



Gender Transformation &
Empowerment

ENHANCING WOMEN'S PARTICIPATION IN SOCIAL ACCOUNTABILITY PROCESSES



Change stories of community initiatives

2014

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Acknowledgement

UWONET takes great pride in the community organizing for improved social services. The work done in the districts on social accountabilities can not succeed with out the total commitment and interests of the citizens.

The stories here documented are clear indication that the change we want to see can happen if we all exercise our duties and obligations.

Sincere thanks and gratitude to all great women and men who took a bold step in embracing social accountability initiatives. special appreciation goes to district women's organisations who were at the center of the initiatives.

Sincere thanks go to the technical staff and the political actors for the support at the district and national level. Last but not least, we do sincerely appreciate the support from DIAKONIA.

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Introduction

If you don't like something, change it. If you can't change it, change your attitude.

Maya Angelou

The last 20 years has witnessed ground breaking efforts at global, regional and national processes in enhancing women's participation and engagement in governance. Women's empowerment and gender equality has been priority on the global and state agenda. This is evidenced by the numerous conventions, declarations, commitments and policies that were set up to ensure that states, non-state actors promote women's empowerment and gender equality. These include and not limited to; establishment of UNWOMEN to specifically focus on issues of women, the Convention on Elimination of all forms of Discrimination against women (CEDAW) and the committee to assess state obligations, the Beijing Platform for Action, the UN Security Council Resolution (UNSCR) 1325, the African Charter on Human and People's Right, the enactment and ratification of the Maputo protocol, National Development Plan (NDP), Uganda National Gender Policy, National Gender Action Plan

In Uganda, women's leadership has fully-grown for example from 16.0% in 1989 to 34.8% in 2011 for women in the Ugandan Parliaments. The increasing

“Women are no longer regarded as accents in the political field and more and more women are coming out to participate as matters of course. Their mere presence in the house, I think, caused men to contribute in a more cautious manner....to censor themselves in whatever they said that it was not offensive to women. And of course, now there is far more emphasis on women's issues, gender matters...they are given more prominence, said Kizza Besigye, AR, Temale, (1999; 68)

presence of women in legislative positions has gone a long way in defining how society perceives women's leadership and how men conduct politics.

Women in Uganda have also recognized that unless they effectively participate and engage in leadership, laws, policies and government programmes will never reflect their interests. Women in Uganda constitute over 50% of the total population and therefore, they are better positioned to articulate and present their issues. They can also easily use their numbers to mobilize and advocate against violation of their right.

It is because of this that women in Uganda today are making a difference and challenging harmful cultural practices through mobilization, capacity building, research, advocacy, networking, information sharing among others. This has resulted into in the recent times the enactments of gender sensitive laws and policies such as the Domestic violence Act 2010, the Prohibition of Female Mutilation Act (FGM) 2010, Prevention of Trafficking in Person Act, 2009.

Enhancing women's participation in social accountability processes

What is social accountability?

The concept of social accountability underlines both the right and the corresponding responsibility of citizens to expect and ensure that government acts in the best interests of the people. The obligation of government officials to be accountable to citizens derives from notions of citizens' rights, often enshrined in constitutions, regional, international laws and the broader set of human rights. Social accountability initiatives help citizens understand their civic rights and play a proactive and responsible role in exercising those rights. In other words, Social accountability demands participation of the supply and demand side of governance.

UNDP (2010) defines it as: "A form of accountability which emerges from actions by citizens and civil society organization (CSOs) aimed at holding the state to account, as well as efforts by government and other actors (media, private sector, donors) to support these actions."

Uganda over the years has registered a number of achievement with regard to enhancing citizenry participation in the decision making processes. Inclusive participation has been witnessed in the general elections, enactment and implementation of policies facilitating women and youth participation such as

the Affirmative Action to boost girl child education and women's representation in politics

However, despite the numerous policies and legal frameworks in place, contribution of women and young people in the governance development of the country is still limited. In many cases, women and young people are denied basic services

that are legally theirs by having their rights abused. Women and young people are energetic enough to contribute to development processes in their own homes and should therefore be recipients of social services like any other citizens of this country.

