome, which is more important. A principal gender officer in MoGLSD was concerned that despite the ministry and government's efforts to mainstream gender, the results are still lacking. Here is how he put it. *"We have concentrated on numbers and structures. But there is still mortality, violence and abuse. Why are women still being beaten?"*

Other NGOs in addition to their own policies have supported some gender mainstreaming activities in terms of offering training to district leaders, councilors and CBOs. For example, SNV did some training for women councilors and top managers on gender analysis in their areas of operation, the MoLG in conjunction with Ministry of Gender carried out training for all Gender Focal Point Officers (GFPOs) from all the districts of the country (MoLG, 2002) and ActionAid trains CBOs that it works with. It is also organizing induction gender courses for all district officials to ease and penetrate the process of gender planning, budgeting and monitoring (ActionAid, 2002)

The MoLG has annual LGDP reviews where districts that perform well (inclusion of gender issues is one aspect of good performance) are rewarded in terms of an additional

20% or sanctioned for poor performance. It developed the indicators and guidelines for assessing performance (MoLG, 2001) Gender mainstreaming was incorporated as a stand-alone issue for which sanctions or rewards could be administered. This means that there are measurable indicators that are taken into account by the districts in order for them to access more funding under the LGDP

CDRN annual report, (2002) as did other organizational reports (UNICEF, 2001; ActionAid, 2002; Oxfam, Save the Children-US, 2002; and SNV, 2002) agreed that gender understanding differed depending on who were talking, and the context. Using their experiences in training, designing of programs and living in communities, they have defined specific gender concepts like gender mainstreaming, gender analysis, training and equity among others.[7]
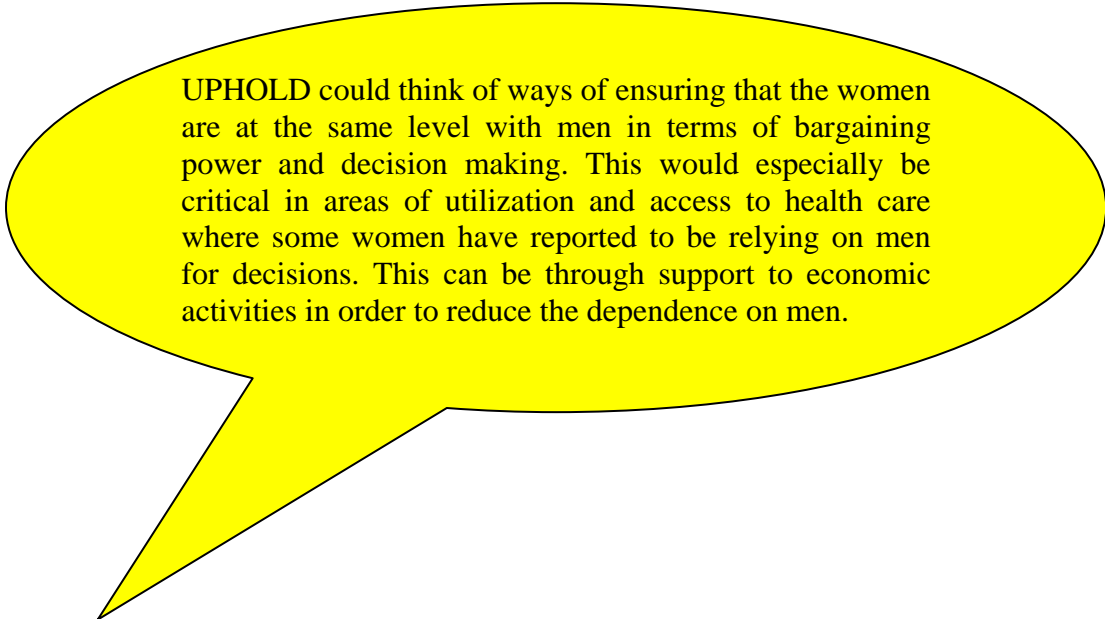
3.1.3 Power Relations and Community Participation

The cultural bonds largely affect effective community participation as a contributory factor in development. The Gender Mainstreaming Strategy for Local Governments (May, 2002) gives an example of how the skewed power relations between men and women might affect participation in a program. It quoted an official in Kotido district as asking such a question *"How can a woman who does not make decisions at home participate in community meetings and make decisions?"* (MoLG, 2002 Page 24)

In the same document, it is evident that that because of the cultural ties, much as women were involved in the planning process, men took the final decisions- that were also the most important ones.

Therefore, this impresses upon one that the issue is including women or targeting them but not how the various constraints to both men and women's participation can be addressed. In its gender-mainstreaming manual, Save the Children- US (Save the Children, 2000) looks at the existing power relations but in reference to women participation in business and develops frameworks for consistent gender mainstreaming. Though the approach is a process, the first aspect looks at leveling the ground - they referred to this as "Fix the Woman" (from Gender at Work, Pg 137 in Save the Children-Us, 2000). The rationale behind that was that after the woman is economically, socially and educationally empowered, the issues of participation, decision-making, and planning rest squarely with her.

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[7] See page 3 of this report

UPHOLD could think of ways of ensuring that the women are at the same level with men in terms of bargaining power and decision making. This would especially be critical in areas of utilization and access to health care where some women have reported to be relying on men for decisions. This can be through support to economic activities in order to reduce the dependence on men.

The process of decision-making (including who makes what decisions and when) is still male dominated. There are still issues of domestic violence, defilement, marital rape, and mental harassment. Sometimes, these disputes are supposed to be solved by the 'communal courts' with elders and relatives who are predominantly male, and thus, judgment is likely to be in favor of the male. This still points to the issue of unequal power relations, which negatively impact on women's lives.

3.1.4 Workload for Women

From the reports, (ActionAid, 2002, MoFPED, 2002 and PPA II Report, 2000) some of the policies and programs are targeting only women instead of targeting the unequal relations between the men and women. Some try to justify it by saying that they are trying to first gain a level ground considering that women have been left behind their male counterparts for a long time. The Rural Water Supply and Sanitation handbook for extension workers identifies and builds on the role of women and men having equitable shares in the sector. Because men have been engaged in decision making and implementation but not collection of water, and women involved only in fetching water but not planning, it recommends that women need to be actively involved in the planning, operations and management and men also active in collection of water, a role predominantly performed by women and children.

Another issue that is linked to the focus on women is the workload. Leave alone home chores, but most documents, (ActionAid, 2002; MoFPED, 2002 ;) indicate that the communities participate through taking part in meetings and even recommend affirmative action. The implication here is that one woman is likely to be on as many committees as there are projects in a given community. This is because communities tend to choose

people who they trust and are somewhat literate, or have other qualities. In instances where a committee is supposed to be made up of people with a certain level of qualifications, there is a likelihood of just a few women representing the community on so many committees. This raises the question of their efficiency and effective handling of the tasks that they are given.

In reference to the UPHOLD Health Strategy in connection to women's workload; it is clear for example in the proposed home management of malaria (HBM) and other illnesses, that women are looked at as custodians of health and are being targeted for the distribution of "homapacks." This is because they are more committed, and are healthcare givers in the traditional/cultural setting at the household level and are more willing to offer voluntary services in the communities. This means that in addition to their household engagements, they will be adding another role. This is on one side. On the other side, other organization and individuals have argued that since it is not all the women involved, workload may increase for only a few that are distributors but not all the women. Realizing that therefore, some communities have gone ahead to support these few women by giving them a hand in their gardens, some small money or carrying out certain tasks for them.

Alternatives for easing their work could be thought about. This could include involving men, working with existing community-based health workers, community-based drug distributors, and Civil Society Organizations supporting health programs in the communities. This can also include development of specific modalities of working with the private-for profit sector in the distribution of homapacks.

3.1.5 Measuring Community participation

Another concern that emerges from the program and research reports reviewed (for example SNV, 2002, MoLG 2002, MoGLSD 2003), and interviews held is how community participation can be measured. For instance one respondent noted thus:

> When President Museveni goes to visit a village, he is escorted by his ministers and met by district officials then they all give speeches—to the people of that community who will have gathered after heavy and costly mobilization. But on the agenda, the community is not asked for its views; leave alone given time to ask questions. So, does the presence of the community mean that they have participated?

Government has instituted the MoGLSD to promote issues of community participation and Gender mainstreaming. At the district level, this Ministry is represented by the Community Based Services Department which houses the Community development Officers and Gender officers at the district level and Community Development assistants at the sub-county level.

Ministry of Local Government notes correctly that the role of the CDO has to be revitalized and clearly outlined.(Workshop Report. 2002)[8] It states that the community development office- due to the wide concept of community development- is used as a "dumping ground" for all the programs that cannot easily be quantified and or do not have money. This further makes the issues of monitoring, coordination and follow-up of community participation related issues more obscure.

According to reports from Ministry of Local Government (Inaugural assessment of Minimum Conditions for Districts/Municipal Local Governments, August 1999) and MoGLSD (Engendering Uganda's Poverty Eradication Initiatives: A desk review on gender and poverty, May 2003), it is indicated that the community development office, much as it is a very vital; it is very under funded. The office boasts of the highest number of departments and also a lot of work in community development. But some district budget allocations provide a meager average of about $1/7^{th}$ of the district budget to the community development office. This is so little, is given in piece meals and makes it impossible for the office to perform its duties.

Different respondents noted that there are no scientific/quantitative indicators that can be used to measure community participation as noted by MoLG, MoGLSD, AMREF and others. Proxy indicators that are context specific have been developed for example activities engaged in, who engages in them, how often, economic value of different activities, its effects on different strata of people in a community, benefits and results, and who decides what to do **(MoLG, 2002, MoGLSD, 2003).**

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[8] Proceedings of a Training Workshop for Gender Focal Point Persons, Ministry of Local Government and Ministry of Gender, Jinja, 2002

Chapter Four

Community Participation in UPHOLD's Strategies

4.0   Introduction

This section looks at UPHOLD's proposed strategies/approaches to community participation and gender mainstreaming. Particularly, it draws from the programs strategic framework, the education and health strategies and HIV/AIDS. From the different strategies, community participation is inherent in all the documents as is evidenced in the core areas of intervention in the different sectors.

4.1   UPHOLD's Education Strategy

UPHOLD's education strategy is a broad one, encompassing six core areas for intervention. The strategy, which borrows and builds on the ESIP, the proposed National School Policy and other national programs that are geared toward improved quality in education, is comprehensive and cross cutting in the sectors of health and HIV/AIDS. The six core intervention areas are the following;

- Teacher Effectiveness
- Management and Support systems
- Community involvement in education
- School health and nutrition
- HIV/AIDS prevention and mitigation

From the above interventions, it is very clear that community participation an integral part of all of them. The main objectives center on achieving improved quality education services, with increased capacity to sustain them. The strategy is to strengthen an enabling environment, proper planning, management, and monitoring and ensuring effective use of the social services. The current challenges for the education sector in respect of the Universal Primary Education (UPE) among others include shortage of teachers, insufficient use of instruction materials, low parental/community involvement and retention of the girl child.

