World Vision

Citizen Voice and Action:

Civic demand for better health and education services

"Service improvement is something that we are seeing coming because of this kind of effort from the district and from the community, where people are able to voice their concerns. They are actually (the community) giving us very good feedback. With CVA things are getting better, it is a kind of an auditing system for our inputs."

Medical officer-in-charge Mpigi Health Clinic, Moses Kawooya

"The trend now because of civic awareness is that the community are demanding a lot of accountability from the district. All of us are on our toes now. We are under pressure to deliver and if we don't we have to explain why. We are waking up. We have taken them (the community) for granted for a long time."

David Wamburu. Acting chief administrative officer in the District of Mbale (pictured).

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“Since CVA many changes have taken place in the community. People know where to demand services and about accountability and to take part in decision making. Now that the community takes part in the decision making it’s like decentralising the powers to the community and they know how to follow up.”

Mpigi local politician, Fiona Nabadda.

Background

In more than 100 primary schools and more than 50 health clinics in 20 government districts across Uganda, World Vision has facilitated community dialogue, advocacy and monitoring of government service provision standards to improve access to, and quality and accountability of, education, health and water services.

Application of World Vision's[1] social accountability approach, known as Citizen Voice and Action, has resulted in statistically significant reductions in student and teacher absenteeism and improvements in student test scores. It has also made important contributions to increasing student enrolments – including cases where student numbers have doubled, tripled and more than quadrupled in only two years.

Improved student-teacher ratios and increased access to nutritious food at schools have had a significant impact on academic performance. Several schools have reported their best academic results ever.

CVA has also enhanced relationships between healthcare staff and patients, leading to increased health-seeking behaviour, higher outpatient numbers, and more women giving birth at clinics and using antenatal services.

1. Social accountability is broadly defined as any approach that fosters citizens' engagement with government for better government performance.

Traditional development interventions and CVA

As a broad generalisation, traditional education interventions managed by World Vision and other NGOs tend to focus on things like:

- building infrastructure;
- supplying textbooks;
- providing supplementary training to teachers:
- promoting life skills for students;
- supporting capacity building for local school management committees/parent teacher associations; and
- promoting community awareness of the importance of education, especially for girls.

In health, improved nutrition, training of community health workers, HIV awareness and testing, and promotion of antenatal services and clinic births are among a wide variety of program interventions. Many of these interventions don't address the healthcare system as a whole because this is beyond the scope of the preventative, non-clinical, community health mandate of many NGOs[2].

These are all important and much needed interventions. But, in the interests of long-term sustainability based on better services and improved local governance, CVA focuses on facilitating direct engagement between the education and health service providers – local authorities and staff – and the users – parents, students, patients and the broader community.

The primary goal of the CVA approach is to increase the accountability of the government school or clinic (alternatively it may be the local water authority or government agricultural extension services), while also encouraging communities to take greater individual and collective responsibility. Through this approach, World Vision is moving away from being a service provider to facilitating better government provision of education, health and other services. CVA plays an important role in strengthening health and education systems through assisting local governance outcomes.

2. Most NGOs work in preventative rather than clinical health. Several NGOs provide clinical care. Few NGOs tend to work across the health system through the "continuum of care" from preventative community healthcare to clinical treatment. This limits insights into the health system as a whole.

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What is CVA?

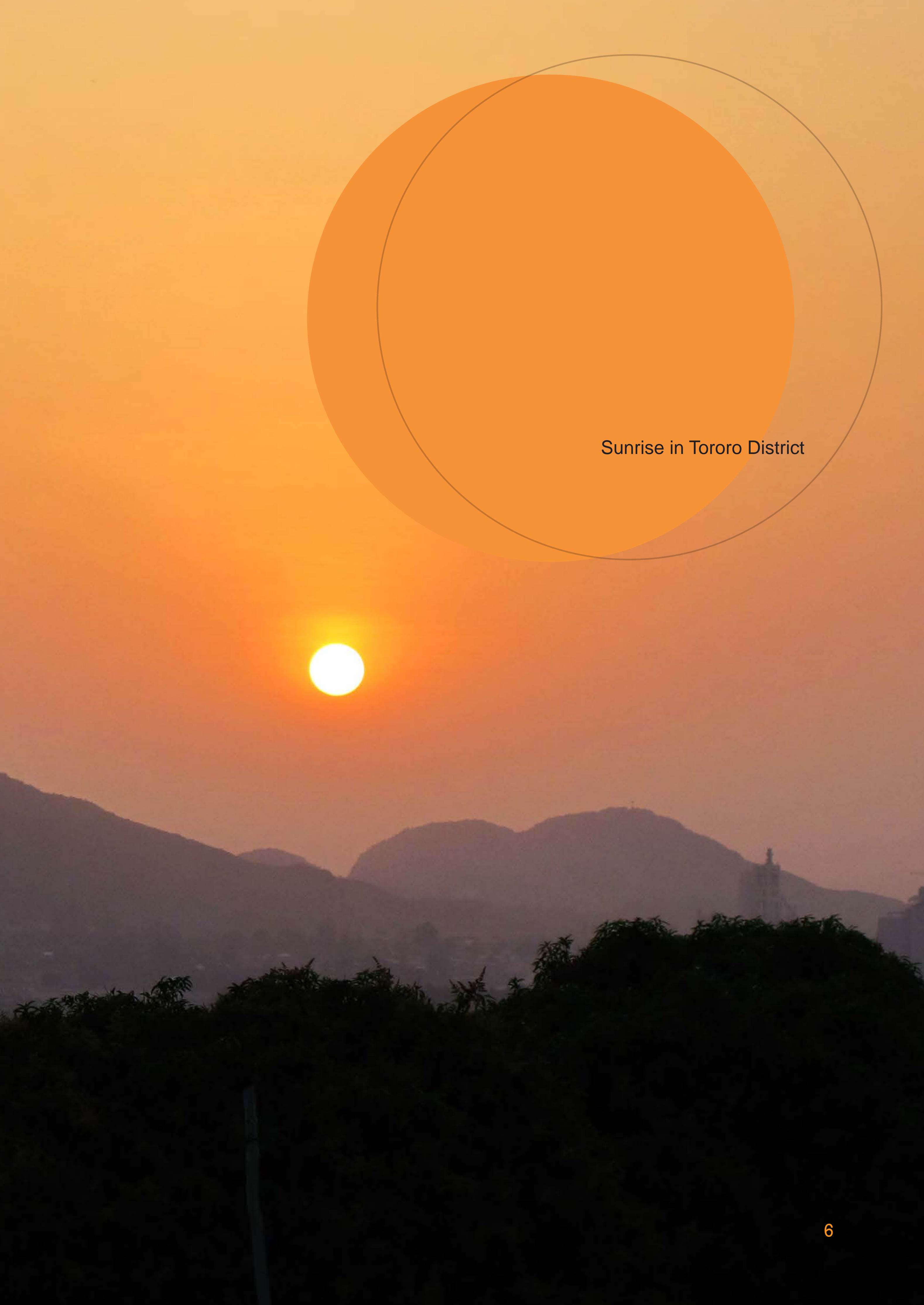
CVA combines several elements of social accountability, which is broadly defined as any approach that promotes engagement between citizens and government. These elements include civic education, a community monitoring score card of local services, a social audit[3], monitoring of government standards, an interface meeting which brings together all stakeholders, and finally, community-driven advocacy based on evidence gathered from the other activities.

The CVA methodology was adapted by World Vision staff members, led by Bill Walker and Keren Winterford, with key support from a former World Bank staff member, Jamie Edgerton. The approach originated from World Bank work undertaken in The Gambia and an initial participatory scorecard developed by CARE in Malawi. CVA is one of a range of social accountability interventions that have become prominent over the past 15 years in response to weak governance, which is viewed as a crucial barrier to development. Supporting greater community demand for government accountability is viewed as a key driver for improved government performance[a].