"Full democracy requires the full participation of women. Your voices are vital. The word 'vital' means necessary for life. A democracy, to be fully alive, must include all its citizens." Swanee Hunt

For democratic governments to deliver to their constituents, they must be truly representative, gender responsive and recognize that women must be equal partners in the process of development. In the recent years, women have contested for political leadership, though discrimination is still rife based on sex. Like elsewhere in the world, in Uganda, the number of women in political participation and decision-making is still low compared to that of men. The 1990s onwards witnessed an upward trend in the involvement of women both in political participation and decision making at the district, Parliament, Cabinet, and the Judiciary levels.

Women are challenged with heavy domestic duties, economic limitations, commercialisation of politics, strong social bias coupled with the low levels of education as well as limited exposure to issues perpetuating violation of their rights. The capacity of women must be enhanced to enable them take up the challenges of participating in leadership, and this calls for legislative, administrative, financial and social measures Government and Civil Society Organizations must address.

In 2012 with support from Diakonia and the Swedish Government, UWONET began implementing a three year programme on social accountability; “Enhancing women’s role in social accountability processes in Northern and North Eastern Uganda”. The programme was implemented in the districts of Pader, Agago (Acholi sub region), Abim, Kotido and Kaabong (Karamoja sub region).

The overall objective of the programme was to enhance women’s oversight role to participate in social accountability processes for effective service delivery.

The programme anticipated the following results;

1. Active CSOs advocating and influencing local Government planning and budgeting for effective service delivery
2. Effective civic engagement between duty bearers and right holders towards the realization of the rights of the poor and marginalized people
3. Capacity of CSOs to spearhead social accountability initiatives enhanced

UWONET used capacity building, research, documentation, networking, shared learning and dialogues as the main programme approach

The main strategy for change that UWONET employed under this programme was empowerment of local women groups to steer socio-cultural, economic and political change in their local communities. This was realised through a number of means/methods of work including;

- Organisational development support to institutions that would advance social change activities
- Knowledge building and skills development in relevant knowledge areas such as gender, gender budgeting, concept of social accountability, organisational development, advocacy and social accountability among others for both duty bearers and rights holders
- Production and dissemination of simplified and relevant information and knowledge materials
- Establishment of one stop knowledge centres for reference and information dissemination
- Platforms for dialogue between duty bearers and rights holders
- Networking and information sharing, cross learning and synergy building, documentation and dissemination of change stories for possible replication, policy advocacy and influence at district and national level.

The strategies notwithstanding, some implementation challenges facilitated right holders empowerment to influence change in their own local situations as evidenced in the change stories and the several outcomes registered including: increased civic organising, vigilance, activism and civic action particularly among women; improved appreciation of roles and responsibilities among duty bearers and subsequently improved responsiveness of the duty bearers to community concerns and a growing opportunity for synergy, constructive engagement and collaborations between duty bearers and rights holders to improve service delivery among others.

Stories of change

District women groups and network intervene in a dying health situation in Abim district

During a sub county council meeting in 2012, a female councilor who was one of the UWONET trainee on social accountability heard of money that was being allocated for fuel for a sub county Ambulance. She questioned the budget and was referred to the District Administrative Officer (CAO) since the expenditure was indicated in the district budget. However the CAO had no convincing response when she visited him.

This prompted her to refer the matter to the women groups in the sub county who were also trained on social accountability. The women groups organized and visited the sub county health Centre to inquire why the ambulance was not operational yet cost for fuel was recorded. The women groups also did not get any positive response as the sub county was not aware of the fuel expense on the Ambulance.

This did not stop the women groups from making inquiries about the recorded cost for the fuel even from the district hospital. They linked up with AWOTID, a district women Network and staged a demonstration in November 2012 and made the following demands;

- Responses to why there was recorded cost for fuel of a sub county that was no operational.
- The District Health Officer (DHO) to be removed or transferred since she is the accounting officer for health in the district and was therefore accounting for fuel that was not being utilized.
- Better health care system in the district

The demonstration sent the district into a state of panic as it was the first time that women had ever

“Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.” Margaret Mead

expressed their anger or concern to the district leaders in such a manner. The women were tear gassed and man-handled. The demonstration yielded into; temporary removal of the DHO so as to clam the unrest that was created by the demonstration in the district. The demonstration was also timely as the term of office of the DHO was coming to an end thus the demonstration prompted the District Service Commission (DSC) to advertise for application for new management of the hospital and health sector in the district.

Determine to see change

However, before the interviews were conducted, the women investigated and discovered that the accused DHO was among the applicants and the probability of her taking office again was high. The women once again organized and held a demonstration during interviews by the district service commission and representatives of public service commission from Kampala against the accused DHO taking over office.

