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# Gender Analysis of Development Assistance to Uganda

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East and West Africa



**GENDER ANALYSIS OF SIDA's DEVELOPMENT  
ASSISTANCE TO UGANDA**

by

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## ABBREVIATIONS

ACFODE	Action for Development
AIDS	Acquired Immuno Deficiency Syndrome
BECCAD	Basic Education, Child Care and Adolescent Development
CA	Constituent Assembly
CBO	Community Based Organisation
CCA	Coordination, Communication and Advocacy
CHDC	Child Health and Development Centre
DANIDA	Danish International Development Agency
DHMT	District Health Management Team
DHSP	District Health Services Project
EPI	Expanded Programme of Immunisation
FIDA	Uganda Association of Women Lawyers
FP	Family Planning
GoU	Government of Uganda
GTF	Gender Task Force
HMIS	Health Management Information System
HPU	Health Planning Unit
HURINET-U	Human Rights Network - Uganda
M&E	Monitoring and evaluation
MA	Masters of Arts degree
MCH	Maternal and child health
MoGCD	Ministry of Gender and Community Development
MoH	Ministry of Health
MoNR	Ministry of Natural Resources
NGO	Non-governmental organisation
NUMA	Northern Ugandan Manufacturers' Association
ODA	Overseas Development Administration, U.K.
PWA	Person with AIDS
SIDA	Swedish International Development Cooperation Agency
SSI	Small-scale industry
STD	Sexually transmitted disease
STI	Sexually transmitted infection
STIP	Sexually Transmitted Infections Project
SWIP	South West Integrated Health and Water Programme
TASO	The AIDS Support Organization
TB	tuberculosis
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WB	The World Bank
WES	Water and Environmental Sanitation
WID	Women in Development

## EXECUTIVE SUMMARY

1. **INTRODUCTION:** SIDA is preparing a strategy for development cooperation with Uganda during the next three years. Within this context, this report presents a gender analysis of three large SIDA-supported programmes and projects implemented by The World Bank and UNICEF, as well as other smaller projects.

A parallel assignment to this gender analysis of SIDA's development cooperation programme was the preparation of a general assessment of the situation of women and men in Uganda. The latter is presented in a second report, Country Gender Analysis: Uganda, which provides the background against which the present report can be read.

This report gives an overview of the programmes and projects, focusing in particular on their objectives and planning. More detailed information on implementation and monitoring, concentrating on government implementors rather than multilateral staff, should be obtained in the future.

2. **GENDER ISSUES IN RELEVANT SECTORS:** Gender refers to the roles, responsibilities, rights and limitations which societies ascribe to women and men. Gender relations between women and men are asymmetrical, in that women do not have equal access to and control over resources or opportunities to the same degree as do men. The goal of gender equality means that asymmetrical gender relations must be rectified. The draft development objectives of SIDA's strategy for cooperation with Uganda do not take account of the expected new SIDA Gender Policy which will have a goal of gender equality.

There are gender inequalities in all sectors where SIDA is involved, summarised briefly as follows:

**Health:** Women are responsible for the health of children and the care of the sick, but they do not have equal access to health care facilities because they lack money and have more limited time than men.

**Water and Sanitation:** Women are almost solely responsible for water collection and household sanitation, but they have limited control over decisions taken in this sector.

**Basic Education, Child Care and Adolescent Development:** Fewer girls than boys complete primary schooling. Adolescent girls have children or marry at an early age, and child care is entirely women's responsibility. For every male adolescent who is HIV+, there are five females.

**Small-scale Industry:** Women have unequal opportunities to establish SSIs because they have less capital and fewer skills than men.

**Electrification and Energy:** Electricity is irrelevant to almost all Ugandan women who collect and use firewood in rural areas and purchase charcoal in urban areas for their energy needs.



**Rural Finance:** Because men have access to more cash than women and control the disposal of household income, banks are a part of a man's world in rural Uganda, not a woman's.

### 3. FINDINGS: POTENTIALS AND CONSTRAINTS OF PROGRAMMES AND IMPLEMENTING ORGANISATIONS

3.1 **GoU/UNICEF Country Programme:** Gender is mainstreamed in all aspects of the Programme design: one of the two overall objectives is gender specific, and the planning process and reporting and monitoring formats all include gender. Gender has also been mainstreamed into each of the four sub-programmes. However, the long process of implementation of many activities by diverse government and NGO partners has only begun.

The Health sub-programme is constrained by the fact that gender issues are not obvious in this sector, making it difficult to convince authorities about the relevance of gender issues to health. In addition to this sub-programme, SIDA also supports the Child Health and Development Centre, Makerere University, which promotes gender sensitive research.

The Water and Environmental Sanitation sub-programme builds upon the fairly widespread understanding that women are responsible for water collection and aims to increase their participation in decision making positions in this sector. Women do not yet participate to the degree intended, however.

The Basic Education, Child Care and Adolescent Development sub-programme addresses the issues of educating out-of-school youth, in particular females; assisting children in especially difficult circumstances such as orphans; and preventing AIDS, for which adolescent girls are a high risk group. As with the other sub-programmes, BECCAD is constrained by the current inadequate capacity of district-level implementors.

The Coordination, Communication and Advocacy sub-programme services the entire Programme by offering technical assistance such as advocacy, facilitation and follow-up to the other three sub-programmes in development of cross-cutting skills, for example, gender analysis skills. The latter is the responsibility of the Gender Task Force in which the Ministry of Gender and Community Development plays a leading role.

Several aspects of the GoU/UNICEF Country Programme need careful attention in the future: 1) the conceptual framework because gender concepts are mainstreamed but are not defined; 2) monitoring methodologies to adequately cover gender issues; 3) gender training for district staff who are already targeted by many other training programmes; and 4) integration of Programme activities with similar activities already being undertaken by other agencies.

3.2 **MoH/World Bank District Health Services Project:** Gender was not included in the objectives, planning, implementation or monitoring system of this district capacity building project. Therefore, it cannot be assessed in the same detailed way as the GoU/UNICEF Programme. The biggest constraint is the Ministry of Health which is conservative, male-biased and male-dominated.



Gender issues are misunderstood as women's issues and as reproductive issues. Although district authorities may be less conservative, there is need for data in order to make a case for the relevance of gender in health planning. However, the new Health Management Information System does not report on sex of patients. Since the MoH is resistant, projects such as DHSP provide an entry point for beginning a policy dialogue on gender especially at district level, and project staff are willing.

**3.3 MoH/World Bank Sexually Transmitted Infections Project:** This is an AIDS control project. Although the project design is not as gender blind as DHSP, gender factors are not treated in a systematic way. STIP uses a strategy of district Women's Task Forces to reach the intended beneficiary - young women. There are potentials for making STIP more gender sensitive, and the project management is willing. As with DHSP, the constraints are related to MoH.

**3.4 Lango Cooperative Union Organic Cotton Project:** Organic cotton is being grown by c1,700 peasant farming households in Northern Uganda. The project document is technical and mentions women only vaguely in connection with training. Nothing is known about the gender division of labour or control of resources in the farming system of participating farmers. Therefore, one cannot predict whether women will benefit from this project or not.

**3.5 Assistance to Northern Ugandan Manufacturers' Association:** Although most women do not have the capital or skills to start a small-scale industry and hence are not potential members of NUMA, the project has tried to provide technical training to some women to improve their income earning activities. Gender disaggregated data is not consistently given in progress reports.

**3.6 Other Institutions Receiving SIDA Support:** In addition to the three large programmes implemented through multi-lateral agencies and the two business development projects, SIDA also funds (or has been asked to fund) several other institutions. Brief background information is provided on the Women Studies Department, Makerere University, to which SAREC is the main donor, and on the following NGOs: The AIDS Support Organization (TASO), Action for Development (ACFODE), Uganda Association of Women Lawyers (FIDA) and Human Rights Network - Uganda.

**4. DEVELOPMENT COOPERATION THROUGH MULTI-LATERAL AGENCIES:** In carrying out development cooperation through multi-lateral agencies rather than bilaterally, SIDA has fewer opportunities to influence policy issues directly. The GoU/UNICEF Country Programme is an example of a gender sensitive programme design in which gender issues were included at the beginning of the planning process. In future in Uganda, SIDA should ensure that it is well represented on planning and appraisal missions in order to advocate for gender mainstreaming. In programmes such as those in the health sector where gender was omitted in the planning, it is necessary to take corrective actions. The most important policy issue which has emerged from this study is the need to foster gender sensitivity in Uganda's health sector. The Bank implemented health projects provide entry points in this respect.

## 5 RECOMMENDATIONS

Recommendations are made in the following areas:

- \* including gender in the design and monitoring of SIDA's Development Cooperation Programme with Uganda
- \* assessing the progress made in implementing gender aspects in the GoU/UNICEF Country Programme, with particular attention to the areas of conceptual framework, monitoring, training and integration
- \* finding entry points for taking corrective action in the two World Bank implemented health projects and, more generally, advocating for greater gender sensitivity in this sector on the part of The Bank and MoH
- \* carrying out research on the organic cotton farmers to ascertain whether the Lango Cooperative Union project benefits women or not, and documenting the experiences of the NUMA project in training women in SSIs

## 1. INTRODUCTION AND BACKGROUND

SIDA is preparing a strategy for development cooperation with Uganda during the next three years. Within this context, there is need for a gender analysis of three large SIDA-supported programmes and projects implemented by the World Bank and UNICEF, as well as other smaller projects. This report presents the findings of the gender analysis. Since this is the first time that such an analysis has been made of SIDA-funded activities in Uganda, some detail is given as background for future work in the same area.

The bulk of Swedish development cooperation with Uganda is channelled through multilateral organisations. Therefore, the recommendations at the end of the report focus primarily on the issues on which SIDA could engage in policy dialogue with the implementing and government agencies.