One of the strategies of increasing/improving community participation in primary school education is working with existing structures such as SMCs/PTAs, training of teachers, CDOs/CDAs/GOs and CPCs on community participation skills. It is worth mentioning that from earlier experiences (MoFPED PPA II Report, 2002, MoES Consultancy report on the Review of the Progress of UPE implementation by Business Synergies 2003,) that these organs tend to clash as regards their roles in management of schools. PPA II report also notes that SMC are not functioning as anticipated due to a number of reasons. 1) the parents' limited understanding of SMCs/PTAs roles and responsibilities, 2) sometimes the committees are handpicked by the head teacher or DEO's office, 3) committees are perceived by the people as being nearer to the administrators than the community

4) limited knowledge of the SMCs/PTAs on their roles in community mobilization and management of primary schools and 5)SMCs are legally recognized entities with authority to perform certain duties where as the PTAs are informal associations.[9].

PTAs and SMCs can also be looked at as reinforcing each other to ensure effective mobilization/participation of communities in primary education. The challenge for UPHOLD and her implementing partners is how to build a harmonious working relationship between SMCs/PTAs.
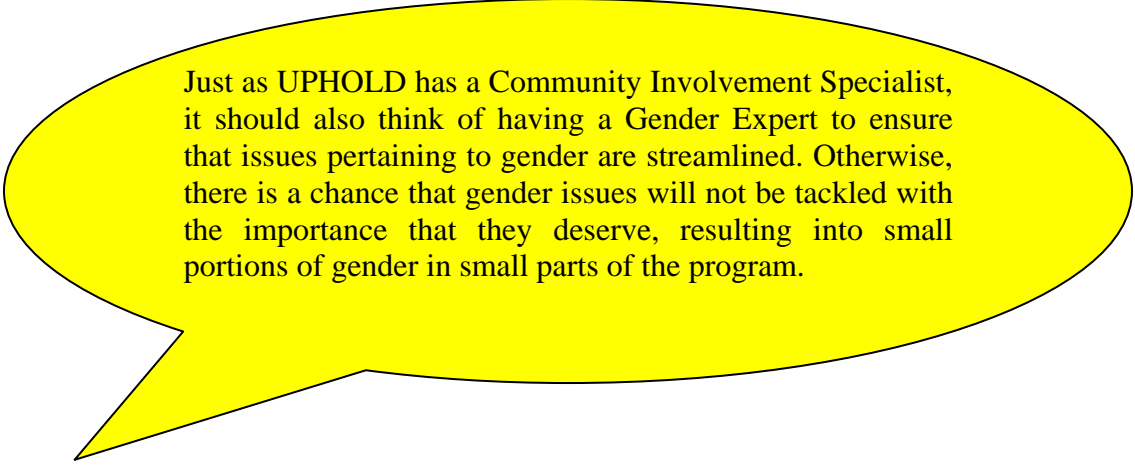
UPHOLD intends to work with the private sector in supporting the primary school education. The involvement of the private sector has been looked at 1) as another service provider 2) business enterprises and companies that can support primary schools. The main issue of concern is how communities can facilitate and monitor the private schools to ensure they provide quality services. The quality of education in government-aided schools is deemed as poorer than that of private schools due to a number of reasons including better remuneration for teachers, incentives and allowances especially in well to do urban primary schools where parents have the ability and willingness to support the education of their children. (Kyasiimire, et al, Masindi District PPA II Report, 2002).

UPHOLD strategy assumes that community participation is better initiated and effective when communities themselves are part of the whole process, this is because of the belief and knowledge that they know their local contexts better; therefore they can plan, describe and even give a hand at solving their own problems. However, many communities now, due to a lot of different approaches and interventions by development partners will tell you what you want to hear. This might not necessarily be what is on the ground but rather a quick way to get rid of you due to program fatigue.

To help communities to make informed choices and improve participation some ministries, for example Ministry of Gender (The National Gender Policy 1997) and Finance, Planning and Economic development together with UDN (The Budget Process - Popular Version UDN, 1999), and other organizations[10] have developed some popular versions and briefs of different documents taking into account the different political and tribal dimensions for dissemination, campaign and awareness purposes. UPHOLD's community involvement strategy caters for the production and dissemination of materials and modules. The use of radios and other audiovisual mechanisms to cater for those who cannot read or write, which is also highlighted in the strategy, needs to be more developed and strengthened.

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[9] SMCs are legally recognized, have guidelines and are formal as opposed to PTAs - See ESIP
[10] Uganda Debt Network, with permission from MoFPED and other respective ministries has popularized different documents including The Budgeting Process, The Code of Conduct and others which cab be obtained from their Offices.

Just as UPHOLD has a Community Involvement Specialist, it should also think of having a Gender Expert to ensure that issues pertaining to gender are streamlined. Otherwise, there is a chance that gender issues will not be tackled with the importance that they deserve, resulting into small portions of gender in small parts of the program.
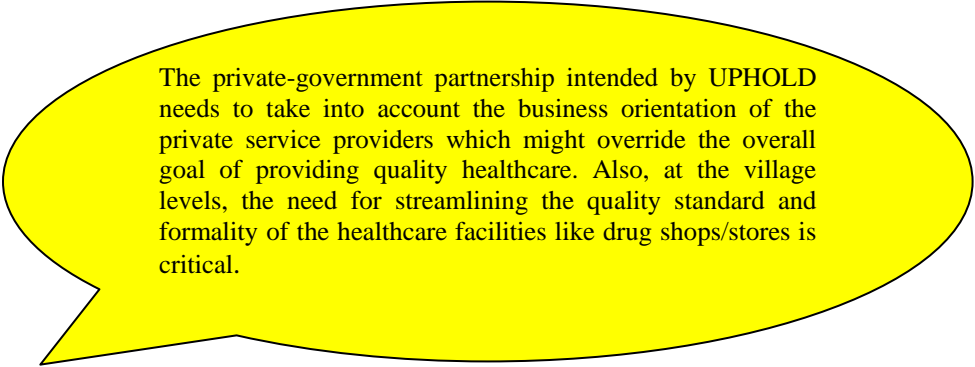
4.2 UPHOLD Health Strategy

Although Uganda is acclaimed as one of the countries with successful economic reforms in sub-Saharan Africa, the social sector; including health, has not reached the expected levels. Among the challenges faced are the alarming numbers of people living and contracting HIVAIDS, malaria, childhood illnesses, lack of capacity and motivation, and lack of resources all culminating into inadequate delivery of quality services.(UPHOLD Integrated health strategy 2003, SHN policy 2003,MoHand MoES, HSSP 2001-2005).

The strategy among others aims at ensuring quality services in health provision and community participation in terms of utilization, monitoring, and management of health services. The strategy also outlines the major challenges that are still hampering the health sector including HIV/AIDS, malaria, STIs low immunization coverage, infant mortality and respiratory infections. The strategy has the following core areas of intervention

- Child and Adolescent Health
- Communicable diseases control (especially malaria and TB)
- Integrated Reproductive Health (especially safe motherhood and family planning) and
- School health and nutrition

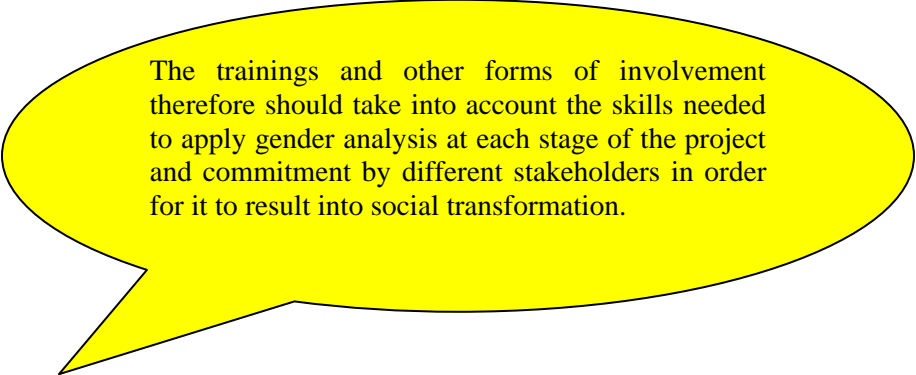The Health Sector Strategic Plan, the national Minimum Health Care Package, and the National Health Policy (MoH, 2000/01-2004/05) UPHOLD's health strategy builds and compliments the different programs. There is optimism that people's behaviors can directly influence their health and learning thus will emphasize behavioral change of the different stakeholders as a way of ensuring and improving quality healthcare.

To achieve the overall goal, issues of partnerships with private service providers, exploring and introducing health insurance/prepayment schemes, and working with traditional healers are among the strategies to ensure quality and utilization of health services. Issues of community participation (by healthcare givers-private and user-communities) are central in the health strategy.

The private-government partnership intended by UPHOLD needs to take into account the business orientation of the private service providers which might override the overall goal of providing quality healthcare. Also, at the village levels, the need for streamlining the quality standard and formality of the healthcare facilities like drug shops/stores is critical.

The challenge of mainstreaming gender in the health programs and the whole sector cannot be overemphasized. The need to differentiate gender needs and then enlisting different approaches for training to link them with social transformation is still as great. Data collection on who does what in the community, access and control to resources, and opportunities is a useful tool but it needs to be part of a broader package of actions in order to promote gender sensitivity and equity. Many of the communities have people who already have formed their own stereotypes, attitudes, beliefs and values. Therefore the value of the training or involvement is directly linked to the immediate relevance of the project to their lives and work.