Under CVA, civic education is provided about tangible rights to services under local law. Communities learn what their national government sets as education, health and other standards. For example, the national teacher-pupil ratio; the ratio of pupils to textbooks; the maximum distance a child should have to travel to school; the number of nurses and midwifes that should be employed at a clinic; or the types of drugs that should be available. These national standards – which may differ from country to country – are then compared to the reality that exists in individual primary schools and health clinics.

Next, communities are introduced to a scorecard that allows them to rate the services provided by their school or clinic and provide their own qualitative performance measures, such as “pupils well treated by teachers” or “monthly written tests” to monitor the school’s improvement or “no drug stock outs” to monitor the health clinic. Importantly, these are community generated measures. Significantly, the research detailed below shows that the participatory nature of these community generated measures is crucial to development impact.

3. World Vision’s social audit involves community and facility staff monitoring of National Government standards such as student-to-teacher or nurse per head of population ratios against the reality that exists in individual schools and clinics.


Sunrise in Tororo District

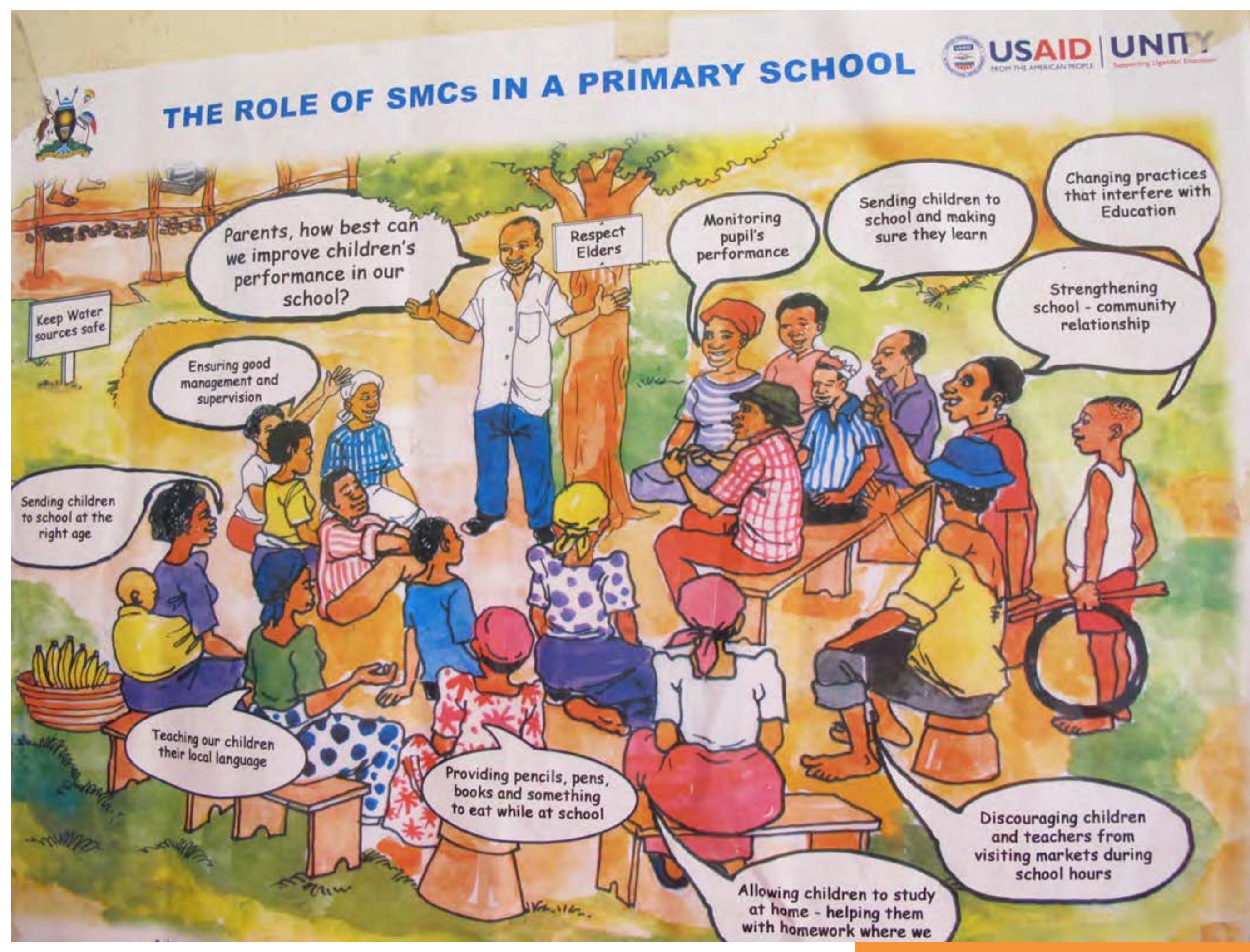
Results in education

In 2011, Oxford University and Makerere University researchers tested the impact of World Vision's CVA methodology in 100 schools through a random control trial [b], which found:

- A 0.19 standard deviation increase in test scores in the treatment communities using the CVA scorecard. This increase would move the average student from the 50th to the 58th percentile for academic achievement.
- An 8-10 percent increase in pupil attendance in the treatment communities using the CVA scorecard.
- A 13 percent reduction in teacher absenteeism.

Oxford University compared two scorecards, WV's participatory scorecard and an externally derived scorecard. Only the participatory scorecard had impact. Moreover, communities using the participatory scorecard were 16 percent more likely to opt for collective action.

The intervention was estimated to cost just $1.50 per student.



Separate data collection[4] by World Vision shows that after the introduction of the CVA approach:

- 51 percent of schools received additional teachers;
- in 25 percent of cases, there was an increase of two or more staff and in eight percent of cases there were four new teachers recruited;
- in 74 percent of the schools, enrolment of students increased;
- in 25 percent of schools where enrolment increased, the increase was between 32 and 400 percent in just two years;
- in 60 percent of the schools, academic performance improved, with increased numbers of students passing exams and recording higher test scores;
- in 14 percent of cases, Grade 3 and Grade 2 (one grade below a distinction) results were achieved for the first time in the school's history
- in eight percent of cases, children achieved distinctions
- in 11 percent of these schools, there was a 100 percent pass rate for the primary school leaving exam.