The powerful use power

To their disappointment, the implicated health officer was appointed District Health Officer. The women continued with their fact finding so as to put up a stronger advocacy. Using their knowledge on lobbying and advocacy, the women groups decided to use the women councilors to use council to seek for explanation of missing funds.

Creating network as a tool of influence

The women councilors caucused and moved a motion in council to have a petition presented to the speaker of Parliament on the poor status of the district hospital. On 14th December 2013, a delegate of 2 women councilors and 2 male councilors presented a petition to the Speaker of Parliament on the poor health status of Abim hospital. The Speaker promise to investigate the declaration in the petition.

Leaders who listen and willing to deliver

Standing by her words, in February 2014, a team of Member of Parliament from the Health and Public Accounts Committee visited Abim district and the hospital to assess the health status. The women groups and the women councilors were at the hospital to narrate to the Members of Parliament the plight of women in the district using the health facility.

In April 2014, the government announced that they had acquired a loan from the World Bank to renovate selected hospitals in Uganda. Abim hospital was not among the selected hospitals however after a visit by the members of parliament, the hospital was included for renovation. Efforts of the women groups have finally paid off after almost 5 years of advocacy on the poor state of the district hospital which serves patients from not only Abim district but also the neighboring districts of Napak, Amuria, Lutoke, Agago and Kotido

Pictures of the poor state of the hospital



Women groups raise the alarm in search of better education, water and health

In Lapono Sub County, Agago district, the issue of limited access to water mainly affecting women was identified and prioritized in an action plan by lapono women united (a women's activist group) after the capacity building by UWONET on social accountability.

According to the group, the matter was prioritized because it was not only affecting them as women but girls as well to the extent that some of them regularly missing school/classes due to the long distances 4–7 kilometers moved in search for safe drinking water—thus denying the young girls their right to education; they also noted increasing vulnerability of both women and girls to sexual violence such as rape and

“The efforts of the government alone will never be enough. In the end the people must choose and the people must help themselves.” John F. Kennedy

“Ask not what your country can do for you...Ask what you can do for your country.” John F. Kennedy

defilement due to the distances and declining sanitation in some homes which again affected the children.

In order to address the situation, the women decided to conduct a fact finding exercise in the sub county. They gathered evidence indicating that out of the total 58 boreholes in Lapono Sub County, only 20 were functional while 38 were broken due to poor management by both the water user committees and the community who have insufficient knowledge on maintaining the boreholes. The group presented these facts to the sub county leaders but the leaders expressed the concern of insufficient funds. The group went ahead and pursued to have a community meeting (for Ward B in Lapono town) with their local leaders and Sub County representatives. At the meeting, it was jointly agreed that the community in Ward B collects 200,000/= as a top up to the sub county allocation since its revenue base is low. The women mobilized the community, and money was collected. Later their area bore hole was repaired and it is fully functional. A water user committee was appointed with active involvement of the women group. The committee is so far very vigilant to ensure good maintenance and safety of the borehole.

Responsiveness of duty bearers;

An expectant mother (3 months pregnant) while in severe pain went to Lukole health Centre III in Patongo Sub County, Agago district in March 2014 at about 4:00am. After waiting for over an hour without any health personnel attend to her, she and her brother in-law decided to go to one of the drug shops but unfortunately even before they could leave the centre, she started bleeding heavily and later got a miscarriage while still at the health unit. The women's group in Patongo; who were monitoring this facility got knowledge of this case. Using the advocacy skill acquired from the trainings by UWONET, the group

forwarded the matter to the Sub County Chief but there was no response. They later on contacted the Chairperson LC III and the Secretary for Health at the district who responded to the case together with the technical staff from the district health department. Subsequently, a meeting was held with the health Centre staff, town council authorities, Secretary for Health, LC III Chairperson, and Town Clerk at Lukole health Centre together with the brother in law of the victim. The meeting resolved that the health staff should apologize within 7 days to the affected mother. However, they turned it down. The 2nd meeting was held on 3rd April 2014 as a follow-up on why they failed to respond to the instructions given before and a warning letter was served to them and asked to write an apology letter there and then. While the apology was not sufficient redress, for such a community, it was one set forward towards the culture of impunity. The women's group appreciated the action of the duty bearers and they are motivated to continue with work on promoting rights of especially women particularly in the area of safe motherhood.