The Terms of Reference for this assignment are in Annex 1. A parallel assignment to the gender analysis of SIDA's development cooperation programme was the preparation of a general overview on the situation of women and men in Uganda. The latter is presented in a second report, Country Gender Analysis: Uganda, which provides the background against which the present report can be read.

Work in Uganda in connection with both assignments was carried out during one week in December 1995 and one week in January 1996. The consultant was assisted by Ms Brenda Kifuko, Statistician, Planning Unit, Ministry of Gender and Community Development. She analysed the NGOs which have received, or applied for, SIDA funding and prepared a report which is summarised here (section 3.7). She also participated in interviews.

The Country Gender Analysis: Uganda was prepared using secondary written sources. However, some interviews were conducted to obtain up-to-date information in particular areas. Information on SIDA's programme of development cooperation was obtained from documents (see Annex 2) and from interviews. Persons interviewed for both assignments are listed in Annex 3.

For the GoU/UNICEF Country Programme, only UNICEF programme officers were interviewed, with one exception. UNICEF has many government partners, including local councils at district and lower levels, and NGO partners as well. In order to assess how gender issues are actually being taken account of in activities implemented by these partners, one would need to spend considerable time in government ministries and in the districts. The same is true for the two World Bank implemented health projects, both executed through district administrations.

This report provides only a general overview of the programmes and projects, based largely on their objectives and planning. More detailed information on implementation and monitoring, with focus on government implementors rather than multilateral staff, should be obtained in the future.



## 2. GENDER ISSUES IN RELEVANT SECTORS

This section briefly describes salient gender issues in sectors relevant to SIDA's development cooperation with Uganda.

Gender refers to the roles, responsibilities, rights and limitations which societies and cultures ascribe to women and men. Gender is cultural since it varies from place to place and through time. Gender relations between women and men in Uganda are not identical to those in nearby Kenya, for example, nor like those which existed in Uganda 20 years ago.

Gender relations between women and men are usually asymmetrical, in that women do not have equal access to and control over the same resources or opportunities, such as decision making, as do men. When we speak of the goal of gender equality, we mean that asymmetrical gender relations must be identified and rectified.

In the past this was usually carried out through separate Women in Development programmes or WID components of larger programmes. Although these were intended to raise women's status, they often dealt with "women's issues" in isolation from their socio-cultural context. Gender analysis allows men's and women's relationships to be understood within their societal context, whether at household (micro), sectoral (meso) or national (macro) levels. Although women should no longer be portrayed in today's development thinking merely as a "special interest" group, there are occasions when it is relevant to focus activities specifically on women. On other occasions it is appropriate to mainstream, or integrate, gender issues into all aspects of a development programme. SIDA's policies on these issues, as they have evolved since 1985, include both approaches, integration of gender and empowerment of women (Hannan-Andersson 1994: 21-2).

Gender equality is not one of the overall goals of Swedish development cooperation, but it is likely to become a goal in the near future (*Ibid.*: 21). The draft development objectives of SIDA's strategy for cooperation with Uganda do not take account of the expected new SIDA Gender Policy. The draft objectives are: 1) to support social infrastructure (i.e. health, water and sanitation), 2) to support the economic reforms and 3) to support democratisation processes.

Gender issues in the sectors where SIDA is currently involved (health; water and sanitation; basic education, child care and adolescent development; small-scale industry and electrification) and rural finance, where future involvement is anticipated, are briefly outlined here. More information can be found in the Country Gender Analysis.

### 2.1 Health

Within a Ugandan home, women are responsible for the health of others, especially children, and care of sick persons. Men provide money for transport and other costs for a woman to take a child for immunisation or a patient for treatment. Sometimes men must give permission to women to be absent from home for health reasons; they also keep the family's records, such as EPI cards, in cases where women cannot read. Women have unequal access to health care facilities by comparison with men.

If they cannot obtain money from husbands and do not have money themselves, they do not receive treatment. A woman's opportunity costs, in being absent from home for a long time to wait at a health centre, are greater than a man's who does not have the multiple responsibilities, especially domestic, that a woman has.

The health profession in Uganda is rigidly gender stereotyped with high positions dominated by male doctors and other positions, such as the district health visitor or public health nurse, female. Women do not have equal access to decision making positions and therefore little control over national health policies. In Uganda's health service, women are seen almost entirely in terms of their reproductive roles, as mothers of children rather than individuals with health problems. The serious gender inequalities in Ugandan society are reflected, *inter alia*, in poor health indicators for women.

## 2.2 Water and Sanitation

Rural Ugandan women and urban women in dwellings without piped water are responsible for obtaining water from the nearest tap, spring, borehole or well. Small children of both sexes and female adolescents assist women. The only time adult men are seen at water collection places is when they are water vendors and are collecting water for sale. Here, the unequal power relations between women and men become starkly visible, as male vendors shove women aside to take the head of the queue. Women are also solely responsible for storage of the water and generally for the sanitation of the house and its surroundings. Women's time, the amount of water which they can carry and the distance to the water point determine whether there is adequate water for proper hygiene and household sanitation. If a household has a latrine, the man has probably paid for the costs of labour and materials, but it is the woman's responsibility to keep it clean.

Women have gained some access to membership on community committees which are involved in water development projects. However, they still have little control over decisions taken or access to paid positions in water supply schemes. Although projects are gradually making women's access to water easier, the gender division of labour in water collection has not been challenged.

## 2.3 Basic Education, Child Care and Adolescent Development

Although the new constitution states that all Ugandans have a right to education, girls cannot exercise this right to the same degree as boys. There are more school-age girls who do not go to school than boys. Although girls and boys are enrolled in grade one in nearly equal numbers, there are two boys in school for every girl by the end of the primary cycle.

Someone must pay for a child's education. There is evidence that although this was traditionally a man's responsibility, today in homes where women earn some income the responsibility is being shifted to them. In other cases, money is not the reason why children, especially daughters, are not enrolled or kept in school. Traditional attitudes that devalue girls' education result in large numbers of illiterate female adolescents who marry and/or bear children at an early age and who become women with inadequate access to services and resources which demand literacy, numeracy and other

skills.

Child care is almost entirely a woman's role. When women must be absent from home to work in the fields, to spend half a day at an EPI clinic, to queue at a borehole or to vend produce at a rural market, the care of young children typically falls on older siblings, especially sisters. The quality of child care provided is not always ideal.

Many families have been disrupted or shattered: by conflicts, by internal migration from north to south, by AIDS, by poverty and marital instability. The consequences, among other things, are street children in urban areas, numbering more boys than girls, and the new phenomenon of child-headed households. These are households in which both parents have died, mostly from AIDS, who have no extended family to whom they can move and where older siblings are trying to parent young ones.

Ugandan adolescents engage in sex at an early age and are at risk of AIDS. For every male adolescent who is HIV+, there are five girls. Gender role socialisation in childhood makes girls submissive to the sexual demands of older boys and men. Their more limited economic prospects and lower educational status result in exchange of sexual favours for money -- and HIV infection.

#### **2.4 Small-scale Industry**

SSIs are defined as small industrial ventures with very limited capital investment and employing no or only a few persons. This part of the informal economy is one to which Ugandan women have very limited access. Because women are less literate than men, have less access to skills and capital and do not usually own land, they do not have equal opportunities to establish an SSI. Where women do own SSIs, they generally control smaller capital assets and have received less technical and managerial training than men. Although there are exceptions, many of the SSIs owned by women are in fields which are related to their domestic roles: weaving or knitting, food processing, and so on.

#### **2.5 Electrification and Energy**

According to Uganda's National Environment Action Plan of 1995, hydro-electricity constitutes about one percent of total energy consumption. Therefore, electricity is irrelevant to the great majority of both sexes who live in rural areas which are not electrified. Many district headquarters and trading centres are not on the national grid and rely on sporadic power from generators. It will be a long time before significant numbers of people have electricity in their homes and labour saving domestic appliances become a gender issue. Electrification is intended to stimulate the growth of the local industrial and manufacturing sectors. Here, one gender issue will be which kinds of jobs are created for which Ugandans, men, women or both. This, too, is in the future.

At present, the great majority of urban dwellers depend on charcoal for their energy needs. Rural charcoal burning is a man's occupation. In town some women vendors buy charcoal and resell it in small amounts. Charcoal is expensive, but it is not known whether purchase of charcoal is a man's



or woman's responsibility in a married household. Since cooking is entirely a woman's job however, the availability of charcoal - or its absence - can determine what (fast or long-cooking foods) she cooks and how often during the day. It can also determine whether she is able to boil water for drinking.

In rural areas everyone depends on firewood for their energy needs. Collection of firewood is almost entirely the responsibility of women and children. In one-third of Uganda's districts, the demand for firewood exceeds supply by nearly 20 percent. As deforestation worsens in these areas, women may have to use the time which they save in water collection, because of easier supply as a result of water projects, for firewood collection which will take longer.

## 2.6 Rural Finance

Because men have access to more cash than women and control the disposal of the household income, banks belong to a man's world in rural Uganda, not a woman's. When cash crops are marketed and cheques issued, one sees crowds of men outside the small banks in rural trading centres, not women. Women do not have literacy and numeracy skills, to the same degree as do men, to be able to use banking facilities. Because of inexperience, women often find banking bureaucracy intimidating. Should a woman have business with a bank, she has more demands on her time than does a man and thus faces opportunity costs in time spent travelling to town and dealing with the bank.

Women have much less access to capital than do men and therefore often say that they need loans. However, under traditional banking systems, they have been unable to qualify for loans because they do not own property such as land and therefore have no collateral.