The trainings and other forms of involvement therefore should take into account the skills needed to apply gender analysis at each stage of the project and commitment by different stakeholders in order for it to result into social transformation.
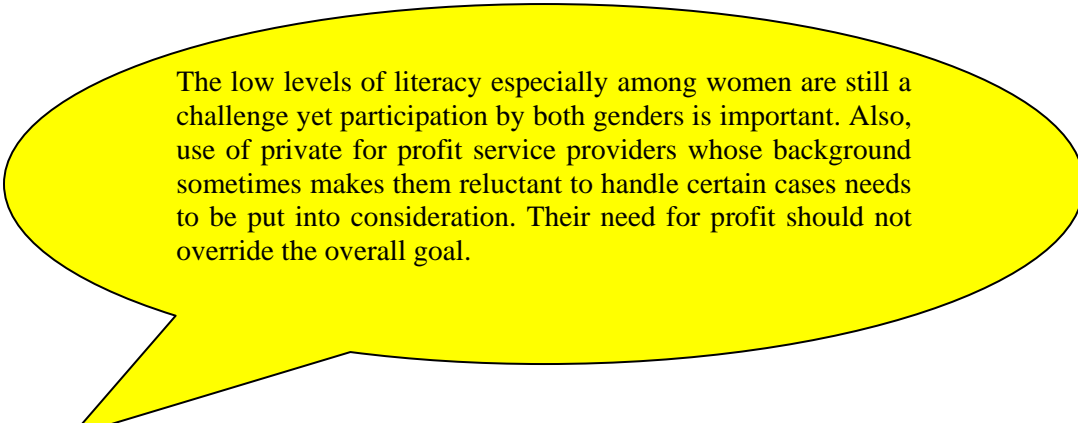
4.2.1 Home Based Management of Malaria

Malaria kills more than 1 million people in the world annually, 90% of which are in sub-Saharan Africa. This translates into it (malaria) being one of the major factors affecting quality of life and consequently a cause and consequence of poverty. The Government of Uganda, noting with concern that managing malaria has direct benefits of improving the quality of life, developed and is implementing the Health Sector Strategic Plan, through the Ministry of Health.

In 2000, African Heads of State pledged to halve the burden of malaria by 2010 and signed a declaration in Abuja. Prior to that, there had been the Roll Back Malaria campaign in 1998. The program, which is supported by World Health Organization (WHO), builds on the experience that most Ugandans first buy drugs and consult medical personnel after self medication has failed. It emphasizes detection, immediate treatment and management of malaria at home in especially infants and during pregnancy. Strategies to achieve that include promotion of use of insecticide treated nets, and use of community volunteers to distribute the nets and Chlroquine /Fansidar at no cost.

In relation to home-based management of malaria, there is also management of Tuberculosis (TB) at community level. This has already spread to more than 30 districts in Uganda after it was piloted in Kiboga in 1997-8. Commendable successes have been recorded but the Program still has the objective to expand the community TB care to all districts.

In both cases, (HBM for malaria and CBC for TB) the strategy identifies low human resource, low funds, and inadequate involvement by private sector, cost of treatment, unawareness, inappropriate self-medication and use of herbs and stigma (for TB) as threats and weaknesses that are likely to affect the success of the programs.

We have to note that the cost of treatment is particularly an issue in rural areas, the same place where private practitioners are few and where traditional/cultural ties are strong and these are coupled with low literacy levels. UPHOLD has to devise strategies of ensuring that communities have the relevant information and can therefore make informed choices. This has to be in part tackled by issues of addressing their capacity to raise incomes and redressing herbal treatment, and addressing the reluctance by private for profit service providers to handle certain cases. In this particular case, behavior and attitude change are of utmost importance.
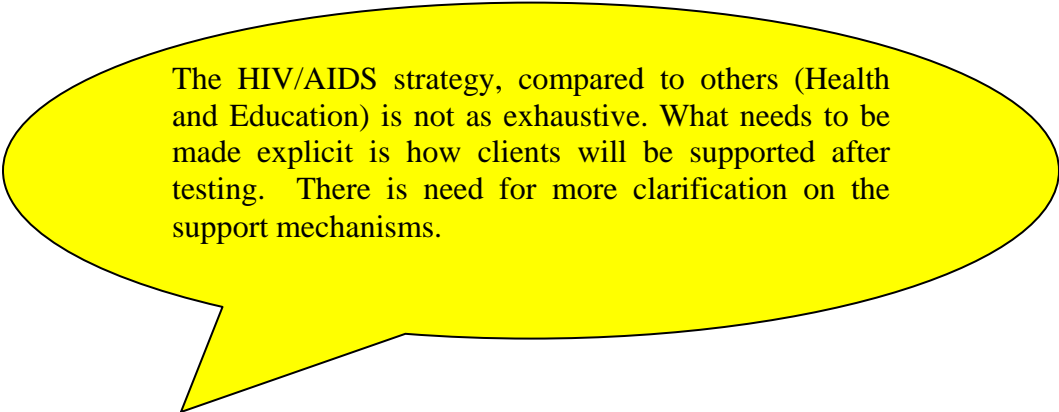
The low levels of literacy especially among women are still a challenge yet participation by both genders is important. Also, use of private for profit service providers whose background sometimes makes them reluctant to handle certain cases needs to be put into consideration. Their need for profit should not override the overall goal.
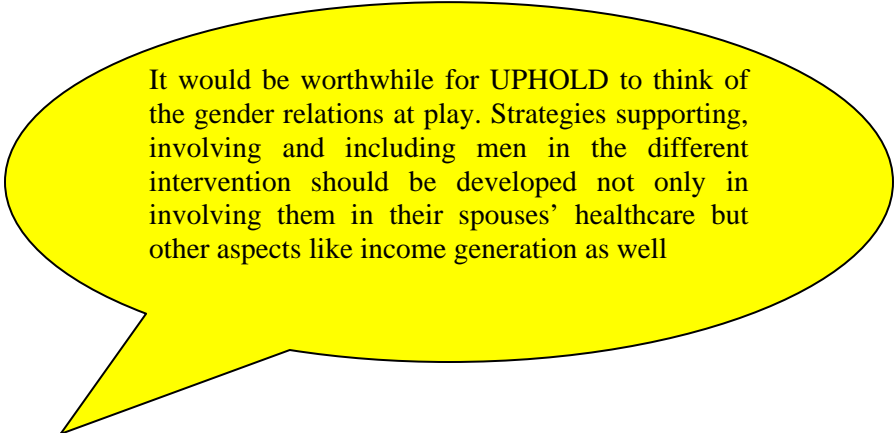
4.3   HIV/AIDS

Uganda is one of the countries that have taken big strides in trying to combat HIV/Aids and the associated problems and challenges. However, the progression of the pandemic has had devastating and lasting impact not only on the people/communities that have been touched, but also o the government.   USAID's strategic objective 8 (SO8) (UPHOLD Health Strategy, 2003-04) stresses the need for improved human capacity to plan, utilize, mange, implement monitor and evaluate projects. One of the critical challenges is the realization of this objective is the effects of the AIDS pandemic on the human resources. Hence, human capacities would be enhanced if to a considerably large extent the AIDS pandemic were seriously addressed

In the AIDS sector priorities, one of the major objectives is the availability, access and utilization of VCT services. Also another objective is to strengthen the care and support to people living positively with AIDS

The HIV/AIDS strategy, compared to others (Health and Education) is not as exhaustive. What needs to be made explicit is how clients will be supported after testing.   There is need for more clarification on the support mechanisms.

Another noteworthy issue is about the stigma, which is still high, and the fear of violence by spouses and even other family members. Many women are victims of domestic violence and it can worse when they are infected. Human Rights Watch (Research report, 2003 Page 2) says that 'women are sometimes powerless to protect themselves from infection because their husbands physically attached, threatened or intimidated them'. The fear of VTC is therefore still equally high but there are other factors like fiscal constraints that need to be looked at. The infection therefore cannot be blamed for all the violence but other salient issues related to especially poverty are at play. Looking at and analyzing such factors is crucial in program interventions.

It would be worthwhile for UPHOLD to think of the gender relations at play. Strategies supporting, involving and including men in the different intervention should be developed not only in involving them in their spouses' healthcare but other aspects like income generation as well

It is therefore fundamental to go beyond the technical and rhetoric in community participation, development work and gender mainstreaming. The ultimate goal, which is social transformation, in which there is gender equity, does not occur in a vacuum. There is always a local context in which we should place it, thus the need for communities to engage in dialogue and discussions in order to think and practice their own development ideologies.

4.4   Experiences in Community Participation

Different organizations in their working with communities have had different experiences, on community response, level of involvement, who does what and appreciation for the programs. Let us therefore look at who participates, at what level, when, the kind of participation and who benefits
.
4.4.1 Participation at different levels

We look at this in terms of the whole project cycle, right form identification to evaluation, at the different levels of implementation. At the administration level, participation is mostly in form of identification, of the needs, providing technical support, training/capacity building, monitoring supervision and evaluation. This is reflected both in organizational reports,(CDRN, ActionAid, UNICEF and TASO) strategic plans and implementation plans. Also from the different policy documents, at the administrative level, (district and sub-county) specific roles are stipulated for the different stakeholders.

At the community level, involvement is emphasized in almost all the programs. However, there is a gap between the ideal and the actual. Though communities are supposed to be

involved throughout the projects' processes, they seem to be involved only at certain levels and not others. For example, depending on a certain organization's objectives, intervention to communities have to be in areas related to the objectives even if the pressing need might be different. Therefore communities seemed to be largely involved at the actual implementation but rarely at the identification and evaluation.

At implementation level, participation was in terms of giving locally available materials (MoLG, 1999), attending meetings, setting up committees, and monitoring ongoing projects (UNICEF, 22001, 2001-2005 Country Program; CDRN, Undated; SNV, 2000 and MoLG, 2002). Only in a few cases (LGDP under Local Government) were communities involved in resource mobilization. This partly is explained by the fact that cash in the communities is not a readily available variable. This different committees members, elected by the community, would be supported by the organizations to carry out their roles- including mobilization, sensitization and sharing of information. This in itself was identified as participation.

On another level, children were rarely consulted unless the programs were specifically targeting them. Also, men were more involved at the identification and planning level more the women who seemed to be involved at the utilization and sometimes monitoring levels.

Community participation needs to be stratified to include the different kinds of people in a community, with clear strategies of ensuring their involvement.
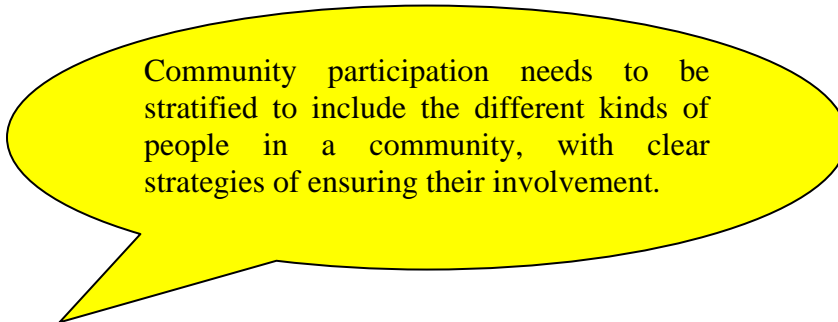
Some organizations (ActionAid, UNICEF, CARE, SNV, CDRN) realizing that communities are made of different strata's of people with different needs, to ensure their participation put in place mechanisms of ensuring that views from the different categories are incorporated in the programs. The strategies included the following.