In another incident in Panyangara Sub County, one of the members of Panyangara women's group had gone for treatment at Panyangara Health Centre III. The Health Centre was implementing a 'food for health' initiative supported by World Vision; under the initiative, expectant mothers and those with children under the immunisable age bracket were being given food rations each time they visited the health facility for antenatal care or their children's immunisation. This was intended to boost the numbers of women seeking antenatal care, delivering under care of a medical personnel and ensuring their children are immunised and completing the full cycle of immunisation. Previously, there was poor antenatal and immunisation attendance leading to high maternal, infant and child mortality rates in the area.

While this member of Panyangara women's group waited to be attended to at the health facility, she realised that the health officer in charge was 'selling' immunisation cards to other women who did not necessarily have children in the immunisable age. The health officer in charge was doing this and in turn the women were giving her back some portions food on the rations they received. The Panyangara member got concerned, she moved around to observe the activities around the facility and even interacted with other health personnel to ascertain more facts. Later on, she shared the incident with her fellow members who went for monitoring at the facility and documented evidence pertaining to fraudulent tendency that was denying many mothers and their children a right to good nutrition because the food that was being distributed was fortified and

highly nutritious. The group reported the matter to the Sub County Chief and the nearby police unit, however these were not responsive at first. The group then forwarded the matter to World Vision and the District Health Officer who immediately took it up. A meeting was set-up at the facility with the DHO, police, some Sub County authorities, the health officer in charge and other staff. The women beneficiaries of the food for health initiative were also summoned that there was going to be a food distribution. When the beneficiaries arrived, they were notified that there was going to be a verification before receiving food. In the process of verification, the health officer in charge realised that several fowls were being identified and thus she ran away. However the women's group pursued her to her home, brought her to police she recorded a statement. She was later realised but however transferred from this facility to another near the district where the DHO promised that they would continue to monitor her closely and if any foul was still recorded she would then be dismissed.

On visiting the health facility recently, there was a notable change with the new management reported to be very good in handling patients, the facility was well maintained compared to the past and the women's group committed to continue monitoring services at this facility and many others so that women and children who are mostly at the danger are not denied a right to good health care. The group has now even started an HIV/AIDS club particularly to benefit women and families with living with HIV/AIDS through continuous sensitisation, advocacy and peer support for positive living

Vibrant district women networks spearheading advocacy for gender responsive planning, budgeting and monitoring public expenditure;

UWONET facilitated formation and strengthening of district women networks in all the five programme districts. Some of these have over the years grown in size with affiliates in almost all the sub counties and this has enhanced their voice and influence on planning, budgeting and service delivery processes to equally benefit women, girls and other vulnerable groups in the communities as manifested in the stories of change below

In Alerek Sub County the group went out to monitor Alerek Health Centre III and found the facility in a very sorry state— 'dilapidated structures, several equipment broken yet already inadequate, the floor stained with blood, mattresses torn and rotting; mothers and their new born babies admitted on the hospital

“The various trainings we attended as women especially on the issue of social accountability and good governance opened our minds a lot. After the several trainings and dialogues, we realized that we as women and others can play a big role in ensuring that social service delivery improves. Before that, we thought that it’s the responsibility of the government to ensure that they provide good services to its people and that communities did not have any say. However after the trainings, we realized the need to form a strong network to monitor the various government services especially health, education, road sector and agriculture. Therefore, we decided that at least after every two months we visit a given sector and discuss our findings with our leaders in order to forge a way forward. A case in point was at the health Centre of panyangara Sub County where we went to monitor the status of the health Centre on 23/07/2013. One of the nursing officers was accused of selling drugs and food items meant for the pregnant women who go for antenatal care. We had to report this issue immediately to the authorities and the supplier of food items (world vision) to take further action. Therefore because of the knowledge and empowerment we received, we had to ensure that further action was taken and we made strict follow ups to ensure this issue was fully solved. This issue become very serious and we realized that at our level we could not solve it. Therefore, we forwarded it to the DHO who took immediate action and the nurse was transferred to another health unit but with serious caution and warning. I thank UWONET so much because without their empowerment and knowledge we couldn’t have realised the need to take up certain actions and right now as I talk our service providers/ duty bearers are very aware of our watch dog role and are trying as much as possible to provide the services in the best interest of the local people. ”I, as part of the women network pledge to ensure there is better service delivery for our community” Atyang Anna Mary, Panyangara Sub County Women’s Group