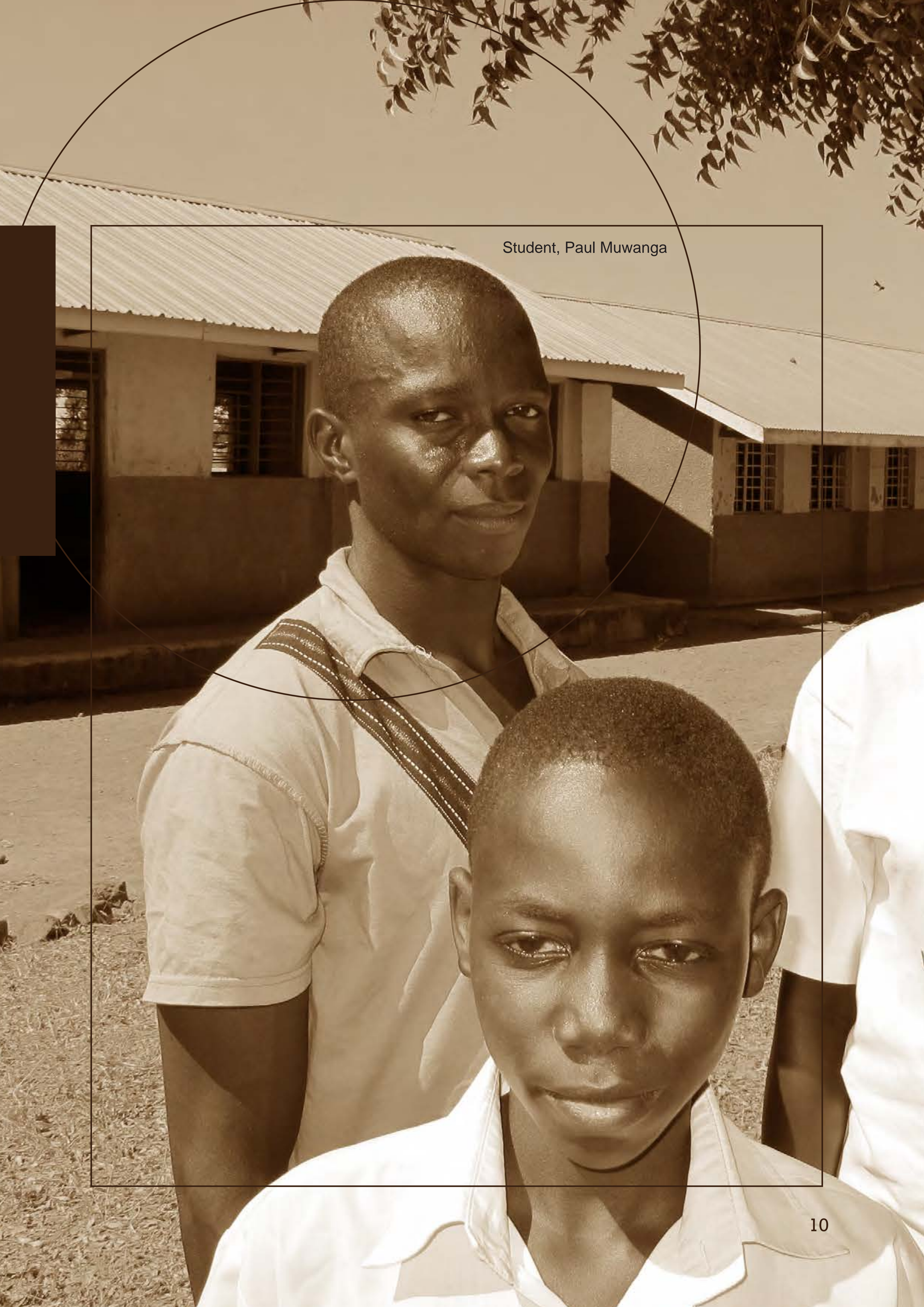
In several schools the difference within a year of introducing CVA activities was profound. In 2010 at Ntandi Primary School, not one student passed the primary leaving exam. But in 2011, 17 passed and achieved Grade 2. At Gogonya Primary School, only one of 23 students passed their leaving exam in 2009. In 2010, most students passed their leaving exam. It was also the first time children at the school ever achieved Grade 3 results[5]. Similarly, at Kisalizi Primary School, the difference has been significant. In 2009, just prior to CVA activities, only a few students out of 23 students passed their final primary school leaving exam. In 2010, 27 students passed the final exam. Most of the 27 students achieved Grade 3, a grade that had never been achieved before in the school's history.

4. Data was collected from 50 schools.
5. In Uganda there are five "grades" distinguishing performance, beginning at the lowest performance, a basic pass of Grade 5, and the highest performance of a distinction, Grade 1.

Four new teachers recruited in four months

At Kisalizi Primary School in Nakasongola District, student hunger, student and teacher absenteeism and high student-teacher ratios were compromising student performance. Teacher Ronald Musisi, said there were no new teachers at the school for seven years to March 2009 when the first CVA gathering was held. Four months later after extensive community lobbying, four new teachers were hired, bringing the number of teachers to 12 for 545 pupils. Mr Musisi said that the school headmaster had raised the lack of teachers many times with the District Government prior to the CVA gathering, but it was the combined pressure of group action that helped to convince the government to act. This was confirmed by the District Government School Inspector, Sam Mbangire, who said that the CVA meetings and community lobbying played a significant role in teacher recruitment.

Teachers Ronald Musisi and Senyondo Tonny (pictured on left), Kizalizi Primary School .



Student, Paul Muwanga

“There was a lot of pressure on the District Government, including from the politicians. The meeting was very important and we had to act,” Mr Mbangire said. “Everybody has a role as a stakeholder. It’s (also) their duty to remind us and to exercise their rights.”

A significant result since the CVA gathering has been improved academic performance. In 2009, there were 23 students in the final year of primary school and only one student passed the final exam. In 2010, 27 students sat and passed the final exam.

Teacher Senyondo Tonny said before CVA none of the children would come to school with food and at least a quarter of the students would leave the school at lunchtime because they were hungry. Now parents were making small cash contributions to the school in payment for a prepared lunch for their children.

“When they are suffering from hunger they are dozing,” Mr Tonny said. Parent of four children at the school, Florence Nakatte, added: “The children were saying they couldn’t concentrate because there is no food at school.”

Student, Paul Muwanga, aged 17, now in secondary school, said that students’ weak performance was caused by hunger. “Before, we were always thinking about food. We were hungry.”

Prior to CVA activities, the Parent Teacher Association encouraged the introduction of a local by-law requiring parents to either give their children lunch or contribute payment for a school-prepared lunch, but the parents didn’t respond. There was confusion among parents about their obligation as many believed free education meant everything was provided, including food. This message was reinforced by local politicians who believed they might lose votes if parents were pressured to provide lunch.

“Parents are contributing more because they are more aware through the CVA gathering. Before, they were not taking it seriously,” said Sekitto Livingstone, Chairman of the School Management Committee.

Mr Tonny added that although teachers would explain the link between nutrition and academic performance, parents would not listen to them. “But when they heard others in the CVA gathering saying this they listened.”

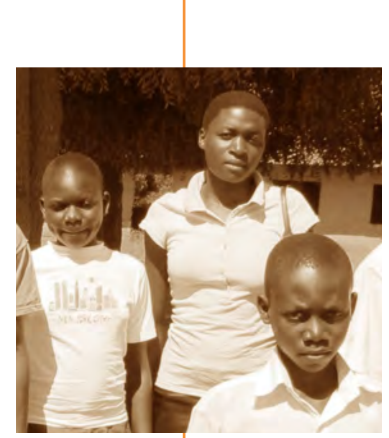
Ironically, in one instance when parents were meeting with teachers and the time ran over lunch, the parents complained that they were hungry. The teachers used the situation to illustrate the problems that children faced. Sekamate Disan, chairman of the Parent Teacher Association, said: “The teachers said imagine how your child

feels." The parents also compared the cost of snacks with a school-prepared meal and realised it was cheaper.

Before the CVA meeting, school enrolment fluctuated between 490-510 students, but 565 pupils now consistently attend class. Monitoring by political and District Government officials of school maintenance since the CVA meeting has also increased.

Students at Kizalizi Primary School

WE ALL HAVE A ROLE TO PLAY!



Private students re-enrolled in public school

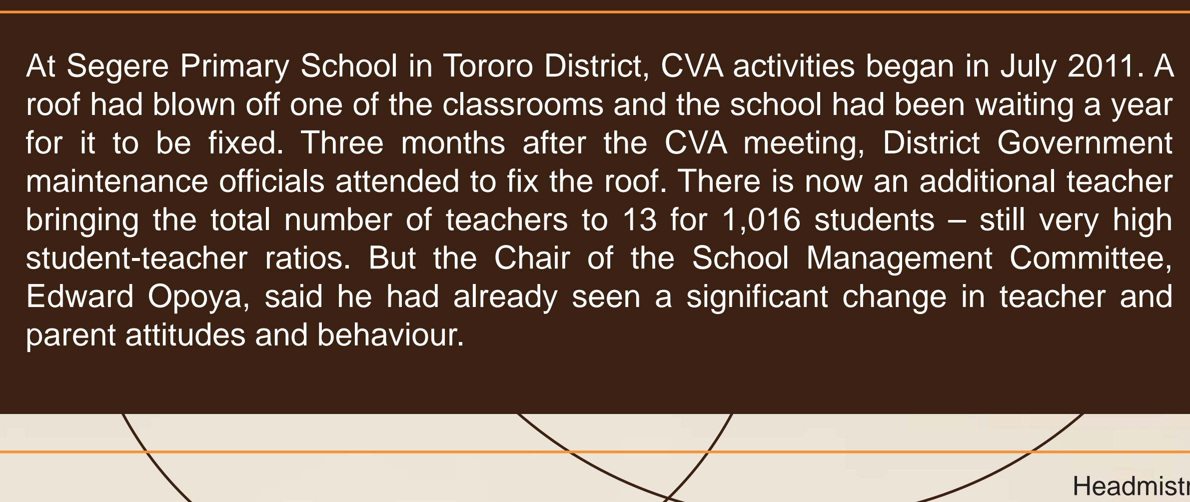
At another primary school, Kambugu, the situation had deteriorated so much that many parents were withdrawing their students from the school and enrolling them in private schools. Since CVA activities started, 3 new teachers have been hired and parents believe the quality of teaching has improved, leading to better academic performance. As a consequence, many parents have re-enrolled their students at the school. Erias Ssewankambo, (pictured) a local politician involved in promoting the CVA activities, was one of those parents. He removed his children from the school several years ago, but re-enrolled them in 2010.