Women, more than men, participate in informal revolving credit and savings groups. These are common among market women in small rural trading centres. Rural women also form groups, sell their labour to commercial farmers and share the proceeds. Although credit and savings projects may try to build on these indigenous models, rural banks do not.

### 3. FINDINGS: POTENTIALS AND CONSTRAINTS OF PROGRAMMES AND IMPLEMENTING ORGANISATIONS

#### 3.1 GOVERNMENT OF UGANDA/UNICEF COUNTRY PROGRAMME 1995-2000

##### 3.1.1 Programme Overview

The UNICEF programme represents a radical break with the past. Previous country programmes delivered services such as child immunisation, water supply and functional literacy through vertically organised projects. The beneficiaries were passive recipients of these services, without a voice in problem identification, planning and implementation. Women were not always specifically targeted. Where they were, they were incorporated in projects because of their reproductive roles: as mothers needing to be educated in order to improve child survival or as care-takers of the home whose labour burden in water collection should be reduced. Where women were targeted specifically, it was through individual components of vertically organised projects, such as community mobilisation to increase women's representation on local water management committees.

The current Country Programme which began in 1995 reflects changes in development strategies to take account of sustainability, decentralisation and gender. It is the product of cooperative efforts by UNICEF and government to reverse previous patterns in traditional development thinking: to build capacity from the bottom rather than the top and to enable women to become active stake-holders, whether in village committees, in local health units, in district plans or in national level policy debates. The goals are to ensure more sustainability of service delivery than has been the case in the past and to enable women equally with men to influence the development agenda, now and in the future.

Gender is mainstreamed in all aspects of the Programme. This achievement is the result of a supportive environment provided by UNICEF in which government and NGOs were given space to research, network and debate on priority gender issues and to contribute to the ultimate Programme design. UNICEF provided gender analysis training to its staff and partners. Ugandans took advantage of this supportive environment and training to mainstream gender in all aspects of the Programme. In particular, a Gender Task Force led by staff from the MoGCD provided advocacy and technical support to other specialists, whether in basic education, health or water and sanitation.

The Programme design is explicit on gender, beginning with one of the two overall objectives: to ensure "that, within their social environment, all Ugandan women and girl children enjoy equal rights as do males to development opportunities and are freed from all forms of discrimination" (GoU and UNICEF 1995a: 14). This objective provides the basis for drawing attention to gender in every component, sub-programme and activity in the overall Programme design. The objective means that women's voices should be heard as clearly as men's, that gender imbalances should be identified and rectified and that traditional gender roles can be challenged. In other words, the Programme seeks to facilitate the on-going process of enabling women to empower themselves.

The Programme is organised into four horizontal levels or "components": the community component in which individuals and families need services to solve problems they have identified; the service provider component where extension agents and others who interact directly with communities should have relevant services to offer; the district component where resources are mobilised and managed to enable service providers to meet community priorities; and the national component where overall policy support is provided.

The Country Programme includes four sub-programmes which are organised and will be implemented within these four horizontal components: Health; Water and Environmental Sanitation (WES); Basic Education, Child Care and Adolescent Development (BECCAD); and Coordination, Communication and Advocacy (CCA). Health and WES are "sectoral", BECCAD is multi-sectoral and CCA is non-sectoral. CCA is responsible for all cross-cutting issues and skills such as planning, communication and gender analysis which are to be mainstreamed in the three other sub-programmes. In addition, CCA coordinates the entire Country Programme. SIDA funds are used in all sub-programmes except CCA.

Implementation of the Programme began in approximately April 1995. Therefore, it is too early to assess implementation efforts. UNICEF staff report that the Programme design requires new ways of thinking and acting, on their own part as well as that of cooperating partners at all levels. Thus, the first year has been dominated by continuing discussion of the implications of planning, implementing, managing and monitoring a complex new Programme design. The focus at the moment and for some time to come will be on initiating or supporting processes expected to lead to successful planning and implementation. The most important process is capacity building at all levels so that communities, service providers, district authorities and national policy makers have the skills required.

One skill is gender analysis in order to achieve gender specific planning and gender-focused activities at every stage of implementation. The four sub-programme plans for 1996 include gender specific targets. Although some gender disaggregated indicators are already stated in the monitoring formats of the sub-programmes, these are expected to be refined and revised as gender analysis skills are built. Even budgeting is intended to be gender relevant. When requests are made for release of funds for a specific activity, the budgets must indicate not only the unit costs but the gender balance. For example, a training workshop for "40 persons will cost UgSh 10,000 per day for 25 men and 15 women participants."

Gender as a cross-cutting issue must be explicitly reported on. The 1995 Annual Programme Review highlights gender-relevant problems to be addressed in 1996 and thereafter: that gender analysis skills are not yet available to ensure gender-responsive planning and implementation; that integration of any activity, such as gender analysis training, across sub-programmes at all four horizontal levels will be a long-term process which has only begun; that without gender planning skills, gender disaggregated data will not easily be obtained; and that monitoring of the qualitative impacts of gender-focused activities, especially the degree to which discrimination based on gender is being reduced, will be complex.



UNICEF's commitment to promoting gender equality is clear. So, too, is government's at national, policy making level. The commitment at other horizontal levels is not known but is viewed as achievable through capacity building where it is lacking. Thus, what is on paper is a good example of a gender sensitive Programme design. The long process of mainstreaming gender into many diverse activities to be planned, executed and monitored by diverse government and NGO partners has only begun and should be followed with great interest.

The gender aspects of each of the four sub-programmes will be summarised below.

### 3.1.2 **Health**

The Health sub-programme will cover all districts with the objective to **"build capacities at all levels of the health care delivery system for better management and health service provision, with community involvement and active women's participation and empowerment. . ."** (Ibid.: 53). A constraint in earlier country Programmes, and in the health sector generally, was that women were treated as passive beneficiaries of services planned by others and were "not given the opportunity to express their views on health interventions in which they are expected to play a key role" (Ibid.: 60). A strategy of setting targets for women's representation on health committees (e.g. 40%) is intended to increase participation in planning, management and decision making. Committee membership is to be monitored and records disaggregated by gender.

Because of gender stereotypes in health sector training (all district health officers are men and all district health visitors are women), the sub-programme will encourage training opportunities for women in professions where they are not now represented.

At national level, the sub-programme advocates development of policy guidelines for gender analysis and women's empowerment.

During 1995 little progress on any of the above was achieved. At a planning meeting for 1996, UNICEF's partners such as districts agreed that data on health unit clients would be disaggregated by gender in the Health Management Information System (HMIS), which is one of the main monitoring tools. The reasons for collecting disaggregated data were not understood and the subject elicited strong negative views, according to UNICEF. The Health Planning Unit, MoH, is responsible for HMIS and has no intention of including gender as a variable to be monitored (see 3.2.2). Therefore, it is unclear how the Health sub-programme will proceed on this issue.

In 1996 a gender analysis study of the health sector will be a high priority.

In addition to the Health sub-programme per se, SIDA also supports the Child Health and Development Centre (CHDC), Makerere University. Among other functions, CHDC carries out capacity building in action-oriented and participatory health-related research and planning. Academic and other researchers, including community research groups, are assisted with skills development in inter-disciplinary research linked to broad health issues. CHDC services the research needs of UNICEF and numerous other institutions and projects in the country.

Although CHDC tries to promote gender-sensitive research, participating researchers and clients do not always see the relevance of this. In 1995, therefore, CHDC together with the Development Studies Unit, Stockholm University, held an introductory gender training workshop for researchers and field practitioners from the health sector and elsewhere. The comprehensive workshop report, with gender research tools and methods clearly explained, assists workshop participants to be trainers in their own right. A similar training for district level workers is planned in 1996. The workshop report could easily be adapted for use in another sub-programme such as water and sanitation.

CHDC (which has Swedish health economist on its staff) has also made a data base on existing health financing options. One option is based on the model of informal group revolving loan schemes, in particular women's groups whose members contribute money at specified intervals which can then be loaned under specific conditions such as for health care. A pilot health financing scheme based on this model will be established in Masaka District in 1996, following a baseline survey to determine current health seeking and health financing behaviour (see 3.2.2, below).

**Constraints:** The health sector is one of the most difficult in which to mainstream gender or to have a goal of empowering women. Reasons given by UNICEF include the following:

- \* gender issues are not as visible in health as they are in water for example, where one can physically "see" women responsible for water collection
- \* high posts in the health profession are male-dominated, especially by male doctors who are used to being in positions of unquestioned authority and power
- \* the Ministry of Health is conservative and has a reputation for resisting innovations, whether gender analysis, decentralisation or even primary health care
- \* health service providers believe that they "know" gender because of Maternal and Child Health programmes and therefore they do not need, and are unlikely to request, gender training

These constraints make it unlikely that the proposed national-level activity of developing policy guidelines for gender analysis and women's empowerment will be achieved easily. The MoGCD attempted for two years to interest MoH in collaborative work on gender-focused policy review. The attempt failed, and MoGCD moved on to work with other ministries which expressed willingness, even though health was one of the highest priorities for redressing severe gender inequalities.

### 3.1.3 Water and Environmental Sanitation

The objective of WES is to "improve public health. . . by contributing to the reduction of water- and sanitation-related diseases and by reducing the overall workload, especially of women, adolescents and children, through improved access to safe water sources" (*Ibid.*: 77). The Programme design also notes other gender imbalances, with men dominating water resource management and women responsible not only for collection but also for water use and household

sanitation. Thirty districts, excluding those served by NURP and RUWASA, will be covered.

The plan of implementation includes strategies for getting women onto water management committees and into decision making positions at all levels. There are targets (50% representation of women) which will be monitored, and data will be disaggregated. Policies at national level will be gender sensitive. According to UNICEF staff, there is a willingness throughout the four horizontal components to mainstream gender into WES activities. This willingness is related to the NRM affirmative action for women's participation in Local Councils, the visibility of women in water collection and previous policy development work with this sector by MoGCD.