The case of Alerek Health Centre III in Alerek Sub County, Abim district: Following a range of knowledge building and skills development sessions with the women's network in Abim district with a focus on citizens' roles and responsibility in development, lobby and advocacy; networking, local government planning and budgeting and gender responsive budgeting among others, the women's network developed an action plan with key priorities for each Sub County group/network.

floor due to lack of beds—it was generally dirty, bushy and stinking' as one of the members of the monitoring team narrated. The team then had interaction with the health officer in charge on the situation of the facility; the in-charge attributed the generally poor sanitation condition to lack of support staff to handle cleaning of the facility and lack of funds to facilitate recruitment and allowances of these staff. The women's group took a proactive measure to voluntarily clean the Health Centre and to them this was to signal to the Health Centre management that there was a problem but which could in the short run be solved without funds as a lobby for funds progressed. Immediately after the Health Centre management was able to initiate a weekly general cleaning of the facility with the aid of the community members. The women's group then continued with advocacy both at the facility level and with the district health department for allocation of funds to facilitate cleaning of the facility. During a subsequent monitoring, it was established that the district health department was able to prioritise this matter and for the last financial year some reallocations were made with the department's budget and some funds have been going to the facility for cleaning. Alerek Health Centre III management also affirmed that now an allocation/vote has been officially made in the upcoming district health department budget 2014/2015 (pending approval) to facilitate daily cleaning of the Health Centre. The monitoring team together with the

women's group attest to the fact that the Centre is now fairly clean to accommodate patients with limited fear of further infection from the dirty environment.

The women's group made further investigations which pointed to the District Health Officer not transferring funds to the facility but rather misusing the funds and making false accountabilities. In the process of investigation, the women's group further discovered that funds allocated for renovation of the district hospital had similarly been misused and the DHO was directly responsible. They thus reported the two cases to the Chief Administrative Officer-CAO but he did not take action. Luckily enough the term of office for this DHO expired and the position was re-advertised, however this very DHO re-applied and she was shortlisted for the interviews. On learning about the shortlist, the women's group planned a peaceful demonstration on the day of the interviews and interfaced with the district service commission. However they reported that due to the backing of the district administration, their appeal to the district service commission was futile and the DHO was reinstated.

Nevertheless lobby and advocacy initiatives continued within the district council led by the women councilors and backed by the women CBOs and

The case of Nyakwai Health Centre III and Abim Hospital: Similarly, the women's group in Nyakwai S/C, Abim district in 2012, jointly with the district women councilors' caucus and other women CBOs took initiative to demand for accountability on the use of funds allocated for fuel for the operation of Nyakwea Health Centre III ambulance as well as on funds allocated for the renovation of Abim district hospital. This followed a tip off from one of the women councilors who during a district budget reading meeting heard an allocation made for fuel for Nyakwea Health Centre ambulance and on making a background check, funds had even been allocated in previous financial years yet during a joint monitoring by the women's group to the health facility it was indicated that the ambulance had not been in use-parked for the last two years due to lack of fuel.

groups under the coordination of AWOTID. Finally, this matter gained interest of the district council who later on in December, 2013 presented the matter of Abim district hospital and overall health management in the district through a petition to the Speaker of Parliament. In February 2014, the Parliamentary Committee on Health made a visit to the district to ascertain more facts, a report was prepared and presented on floor of Parliament. Resultantly the DHO resigned her position in Mar 2014 and a recent monitoring visit indicated that the hospital is among seven other across the country earmarked to benefit from a World Bank grant and renovation works are slated to commence in July 2014, at an estimated cost of 7 billion shillings as indicated in the district budget FY 2014/2015.

Lessons in social accountability work and using different methods

1. There was need for constant follow up through mentorship to guide the women groups in terms of capacity development.
2. There is need to strengthen the media involvement during the platforms so that issues discussed are reported and can influence action by the duty bearers.
3. Development of sector specific response mechanism at both national level and district ensure constant feedback between the duty bearers and the right holders.
4. All these will be integrated in next year's programming.
5. Existence of local women activists groups in the districts that have been strengthened with accessible information on their rights as women and government programmes. Their skills and capacity were also built during trainings and this has enabled them to integrate issues of service delivery in their saving clubs.
6. The fact that government is already implementing social accountability and using the barazas, it's an opportunity that the women can continuously use to raise awareness on challenges of violation of their rights.