"There was improved teaching and I thought they would miss out on what was happening here if I left them at the other school," Mr Ssewankambo said. "When you go to the District Government they talk about Kambugu Primary School because of what is happening here. We are seeing a lot of improvements from before especially among the teachers who were suffering."

Another local politician and parent, Kigozi Denis, declared the school as the "best" in the whole sub-county because "there is now a relationship between teachers and parents".

Enrolment has steadily increased each year from 400 in 2009, when CVA activities were first introduced, to 712 in 2012. In 2008, there were five teachers at the school, with the salaries of two of the teachers paid by parents. Now there are 13 teachers, all paid by the district. The headmistress Ferista Mbahera said the role of political leaders was significant. "The politicians have really helped us to convince the parents."

Ms Mbahera said after lobbying the District Government, especially with the backing of the local MP, the District Government agreed to recruit new teachers. The presence of the school inspector and the local member at the CVA meeting had a significant impact, she said. At one District Government level meeting the State Minister for Education attended. "I was one of the people who stood up to the minister and told the minister we have teachers teaching 100 students."



At Segere Primary School in Tororo District, CVA activities began in July 2011. A roof had blown off one of the classrooms and the school had been waiting a year for it to be fixed. Three months after the CVA meeting, District Government maintenance officials attended to fix the roof. There is now an additional teacher bringing the total number of teachers to 13 for 1,016 students – still very high student-teacher ratios. But the Chair of the School Management Committee, Edward Opoya, said he had already seen a significant change in teacher and parent attitudes and behaviour.

Headmistress of Kambugu school **Ferista Mbahera**

"I have seen that teachers have come on time and change their behaviour. (For example), they used to use corporal punishment but now they treat the pupils well. One teacher was drinking early in the morning but is no longer. Children's performance has improved. They come to school on time and they don't leave early."

He said parents were taking greater responsibility for their children's education. "Before CVA, some parents did not understand their roles. Parents thought so long as the child went to school they didn't need to do anything else, now they started to realise there is a need for them to get involved. Before CVA, whenever a parent would go to the school to speak to a teacher they would treat it as a witch-hunt but now there is a good working relationship with the staff."

Prior to CVA, teachers would only conduct blackboard tests and they are now conducting monthly written tests.

Students, Oyo Ezekiel, aged 15 and Adongo Daphine, aged 12 , are both in their final year of primary school. During the CVA gathering they raised the issue of teachers coming late to school, a teacher who was regularly drunk in class – but is now coming sober to school – and their hunger at lunchtimes. "If it gets to 2pm you become very hungry and you don't understand. Now the class is okay for us because we are satisfied. When I begin to do the test, I change my education (sic). I begin to get good marks." Previously Ezekiel was getting Grade 4 results, but he is now achieving Grade 2. Adongo was achieving the second lowest Grade 4, but is now achieving Grade 3.

Results in health

Many NGO health programs target community and health worker education to increase health-seeking behaviour, but few tackle negative interactions between the community and health workers, which are a significant barrier to health-seeking behaviour.

In countries like Uganda it is common to find women treated insensitively by nursing staff, many of whom may be overworked, under-resourced and underpaid. These negative experiences, of female patients in particular, may deter women from returning to seek further help, especially during vital periods such as pregnancy, childbirth, and when they are nursing infants and caring for children under five who are especially vulnerable to disease.

CVA has resulted in greater health-seeking behaviour because of the improved relationship between staff and patients.

"The attitude towards patients and the attitude towards health workers has greatly improved," said Willy Mungoma, Tororo District Health Education Promoter.

Short staffing and lack of specialist midwifery skills are also major problems in developing countries. CVA has assisted communities to come together to lobby District Governments on staffing levels, with the support of their elected representatives. The World Bank credits this type of collective action as being the strongest determinant of service delivery in country research in 2011[c].

In 81 percent of clinics where CVA[6] has been used there has been an increase of between one and 12 staff, taking between one and six years. Of these clinics, 25 percent had appointed midwives. In more than half the clinics there was an increase of two or more staff. In 18 percent of clinics the number of women attending for antenatal services and to give birth each month more than doubled.

While many reasons may account for the improved results in these clinics, the health workers and District Government staff say that the CVA approach has made a significant contribution. They mention specifically the impact of improved relations between health workers and the community, which have influenced health-seeking behaviour. Importantly, key district staff report their decision to increase clinic staff was strongly influenced by the combined pressure exerted by clinic staff, the community and local politicians during and after the CVA meetings. They also credit a stronger relationship between technocrats and politicians nurtured by CVA.

Health education promoter at Tororo District, Willy Mungoma, said: “Politicians at times they come and talk fast … we ... act on what they have told us, but now communities have also raised their voices ... It was a combination of force, so it ... forced us to do that (recruit more staff). The power is in the group, but politicians force things, because he (sic) is looking at his popularity.”

Increased staff numbers and improved patient-staff relations have helped to attract increasing numbers of outpatients, especially women seeking to give birth at heath facilities, receive antenatal care and bring their children for immunisations. In 25 percent of the clinics, dedicated maternity services were initiated, including construction of a maternity ward in one of the clinics. In 50 percent of the clinics, access to drugs improved, a change attributed to a district “push” system introduced in recent years. In 18 percent of the clinics, Preventing Mother To Child Transmission (PMTCT) of HIV and AIDS services either started or were expanded.

Following page:
Uganda New Vision Newspaper coverage of Oxford research on WV’s CVA approach.

6. Data collected in 17 clinics.

SPECIAL REPORT

Higher pay not top on teachers'

By FREDERICK WOMAKUYU

BUKOMERO Primary School is a typical rural school struggling to stand on its legs. But this little-known school could also be the genesis of a cure to the country's education problems.

The school is fast becoming a role model following its adoption of a unique education evaluation scheme – the participatory approach. The approach works by involving parents/communities, teachers and pupils in monitoring and evaluating the progress of the teachers and the learners.

Charles Mukasa, the head teacher, says because of this approach, teacher absenteeism has reduced from 28% to 14%, while pupil absenteeism has gone down from 30% to 20%.

The participatory approach model at this school in Kiboga district was used during a two-year research in 100 rural government primary schools in the districts of Apac, Hoima, Iganga and Kiboga.

The research, Management and Motivation in Uganda Primary Schools: Impact Evaluation Final Report found out that participatory community monitoring, where villagers and teachers, rather than education officials, are allowed to set their own priorities and implement them, improves the quality of education.

It is not only a classic example of fostering initiation of successful policies using the bottom-up approach, but also highlights the importance of community participation in the decision-making process, the report says.

The research was done by the Makerere University -based Economic Policy Research Centre (EPRC) and the Oxford University UK - based Centre for the Study of the African Economies (CSAE).

The research followed the realization that despite heavy investment in the education sector, the quality of education in primary schools had remained low.