**Constraints:** In spite of a general willingness however, the 1995 Programme Review identified constraints in mainstreaming gender:

- \* that women don't participate as members or officers on village committees, to the degree expected
- \* that there are few female professional staff in this sector
- \* that monitoring is difficult and districts are not consistently disaggregating their data
- \* that there are no strategies yet for addressing these issues

In addition, there is not a common understanding within WES of what gender means, and gender analysis skills specific to water and sanitation are needed. Some professionals think that they "know" gender because women are easily identified as responsible for water collection and their work burden is everywhere perceived to be a problem. It is not widely understood however that water maintenance responsibility can be an additional burden for women if voluntary, but can contribute to empowerment if salaried. Some experience with these issues was obtained in the previous South West Integrated Health and Water Programme (SWIP), but lessons learnt have not been applied in WES. The reporting and monitoring system is quantitative and those who record the data such as secretaries for information in Local Councils are mostly men. There is little scope so far for developing qualitative indicators or other methodologies such as community mapping which might give illiterate women a greater voice.

The Gender Policy of MoNR (1994), which includes policy and programme guidelines for water and sanitation, is known to WES but has not been operationalised.

#### 3.1.4 **Basic Education, Child Care and Adolescent Development**

BECCAD is new to UNICEF, bringing together three previously separate sub-programmes related to the cognitive and psycho-social development of children and adolescents. Basic education includes strategies for educating the nearly 50 percent of Uganda's children who should be in primary school but are not. Child care and protection is directed, *inter alia*, at children in especially difficult circumstances such as orphans, street children and abused children. Adolescent development focuses



on AIDS prevention among youth, the non-sexually active age group which is still AIDS-free. All three areas of BECCAD give special attention to the problems and needs of the girl child: out-of-school girls who are at risk of early marriage and/or child-bearing; sexually abused girls and female adolescents at particular risk of AIDS. Activities, such as community-supported teaching for older out-of-school children, began in four districts in 1995 and will expand to others during the Programme period.

BECCAD is intended to be gender-sensitive in preparation of training and advocacy materials; in gender training of community committees and resource people; and in reporting and monitoring.

Activities which began in 1995 include training materials preparation and training of community members as paralegals in child and women's rights and police officers in appropriate response to cases of child abuse and defilement. MoGCD was commissioned to prepare a situation analysis on the girl child so that gaps could be identified and addressed in future.

Gender issues in BECCAD areas of concern are rather widely known and discussed in Uganda. Defilement of young girls is reported almost daily by the media. The disproportionate drop-out rate from primary schooling of girls, compared to boys, is a well-known phenomenon although some of the reasons, apart from lack of money for school costs, are not. That girls' labour, for example, is more highly valued by some families than is their education. The vulnerability of girls to HIV infection is of widespread concern as well. Therefore, gender issues are more easily articulated in BECCAD than in the Health sub-programme for example.

**Constraints:** In the 1995 Programme Review, BECCAD reported generally on the inadequate capacity of implementors, such as district level facilitators and service providers, in necessary skills. The gender-specific indicators in reporting and monitoring systems are said to be not useful or manageable, and disaggregated data from 1995 was either not available or not attainable. Other gender-relevant problems are common to the entire GoU/UNICEF Country Programme and are outlined below (3.1.6).

### 3.1.5 Coordination, Communication and Advocacy

CCA is also a new component in the Country Programme. It focuses on building skills in information collection and use, planning and management, communication and gender analysis which are necessary for successful implementation. CCA therefore services the entire Programme by offering technical assistance such as advocacy, facilitation and follow-up to the other three sub-programmes in, for example, gender analysis which is mainstreamed into their activities. Whereas the other sub-programmes target sectoral implementors such as district teams and Local Councils, CCA in addition targets "non-sectoral" politicians and decision makers who do not work specifically in sectors such as water but who have key roles in community and district structures and development processes. At national level, CCA can facilitate gender relevant research and policy review. In 1997, for example, a survey on empowerment and gender equity is planned.

In addition, CCA is responsible for an on-going functional literacy programme in which women are

the main beneficiaries.

Finally, CCA coordinates the entire Country Programme and this large assignment is reported to have constrained the implementation of specific CCA tasks in 1995. In the 1995 Annual Programme Review, constraints in mainstreaming gender were not reported on specifically.

CCA has reinstated the Gender Task Force (GTF) which facilitated the successful mainstreaming of gender into the Programme design. The GTF comprises five officers from the MoGCD as the lead agency; four gender focal point officers, one from each UNICEF sub-programme; gender focal point officers from four social sector ministries; and several representing CHDC and NGOs. Its task is to play a catalytic role to ensure gender-responsive planning and monitoring of the four sub-programmes. A member of the GTF sits on each sub-programme management committee and on the management committees for each horizontal component, from community to national levels.

In 1995 the GTF implemented the situation analysis of the girl child and began working on better gender indicators and reporting formats for the sub-programmes. Although some of its members facilitated at district level planning sessions, such as preparation of District Plans of Action for Children, no field monitoring visits were undertaken, as planned. The work on gender indicators in M&E is not yet complete.

**Constraints:** CCA is heavily dependent on the GTF and specifically on the MoGCD. The Directorate of Gender has its own complex Danida-funded programme to implement and it is this programme which largely guides its work plan. In addition, MoGCD is in demand by NGOs and other institutions for such services as gender training, to which it responds on an *ad hoc* basis. The MoGCD has its own work plans, including working with districts on gender training and planning. Instead of a separate exercise, it could do this through the GoU/UNICEF Programme which provides concrete entry points for working with districts. Unless there is more coordinated planning between UNICEF and MoGCD than is currently the case, it is likely that duplications will occur and the capacities of the MoGCD will be overstretched. This will have negative consequences for the successful implementation of the GoU/UNICEF Country Programme.

### 3.1.6 Aspects to be followed closely in future

These aspects of the GoU/UNICEF Country Programme should be followed closely in the future:

#### 1) Conceptual Framework

The Country Programme Master Plan of Operations does not define or explain the key concepts of gender, gender sensitisation, gender analysis and planning, gender equality, empowerment, etc. which appear throughout the document and which are to be integrated in planning, implementation and monitoring. This omission could be rectified in the 1996 Annual Programme Review.

A consensus on concept definitions will ensure better uniformity in operationalising specific activities. For example, it is necessary to distinguish between activities in which a small "dose" of gender

sensitisation will suffice and others, probably the majority, in which concrete skills directly relevant to the execution of specific responsibilities are needed. A distinction should be made between activities which will enable women and men to carry out their existing roles better and those which will facilitate women to empower themselves. The latter is more controversial and difficult to achieve. However, the Country Programme design gives a basis for monitoring women's empowerment through the execution of specific activities and should be well documented so that its eventual impact can be assessed.

Many people do not yet understand the differences between Gender and Development and Women in Development approaches. Nor is it always clear what situations call for "gender balance" and which require targeting women specifically. The Gender Task Force is an example, in that all four UNICEF gender focal point officers are women. Gender balancing should begin at UNICEF.

## 2) Documentation and Monitoring

There are a number of different reporting and monitoring systems in the Programme and all are having problems obtaining reliable gender-disaggregated data. Much of what is called monitoring is routine administrative record keeping: for example, how many training sessions were carried out and how many women and men participated. These records, even when they are systematically obtained, do not capture the impact of gender training: for example its quality and whether the skills are actually being applied by the persons trained. This problem is already recognised by UNICEF (GoU & UNICEF 1995b: CCA 8).

However, the development of qualitative monitoring tools and experimental methodologies, to be used in combination with the current quantitative formats, is difficult and requires expertise in these areas. The Country Programme could consider using such expertise in this early period of implementation, given the importance of eventual evaluation of the impact which the Programme has had on contributing to gender equality.

## 3) Capacity Building

District staff are currently overwhelmed with capacity building and sensitisation activities, directed at them by various interest groups in the centre. The Decentralization Secretariat carries out training. Other ministries organise district skills training in technical fields such as health planning and, in the case of MoGCD, gender analysis. Specific interest groups are sensitising district and lower levels to population issues, environmental concerns and so on. Even within the GoU/UNICEF Country Programme, there would appear to be sub-programme sensitisation or training activities which could be combined or better dove-tailed, for example the development of District Action Plans for Children with BECCAD.

Gender training should be integrated in almost all specialised training activities in order to achieve the goal of mainstreaming. However, the degree to which gender is, in fact, being integrated in other training is not known but could be assessed early in the Programme, in order to monitor more accurately.



It is not known whether there are experienced gender trainers to meet the demand, especially at district level. The Gender Officers (MoGCD) based in Kampala cannot meet the increasing demand for their services. The district Community Development Officers from the same ministry are mostly not trained in gender skills. A few districts have hired Gender Officers, but whether these are experienced in training is not known. The availability of other gender expertise, such as in NGOs at district level, is also not known. There are men who have been trained in gender analysis skills but when a training workshop is being planned, organisers still tend to look for a woman to carry out this function.

The GTF can play a pro-active role in management committee meetings of sub-programmes and of components, by suggesting the need for gender training. However, some opportunities may be overlooked or not serviced. The need to tailor gender training to concrete activities so that implementors can immediately see how to integrate new skills into their own work is not yet widely recognised. To do this requires adapting and re-adapting of general gender training approaches.

To be effective gender training should not be carried out once but should be reinforced with follow-up and continuing support.

The GTF could perform a useful function by outlining strategies for addressing these issues in all sub-programmes, components and with all cooperating partners. It is likely that a systematic approach to analysing the types of need and opportunities for gender training, and the current availability of expertise and resources, might reveal human and material resources which could be more widely shared than is currently the case.