Patongo Health Centre III: In Agago district, the women councilors moved a motion on the need to increase drugs for Patongo Health Centre III. The motion was endorsed and the District Health Officer tasked to engage the National Drug Authority and the Ministry of Health for increased drug stocks at the Health Centre. The DHO's commitment to this regard was ascertained. The women councilors also lobbied for improved antenatal and maternity care services and as a result, the health Centre was facilitated with 5 maternity beds and mosquito nets for the mothers.

"Please inform the communities to play their roles and stop over demanding from us the leaders" one of the district administrator in Abim district quoted
'When you talk of social accountability in Pader, it's like you want to arrest somebody. This concept is much feared here' a presenter on Luo FM quoted

Pre-conditions for social accountability

Some of the following four elements have proven critical to the success of social accountability initiatives and these include;

1. The enabling environment. This includes: (i) the policy, legal and regulatory environment for civic engagement; (ii) the type of political system, how much political freedom is granted, and a tradition of open pluralistic debate; (iii) the economic basis and financial viability of different forms of civic engagements; and (iv) the values, norms and social institutions present in a particular society that support or inhibit open and pluralistic debate and critical but constructive engagement.
2. Citizen-state bridging mechanisms. This is a tool for information exchange and negotiation between citizens and the state. This can involve the introduction of new tools for citizen-state interaction or the reform of existing mechanisms.
3. The willingness and ability of citizen and civil society actors to actively seek government accountability. Capacity development for CSOs is often

required, both in technical areas and in mobilization, coalition-building, negotiation and advocacy.

4. The willingness and ability of service providers and policy makers to account to the public. This involves transparency and information disclosure, attitudes, skills and practices favoring listening and constructive engagement with citizens.

Why Social accountability?

There are three main reasons that make social accountability a priority and these include improved governance, increased development effectiveness, and empowerment;

1. Social accountability contributes to increased development effectiveness. This is achieved through improved public service delivery and more informed policy design. In many countries, especially developing ones, the government fails to deliver key essential services to its citizens due to problems such as: misallocation of resources, leakages/corruption, weak incentives or a lack of articulated demand. Similarly, governments often formulate policies in a discretionary and non-transparent manner that goes against the interests and actual priorities of the poor. (World Development Report, 2004)
2. In regards to the issue of governance, accountability of public officials is the cornerstone of good government and a prerequisite for an effective democracy. Currently when the citizen's rights are evolving and expanding, it has been cited that the government is characterized by lack of responsiveness, corruption and weak accountability. So it is through social accountability mechanisms that ordinary citizens can access information, voice their needs and demand for accountability. (Commonwealth Foundation, 1999, Narayan et al. 2000).
3. Finally, social accountability leads to empowerment. While there is no single definition of empowerment, at its broadest, it can be understood as the expansion of freedom of choice and action. Research shows that poor people's dissatisfaction with government relates largely to issues of responsiveness and accountability. Poor people report that state institutions are "often neither responsive nor accountable to the poor" and "not accountable to anyone or accountable only to the rich and powerful" (Narayan et al. 2000, pp. 172 and 177). It is through information sharing that the citizens will be empowered when given a platform to air their views and as a result increases greater responsiveness on the part of the state to their needs

Change never easy, Change a gradual process;

Challenges and Limitations

The mere application of social accountability tools will not automatically result in greater accountability. Rather, outcomes depend on the power relations in which the spaces for civil society participation are embedded (Gaventa 2006). There are a plethora of challenges in undertaking social accountability work in Uganda and the world, these include Capacity Constraints, difficulties in Accessing Information, lack of Cooperation and Mistrust by Government, lack of Financial Resources and Equipment.

Mistrust from Government. Government officials often resist social accountability interventions, and therefore governments have cooperated little with the interventions identified. This is because of the sensitive nature of the project and its potential for exposing governance weaknesses, and in some cases, outright corruption. This lack of cooperation is compounded by a theme, acknowledged by many of the initiatives, that most government officials view civil society organizations as sympathizers of opposition political parties. Legislations such as the Public Order Management Act curtail public campaigns. Getting useful information about government budgets and spending from higher levels of government has also proven difficult. Many officials have shown political rather than professional resistance to findings from the exercise. The Uganda Women's Network (UWONET) encountered the same perception through the community watch dogs at the Districts of Operation. While it is important for citizens to hold their leaders accountable, it was noted that these watch dogs tend to be threatened on occasions they questioned their leaders, with a voice of suspicion or mistrust of the power holders.