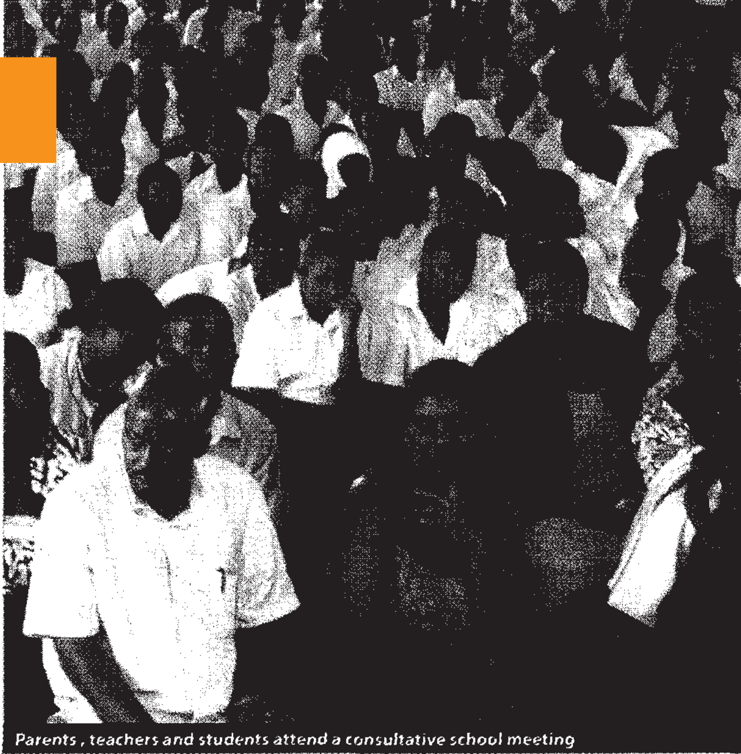
According to findings that were presented last week at Protea Hotel, Kampala, the participatory approach reduces teacher absenteeism from the national average of 28% to 14% and 30% to 20% for pupil.

Teachers not motivated by a higher salary

While many think that teachers are only motivated by monetary rewards, the demand for salaries is at the bottom of their priority concerns, the research findings revealed.

Teachers, the research found out, want a better working environment, including housing, infrastructure, parental involvement, instructional materials, and school revenues, especially UPE funds, coming on time. They also demand for better health, water and sanitation.

The research shows that as the community gets involved in decision-making processes for the schools, the Government is held more accountable. Dr. Andrew Zeitlin, a researcher at the CSAE, adds that the findings show that while the general population continues to blame teachers, the working environment is poor.



Parents, teachers and students attend a consultative school meeting

He adds that the community has the solutions, "but nobody from the community wants to step forward to solve anything. The school management committees and PTAs are weak or non-existent."

Bringing the communities on board

To bring the community on board and improve on the quality, EPRC and CSAE rolled out two interventions.

In the standard approach, the programmes were designed and made by government and district education officials and the communities are asked to monitor and supervise the schools.

In the participatory approach, the communities designed their own programmes and monitored the schools.

The third was the control approach, where there was no intervention in the schools.

According to Dr. Ibrahim Kasirye, one of the researchers, the participatory approach was found to reduce pupil and teacher absenteeism by 8.9% and 13.2% respectively.

"The participatory approach has improved the position of pupils in class by over eight positions. However, the standard approach measured almost zero progress in teacher and pupil attendance or grades."

Dr. Zeitlin and his colleagues found out that the participatory approach fostered a strong sense of ownership among the stakeholders, while the standard approach came from policy-makers.

"Given its low costs, the participatory approach for community-based monitoring is a promising policy intervention for improving quality in UPE schools. People get more engaged and own the solutions," he said.

Ministry of education reacts to the study

Godfrey Dhatemwa, the commissioner for education planning at the education ministry, agreed that although school management committees were very crucial in the improvement of education quality, many are weak and easily manipulated. Dhatemwa promised to advise the ministry to roll out this study from the 100 pilot schools to make it a policy for the rest of all UPE schools, to integrate school management committees in decision-making, and allow them to design their own programmes and solutions to improve education quality.

> "The participatory approach has improved the position of pupils in class by over eight positions

CASE STUDY: Bukomero Primary School

The uniqueness of this school's management committee is that they do not need any monetary facilitation, but as concerned members of the school, they identify the

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Uganda Police wishes to inform all those who intend to display fireworks during the festive season that it is lawful and mandatory to inform the general public about your intention to display fireworks on a specific day and time.
This is meant to avoid alarming the general public.

Uganda Police in conjunction with **Vision Group** will publish all those organisations or persons authorised by Police to display fireworks countrywide.

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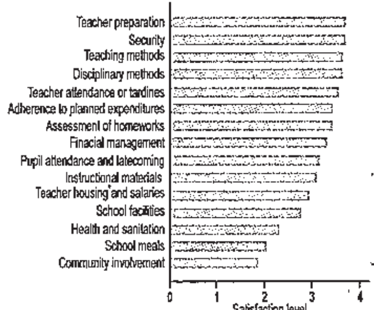
ETOP RUPIINY ORUMURI Bukedde New Vision

priority list, says research report

From page 26

problems, in terms of priority, that need to be addressed urgently.
They reach a consensus and disseminate the results of their agreement to the district education office and also discuss it at the Parents Teachers Association meetings.
While most people think teachers can only be motivated by monetary rewards to improve quality, at Bukomero Primary School, this is not the case. "Teachers just want a good working environment, where they can serve the learners comfortably," explains Rose Nampijja, a teacher at the school.
During the school management committee meetings, when teachers were given a chance to discuss problems that affect the quality of learning and how they can help solve the problems, it was surprisingly discovered that salary came out as the second last out of 17 things they wanted improved.
The teachers' top priorities were staff houses and support, improvement of school structures, that is, building classrooms and libraries, and parental involvement in the progress of learners.
The teachers also requested for consistent availability of instruction materials, including textbooks and lab equipment, availability of school revenue to facilitate the learning, health, water and sanitation.
Once the parents were brought on board, they were in favour of the teachers' priorities, but also favoured monitoring the progress of the teachers and the pupils' performance.
"Specifically, the parents monitored the school attendance of the pupils and the teachers. The parents played their role of buying scholastic materials for the children, but also requested the district education officials to construct houses for the teachers, infrastructure, instructional materials and the school revenues in form of UPE grants on time," Peter Kato, the school management committee chairman says.
Teacher absenteeism dropped to less than 14% compared to the national rate of over 28%.
The pupil absenteeism also dropped by more than 10% compared to the national rate of 30%.
The number of pupils getting first grade at Primary Leaving Examinations, increased from less than 1% to over 10% annually.
It also improved repetition rates of pupils in a class from an average of 20% supposed to repeat a class annually to less than 5%.
The primary completion rate at the school also improved from less than 30% to over 50% compared to the national average of less than 30%. Before 2007, at Bukomero,

Score card results



Participatory approach

Staff housing and support
Infrastructure
Parental involvement
Instructional materials
School revenues
Health, water and sanitation
Pupil-teacher ratio
Accountability, governance and inspection
School lunches
Pupil attendance and/or tardiness
Teaching methods
Teacher attendance and/or tardiness
Pupil enrollment and dropout
Pupil performance
Security
Teacher salaries
Extra-curricular activites
0 1 2 3 4
Satisfaction level

A graph showing the participatory approach and standardised approach

while the school management committees were in place, the members only sat in the school meetings, signed for their allowances and were not allowed to make any decisions.
According to Mukasa, all the decisions, monitoring and supervision and appropriation of school revenues to different projects, were made by school authorities that also received pre-determined directives from district education officials, who also received pre-determined plans from the ministry. This was called the standardised approach.