#### 4) **Integration**

Although gender training can be integrated into other training, this does not solve the more general problems of integration. The Programme is designed to be as integrated as possible, a departure from prior, vertical and sector sub-programmes. UNICEF recognises that integration across technical sectors is complex and will be a long-term process. Partners, such as ministries, may be reluctant to submerge their own identities by cooperating with other ministries or NGOs. Although UNICEF wishes to see the Government, and its constituent agencies, as the owner of the Country Programme, the Programme as a whole has its separate identity. This inhibits integration with other efforts in the same areas, and there appears to be duplication of efforts or lack of knowledge of what already exists.

Two examples can make the point. Policy development at national level is central to the Country Programme. The MoGCD has already worked with five sectoral ministries in reviewing existing policies, planning processes and development programmes and projects in order to make these more gender responsive. MoGCD has begun its "own" gender focused policy review work at district level. These efforts could be integrated with the Country Programme. In particular with the MoH, which was not responsive to gender policy development work, the Country Programme provides another opportunity for MoGCD to work with this priority sector.

BECCAD has already begun a major activity of training community resource persons as paralegals

to promote knowledge of children's and women's rights. Although BECCAD has commissioned a consultant to collect and review existing paralegal and legal literacy training materials, there seems to be insufficient appreciation of how complex and technical this area is. The MoGCD has extensive expertise in paralegal training but the connections between this ministry and UNICEF, in spite of the GTF, appear to be insufficient.

### **3.2 MINISTRY OF HEALTH/WORLD BANK DISTRICT HEALTH SERVICES PROJECT**

#### **3.2.1 Project Overview**

The five-year District Health Services Pilot and Demonstration Project (DHSP) began in July 1995. Gender was not included in the objectives, planning, implementation or monitoring systems in the project design. Therefore, DHSP cannot be assessed in the same detailed way as the GoU/UNICEF Country Programme.

The objective of the Project is to **"pilot and test the feasibility of delivering an essential health services package to district populations, within a prudent financial policy framework for the sector in order to improve the efficiency and equity in the provision of health services"** (World Bank 1994a: 9). To achieve this objective the project will provide a package of essential health services (malaria control; MCH/FP/EPI services; hygiene, sanitation and water; nutrition; TB and STI control [through the partner project, see section 3.3]; treatment of other common diseases and special health problems such as guinea worm). This package of essential services is intended to be cost effective. Therefore the project will test models of financial sustainability, such as cost sharing and insurance schemes, and will encourage the participation of NGO and private health providers.

Pilot activities began in three districts and will be extended, as demonstrations, to seven more. DHSP is guided by Uganda's decentralisation policy and the focus is at district and lower levels, responding to needs and priorities which districts identify themselves. The project will support all districts with capacity building, such as training in health planning. Where another project is providing services, including health planning, DHSP will fill identified gaps or will coordinate with other actors.

The project design estimated that the proportion of the population receiving essential health services will increase from current 20 percent coverage to at least 60 percent. By the end of the project, user charges will finance about 58 percent of the total cost of the district level essential health care package.

The ultimate beneficiaries in ten districts, according to the project summary, will be four million Ugandans, "approximately 2 million of them women" (*Ibid.*: ii). This is the only place in the project design where women are mentioned, apart from maternal and child health. The project design is therefore gender blind: uninformed by any understanding of the relevance of gender in health, outside MCH; the need to analyse whether women and men have equal access to essential health care services; and to address district capacity to improve "equity" as declared in the overall project

objective.

### 3.2.2 Constraints

The biggest constraint is the national level of the Ministry of Health which oversees the project. There is little evidence to dispute the widely held view that MoH is conservative, male-biased and male-dominated, apart from a very few female doctor/administrators in senior positions. Gender concepts are misunderstood as women's issues or as reproductive issues and are thought to be the same as maternal health which is already addressed through MCH; therefore gender is "not relevant" to the Ministry. Regarding access to essential health care services, senior officers hold the view that many rural Ugandans have access problems and that there is no valid reason to look at differential access by gender. Insensitivity to gender is reflected in the White Paper on Health Policy (1993) which has been passed by Cabinet but not yet tabled in Parliament. Here, "community participation" in identifying and solving health care problems is advocated, with no further look at differing interests within communities.

The same resistance to change has reportedly characterised the Ministry's response to other policy issues besides gender, such as decentralisation. Gender, however, seems to arouse particularly strong negative emotional reactions.

At district level, there may be less rigidity and more willingness to be innovative. The constraint here is that one must make a case, based on evidence, to show that there are relevant gender issues in health planning. That, for example, cost sharing may have an unintended negative impact on women's health seeking behaviour; or that even when women can pay, there are other constraints which inhibit their access to improved health care services. There is almost no behavioural, gender disaggregated data available on these and other issues, apart from a few case studies undertaken by CHDC which are either not known or are dismissed as untypical.

Opportunities to improve the availability of data so as to make a case for the relevance of gender are not being taken by the Ministry. The Health Planning Unit (HPU) with technical assistance from WHO is just beginning nation-wide implementation of a new Health Management Information System (HMIS). Apart from maternity and family planning data, HMIS focuses on health unit diagnostic reports, by disease, with two categories of clients: those below five years of age and those above. Sex of patients was included in the reporting system some ten years ago. However in HMIS reports from health unit to district, and aggregated reports sent by district to national level, sex has been deliberately omitted. HMIS is designed to reduce the amount of reporting, and sex of patients is considered information which is not needed and will never be used. Even the Family Planning Monthly Report format does not disaggregate clients by sex.

DHSP works through HPU on pilot studies and pilot trials of a variety of options for health care financing. These will explicitly NOT include gender variables. The working assumption of HPU is that everyone is poor, men and women alike, and that ways must be found to ensure that "everyone" pays modest fees for health care services. Exemption schemes, mostly based on a few existing examples of debtors' books in which treatment is provided and payment collected later (except in a



few cases of exceptional need), should not single out gender: widows who take care of orphans for example.

HPU has, in turn, contracted CHDC to execute baseline studies and pilot health care financing schemes. CHDC is quite gender sensitive and has made a data base for UNICEF on existing schemes and models which include some gender relevant aspects. However, in the specific case of a baseline survey in Masaka district which is just getting underway, a decision has been taken, at least in the pilot survey, to question only the head of household (in most cases a man) about the sickness episodes of household members in the past month. This is in spite of the fact that it is well recognised by CHDC that men will not necessarily report accurately on women's roles: tending to sick children, taking them for treatment and so on. Nor will the survey capture women's own health seeking behaviour. Were HPU gender sensitive, it can be presumed that there would have been more support for designing alternative survey methods.

There are, then, few entry points within MoH per se for beginning a policy dialogue on gender.

### 3.2.3 Potentials

One entry point however is through projects. MoH is segmented into many different projects and programmes. Some of these have gender-relevant implementation strategies and collect gender disaggregated information. Project or programme specific data is not integrated within HPU, however.

DHSP was designed in a gender blind way, but this bias is recognised by national level project staff. In October 1995 the first World Bank Supervisory Mission drew attention in its Aide Memoire to the "lack of project accountability" to women and children and the need to follow this up in future. The project staff concurs and are willing to begin to rectify the project design. They are searching for a way of doing this in the absence of any clear objectives, goals, targets, implementation procedures, etc. which are gender relevant. In addition, they must respond to, and support, district concerns rather than imposing issues from the centre.

One possible entry point discussed during the present mission was to identify salient gender issues in health care access and delivery and to bring these to the attention of districts in the course of routine project capacity building in health planning. The report from the Uganda National Integrated Household Budget Survey of 1992/93 is now available and contains some data which could be further analysed and repackaged for presentation to districts. Additional data is expected from the recent Demographic and Health Survey. It was agreed that DHSP and MoGCD would work together on terms of reference for this exercise which should be quick and of limited scope in order to influence district health planning activities for the 1996/97 financial year.

If this entry point proves unfeasible, another should be identified as an urgent priority.

In addition, although national level project staff are concerned to include gender issues, they do not have a common understanding of what these issues are and would benefit from some capacity

building in this area. A general short "gender sensitisation workshop" is probably not the answer. Given the deficiencies in the DHSP project design, a gender trainer could go through it with staff in a systematic way, facilitating a participatory dialogue on the gender relevant interpretation of key aspects: the concept of "equity," problem identification (whose problem?), community participation (which diverse interest groups in a community?), constraints in access to health care services (opportunity costs of work burdens, time spend in transport and waiting, health unit time-tables with immunisations scheduled one day and family planning the next, fee payment) and so on.

### **3.3 MINISTRY OF HEALTH/WORLD BANK SEXUALLY TRANSMITTED INFECTIONS PROJECT**

#### **3.3.1 Project Overview**

STIP is an AIDS control project. Syphilis and other sexually transmitted diseases (STDs) are prevalent in Uganda and increase the risk of HIV transmission. If the incidence of STDs can be reduced, HIV transmission will be reduced as well.

The project agreement went into effect in July 1994 and implementation began in April 1995. STIP and DHSP were originally designed as one project but were later separated into two parallel but inter-related projects. Although STIP began implementation first, annual planning of the two projects is now becoming more synchronised.

Although the STIP project design is not as gender blind as DHSP, gender factors are not treated in a systematic way. The project objectives of **i) preventing sexual transmission of HIV** (e.g., through provision of effective STD care and condoms), **ii) mitigating the personal impact of AIDS** (e.g., through supporting communities, households and persons with AIDS) and **iii) supporting institutional development to manage HIV prevention and AIDS care** (e.g., through district planning) do not make explicit reference to gender.