- One of the strategies to enlist for example women participation was through organizing meetings particularly for them at convenient times that do not interfere with their household work. This means that the cultural ties and power relations that limit women from talking or participating in the presence of men are overcome. Tools to get information on specific issues for better planning are designed. These range from seasonal calendars, gender analysis matrixes, income-expenditure trees/wheels, Venn diagrams, and ranking matrixes. The same tools are used to disseminate to them information and to gauge their knowledge of different issues.

- Also, some organizations (ActionAid, CARE, SC-Norway and TASO) have programs that specifically target women, but involving some activities for men as well. There is also emphasis on education for girl children and children with disabilities through inclusion of their specific needs in policy documents, work plans and budgetary allocation.

Case of Nakasongola Reproductive Health Project

The project, implemented jointly by CARE and Save the Children together with the government, aimed at expansion of access to and use of family planning services among the women and men of Nakasongola. This was after realizing that many women were married young, were producing many children, poorly spaced, and this resulted in high infant mortality rates. The project addressed issues of low contraception use, long distances and filled information gaps.

From the above needs, a women's group "Agali Awamu" was born. The group would meet regularly to discuss issues of reproductive health, with support from CARE staff. Some women from that group and others from the village were given training and they would take the knowledge to other community members who cannot get to regular contact with the family planning service providers. CARE, together with MoH, developed manuals with support from USAID. The CRHWs make their own maps, plan and manage the delivery of services to both men and women

CARE worked with Save the Children as a team and the community workers are also a team within the team. The partnership can therefore only be blamed for the success of the project.

- In some cases, like in Local Government and some organizations (UNICEF, SCF and TASO), they have specific officers charged with ensuring that the issues that concern the different groups are adequately tackled and handled. This means that apart from the activities being planned, they can actually be implemented, monitored and evaluated for better practice.

- To ensure that other minority groups participate, specific activities that target needs of such people are developed. For example in its IDP project, ActionAid designed and supported income generating activities that utilize little land to cater for the peoples day to day needs but considering that fat that these are people who do not have a lot of land (ActionAid, 2002)

- Another strategy was ensuring that the minority groups are represented fairly and equally on the different committees for the programs. Supporting such group morally is also a pertinent issue and was usually done through training and awareness raising campaigns to change the attitudes of the communities to handle them as normal equal people who need support. This is in bid to ensure that their needs are taken care of and incorporated in the whole process.

Case of Parish development Committees
This approach was initiated by UNICEF as a way of involving communities in the care and support of children. Through the district administration, UNICEF would go to the community and tell it its objectives. Then with guidance the community is told about the role the community has and that f the committee.
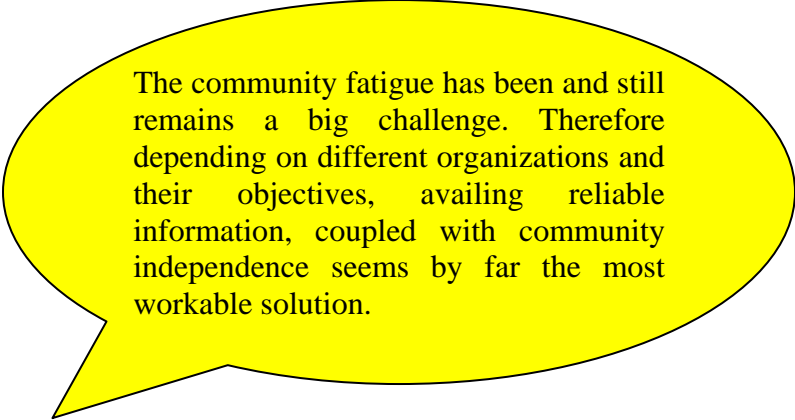
Then, community members agree on the criteria for selection a person to the committee. The community will have identified the different categories of people in the community, who should be well represented. Then members are chosen and trained. Qualities can include but are not necessarily limited to responsible, literate, available, honest, etc. At the end, the interests of all the groups will be taken care of.

4.4.2 Community Fatigue

Because of the different interventions by government bodies, non-governmental organizations, individual researchers and other community development initiatives, which sometimes do not meet the communities' expectations, many communities have developed some kind of fatigue and anxiety. They feel they have 'seen and heard that' so there is nothing new to be offered. Also, they expect some very quick results and almost always say what one wants to hear.

Of course many organizations realized that and have come up with some strategies of handling such fatigue. One such strategy is clearly specifying the objectives of the program without leaving any ambiguities.

Another strategy, widely utilized by UNICEF, CSF, CARE, ActionAid and TASO, is making the exercises interesting learning experiences. This includes use of simple context specific tools and methods, like community mapping, resource mapping, and drawing on action plans. Here the communities learn that somebody can give some help but they have a hand in solving their problems without depending on other people/organizations. The overall aim is awareness raising, attitude change and skills acquisition.

The community fatigue has been and still remains a big challenge. Therefore depending on different organizations and their objectives, availing reliable information, coupled with community independence seems by far the most workable solution.
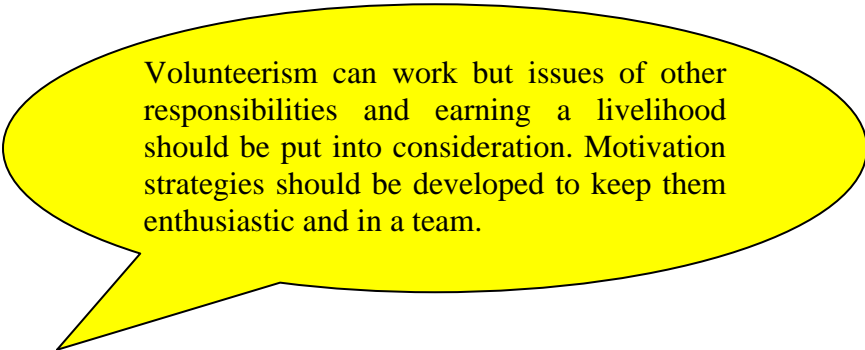
4.4.3 Volunteerism

Many organizations and even local governments, through the exiting structures and CBOs use volunteers for different roles, including supply of drugs (MoH), sharing information, counseling /guidance (TASO), and delivering other services in health and education. Some volunteers are given allowances, and or other forms of motivation – in form of T-shirts, gumboots, umbrellas, bicycles, and sometimes motorcycles depending on the organization. This has been a source of debate lately.

In some cases it has achieved commendable success but in others still it has not taken root at all. Some blame that on the personalities chosen while others blame it n lack of motivation for the volunteers. Whichever way, volunteerism is seen as one major aspect of community participation and a way of ensuring sustainability of the project. But note should be taken of the background of these people. These are people from rural areas; where income is very low and they have to balance the work with meeting their every day needs like salt, sugar, soap, paraffin-which some of us tend to take for granted. Therefore, much as they might be committed people, willing to serve their communities, they get drop out because they somehow might fail to reconcile the home needs/responsibilities and work. (See TASO Evaluation Report, 2000 and HBM Strategy: Analysis of Accessibility, Acceptability and Compliance in Kumi and Kiboga, 2003)

The volunteers have been faced with many challenges including community expectations. In cases where there are volunteer workers, communities expect them to give them financial support saying that they (volunteers/CHW) are given money to help the people with especially transport, yet they also do not have. Also, other organizations in the same areas of operation give out some allowances and items for motivation. It therefore becomes hard for those who do not have to keep on performing their roles. It seems to look like some kind of unintended competition.

Volunteerism is therefore a good component and way of improving community participation but it is affected by different factors, the major one being poverty and income generation. That is why some of the volunteers drop out when they find jobs, or have other important responsibilities in their homes and in a few cases, husbands refusing their wives to participate (see TASO), 2000)

Volunteerism can work but issues of other responsibilities and earning a livelihood should be put into consideration. Motivation strategies should be developed to keep them enthusiastic and in a team.

One form of motivation mentioned by TASO was organizing of intercommunity exchange visits where volunteer health workers from one district are taken to another area to share experiences and challenges, give moral support, and discuss other issues affecting them.

4.4.4 Challenges and Benefits of Community Participation

There are still many challenges facing community participation and mainstreaming gender. They are different depending on the implementing bodies and also the fact that there is no 'blue print' of measuring and ensuring community participation, which is standardized and uniform. Many organizations have therefore developed their indicators and values in regard to that.

Community development and participation initiatives re still hampered by little funding. This is at district and sub-county levels as main implementers. The same applies to organizations as well which have specific mandates and rely on funders.

Poverty is still a big challenge to the extent that in some sectors like health and education, if there is need for a particular item that costs money, then people do without it (see TASO, 2000, ActionAid, 2002, MoFPED, 2002). This has some implications. For example in the health sector, a patient might be referred to a health unit by a CHW but fail to get transport and stay home. Or in the education sector, a parent cannot afford an exercise book and the child stays home.

Another challenge is the use of volunteers to deliver different services in the communities. These are people who have their own responsibilities and homes to fend for. Yet sometimes they are called upon so abruptly, to mobilize and to perform their roles. Giving them incentives and motivation to do their work, as priority is important. This might not be in money terms but other agreeable alternatives have to be got.

There are also issues of understaffing, especially in new districts and as such, the capacity and ability of the different service providers is undermined. Orientation of the different community workers in the different sectors would be important in linking them so as to stop the mentality of looking at certain activities as not part of their role.

On the other side, there have been benefits attached to community participation. Top among these is the sense of ownership that develops because the communities look at the programs as theirs. They are responsible for managing, implementing and monitoring them. Therefore, when the work is done, there is a sense of inner reward (see TASO, 2000; ActionAid, 2002; and CARE, 2001).

Apart from communities gaining knowledge, attitudes and skills in performing different tasks in a program like monitoring, reporting and problem analysis, the involvement of

the different stakeholders ensures that there is continued support, innovativeness, and sustainability of the program. This usually prepares the community to stand on its own, make their own plans, and implement them on their own.

Case of Buseeta Community AIDS Initiative

This is now a CBO working in Pallisa district. Initially, TASO supported the training of people elected to the Parish AIDS Committee (PAC). These would be expected to carry on the skills to other people and provide them with information. Later, however, when TASO, would leave, the PAC would not do much because of no district support and resources. So TASO advocated and linked with the district and Sub counties to include AIDS as a priority in the development plans, to ensure resource mobilization and sustainability.

After a training of six months, TASO encouraged the PAC to register as a CBO. It did that and thus the birth of Buseeta Community AIDS Initiative (BCAI). Today, it has support (financial and technical) from AIM. The organization sometimes invites TASO to facilitate training that BCAI caries out. It also refers clients to TASO, and once in a while, gets drugs and social support.