OUTSTANDING CAREER OPPORTUNITY
EXECUTIVE DIRECTOR

Pride Microfinance Limited (MDI) (PML) is the largest microfinance deposit taking institution in Uganda and is regulated by Bank of Uganda under the MDI Act, 2003. In order to strengthen its management capabilities, improve its governance and operational efficiency, PML is looking for a mature experienced individual to fill the position of an **EXECUTIVE DIRECTOR.** This is a dream career opportunity for a highly dynamic, creative and innovative astute performer within the financial and banking sector. The Executive Director will, among others be responsible for Strategy formulation, Risk and Compliance Management, Corporate affairs, ICT & Administration and Procurement functions / Departments.

The Executive Director reports to the Managing Director and will be based at the Head Office in Kampala.

Responsibilities will include:-
- Oversee the preparation of PML's strategic business plans and budgets.
- Work with the MD and Heads of Departments in the development of an operating plan with the tactical team to guide PML in achieving its objectives and ensure business growth.
- Work with the MD to coordinate, monitor and supervise all activities in PML's network.
- Study the trends in the industry and advise Management on the strategies to adopt in order to sustain PML's core business goals and expand its operations in a sustainable and effective manner.
- Follow-up leads and prepare evaluations regarding potential new investments in PML and advise the Managing Director on the available options for further growth.
- Advise the Managing Director on suitable approaches to resolving potential threats or short comings in the requirements for compliance with the industry regulations.
- Review board papers and ensure that they are sent to the board in a timely manner. Attend all Board and Committee meetings.
- Receive and review monthly reports from all departments and come up with an executive report on all aspects of PML.
- Oversee the ICT, Corporate Affairs, Risk & Compliance and Administration & Procurement departments / functions to ensure that all staff are effectively and efficiently utilized so as to attain PML's strategies and objectives.
- Participate in the recruitment and appraisal of staff that directly report to him / her.
- Perform any other duties and responsibilities as may be assigned by the MD.

Academic Qualifications and Experience:
The ideal candidate shall be a holder of a Masters degree in Business Administration, Masters in Finance and Banking and / or any related field with at least 6 years' experience in a senior management position in a Financial Institution. Candidates with direct microfinance and banking experience will be at an added advantage. The candidate should be aged between 35 – 48 years of age.

Person Specifications:
- The ideal candidate should be a good team player with superb attention to detail, a good communicator with unquestionable character and good interpersonal skills.
- Should be mature, intelligent, diligent, with strong work ethics, integrity and able to work under pressure to meet strict deadlines.
- Should possess a good personality and dynamism, and should be able to pull colleagues together to build a strong team.
- Should possess public relations skills as he/she will often be required to represent the organization at various public fora.

Application procedure:
If you believe you have the necessary skills and experience, you desire to succeed and make a difference, then apply immediately and send a detailed CV, your current salary, copies of academic and professional certificates / testimonials, postal address, names of 3 referees and a daytime telephone contact to the **Company Secretary**, using the address below so as to reach not later than **December 22, 2011.**

Applications received after the closing date will not be considered. If you do not hear from us by 31st March 2012; please consider yourself unsuccessful.

PRIDE MICROFINANCE LIMITED (MDI),
Metropole House, Plot 8 – 10 Entebbe Road,
P. O. Box 7566, Kampala.
Tel. No. 041 4346 930 / 297
Kampala, Uganda.

LEADER IN REPRODUCTIVE HEALTH AND POPULATION AND DEVELOPMENT

REQUEST FOR PROPOSALS

In January 2011, the United Nations and Government of Uganda (GoU) approved a 4-year (2011-2014) United Nations Joint Programme on Population (UN JPP), "Investing in People", involving a partnership of UN Agencies, GoU, NGOs and development partners. The Goal of the JPP is to contribute to accelerating the onset of a beneficial demographic transition in Uganda. This is in line with the priority of the United Nations Development Assistance Framework (UNDAF) and the National Development Plan (NDP).

With the United Nations Population Fund (UNFPA) as the Administrative Agent, the JPP is implemented jointly through 10 UN Agencies, viz; International Labour Organisation (ILO), International Organisation of Migration (IOM), United Nations Human Settlement Programme (UN-Habitat), World Health Organisation (WHO), World Food Programme (WFP), United Nations Population Fund (UNFPA), United Nations Children Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), UN-Women, and UNAIDS. Government ministries directly involved in the JPP include: Ministry of Finance, Planning and Economic Development; Ministry of Local Government; Ministry of Lands, Housing and Urban Development; Ministry of Education and Sports; Ministry of Health; and Ministry of Gender, Labour and Social Development. Other government partners involved include; Population Secretariat; National Planning Authority; and Uganda Bureau of Statistics.

The United Nations and GoU Joint Programme on Population (UN JPP) is a 4-year (2011-2014) programme implemented in 15 districts in Uganda. Almost 8 months in its implementation, the UN JPP is seeking to obtain information on baseline for the four of its outcome areas specified in the Terms of Reference. The main purpose of the baseline survey is to establish reference points for future assessment of progress towards achieving intended JPP results.

The detailed Terms of Reference for consultancy services for the above assignment can be accessed at http://uganda.unfpa.org under calendar of events.

The bids shall reach UNFPA's reception not later than Tuesday 20th December 2011, at 2:00pm East African time. Bidders shall submit sealed separate technical and financial proposals all sealed in one outer envelope clearly marked "TECHNICAL OR FINANCIAL" proposal (for hard copies) and separate e-mails for electronic bids.

Electronic bids shall be submitted only to email address procureug@unfpa.org. Bids received after the stipulated date and time shall not be accepted under any circumstances. Bids delivered through courier and post later than the due date shall not be registered and shall be returned unopened.

Any clarifications relating to this bid shall be addressed in writing to the **National Procurement Officer, UNFPA, Plot 12A Baskerville Avenue, Kololo, P.O.Box 7184, Kampala, Uganda or e-mail-amuhwezi@unfpa.org.**

UNFPA reserves the right to accept or reject any or all bids.

Representative

DRESSING
ROOM

Second midwife recruited

In 2008, World Vision Uganda first trialled CVA at Kiyeyi Health Centre, located in Nabuyoga Sub-county, 39 kilometres north of the Ugandan capital of Kampala.

In 2008, there were only three staff at the clinic and there was no midwife. The medical officer-in-charge, John Lubuuka, said staff were overworked and arrived late to work, drugs were out of stock, and the community was making complaints.

“There were a number of problems the community could not understand. When they brought us together (through CVA) we could understand what the community was thinking about us and adjust accordingly,” he said.

One of the clinic’s nurses, Amito Susan Picho, said the relationship between the community and the staff wasn’t good. “There would be drug stock outs ... so it created a rift between the health workers and the community which meant patients didn’t come in high numbers.

“(When) I joined here, no outpatient department (staff) turned up, patients were quite few in number, we had few mothers that came for antenatal (care) and few mothers who would come for deliveries and even fewer children that were brought for immunisations. The relationship (between the staff and the community) wasn’t so good.”

After a number of meetings between clinic stakeholders, including local politicians and government staff, to discuss and monitor the clinic’s standards against national standards, the number of nursing staff has been increased from three to eight, including two midwives.

“The relationship is quite good right now because there are so many patients around, the number of mothers who come for deliveries has increased, the number of children coming for immunisations has increased and we also have a very high number of outpatients, so many mothers come for antenatal (care).” The clinic reports that outpatient numbers have increased by 500 a month to 1,500. Although still a very low number, there are now, on average, 15 women a month giving birth at the clinic, triple the number prior to the introduction of the CVA approach.

Ms Picho directly attributes the recruitment of a second midwife at the clinic in 2011 to CVA. “We had a dialogue (through) CVA last year between the community and the health workers, where we raised a complaint that few mothers could come for antenatal (care) and deliveries because we had only one midwife at the station … so if they could bring us a midwife then maybe the numbers of mothers would increase. So after a short

time … we saw a midwife being posted. We were really so, so impressed when after that short time we raised that issue and immediately a midwife was brought.”

Tororo District Health Education Promoter, John Willy Mungoma, said the combined force of the politicians, staff and community lobbying influenced the district’s decision to recruit an additional midwife. “When the complaint came to us we saw that they really needed somebody else to go there and support them and that is how we decided to post the midwife.”