Since girls are at greater risk than boys of being infected with HIV at an early age, the primary beneficiary of the project is young women (World Bank 1994b: 28). However, one has to reach the middle of the project document to find this out, and the justification is given only in an Annex (*Ibid.*: Annex 3) and is weak. Women are said to be vulnerable to AIDS because of their "social, cultural and economical dependency on men," an analysis that hardly captures their subordination and lack of control over their own sexuality.

Young women, as beneficiaries, are not directly linked to the objectives, planning procedures or components in the project design. There are no strategies for reaching them. The District Monitoring and Evaluation Matrix (*Ibid.*: Annex 10) states indicators as percentages of "people", undisaggregated. In other words, the project design is weak on integration of gender issues. However, implementation is still in its early stages and there are potentials for revising project implementation strategies.

A survey was carried out in 1995 in five districts to ascertain what respondents knew about STDs, AIDS and condoms, and their current and past sexual partners. The questionnaire was administered to both women and men, and the findings will be disaggregated. However, the questions on STDs were directed at men only. Women were not asked whether they had experienced sores in the genital area, what they did about this and whether they had informed their spouses or regular partners. Even though women with STDs may be asymptomatic, the sample could have included women who have experienced STD symptoms, enabling comparison of their health seeking and partner notification behaviours with those of men. Such data will not be available from this survey.

Rather than gender, STIP uses a "women's only" approach. The strategy for reaching women, which is not stated in the project design, is through district Women's Task Forces. Task Forces are intended, *inter alia*, to promote early health seeking behaviour by women who are infected with STDs and are at risk of HIV infection. Since women can be infected with STDs but be asymptomatic, they need information and encouragement to be tested.

Task Forces existed before the project but were not funded and did not function. They have been strengthened by the AIDS Control Programme and in 1995 were trained in planning. A Task Force is expected to propose activities to be included in the (detailed) district STI work plan and in the (summarised) district health plan and, if approved, will receive STIP funding which is released to districts. No examples of Task Force activities in district health plans were obtained so their relevance cannot be assessed here.

### 3.3.2 Potentials

There are many gender issues in STIP. However, the potential to identify and respond to the often differing needs and problems of women and men who must confront STDs and AIDS must be made much more explicit in the project than is currently the case.

For example, it needs to be clear to all connected with the project that women's needs regarding STD treatment are different from men's and must be taken account of in planning. For example, if a woman seeks testing or requires treatment, her opportunity costs are greater than a man's if she has to travel to a distant hospital and forego other important uses of her time. She benefits more than does a man from STD services being quickly, easily and privately available in her nearest health unit. Such issues can be discussed more frankly by women alone than in a mixed group. Other issues, such as how to empower oneself so as to insist on condom use, are even more sensitive. One can make a case, therefore, for a women's only approach, as in Women's Task Forces.

However, there could be negative effects if STIP relies only on Women's Task Forces for reaching women or presenting women's gender-based concerns. A Task Force member or another similar resource person is supposed to be present on the District Health Management Team (DHMT) and to play an advocacy role. However, there could be a risk that the DHMT would leave everything concerning women to the Task Force member, rather than everyone taking responsibility for becoming knowledgeable about gender relevant health planning.



Another example can be given with respect to the second objective, to mitigate the personal impact of AIDS. The project works through NGOs and CBOs, within the context of the district health plan, on support for home-based care of persons with AIDS (PWAs). Districts can plan sustainable group income generating activities for PWAs and their dependents. Both activities would benefit from gender analysis. It is women who bear the burden of day to day care of PWAs in the household, not men. If female PWAs form a group and build a poultry for example, they probably do not have control over the land on which it is built. When women are widowed and children are orphaned because of AIDS, they often do not have even continuing use rights to land. These factors need to be considered when planning income generating activities.

Thus, there is potential for making the objectives of STIP gender relevant and for carrying out gender analysis so as to identify a wider variety of beneficiaries than simply "young women." Gender analysis applied to health planning would help to clarify the strategies and activities in the district health plans.

The project management appears willing to respond to these concerns.

### 3.3.3 Constraints

The same general constraints as identified in DHSP apply to STIP: the conservatism and male bias in the MoH. The project management would have to find ways of advocating for the contribution which gender analysis would make to planning of project activities without appearing to force this onto districts.

It should also be noted that UNDP supports "micro-projects" for PWAs, administered through District Councils. STIP, at least at national level, has so far not attempted to learn from the experiences of this project. Small-scale income generating projects, especially for groups, are difficult enough in general and even more so for PWAs.

## 3.4 LANGO COOPERATIVE UNION ORGANIC COTTON PROJECT

### 3.4.1 Project Overview

Organic cotton fetches a premium price on the international market. In Apac and Lira, Northern Uganda, where cotton is a traditional cash crop, the Lango Cooperative Union has a project to grow and market organic cotton. The cotton is grown by peasant households: 200 in the pilot 1994-5 growing season and about 1,700 in the 1995-6 season. The project document and an evaluation of the first season were prepared for SwedeCorp by a Dutch consultancy company. There is a contact person for SIDA and the Union, based in Kampala.

The Project Document does not state objectives but rather outlines the process of organic cotton growing, technical requirements, suggested incentives for participating farmers and training, marketing and financial aspects. Women are only mentioned in the suggested training programme: "the role of women in agricultural production needs to be promoted. The Field Officers should not only consider technical, but also social and economic aspects" (AgroEco 1995b: 13). There is

nothing further about how to "promote" women's role.

Numerous technical issues have dominated the project so far, in particular the demands of the certification process such as mapping of farms and other measures for quality control and marketing of the product. Although these technical issues must be worked out in order for the project to succeed, "social aspects" cannot always be separated from the technical. For example, when project authorities began to register participating farmers, they discovered that it was not possible to use the usual "head of household" criterion in order to identify a "participating farmer". "Head of household" is a western concept which does not apply in a situation, such as that common in Lango, where a man and his three wives all have separate farms and are all therefore "participating farmers". It was decided to register all such individuals - a man and his wives - as the participating farmers. This example makes it clear that the social as well as the technical aspects of an agricultural project must be well understood.

### 3.4.2 Potentials

According to the 1991 Population and Housing Census, female headed households constitute 30 and 27 percent of total households in Apac and Lira districts respectively. Female household heads cannot be recruited to participate in the project specifically as all farms within a bloc must be screened and certified for organic production. Where female heads live within participating blocs, they will perhaps benefit from the project to the degree that the Union is successful in delivering premium prices for organic cotton to its farmers.

Once a farm has been certified, any crops grown there can be marketed as organic and at a higher price. Crops which women are familiar with, such as simsim (sesame), or food processing such as drying of organically grown fruits are future possibilities which might benefit them.

### 3.4.3 Constraints

Nothing is known in detail about the farming system of participating farmers: the total mix of crops grown for food and income; the farm labour calendar and division of labour on all crops by sex and age; gender differences in access to and control of productive resources and in off-farm economic activities; and gender division of labour in reproductive (i.e., domestic) and community management activities. Organic cotton is presumably being grown in a farm context in which both men and women have numerous responsibilities and constraints.

One cannot automatically assume that if a household comprising a married couple profits from organic cotton, all members of the household will benefit equally. Cotton growing is labour intensive and no doubt women, and probably children as well, are involved in its production. Income might be used by the male head to purchase food or to pay school fees. Traditionally, however, men purchased new clothing for wives after selling cotton (Alan Tulip pers. comm.); and the remainder of the income was for his personal consumption: to be invested in land, equipment, or perhaps bridewealth for a second wife as additional household labour.

Elsewhere in eastern and southern Africa, it is well-documented that married couples maintain separate economies; that a income controlled by a man does not necessarily benefit his family substantially; and that the demands on women's labour time in production of a crop such as cotton can have serious negative impacts, for example on food crop production and the quality of child care which the woman is able to provide.

### **3.5 ASSISTANCE TO NORTHERN UGANDAN MANUFACTURERS' ASSOCIATION**

#### **3.5.1 Project Overview**

NUMA was formed in 1992. Two years later after a survey was conducted in seven districts of northern Uganda on 114 NUMA members and their small-scale industries, the present project was designed. The objective is "to promote industries that are members of NUMA for economic growth and development in Northern Uganda" by developing prototypes of industrial equipment, improving business skills of members and improving the capacity of NUMA. Although the objective is not gender specific, women are mentioned among the project beneficiaries. Since the survey revealed that there were few SSIs owned by women, "special attention will be given to encouraging more women into NUMA and promoting their activities" (NUMA c1994a: 11).

The project includes an innovative method of technical training for small-scale entrepreneurs. Successful entrepreneurs from elsewhere in Uganda are contracted as "local consultants" and work on a one-on-one basis with their NUMA counterparts to transfer skills. The local entrepreneur is trained in his or her own environment. Improve Your Business courses have also been held to build business management capacity.

The quarterly reporting does not consistently give gender disaggregated information on, for example, who has been trained in various technical areas.

#### **3.5.2 Potentials**

Efforts to encourage women's small-scale industries would appear to be due to the project manager and not to NUMA *per se*. The one-on-one training model has been adapted, using women's groups as vehicles for providing technical training to improve the activities which women already undertake or know something about. A female entrepreneur from western Uganda spends approximately one month every quarter training women's groups in such SSIs as fast food preparation; weaving of hats and doormats; processing of foods such as juice and jam; knitting and tie-and-dye; and production of fuel efficient stoves. About 300 women have been trained to date, and it is believed that a sizeable proportion of these now have small businesses. An estimated 20 percent of participants in Improve Your Business courses have been women.

At the end of 1996, there will be an evaluation survey, offering the opportunity to compare the findings with the results of the baseline survey. Thus, it will be possible to determine whether the



number of women's businesses have increased since 1994.