Information accessibility. The relationship between the government and non-governmental organizations, which is often marred by suspicion and mistrust, has compounded the situation. Every citizen has a right to access information as stated in the Access to Information Act. Unfortunately, some people are unable to attain the information because they are not empowered. This is attributed to poverty because the means of communication are through channels that some community members may not be in position to afford. For example, radios and newspapers are expensive for most citizens. When the District HIPC Monitoring Committee, Ghana (DHMCs) first began assessing the disbursement and implementation of Heavily Indebted Poor Countries (HIPC) funds, and they encountered several challenges. One such challenge concerns the information and data that they were able to access. The Social Enterprise

Development Ghana, (SEND) Foundation repeatedly struggled to reconcile separate sources of data from the Ministry of Finance and Economic Planning and the Ghana Government Web site. Furthermore, the DHMCs often found it difficult to acquire figures that had been broken down by district, and instead, figures were provided to explain the complete amount distributed by municipal district assemblies or were broken down by project and/or sector. This meant that the DHMCs could not effectively monitor the disbursement and utilization of funds in their respective districts.

Inadequate skilled personnel. The costs (to users, providers and facilitating organizations) of social accountability processes in terms of human and financial resources cannot be underestimated. The inadequate skilled personnel to undertake credible social accountability initiatives is a major problem. The CSCQBE in Malawi noted that it is failing to monitor the education budget efficiently and effectively because it lacks skilled individuals to undertake technical aspects of the exercise and to carry out advocacy activities. The same holds true for the Zimbabwe Women's Resource Centre and Network, which acknowledges the needs for skilled personnel to carry out its gender budget analysis. Limited financial resources and equipment. Those aiming to facilitate social accountability processes are faced with the challenge of establishing space and legitimacy for representatives to speak on behalf of citizens without having any formal mandate. Lack of adequate financial resources is a threat for sustainability of social accountability initiatives in the region. Activities such as budget monitoring are expensive undertakings. As a result, in the case of the CSCQBE in Malawi, for example, the program lacked the necessary resources to adequately monitor the fiscal 2001/2 and 2002/3 rounds of the budget monitoring exercise and in Uganda, reports from the districts noted that they are constrained by issue of budget cuts and bureaucracy from the central government hence unable to implement some of the activities that were planned.

In conclusion, evidence shows that social accountability efforts on the part of citizens and civil society organizations can serve to create new effective vertical mechanisms of accountability and to strengthen existing horizontal ones, Ravindra (2004). This in the long run will result in better governance, improved public service delivery and enhanced development effectiveness.

Pictures from the activities

1. Community dialogues



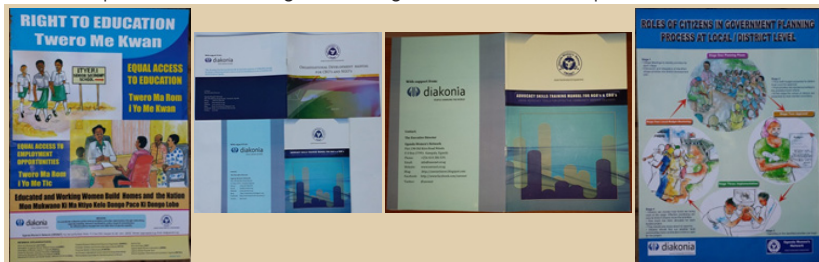
2. Capacity building of the women groups and the CSOs



3. Women groups conducting community monitoring



4. Samples of Knowledge building materials developed



5. Set up of resource Centre's in the districts



6. Monitoring of activities.



About UWONET

Uganda women's Network–UWONET is an advocacy and lobby network comprising of 16 national women's organizations, institutions and 9 individuals. It was established in 1993 to provide space for collective engagement of organizations advocating for women's rights especially the eradication of gender based discrimination.

Vision

A Ugandan society free of all forms of gender based discrimination

Mission

To coordinate collective action among members and other stakeholders through networking, capacity building, resource mobilization, policy research and advocacy for the attainment of gender equality in Uganda.

With support from



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