Mr Mungoma said politicians do influence the district but that their influence is not always on the right issues or directed at the right locations. When the consensus of both community and staff is affirmed by the politician through stakeholder meetings, this has the most impact on the district. He said this was because the district didn’t always, but should, involve community health services planning. “When they (the community) came to the district and we had a meeting with them, so they helped to guide us in our planning especially on how to post health providers where there were fewer and also when we were given some money to recruit, we recruited new ones and we know where to take them. I think it worked as a guide to our planning for health services.”

When World Vision staff visited the clinic in January 2012, there were at least 50 people waiting to receive treatment and immunisations for their children. Within two hours the clinic had attended to all of these people, providing advice and/or drugs for treatment.

One of those waiting was mother of five, Betty Nyaketcho, aged 32. Mrs Nyaketcho visited the Kiyeyi Health Clinic for the first time in 2011.Previously she had given birth to five children in the village using a traditional birth attendant and had never visited a health clinic in her life. Mrs Nyaketcho only heard about the clinic through word of mouth. She decided to visit after advice from a friend, who also visited the clinic for the first time that same year.
“She told me that when she came to the clinic, they tested her and she got treatment immediately,” Mrs Nyaketcho said. “(On my first visit), the children improved after they received the treatment.”

This encouraged her to return for a second visit in January 2012. She brought two of her children, Dominic, aged one, and Caroline, aged three, one of whom was suffering malaria and who received drug treatment.

One of the clinic’s nurses, Amito Susan Picho (left).

Betty Nyaketcho from Tororo, aged 32, had all her five children using a traditional birth attendant in her village. Dominic aged one, Caroline, aged three.

Clinic beats national return target for pregnant women

Medical Officer in Charge of Mpigi Health Clinic, Dr Moses Kawooya, remembers his reaction when he was first asked to participate in a CVA meeting by World Vision staff. At the time the clinic was operating under unhygienic conditions in a house rented by the community and only had two staff serving 4,000 patients.

"When I was contacted about CVA, I was a bit hesitant. I thought, what is this thing? Do people want to pit us against our community or something?" Dr Kawooya said.

But after a series of community meetings using the CVA approach, the district politician and a CVA facilitator, Fiona Nabadda, successfully lobbied the national MP and the district for funds to construct a new health clinic. Once the clinic was built, four new staff including two midwives were recruited, new equipment was purchased by the district and the clinic now serves 11,000 people out of a catchment area of 7,000-10,000. Of the women who have received antenatal services, 70 percent have returned to the clinic to give birth and receive more services, far surpassing the government target of 50 percent.

"The women are returning and it shows that these people have trust in us," Dr Kawooya said. The clinic is receiving 30-40 women for birth deliveries each month, which rivals the numbers attending the nearby hospital, which supervises the clinic. He said during previous years the district had been "attacked" by community members seeking explanations for the clinic's poor service delivery.

"The leadership at the district were attacked (by the community). They were made to explain why certain things were happening and others were not happening. So of late, because of leadership in the district, there is a tremendous kind of effort going on … Previously they were just supervising but now they are offering real support to the facilities. They have tried to equip us, they are trying to get supplies delivered on time and they also gave us more staff, especially midwives. Service improvement is something that we are seeing coming because of this kind of effort from the district and from the community, where people are able to voice their concerns. They are actually (the community) giving us very good feedback. With CVA things are getting better, it is a kind of an auditing system for our inputs."

Five new health staff recruited

In May 2010, when the first CVA gathering was held at the Kisalizi Health Clinic, there was significant understaffing and long waiting times. There were only three staff.

After the meeting, the community and staff successfully lobbied the district for five additional staff including a second midwife. Since then, the number of women coming to the clinic to give birth has doubled on average. Clinic Supervisor, Mr Bwami Tito, said that in 2009 there were about nine births every month at the clinic. Now, there are 20 births a month on average.

"A patient used to stay a whole day unattended to, but now they are attended to," said Rutamu Khamis, a local politician. "Before we held the CVA meeting there was no health management committee. Now health workers know if they have a problem they can report it to the committee."

Mr Tito said the committee was a good support because clinic staff or community members had somewhere to go to if there was a problem with the service.

In addition to understaffing, poor district management of drug procurement was also resolved. Clinic staff would run out of drugs and have to find transport to fetch drugs from the district administration stores. Now, Mr Tito has the opposite problem – too many drugs are being delivered when they are not needed and the clinic has no fridge to store them. This is also due to a new push system established by the district. To avoid clinics running out of drugs, the district automatically provides them at regular intervals.

One of the clinic midwives, Nalwooza Hajira, said additional staff enabled the clinic to offer new services, which had encouraged more patients to attend. "Since we have more staff we are trying to work harder, though there are still gaps," she said.

The clinic still has no fridge to store immunisation drugs. Whilst mobile immunisations are taking place in the community, they are not considered as effective as having regular immunisation days at the clinic.

Patrick Sekabuye, local politician (Chairman of LC2), said that prior to CVA, clinic staff workload was very heavy and there were poor relationships between the staff themselves and between the staff and the community. "Now they are working as a team. The services offered here are extremely good. There has been so much improvement."

Community members lobby District for new water system

For women in the parish of Nabweyo in Mbale District it takes four hours to collect water for their families. Very few community members have ever had reliable access to clean water. From meetings with health staff, community members learned that clean water was only accessible to 30 percent of their community, one of the lowest coverage rates in Mbale District.

In 2009, after training in CVA, Nabweyo community leaders began lobbying the district authorities for improved water access. Initially, the district water official refused to see them. “It was not easy to go to him direct,” said Tom Namugowa, Chairperson of the sub-county’s Parish Development Association.

After many requests for a meeting, the community members held a large meeting and invited children to speak about the impact that having no access to clean water had on their lives. More than 100 people attended including district officials and politicians.

“They saw the demand and pressure from the community,” Mr Namugowa said. “The meeting was so hot. The community was demanding water.”

Over the course of the next 18 months the Parish Development Association, on behalf of the community, held quarterly meetings with district officials. They presented their research on the issue including health data showing only 30 percent water coverage in the area, as provided to them by district health officials.

Staff and community at Kisalizi Health Clinic

Clinic supervisor, Mr Bwami Tito and staff at Kisalizi Health Clinic

They were told that an allocation of 50 million Uganda shillings (US$20,000) had been made for a gravity-fed water system in the area.

“We waited and waited and the water had not come.” But they persisted with their lobbying and regular meetings. Finally they managed to persuade the district to allocate funds. Their lobbying had taken them to the last day of the financial year when an allocation could be made and, under duress, the district finally allocated 34 million shillings (US$13,670) to the establishment of a gravity-fed water system in Nabweyo, with additional donations made by World Vision.

“It was miraculous that this money was transferred on the last day of the financial year,” Mr Namugowa said.

For David Wamburu, Acting Chief Administrative Officer of Mbale District, the lobbying campaign by the Nabweyo Parish demonstrated that communities were prepared to fight and keep up the pressure for better access to services. He said the pressure was helping the district authority to respond. He said because of community demand the district agreed to enter into a partnership with World Vision to co-fund a gravity-fed water system.

“That area had been lacking water for a long time. It’s been a headache that’s why we are willing to co-fund.”

Tom Namugowa, chairperson of the sub-county’s Parish Development Association

Key success factors

A rigorous impact study such as the random control trial of affected schools described on Page 5 provides important empirical evidence of statistically significant change attributable to the CVA intervention. But random control trials cannot tell us what went on in the minds of participants, if and how they responded to CVA. This makes the analysis of the causal chain leading to change problematic. That is, understanding how the intervention worked and in what circumstances.