It is possible that some gender role stereotypes are not as strongly held in the north as in other parts of the country. Women participate in foundry courses, for example.

### 3.5.3 Constraints

Although the project benefits some women, NUMA as an institution is not easily accessible to women who wish to use its services to improve their small businesses. The fee for membership application is UgSh 20,000 and the lowest annual membership fee, for industries with capital assets less than US\$ 50,000, is UgSh 30,000. This is beyond the ability of most women to pay.

According to the project manager, NUMA does not object to having some project activities target women since this will increase its membership. As an organisation, however, it is not gender sensitive. The efforts being made by the project will not be sustained unless NUMA or another local institution becomes more aggressive in advocating promotion of female entrepreneurship.

## 3.6 WOMEN STUDIES DEPARTMENT, MAKERERE UNIVERSITY

This Department was established in 1990 and had its first intake of students into an MA programme in May 1991. The Department's numerous objectives were summarised in a recent evaluation: "to provide high level manpower with appropriate gender sensitivity for service in the University and other public and private sectors where they will act as catalysts for change in the perception of the role of women in the society" (Akande 1995: 6). The MA programme takes 21 months, including original research and thesis. The Department currently has seven full-time staff, two visiting scholars on contract and additional part-time staff who are attached to other departments. There have been five intakes totalling about 70 students, of whom about one quarter have been men. The increasing number of applications for admission by men probably reflects the perception that there are jobs in this area.

SAREC is the main donor to the Department. *Inter alia*, SAREC funds have been used to support training for staff, student research and university wide research. Students have carried out thesis research on a wide range of topics on gender (in agricultural production, in use of the environment, in conflicts over land) and on women (adolescent pregnancy; women managers in the private sector). In 1995 there was a university-wide competition for research funds on gender and sexual relations. Five proposals on such topics as sexual harassment, STDs and sexual behaviour of students were accepted.

In addition to the MA programme, in 1995 the Department offered a one-month course on Gender Training for Development Practice in East and Southern Africa to 25 Ugandans, of whom three were men. The course was planned and taught through a Makerere -Institute for Development Studies (Univ. of Sussex) link programme. It will be offered again in September 1996 for participants from the region.

The Commonwealth Secretariat carried out an evaluation of the Women Studies Department in mid-1995. Progress made by the Department was documented, and several constraints were identified. These include the excessive amount of course work; the inadequate number of staff, the inexperience of the full-time staff and the inadequate gender orientation of part-time staff; the lack of a departmental staff research programme; short-comings in the management structure; and absence of African materials in the Department's library.

In overcoming these constraints, the Department is expected to be strengthened and to expand to include an undergraduate programme.

### **3.7 Non-Governmental Organisations**

Four NGOs are reviewed very briefly because they have been supported by SIDA or have requested support. Only one recommendation is made with regard to NGO activities.

#### **3.7.1 THE AIDS SUPPORT ORGANIZATION (TASO)**

TASO is a Ugandan NGO founded in November 1987 by people whose lives were influenced by AIDS. It is the first organisation in Africa to develop strategies for giving hope to and improving the quality of life of persons and communities affected by AIDS. TASO has counselling centres in eight districts. Its programmes include counselling services; medical services, including support for home-based care of PWAs; and social support services. These were assessed in a participatory evaluation in 1993-4, and the findings were in many cases disaggregated by gender (TASO and WHO 1995).

TASO is gender-aware but does not adopt specific initiatives directed at women or men only. According to the Director, TASO mainstreams attention to women into its initiatives and regards women's empowerment as complementary to family support.

Women benefit from TASO activities: through counselling on how to inform partners of their sero-status; through the security of wills which their husbands have made; through home-care support services (86% of caregivers were women, according to the participatory evaluation); and through sharing experiences and learning income generating skills at TASO's day care centres.

The participatory evaluation findings indicate that TASO's activities could be strengthened if staff had gender analysis skills. For example, women regard the making of wills as men's responsibility, and counselling could be directed at them on this issue. When a woman is widowed, she becomes solely responsible for the economic support of her family. When a man is widowed, he has to rear his young children. These are gender role reversals in the Ugandan context and should be analysed to improve counselling services.

TASO has received SIDA funding through STIP. An additional agreement has been signed for funding to be channelled directly to TASO. Other donors to TASO include DANIDA (see Ministry of Foreign Affairs/DANIDA 1995), ODA and ActionAID.

### **3.7.2 ACTION FOR DEVELOPMENT (ACFODE)**

Acfode is one of Uganda's oldest and most well established women's NGOs. It is not a traditional "women's" NGO however. The organisation has changed its approach since its formation in 1985, from WID to Gender and Development; and gender issues are now included in some ACFODE activities which deal with other issues than gender only. Men can be associate members.

ACFODE's objectives are numerous, but in brief they focus on research and societal sensitisation on women's needs, problems, and potentials; and promotion of women's rights and economic empowerment. Numerous activities in legal and political education, information and documentation, research and health have been carried out.

ACFODE's shift from a women specific to a gender mainstreaming approach characterises their past and proposed activities in political education. Together with an international Women's observer group, ACFODE monitored women's participation in the Constituent Assembly (CA) elections in 1994. After the elections ACFODE carried out the LINK programme, to assist the electorate to continue to give their views to CA delegates. Although gender issues were included in LINK activities, they were not predominant.

ACFODE presented a proposal to SIDA on Voter Education and Election Monitoring for the 1996 presidential and parliamentary elections. Since all donor funds for the elections have been combined under UNDP, ACFODE and three other NGOs (National Organisation for Civic Education and Election Monitoring-NOCEM, Uganda Media Women's Association and Uganda Joint Council of Churches) were asked to make a single joint proposal. It is understood that the four NGOs have come to an understanding that they will each undertake voter education in one of the four regions of the country.

The ACFODE proposal is a good example of highlighting gender issues within the context of a larger exercise such as voter education and election monitoring. The proposal includes such issues as women's right to vote without being dictated to by others; the way in which women candidates interact with the electorate, and so on.

### **3.7.3 UGANDA ASSOCIATION OF WOMEN LAWYERS (FIDA)**

Although FIDA was formed in 1974, it did not open its first legal aid clinic until 1988. FIDA's objectives include taking the law to ordinary Ugandans to inform them of their rights and obligations and assisting women and children, especially widows and orphans, to attain effective protection under the law. FIDA has Legal Aid Clinics in Kampala, Mbarara, Mbale and Kapchorwa (the latter two established under an integrated legal/economic services project with Uganda Women's Finance and Credit Trust and MoGCD). These clinics assist widows with inheritance rights. However, the bulk of FIDA's cases concern maintenance: establishing the responsibility of men to support children which they have fathered. Men also bring cases to FIDA, often on behalf of their female relatives. There is great demand for FIDA's free legal aid services, in spite of the fact that clinics are located in only a few places throughout the country and some clients must travel long distances to reach them.



FIDA also carries out a variety of legal education activities and has a will writing project in two districts. Men participate in legal education activities, such as at rural venues, and the wills projects involves, and benefits, both women and men.

#### 3.7.4 HUMAN RIGHTS NETWORK - UGANDA (HURINET-U)

This NGO was formed in late 1993 as a network of ten Ugandan NGOs, four of which are women- or gender-focused (FIDA, ACFODE, Uganda Gender Resource Centre and National Association of Women's Organizations of Uganda - NAWOU). HURINET's objectives include sharing information and resources and building the professional capacity of its members.

HURINET has produced a newsletter and established a Human Rights resource centre. It organised two conferences in 1995 where women's status and the issue of integrating women's rights into human rights initiatives were included on the agenda. Although the objectives and general activities of HURINET are not gender specific, the nature of its member organisations seems to ensure that gender is not overlooked.

The project proposal which has been presented to SIDA/Swedish NGO Fund is for building the capacity of the Network to serve its member organisations. Gender or women's rights are not mentioned.

#### 4. DEVELOPMENT COOPERATION THROUGH MULTI-LATERAL AGENCIES

SIDA's programme of development cooperation with Uganda is primarily channelled through UNICEF and The World Bank. This is unlikely to change in the near future, and therefore strategies for promoting gender equality in the context of working through multi-lateral agencies must be identified.

There is no question that SIDA is at a greater distance from its projects and programmes which are carried out through other agencies rather than bilaterally. In the case of UNICEF and WB programmes, there are other donors or co-financers involved and SIDA is just one amongst numerous players. In such a context, SIDA risks being anonymous as a donor, having fewer reference points and local Ugandan contacts and fewer opportunities to influence policy issues directly.

Ugandan programmes implemented by UNICEF and The World Bank provide a good contrast with respect to gender issues. As is evident from this report, gender is well integrated into the design of the GoU/UNICEF Country Programme; this is not so with either of The Bank implemented health projects. In the case of UNICEF, the "idea" to mainstream gender was put forward for discussion, internally and with government, at the beginning of Country Programme planning. There was advocacy and analysis at every step of the way, and the result is evident in the Country Programme design. As for the The World Bank, there is no evidence that gender was considered in planning of DHSP. It is understood that on one of the WB/STIP planning missions, more integration of gender issues was discussed but this did not appear in subsequent documents. If "doing gender" is left to one

person, the pattern where gender makes one appearance and then fades away is common.

The lesson for SIDA is that the key entry point for ensuring attention to gender is at the beginning of and during planning: of projects, programmes and overall programmes of development cooperation. In Uganda, in the future, SIDA should ensure that it is well represented on planning and appraisal missions and that its representation includes persons with gender analysis skills. Ideally, there should not be a gender "expert" but rather several mission members who can respond to gender focused terms of reference. The relevant SIDA divisions in Stockholm as well as the local mission should both take responsibility to make sure that this is done.