The communities in Pallisa and the district are happy with what the CBO is doing and strongly support it.

The key message here is that participatory training/learning; action and planning have been used depending on the complexity and specificity of the output desired. Different types of PRA methods/tools like situation analyses, mapping, ranking, diagrams and others, have been used. There have been outcomes mainly from suggestions and recommendations either from communities or organizations. Notably, there is the CARE development through conservation program in Kisoro and Kabale. Using PRA with communities, it influenced the authorities to formulate mutual arrangements between the park and communities around it. Also, the PPA I (MoFPED, 1999) which largely influenced the revision of the PEAP

Following the training and involvement in different activities, some reports (CARE, 1994, MoFPED, 2002), expressed the fact that communities often expect some action following the exercise. It is like people have invested a lot of time and planning in the exercises so they expect some tangible result. This s still a challenge since sometimes the results are expected even before the planning at higher levels is over.
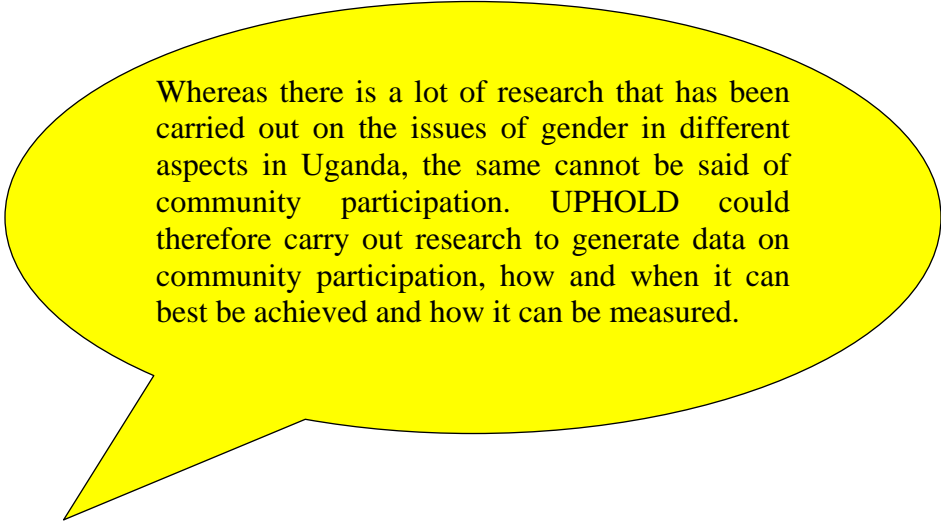
4.5 Existing Gaps

Gaps still exist in terms of information available. This is because documentation of experiences is still a big challenge. This is especially in organizations that are funded to carry out implementation. The reporting they do is basically for accountability purposes

and acquiring more funding. Their program documents therefore show what was done, whether it was done as planned and the gap remaining. There is need to think of ways of building importance around the experiences and documentation. The information gap can be further categorized into;

- Information on successes/experiences of the approaches to community participation.
- Data to be collected in regard to gender issues (not just the number of men and women involve), community participation and monitoring.
- Measurable indicators for community participation and gender mainstreaming

This seems to be largely due to lack of cultural inventories on which to build and design community approaches. Such inventories would be useful in addressing cultural/community specific approaches to gender in participation and community participation in general.

Therefore, a lot more needs to be done in documenting of community participation experiences and mainstreaming gender. One particular issue that needs urgent attention is the placing of gender in the local context with local terms/definitions. It would also be worthwhile to carry out more research on the effectiveness of affirmative action and how that can be translated into actual/effective representation.

Whereas there is a lot of research that has been carried out on the issues of gender in different aspects in Uganda, the same cannot be said of community participation. UPHOLD could therefore carry out research to generate data on community participation, how and when it can best be achieved and how it can be measured.

On another note, though UPHOLD's mandate is Primary Education, it is important to note that utilization of certain services and effective participation in community work by women is still hampered by the low education status of women compared to men. UPHOLD's intervention in primary education in the long run will result into a cadre of literate women, given the current emphasis on the girl child, but presently, the challenge of illiteracy is still big.

Chapter Five

Best Practices to Community Participation

5.0 Introduction

Different organizations and institutions have used different approaches/strategies for community participation and involvement for development. They have registered considerable levels of successes albeit encountering some difficulties. Basing on the successes that they have achieved by use of the approaches, and the experiences, we present them in the following section as best practices. The word 'best' we note is relative and may differ according to different people/organizations.

Also, various approaches have been used in defining and ensuring gender mainstreaming and community participation. In the decentralization context, a lot has been tried out to achieve community participation and thus ensure community ownership of projects. Issues of operation and maintenance especially in the water sector for instance, (as a form of community participation) have been seen to have a strong bearing on the sustainability of the projects and thus their success. In this section therefore, some of the approaches that have been used by different Non Governmental Organizations (NGOs), Civil Society Organizations (CSOs), Community Based Organizations, (CBOs) and Ministries are presented.

There were many different approaches/strategies but the following were the common ones. They all point to one fact: community participation is important in the success of the programs. They included direct entries to communities, going through local structures, government structure, and community based organizations and worship places. The main modes of engaging communities were through training, PRA, and drama. But we also note that some were common to more than one organization. They are discussed in the following section.

5.1 Use of Local Government Structure/Systems

By far, through almost all the documents and from the personal discussions with different organizations, this is the most commonly used. With the onset of decentralization, the districts and local councils have become implementers of different programs at their levels. These structures have built relationships with communities that are noteworthy. For example, Ministry of Health mentioned going through District Director of Health office to get to the communities and sub-counties and to involve them. "Going through" is like an initial process of introduction and also a way of keeping on track. These structures are charged with monitoring, supervision and sometimes maintenance.

And they have registered success including the following;
- Improved accountability
- Prompt and clear reporting

- Feedback in times of disease outbreaks in different areas
- Increased patient turn-up
- Improved quality among others

The Community Development Office was mentioned as a strong entry point for almost all the organizations that were interviewed. Also, in the documents reviewed (MoLG, 1999, 2002, 2003; AMREF, 2003; MoFPED, 2002; MoES, 2003; UNICEF, 2001; ActionAid, 2002) and it features as an important focus for community development. It was seen as a link between the district, the central government, the sub-counties and the communities
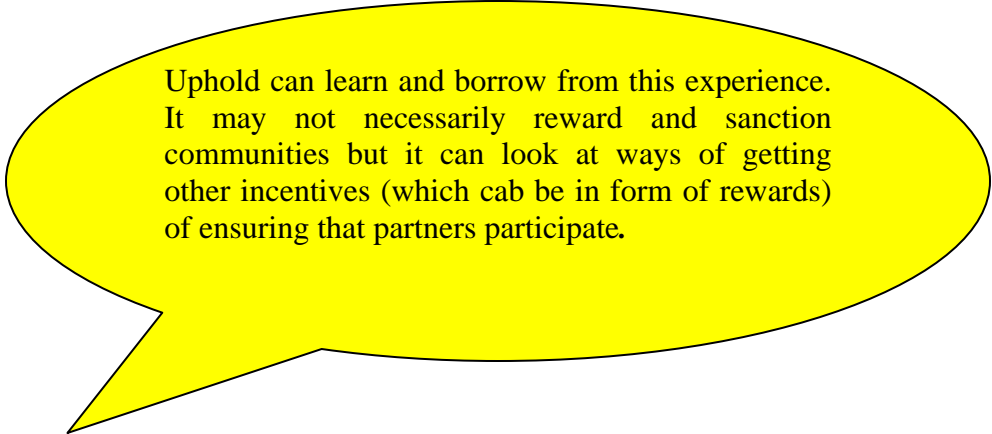
5.2   Reward/Sanction Approach

Ministry of Local Government, after realizing that gender aspects were left out in district development plans and thus implementation (of the LGDP/DDP); developed a gender mainstreaming strategy for local governments. With help from the ministry of gender and UNCDF/UNDP funding, they carried out a gender audit in three districts. As a follow up action on findings, the ministry included gender-mainstreaming aspects in the local government's assessment manual. In the assessment manual, gender is a stand alone measurable, which can be used to reward or sanction a district. The reward is 20% bonus budget allocation while the same percentage is a penalty for districts that fail to comply. Training for gender focal point officers and community development officers to backstop. In the manual, there are measurable indicators including;

- Allocation of contracts and tenders to both men and women
- Criteria used for awarding
- Actual numbers of awardees both men and women
- What they supply in quantity
- Involvement in road maintenance
- Involvement In training and capacity-building activities, among others

With different partners, MoLG involved in carrying out the assessments, there have been a number of successes. They include the following

- Prompt and timely reporting and accountability
- More women involved in tendering
- Quality work due to competition
- Community participation especially in the road maintenance sector
- Increased incomes
- Incorporation of gender concerns and aspects in the district development plans

Uphold can learn and borrow from this experience. It may not necessarily reward and sanction communities but it can look at ways of getting other incentives (which cab be in form of rewards) of ensuring that partners participate.

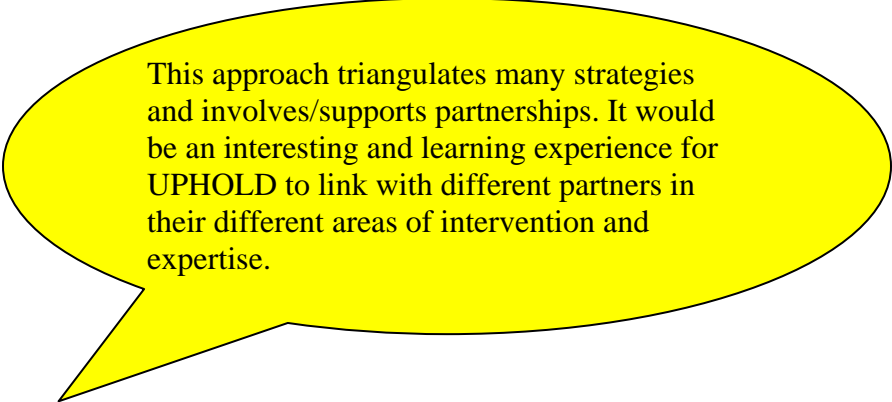## 5.3   Capacity Building /Participatory Approach

Many organizations including ActionAid, CDRN, MoLG, MoGLSD and CARE have used this approach to identify capacity needs of the CSOs/CBOs or other partners (for example lower local governments) that they are going to work with. Through PRA, information is gathered, and gaps identified, then a training module is designed to fit the different needs and objectives. The training is replicated by the trainees and passed on to other members and communities

The most used approach is Participatory Rural Appraisal methods in the trainings, but it also uses workshops, reviews, and gender audits. In order to capture the different gender aspects, and to cater for them as much as possible, particular tools are used for the training and to get information. For example daily activity charts, gender analysis matrixes and seasonal calendars among others.

With lessons from the trainings and engagements carried out, organizations document and designs better tailor made interventions for organizations and communities. Gender mainstreaming is central in this approach. Gender is integrated in the programs in a transformative way that is; in the mission, vision, values, structures and activities.

This approach takes into consideration local, context specific ideologies and definitions of different issues. This includes looking at local power relations, giving local specific definitions and indicators. It registered some success.

- People get involved in identifying and analyzing their problems
- Communities come up with their own Community Action Plans
- Acquired skills in problem analysis
- Local understanding of gender issues

This approach triangulates many strategies and involves/supports partnerships. It would be an interesting and learning experience for UPHOLD to link with different partners in their different areas of intervention and expertise.

5.4   Direct Entry to Communities

Two organizations (Madrasa and CDRN, personal interview) mentioned entering directly into the communities, bypassing the local government structures. They did however mention also that they do not totally ignore the districts but as protocol demanded, they introduced their activities and intentions but did not have district officials as partners in involving a community unless the activity was specifically for them (districts or LCs). CDRN for example noted that, they could offer training to district officials if they are called upon though they did not necessarily have to go through it to offer training to a community.

This approach is almost similar to that of NUSAF and gives communities a much more sense of ownership of the project. And since it is not dependant on the respective local governments, it is more sustainable because communities themselves devise ways of implementing, monitoring and evaluating it with technical support from an outsider.

5.5   Communities as Implementers

The other approach developed and being used by the Northern Uganda Social Action Fund (NUSAF) is giving communities money directly after the communities have developed their priorities and show competence in accountability and governance. Communities are facilitated to identify priorities, and then they plan and consequently implement and manage small projects through CSOs or individual, agencies or even extension workers. The community directly contracts these depending on the need and their capabilities to cater for the different groups of people in the community.

The project, as a demand driven approach to development, is complimentary to other different programs like Local Government Development Fund (LGDP), Plan for Modernization of Agriculture (PMA), and National Agricultural Advisory Services
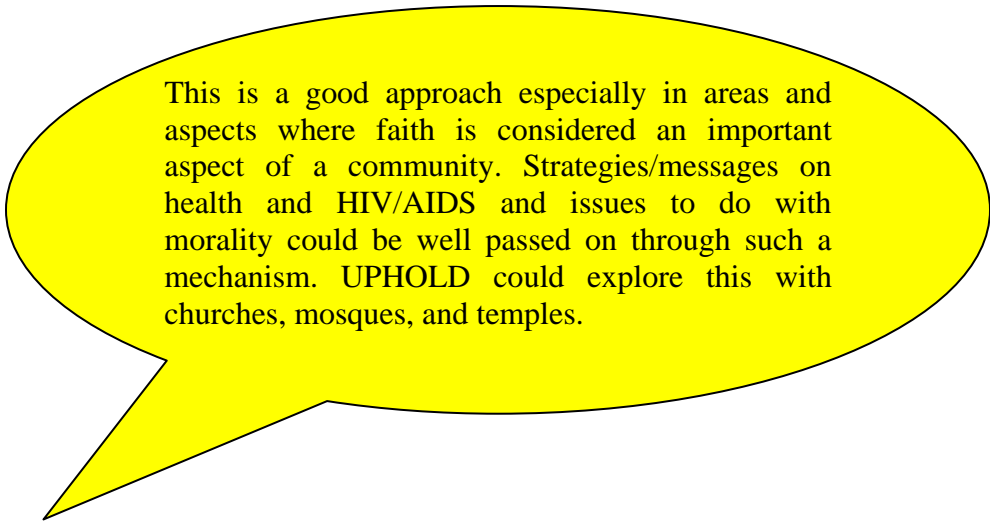
(NAADS), and the activities are integrated in the district development plans. This is in bid to ensure sustainability after the World Bank funding has stopped.

5.6   Religious Institutions Approach

Madrasa is a faith-based organization involved in helping communities to run their pre-schools with a focus on early childhood development. In its going to a community, it goes through the mosques that are existent in the communities. The Mosques have Mosque committees at village level who link with the LCs for mobilization and leadership.

Madrasa goes to the community, tells them what it wants to do, and discusses alternatives and activities it is involved in then leaves the village to make a decision. They leave contacts and any relevant material, so that the community can consult among its members and reach a decision. When the decision is to work with Madrasa, then the community is supposed to get back to them. If the community does not make any contact, there is no more contact. Madrasa noted tat there were many communities especially in Kampala that had even told them- point blank that they were not interested in working with them

One major challenge Madrasa noted was the low incomes of the families. This translated into the fact that what the children needed was not readily available due to the cost and what was free was said to be far.

This is a good approach especially in areas and aspects where faith is considered an important aspect of a community. Strategies/messages on health and HIV/AIDS and issues to do with morality could be well passed on through such a mechanism. UPHOLD could explore this with churches, mosques, and temples.

5.7   Village Teams

This approach was developed and is widely used by the Ministry of Health. These were developed on the basis of the many health services providers who are also close to the communities. They include traditional healers, Traditional Birth Attendants, Drug shop owners, condom distributors etc. Through a cascade process of training, and sensitization, communities choose people to represent them in different capacities to implement and oversee health activities. These different providers are the ones that make the Village Health Team. The 1/3 representation of women is strongly stressed. The idea is they are many and so can cover a large part of their village with ease, with moving from household to another as the ideal. They are trained in basic health skills, MHCP and First Aid.   This is not so different from the UPHOLD's Village Health Committees and therefore there are lessons that can be learnt and shared.

However, there are some challenges that were identified which UPHOLD also needs to think about. Most of the people on these teams/committees are volunteers and thus is not sustainable. As such, most implementers take them for granted and do not cater for them as an expense. Some activities especially those that are fulltime should cater for some incentives to sustain the morale and spirit.

Another challenge is the illiteracy levels, which tend to affect the levels of judgment and choices by the communities and village health team members. This breeds bad and or different attitudes. This is also related to collection, keeping and retrieval of crucial data. In this approach, UPHOLD should endeavor to streamline the type of data that is needed, uniform across the regions and communities.

5.8   Quality Assurance Systems

The Quality assurance systems are approaches geared toward assessing and monitoring of or the quality. On one part there is assurance of health worker satisfaction and value for money and on the other, client satisfaction. The Yellow Star Program (YSP) as one approach is part of the system. Piloted by Delivery of Improved Services in Health (DISH) II project in 12 districts, as a model for institutionalizing quality assurance in the health sector, the YSP has gained applause and support from both clients and service providers themselves.   The MoH, recognizing that poor quality affects access and utilization of health services, has also adopted the YSP.

Health facilities that achieve and maintain 35 basic standards that address both technical and client satisfaction as aspects of quality; are certified and or rewarded. However, involving communities in this program seems to be not yet very concrete. It therefore needs more strengthening and support. This is where UPHOLD can come in – by supporting communities (in terms of information and skills sharing, mobilization and awareness raising) to get involved in the YSP

5.9 Support to CBOs

Some of the organizations (ActionAid, LABE, AMREF and Ministry of Health) in their annual reports and from interviews show that they used the existing community based organizations (CBOs) to engage the communities. The members of the CBOs would be trained or supported technically to ensure their efficiency and quality.

Depending on the subject and objectives of the organizations and communities' needs, training on different issues would be conducted for CBO staff that was in turn supposed to train other people in the community (s). This would be on issues like marketing, income generation, gender budgeting, planning and analysis, program management, implementation and evaluation. The much-used methodology is Participatory Learning and appraisal, coupled with lecture/classroom setting.

There are many cases of support to CBOs like ActionAid in Masindi, (PPA II, Masindi District Report, 2002) but perhaps one of the best success stories of supporting a local community based organization is that of SNV/CDRN support to CEFORD in Arua district. Originally, there was Community Action Program (CAP) as apart of the World Bank funded Northern Uganda Reconstruction Program (NURP). From CAP, it was realized that women's views had to be solicited by particularly engaging them because they would not talk in front of men. Thus, the formation of Women Empowerment Program (WEP). This centered on Functional Adult Literacy to fill the literacy gap, which was seen to be a major cause of inferiority on the side of women.

These were funded and implemented by Royal Netherlands Embassy, SNV and Office of the Prime Minister. But these would not stay forever, so, the programs and communities had to learn to lean on themselves. SNV called in CDRN and together they started a process of facilitating the two programs and communities for transformation. Then the two were merged and CEFORD started as a local non-governmental organization. It is now a key development actor in West Nile focusing on community involvement in decision-making, monitoring, and implementation.

5.10 Support to Service Providers

The other approach mentioned was going through service providers like schools, health units, etc. This strategy has worked with considerable success and is quite sustainable. This is based on the experience that the community facilities are not 'going away'. Therefore rather than support an individual person, support is given to a community facility, which can cater for more people in that community.

This approach is largely being used by AMREF in its orphan programs. With the scourge of AIDS and other different issues, the number of orphans has continued to increase. AMREF, realizing that communities face such a big burden in catering for basic necessities for these children came up with a program for ensuring that they grow up in normal homes and go to school. But rather than dish out money to these homes, AMREF

supports the service provider. Parish Orphan Committees (chosen by the guardians and or care takers) prioritize the needs of the orphans, and through the District Director of Health and LC system, AMREF supports the different organization.

For example if the priority is health or education, AMREF equips the health unit or school and they both agree on how many children the school can take in or a clinic and treat. Since these facilities are in the community and are not going away, equipping or facilitating them is more sustainable. Also working closely with the district authorities, Parish Orphan Committees and the LC ensures proper monitoring, support and accountably

5.11   Household Competitions/Home Visits

Africare used this approach in its CIMCI program in Ntungamo as a way of promoting household hygiene and practices related to health. The communities would be sensitized on the different homecare aspects and told of the competition. This was in close collaboration with the LCI, II and the district. The best performing households were given prizes. This acted as an incentive in improving household and body hygiene. Involvement of the existing structures was important in mobilization and sharing of information.

Within the competition, home visits would be carried out considering different indicators for a clean household (including neat compound, swept, household utensils drying rack, boiled water pots/jars etc). This proved a successful approach in ensuring simple homecare preventive practices and hygiene as people competed to win prizes by keeping their homes clean.

This approach can be linked to the MOLG's reward and sanction method. UPHOLD could adopt this approach but not necessarily at the household level. Instead of households, it could engage communities as wholes, or schools to ensure proper sanitation or even health units. For sustainability reasons, using it requires a strong partnership with and support to the community development office for easy and coordinated monitoring.