Once a programme or project is underway, it is difficult, sometimes impossible, to take corrective action if gender issues have been omitted. Nonetheless, it is important to try; and the recommendations, below, on Bank implemented projects are examples.

The most important policy issue emerging from the present study is the need to make faster progress on fostering gender sensitivity in Uganda's health sector. SIDA can play an important role in this by identifying allies within The World Bank and bringing the issue up at the highest levels in Uganda. Uganda's forthcoming National Gender Policy and its status as a signatory to the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform of Action provide the basis in Uganda's own policy for a discussion with officials in the Health sector and MFEP.

Specific recommendations, including some on policy issues, appear below.

## 5. RECOMMENDATIONS

### 5.1 SIDA'S DEVELOPMENT COOPERATION PROGRAMME: DESIGN AND MONITORING

The following recommendations pertain to the design of the strategy for development cooperation with Uganda and the modalities for monitoring the cooperation programme.

- 1. The development objectives should include the goal of promoting gender equality, as a fourth cross-cutting objective.*
- 2. Gender issues should be integrated into all sections of the country strategy, including structural issues such as economic reform and political issues such as good governance.*
- 3. The goal of gender equality should be mentioned in the Country Agreement or Memorandum of Understanding.*
- 4. Gender analysis should be integrated in the Terms of Reference for all annual reviews,*

*supervision missions and relevant special studies and evaluations. In 1996 the proposed appraisal of the modalities of development cooperation through multi-lateral organisations should include gender issues.*

## **5.2 GoU/UNICEF COUNTRY PROGRAMME**

The following recommendation concerns areas which SIDA should raise questions on, in future reviews of this programme.

*5. Progress made on mainstreaming gender in the Country Programme should be in the Terms of Reference for reviews. Reviews should include, but not be limited to, the key issues of progress made in*

- \* defining and operationalising gender concepts;*
- \* improving reporting and monitoring gender indicators and formats;*
- \* integrating gender skills into other training activities in the Country Programme; and*
- \* coordinating Country Programme activities with other on-going decentralisation activities which have, or should have, a gender focus.*

There are two areas in which SIDA might wish to discuss with UNICEF the need for immediate capacity building:

*6. If requested by UNICEF, SIDA could investigate resources for developing better quantitative indicators and additional qualitative monitoring tools and innovative methodologies in selected components and sub-programmes. The Equal Opportunities Unit, Statistics Sweden, could be a good resource in this connection.*

*7. If agreed that there is need for a more systematic approach to gender training in the Programme, possibilities of developing a local inventory of available human and material resources in order to facilitate this should be explored.*

## **5.3 WORLD BANK IMPLEMENTED PROJECTS**

The following recommendation pertains to current and future SIDA collaboration with The World Bank so as to avoid future projects such as DHSP which are gender blind in design:

*8. At the highest policy level, SIDA should advocate for gender sensitivity in health sector programmes financed by World Bank. In addition, this issue should be discussed routinely and repeatedly with the Government of Uganda and with MoH in particular, in view of Uganda's forthcoming National Gender Policy which requires mainstreaming gender into all development programmes.*



The World Bank and SIDA have an opportunity to take the lead in working with MoH to improve the data situation in the health sector:

9. *SIDA, together with The World Bank and MoH, must find strategies to address and rectify the lack of gender disaggregated data in the Health Management Information System and in the sector generally.*

#### 5.3.1 District Health Services Project

10. *Monitoring of DHSP by World Bank Supervision Missions, by SIDA's Health Division and in joint WB/SIDA reviews should include an objective of progress made towards rectifying the overall gender blind project design and its components.*

11. *In particular, clear, feasible entry points in this project for beginning a dialogue on gender, at both national and district levels, should be systematically explored.*

#### 5.3.2 Sexually Transmitted Infections Project

12. *Monitoring of STIP by World Bank Supervision Missions, by SIDA's Health Division and in joint WB/SIDA reviews should include an objective of assessing the contribution of Women's Task Forces to achievement of project objectives and should further examine the possibilities for including gender analysis in the project.*

#### 5.4 Lango Cooperative Union Organic Cotton Project

It is not possible to predict whether this project can benefit both women and men without an analysis of the local farming system. If this is of concern to SIDA, the following is recommended:

13. *A gender focused study of the Lango organic cotton growers should be undertaken, with the findings to be assessed in relation to the project. SIDA could identify a post-graduate student in Sweden to undertake the research, to be funded outside the project. Alternatively, the project contact person could approach the Women Studies Department, Makerere, and suggest this research topic for an MA candidate. In either case, the researcher should have some knowledge of farming systems research.*

#### 5.5 Assistance to Northern Ugandan Manufacturers' Association

14. *The project manager's quarterly progress reports should be consistently gender disaggregated so that the experiences of this project in training women are better documented.*

15. *Future SIDA review missions should take up the issue of finding an institutional base, within NUMA or elsewhere, for strengthening the process of developing female entrepreneurship which the project has initiated.*

## 5.6 Other

SAREC has supported not only the Women Studies Department but other departments at Makerere University, and the Centre for Basic Research, as well. These institutions can become resources for gender and other analyses in the SIDA/Uganda Country Programme. The following is recommended, therefore:

*16. SAREC assessments of activities supported in Uganda should be circulated to other relevant divisions in SIDA and to the local SIDA mission so that opportunities for cooperation can be more easily identified.*

Donor meetings in Uganda offer opportunities to raise gender issues and to coordinate. One example is given here, regarding donor meetings through UNDP on preparations for the 1996 elections. The following is recommended:

*17. The local SIDA mission should ensure that gender is being adequately mainstreamed into NGO voter education and election monitoring activities. There should be consistency among NGOs in identifying and handling gender issues. It is important that some agency takes responsibility for collecting disaggregated data on all candidates for and winners of all positions by sex. This will provide a better baseline, than what exists now, of the degree to which women are standing for elections outside of their reserved seats, and whether government's affirmative action in this respect has had positive impact.*



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## TERMS OF REFERENCE FOR A GENDER ANALYSIS FOR UGANDA

Sida is in the process of working out a strategy for the development cooperation with Uganda during the next three years. Within the framework of working out the strategy there is a need for a gender analysis to be done in order to have a clear picture of the situation in Uganda with regard to gender equality and how the gender aspects have been integrated into the Sida-supported programmes within the World Bank and UNICEF.

The Country Gender Analysis is intended to be a summary document on the situation of women and men in the country, set in the context of all inter-related causal factors, as well as the trends and forces under way which are bringing about a process of change. These include the overall situation, important political events, socio-cultural factors, demographic factors, legal parameters etc.

The analysis should also include information on what is being done for women in Uganda: by the government, the political movement, NGOs, in terms of research etc.

It should also discuss the situation in the sectors relevant for Swedish development cooperation, ie health, water and sanitation, electrification, small scale industry and the financial sector (including rural finance).

The analysis should include the following:

### **1) The country**

An overview of the present situation with regard to gender equality and equal access to resources in the areas of:

- political participation and access to power (especially in relation to the forthcoming elections);
- environment/natural resources management;
- health;
- education;



- culture;
- media;
- trade unions;
- macro-economic situation and effects on women/men of the structural adjustment programme including the Civil Service Reform;
- the new constitution and its implications;
- legal situation both in terms of legislation and implementation;

The analysis should also indicate:

- the areas in which sex disaggregated statistics is readily available and major gaps in this regard;
- the availability of national gender policies and sector specific policies, especially in the sectors relevant for Swedish development cooperation.

A comparison should be made in relevant parts between the gender equality situation in Uganda and other countries in the region in relation to the most crucial aspects to illustrate the major potentials and constraints in Uganda compared with other countries in the region.

## ***2) Inputs being made in the area of women and development***

A summary should be provided of inputs made by:

- government
- the women's movement
- donors
- NGOs
- women study groups and other research institutions
- other agencies.

This section should include information on issues dealt with as well as the approach utilized.

The analysis should also take into consideration the Platform for Action from the Beijing Conference and describe plans for follow-up in Uganda.

## ***3) Sida's development cooperation with Uganda***

### **a) The sectors**

The gender issues in the sectors where Sida is involved (mainly health and water and sanitation, but also electrification, small scale-industry and the financial sector) should be described, ie the roles and responsibilities of women and men, as well as access to

resources, and the concrete problems that arise because of this gender specific division of labour/responsibility/access to resources.

b) The implementing organisations

Most of the Swedish development assistance to Uganda is channelled through multilateral organisations, i.e. the World Bank and UNICEF. It is therefore important to see how gender aspects have been integrated into the work of these organisations.

1. An assessment should be made of how gender aspects have been integrated in:

- the formulation of objectives
- project planning
- implementation
- monitoring

2. The analysis should identify constraints and potentials in relation to promoting gender equality when working with these organisations.

3. The analysis shall give concrete recommendations on how the gender aspects can better be integrated in the Swedish development cooperation with Uganda, given that the assistance is mainly channelled through multilateral organisations.

c) Policy dialogue

With policy dialogue becoming increasingly important, there is a need for the analysis to identify areas which Sida should emphasize in the policy dialogue with Uganda, in the dialogue with the World Bank and UNICEF, and in the dialogue and coordination with other donors.

The analysis shall take into consideration the policy documents regarding gender provided by Sida.

### Method

The analysis should be carried out as a desk study combined with interviewing relevant persons in the Ugandan administration, UNICEF, the World Bank and selected donors.

The work should take 25 working days and be carried out during December 1995. It is foreseen that two weeks be spent in Kampala compiling relevant information and making interviews. A draft report should be presented to Sida not later than January 28, 1996. The final version should consist of 20-30 pages. Relevant statistical data

should be presented in table form in an appendix. The final report shall be submitted both as a paper and in the form of a diskett.



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