5.12   Participatory Assessments

The concluded Uganda Participatory Poverty Assessment (UPPAP) Phase II used the communities to evaluate and identify their problems with help from local researchers. These teamed with district local government officials and had intensive training in PRA. The team of four would there after go a community talking about different issues that affected the community. This would include resources that communities had, local definitions for different things, and their perceptions on different government policies; and ask them to recommend to government in specific areas. The communities would also, from analyzing their main problems, look at their strength and weaknesses then

come up with Community Action Plans. This was not a 'one week thing' but an intensive consultation with different categories of people that can be found in a community.

Different tools were engaged to get information from different categories of people and on different issues. They included ranking (for importance of different institutions, or priority problems); analysis matrixes, seasonal calendars (for gender division of labor, access, control and ownership of resources); Venn diagramming, resource mapping, transect walks, pie charts (for income and expenditure) among others.

The districts, sub-counties, development organization and even communities are already utilizing the findings of this consultative and participatory research. Since UPHOLD intends to work very closely with the community development Office, this would be a worthwhile method to try out. Community Participation Coordinators could team up with CDOs or CDAs and develop community action plans that can be incorporated in the District Development Plans. As a starting point, in districts that were covered by the PPA, UPHOLD could visit the same villages where the exercises were carried out and build on that. ActioAid, CDRN, Oxfam and other organizations have also used this approach together with communities in different districts in Uganda.

5.1.2 Other Approaches

Other approaches to community participation mentioned by different organizations included

- Going through Traditional Birth Attendants (TBAs) was mentioned by Africare and AMREF) as an approach of utilizing local existing channels as service providers in different areas of expertise but more specifically in Reproductive Health.

- Through Parish Development Committees (PDC) by UNICEF, Africare and AMREF. The communities form these committees with help from the supporting agency, which trains and supports the committee and community on their roles and responsibilities.

- Through Community Heath Workers (CHW) mentioned by UNICEF and AMREF. Realizing that there are many forms of healthcare provision in communities including local drug shops, condom sellers, TBAs, herbalists, bonesetters, and other health workers, different organizations use these to form Village Health Committees or Workers. After training them, with each in their specific localities they can move easily form home to another and administer the necessary, appropriate medication or refer the patient to a clinic.

- Drama in form of dances, poems, role-plays, songs and skits. Some organizations like Africare and Ministry of Health have used this approach. However, it needs to be coupled with other methods for it to be very effective. For example it can be

used together with volunteer groups especially for peer participation, information dissemination and encouragement. This was mentioned as being used by Africare in the Mothers' Bednet Scheme and Women Drama Group (Africare, Undated) and Program for Enhancement of for Adolescent Reproductive Life (PEARL) (MoH, 2000)

5.1.3 Possible Partners

During the discussions with different organizations (Research, CSOs and NGOs) and particularly ministries of Gender and Health, and basing on UPHOLD's approach, the following were identified as potential partners for UPHOLD This is in terms of what roles they can play and also the experiences that can be shared and furthered for better involvement of communities.

- CDRN is well versed with training in gender mainstreaming, capacity building, and community participation. With this background, it would be an invaluable partner to UPHOLD especially in filling the capacity training needs of other UPHOLDS partners. This could be the different stakeholders at especially the district, sub-county and community levels.

- By virtue of the office, the Community Development Office is an instrumental one in fostering community development. However, it is also the most under funded and understaffed, with multiple offices. UPHOLD therefore needs to strengthen and revamp it in terms of capacity, facilitation and personnel.

- Action Aid Uganda has done a lot in community involvement and gender mainstreaming and could lend a lot of experiences, challenges and lessons. They also can provide technical assistance and training.

- Though it works only at the district and national levels, SNV has had considerable successes in engaging the local governments. They would offer valuable insights on the relationship and support including challenges/mitigation

- UPDNET is an organization that has been engaged in producing and designing of training manuals on different social economic issues, including community development. UPHOLD could benefit by subscribing as a member to UPDNET or getting technical support in addressing different training needs.

- Another partner would be UPPAP, which so far has been a very extensive and successful project of engaging communities to participate in influencing policy, through participatory research and action planning.

Most of these institutions work through government and existing local structures, including CBOs, CSOs, LC system, Local Leaders, Religious organizations and service providers.

Chapter Six

Conclusion

6.0   Introduction

This chapter presents the conclusion drawn from the study giving the existing gaps and possible partners that UPHOLD can work with and what their role can be.

6.1   Conclusion

The study demonstrated that community participation and gender mainstreaming are very crucial elements for the success and sustainability of programs. It also indicated that different organizations and institutions have used different approaches/strategies for community participation and involvement for development. They have registered considerable levels of successes albeit encountering some difficulties.

Community Participation and Gender Mainstreaming

Various approaches have been used in defining and ensuring gender mainstreaming and community participation. In the decentralization context, a lot has been tried out to achieve community participation and thus ensure community ownership of projects. Issues of operation and maintenance (especially in the water sector) as a form of community participation have been seen to have a strong bearing on the sustainability of the projects and thus their success.

We may not have a general uniform approach to community participation, that caters for all beneficiaries and they (approaches) are likely to vary from organization to organization and from intervention to another. Therefore we have to note that ensuring community participation and mainstreaming gender therein is not a simple task and requires a lot of patience, and flexibility to specific local contexts

Where as community participation is geared to and ensures sustainability, gender mainstreaming is geared toward ensuring the quality of life especially of womenfolk through income generation, improved healthcare, and education and easing access to other social services. However, gender mainstreaming should not be viewed as the number of men and women included in a certain program. Much as 1/3 representation has been achieved, there is little recorded evidence to show how effective it has been and what results it has had especially at community level. There is still need therefore to find ways and strategies of moving from numbers and rhetoric to action. This can be spearheaded by Ministry of Gender at the national level with support from other organizations, including UPHOLD.

The two are interlinked therefore, as one thinks of community participation; it is imperative that they should think of mainstreaming gender in that participation process. Mainstreaming gender will improve on the participation levels but there is need to think beyond the affirmative action (numbers) and go to issues of how to ensure effective representation. Equal representation by men and women in this case is not an end in itself but rather a process to an end -gender equity.

Community participation in ensuring quality education through PTAs/SMCs is important and can work. However, it is important that we note that community participation is a big challenge that cannot be achieved single handedly. There is need for a strong integrated approach taking into account the private and business sectors and other forms of support. UPHOLD has to come up with strategies of strengthening the communities for them to be able to sustain support the PTAs/SMCs and to hold them accountable.

On health, community participation will ensure access and effective utilization of quality health services. However the communities have to be equipped with skills and capacity to evaluate the quality of services going beyond the health facility to even include accountability and sustainability. The UPHOLD health strategy is very comprehensive and emphasizes community participation through monitoring, supervision and management and utilization of health services but as we noted earlier in the report that the workload of women has increased and continues to increase with the many ongoing development interventions. UPHOLD therefore needs to think of strategies of ensuring that it does not become 'another workload' by designing appropriate and efficient ways of helping the women to carry out the intended responsibilities in addition to their household chores.

Also, in comparison to other areas of intervention (Health and Education), the HIV/AID strategy is not yet very well formulated and this can translate into some significant issues being overlapped with those ones in the health sector. Rather than treat them as one, a clear stand alone strategy could be developed then ways of linking the two be formulated. This will guard against some issues being left out or handled with less seriousness.

In brief, gender mainstreaming and community participation are still constrained by cultural bonds; translating into skewed power relations, low education levels of women, their workload, little economic independence and limited funding at the implementing levels and this shows the big challenge that lies ahead.

References

1. ActionAid Africa, *Gender Mainstreaming Experiences in East Africa*, May 2002

2. Ahikire, Josephine, *Gender Equity and Local Democracy in Contemporary Uganda: Addressing the Challenges of Women's Political effectiveness in Local Government,* CBR Working Paper No 64, July 2001

3. Ahikire, Josephine, *Women, Public Politics and Organization: Potentialities of Affirmative Action in Uganda*, Economic and Political Weekly, October 1994

4. AMREF, *Better Health for the People of Uganda: AMREF Strategic Plan,* August 2003

5. AMREF, *Health Unit Management Committee Training Trainers Manual: Participatory Training Module*, October 2002

6. CDRN and SNV, *Do not Run Faster than the Ball: From Development Program to Local NGO: The CEFORD Story in Uganda,* Undated.

7. CDRN, *Annual Report*, 2002

8. CEEWA-*Uganda, Issues for Advocacy*, Undated

9. Dzodzi, Tsikata, (Ed), *Gender Training in Ghana: Politics, Issues and Tools*, Accra, 2001

10. EUPEK, *EUPEK Project Newsletter,* Issues No 1 and No 3, 2003

11. FOWODE, *Budgeting for Women and Men: A handbook for Local Government Councilors, District Planners, and Leaders of the Civil Society Organizations*, 2000

12. FOWODE, *Speak! The Gender Budget Initiative: FUWODE Experience,* Newsletter, 3rd Issue, May-July 2002

13. FOWODE, *Women and Men in the Budget: Kabale District Gender Budget Analysis,* An Issue Brief, January 2002

14. Government of Uganda, *Annual Health Sector Performance Report,* October 2003

15. Howard-Graham, L et al, *How to Mobilize Communities for Health and Social Change,* Undated

16. Human Rights Watch, *Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda*, August 2003

17. Jeannie, Annan, et al *Training Manual for Community Volunteer Councilors*; AVSI (Pub) Nov 2000

18. Jitta, Jessica, et al, *Baseline Health Survey in Ugandan Primary and Secondary Schools, 2000/2001 F/Y* for MOH and MOES

19. Kanyike, L. et al, *Perspectives of Quality learning: Uganda Improving Educational Quality Case Study*, 1999

20. Kyasiimire, C, et al *Masindi District PPA II Report*, Ministry of Finance Planning and Economic Development, 2002

21. LABE, *Annual Reports* 2000-02

22. Mcfadden, Patricia, (ed) *Reflections on Gender Issues in Africa,* Sapes Press, Harare, 1999

23. MoAAIF, *Training Manual on Village Level Participatory Approach,* Undated

24. MoES, *Community Mobilization Training Manual,* 1995

25. MoES, *Review of the Progress of UPE Implementation: Final draft Report*, by Business Synergies, March 2003

26. MoFPED, *Deepening the Understanding of Poverty: PPA II Report,* December 2002

27. MoFPED, *Gender and Poverty: Learning from the Poor,* A Policy Briefing Paper No. 6, 2000

28. MoFPED, *Health and Poverty in Uganda: Learning from the Poor.* Policy Briefing Paper No 3, 2000

29. MoFPED, *Revised Volume I of the PEAP*, Government of Uganda, 2000

30. MoGLSD, *Balancing the Scales: Addressing Gender Concerns in the Collection, Analysis, and Dissemination of Development Statistics: A Trainers' Manual*, August 2000

31. MoGLSD, *Community Mobilization and Empowerment Strategy*, January 2003

32. MoGLSD, *Community Mobilization and Empowerment Strategy,* January 2000

33. MoGLSD, *Gender Bulletin*, Vol 9, No I, 2000

34. MoGLSD, *The Link*, Quarterly Newsletter, Vol I, No 4, 2003

35. MoGLSD/MoFPED, *Engendering Uganda's Poverty Eradication Initiatives*: A *Desk review on Gender and Poverty,* May 2003

36. MoGLSG, *Balancing the Scales: Addressing Gender Concerns in Paralegal Education Programs: A Trainers' Manual*, September 2001

37. MoH and WHO, *Home based Care and HIV/AIDS Risk Reduction,* Drafts of June 2002 and April 2002

38. MoH/MoES, *School Health Policy for Uganda,* February 2003

39. MoH: *2nd Child Health Operational research Conference: Towards Evidence Based IMCI Policy*; Program and Abstract Book, November 2002

40. MoH, *National Health Policy*, September 1999

41. MoLG, *Gender Audit and Mainstreaming Strategy for Local Governments*, May 2003

42. MoLG, *Inaugural Assessment of Minimum Conditions for Districts/Municipal Local Governments,* August 1999

43. MoLG, *Training Workshop for Gender Focal Point Persons,* Workshop Report, Jinja, 2002

44. MoLG/UNCDF, *Assessment Manual of Minimum Conditions and Performance Measures for Local Governments*, September 2000

45. Nsabagasani, X. et al, *Malaria Medicine and School Children*, Unpublished Research Report, Undated.

46. Oakley, P and Kahssay, H.M, *Community Involvement in Health Development: A review of the Concept and Practice,* WHO, 1999

47. Oakley, P, *Community Involvement in Health Development: An examination of the Critical Issues*, WHO, 1989

48. Obbo, Christine, *African Women: Their struggle for Economic Independence*, 1980, Zed Press, London

49. Pietilla, Hikka, et al. *Making Women Matter: The role of the United Nations*, Zed Books, London, 1994

50. Ruddick Sara, *Maternal Thinking*, Beacon, Boston, 1989

51. Republic of Uganda, *The Constitution, 1995,* Kampala

52. _____, *The National Gender Policy*, 1997

53. _____, *The National Action Plan on Women*

54. Save The Children-US, *Gender Mainstreaming: A Resource Guide*, May 2000

55. SNV, *Advisory Practice: Emerging Lines*, July 2002

56. SNV, *Annual Report,* 2001

57. SNV, *Building Local Ownership: Myth or Reality*, December 2000

58. SNV, *Organizational Self-Assessment for the District Water Office: Draft Facilitators Guide*, Undated

59. SNV, *Playing a Trump Card: SNV and Local Governance in East and Southern Africa: A Synopsis*, Undated

60. SNV, *The Participatory Gender Audit*, 2002

61. Snyder Margaret and Teddesse Mary, *African women and Development: A History,* 1995, Zed Books, New Jersey and Boston

62. TASO, *Strategic Plan, 2003-2007*

63. TASO, *Annual Work plan*, 2002

64. TASO, *Report on Evaluation of TASO Community Program*, 2000

65. Uganda Debt Network, *The Budget Process- Popular Version,* 1999

66. UNICEF, *Progress Report* 2001

67. _____, *Ten Years After: Celebrating Uganda's Success in Implementing Children's Rights*, 2001

68. UNICEF/Government of Uganda, *Guidelines for the Formation of parish Development Committees,* 2001-2005 Country Program

69. UPHOLD, *Annual Work Plan,* April 2003-March-2004

70. _____, *Integrated Education Strategy,* April 2003

71. _____, *Integrated Health Strategy,* April 2003

72. _____, *Strategic Framework,* April 2003-March 2004

73. Waiswa, Batega, et al, *HBM Strategy in Uganda: A Sociological analysis of Accessibility, Acceptability and Compliance in Kumi and Kiboga Districts*, 2003

74. WHO, *Aids Homecare Handbook*, 1993

75. WHO, *HBM Strategy in Uganda: Documentation of Strategy Development and Implementation Process*, WHO-Uganda Office, 2003

76. WID, *Uganda Womenews*, A Quarterly Newsletter, Vol 4, No 2, April-June 1995

77. World Neighbors/UNICEF, *Resource Manual for the Organization and Training of Community Health Committees*, June 199

Appendix I: Checklists for the Study

Check List for Ministries

1. What strategies/approaches do you have for community participation and involvement interventions
2. How are the interventions carried out? PRA- using what tools, thru LCs, PDCs other approaches.
3. Are they for different for different departments?
4. Is there coordination/consultation between departments or sectors? How?
5. Advantages or otherwise of bottom-up planning
6. Instances of community participation being counteractive
7. Amount of time or energy/ ease or difficulty in penetrating a community.
8. Challenges faced in implementing certain strategies
9. Mitigation measures/ways of dealing with the challenges
10. Successes that have been registered
11. Lessons learned from dealing with communities
12. Is there deliberate gender policy(s)
13. Role of power relations in community participation
14. Common gender gaps and concerns
15. Gender mainstreaming in sectors of health and education interventions
16. Access and utilization of information and gender disaggregated data
17. Collaboration with other ministries and partners in implementing the strategies
18. Issues of sustainability of community participation
19. Relevant aspects of decentralization that reinforce participation
20. Advice that they would give to anybody going to intervene/involve a community in a project
21. Other experiences had in involving communities

Checklist for NGOs/Institutions

1. How they have involved communities in projects/programs- approaches/strategies
2. Key definitions/identification of community participation and involvement
3. Participation by communities in monitoring and evaluation of projects- How?
4. Presence of organizational gender policy(s)
5. Presence of gender mainstreaming Focal point Person/ desk and its role
6. Community(s) understanding of gender and gender concerns
7. Gender mainstreaming indicators or proxies
8. Strategies adopted in involving communities to participate
9. The challenges faced and
10. Mitigation measures for the challenges
11. Successes that have been achieved in that line
12. How and when do communities participate more efficiently and actively
13. What do communities recommend for better participation

14. What advice would they give to someone who wants a community to participate in a project
15. What challenges are likely to be faced
16. Likelihood of community participation working or not- in what instances
17. Sustainability of community participation both in short and long term
18. Timeframe in involving a community-how easy or difficult
19. Common gender gaps and concerns
20. Consultation and collaboration with other stakeholders
21. Access and utilization of gender desegregated data
22. Other experiences had in involving communities

Appendix II: List of Persons Met

Name	Institution	Contact
1. Agatha Nanfuka	CDRN	077692826
2. Ahikire Josephine	CBR	041321228
3. Achilla Tina	TASO	077541729
4. Assumpta Tibamwenda	MoLGPMU	077412319
5. Baabale Adam	LGFC	
6. Beatrice Okillany	MoGLSD	077565215
7. Christine Acheng	ActioAid	078200022
8. Dr Betty Mpeeka	UPHOLD	
9. Dr Jonn Wakida	MoH	077504410
10. Dr Okecho	AMREF	077664378
11. Germina Ssebuwuffu	Save the Children-Norway	
12. Grace Ekudu	UNICEF	077447542
13. Grace Katusiime	MoGLSD	
14. Hajjara Nadayidde	Madrasa	041343040
15. Jane Ocaya	ActioAid	031200024
16. Jon De Connick	CDRN	077462480
17. Joseph Ssuuna	CDRN	041542995
18. Joyce Nairuba	LABE	077474924
19. Kakeeto Mary	TASO	077876888
20. Lulua Rita	UPHOLD	077440931
21. Mabuya Mubarak	MoGLSD	
22. Magal Morris	MoGLSD	077482975
23. Margaret Akello	SNV	
24. Margaret Kasiko	UPPAP	041236205
25. Monica	UNICEF	
26. Catherine B. Asekenye	MoES	077412716
27. Otim Peter	CBR	041231228
28. Prossy Bahinyooza	SNV	077571958
29. Resemary Oketch	CDRN	077455988
30. Richard Ssewakiryanga	UPPAP	041236205
31. Sammy V, Musoke	UPHOLD	
32. Tom Muzoora	ActionAid	077601649
33. Twijuukye Gerald	CDRN	041542995
34. Wabwiire Nathan	MoGLSD	071216402
35. Wako Rose	MoGLSD-PEARL	
36. Xavier Nsabagasani	UPHOLD	

Appendix III: Literature Collected

Some organizations could not lend out their documents and others were only for sale yet others one had to be a member to access them. Following is list of the collected literature

Collected Documents
1. Gender Mainstreaming Experiences in East Africa by ActionAid Africa, 2002
2. Better Health for Ugandans, AMREF Strategic Plan
3. Do not run faster than the Ball, From development program to local CBO, by SNV/CDRN
4. Annual Reports of CDRN
5. CEEWA Bulletin on issues for democracy
6. EUPEK project newsletter
7. Budgeting for women and men, by FOWODE
8. FOWODE Gender Budget Initiative
9. Masindi district PPA II Report by Kyasiimire Clare
10. PPA II Report by MoFPED
11. Balancing the scales, 2 volumes by MoGLSD
12. Gender Bulletin, MoGLSD
13. The Link Quartely newsletterby MoGLSD
14. Engendering Uganda's Poverty eradication Initiative, report of a desk review, by MoGLSD
15. 2nd Child Health Operational Research Conference: Program and Abstract Book, by MoH
16. Gender Mainstreaming Resource Guide by Save the Children-US
17. SNV annual report
18. Building Local Ownership: myth or Reality, by SNV
19. Playing a Trump card by SNV
20. The participatory gender Audit, by SNV
21. UNICEF progress report 2001
22. Ten Years After, celebrating Uganda's success in implementing Children's rights, UNICEF country program, 2001-2005
23. Evaluation of TASO community Program, 2000
24. Oxfam Gender Training Manual
25. Footprints in social change by ActionAid

Other project implementation and evaluation reports like for CARE (Kumi, Mbale and Kabale projects), CDRN (research reports), UPDnet (Training manuals and Research Reports) Save the Children Fund (Evaluation and Implementation Reports) can only be read from the respective resource centers. For the case of UPDnet and CDRN, one has to register as a member to borrow the documents. However, they have some for sale if one is not a member.