Community at Nabweya Parish Development Association

Parental and political motivation

Through CVA activities in Uganda, consistent data emerged from communities on the key issue of student hunger and its effect on student absenteeism and performance. This link between nutrition and educational outcomes is well established as a barrier to development outcomes. However, based on World Vision's learning from CVA in Uganda, many common interventions to address nutrition, such as donor school feeding programs, may treat the symptom and not the cause, simply because they don't address parental and government involvement and responsibility.

CVA activities revealed a complex combination of issues relating to parental motivation and local leadership, compounded by lack of community knowledge and, consequently, misunderstanding. CVA starts with civic education about government education policy. In Uganda, as in many African countries, primary education is free. However, the free education policy does not include food, uniforms and text books, which are deemed the responsibility of parents.

Without knowledge of this policy detail, which was provided through CVA, parents assumed everything associated with their children's education was the responsibility of the government. As one parent put it, when it came to education, their children were "(President) Museveni's children". When they were informed by teachers, they either did not understand – or in some cases may have been unwilling to take ownership of – their own responsibility for their children's education. In cases where they did understand or where teachers promoted awareness, parents were either unconvinced, unmotivated or potentially did not care. These attitudes could have been partly influenced by political leaders with a vested interest in promoting free education in its entirety (ie books, meals) to their constituents.

Despite considerable mobilisation and civic education, it wasn't until all stakeholders, the school staff, the district staff and the local politician, attended the same meeting that the message resonated with parents and local political leaders. Moreover, in some communities school staff had to persuade the politician to hold additional meetings with the community to explain the policy and parental responsibilities. Parents listened and responded to their local leaders but not their children's teachers, which demonstrates the critically important role of politicians. Prior to these activities, it wasn't in the political interest of the politicians to tell their constituents that, in fact, free education did not mean that everything to do with the cost of education was free. Politicians had deliberately maintained the confusion, simply because they didn't want to risk losing votes.

Through stakeholder meetings and the scorecard process, parents began to appreciate that children were hungry, falling asleep or skipping class in the afternoon, and stealing fruit from neighbouring villages to stave off hunger.

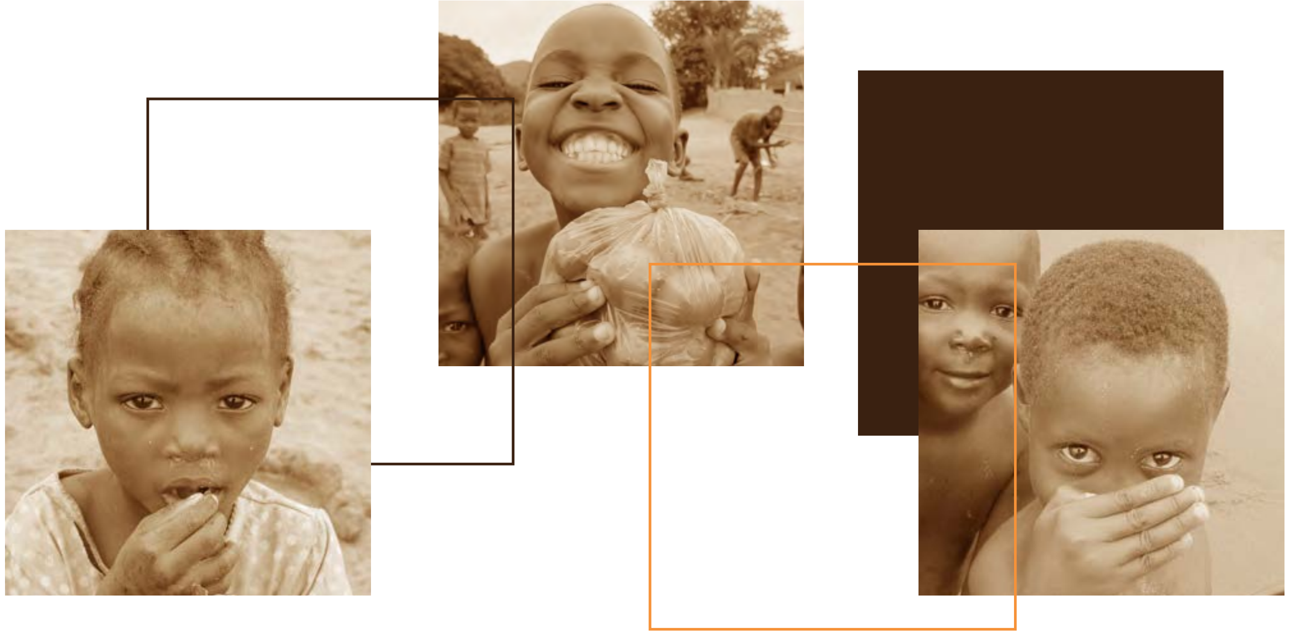
CVA community workgroups promoted the issue to sub-national governments resulting in the introduction of by-laws across a number of Districts requiring that parents either contribute funds to a school-provided lunch or ensure their children had food to take to school.

The data across a number of schools was shared at several Districts through sub-county and District dialogues established by community members and leaders. World Vision staff also shared the data with the Education Department and lobbied the Department to address the relevant legislation. The Ugandan Government has subsequently amended the legislation to allow for schools to collect parent contributions to midday meals.

Triggers for change

A possible causal chain for change emerging from school communities – including parents, teachers and students – was the relationship between reduced hunger, reduced absenteeism and increased enrolment, which in turn assisted schools to mount a case for more teachers, all of which contributed to improved academic performance.

One critical success factor is that CVA encourages collective action. When politicians support their local communities and teachers, this united pressure can have a significant impact on sub-national government. Many district officials[7] have conceded that collective pressure has influenced their decisions to recruit more staff and monitor school management and performance.



7. Some in Uganda include the chief administrative officer of Mbale District, David Wamburu, the Tororo District health education promoter, Willy Mungoma, and the Nakasongola School Inspector, Sam Mbangire.

The role of local politicians

Within the field of social accountability there is consensus that the facilitation of collective action is a fundamental driver for change. It is seen as assisting in providing a "short route to accountability". However, researchers in this field are now posing questions about how collective action affects the "long route" to accountability through elections.

One area that deserves further study is capacity building for local politicians. Many of the local politicians with whom World Vision works have reported that their participation in CVA has helped to increase their knowledge and confidence to successfully lobby for services on behalf of their constituents.

Local leaders have told World Vision that they attribute a large part of their success to what they have learned through CVA. These local leaders state that they have learned about the government system, national service standards and how to lobby district authorities for services for their constituents. The causal path to change is not definitive, but it is clear that improved leadership skills matter, as does the relationship between these local leaders and the technocrats responsible for resourcing local services. It is also clear that this relationship has been improved through CVA activities.

District officials and service providers also say that local political leaders play an important role in influencing the community to take collective responsibility. For example, school leaders have specifically requested local leaders to take the time to explain that the free education policy does not include lunches, books and uniforms. As the headmistress of Kambugu Primary School, Ferista Mbahera, highlighted earlier, the role of political leaders was significant in promoting change at the school. "The politicians have really helped us to convince the parents."

Politician Fiona Nabadda

In addition, when political leaders support issues already raised by the community they become more credible in the eyes of local bureaucrats. As one official said, the district will take action when a political leader raises an issue, but sometimes it is not clear to what extent the issue should be the priority or whether it is supported by the community. CVA has helped to unify the position of the community and their local political representatives on the highest priorities for services. In sum, improved leadership skills have influenced local level governance, leading to more and better quality services.

Fiona Nabadda, aged 47, turned to trading goods when she separated from her husband in her late 20s and needed to support her seven children. When she went to the district for support, officials encouraged her to establish a community-based organisation or cooperative to improve her agricultural produce for sale. She established the first women's groups in the area and arranged extension workers to demonstrate modern agricultural methods. Through these activities she became known in the community and was elected general secretary for the local village council. While local village elders discouraged her from taking a leadership role in the community, she was inspired when a national politician heard of her activities with women and came to visit her. The MP was so impressed that he gave Ms Nabadda the gift of a cow.

In 2004, Ms Nabadda started volunteering with World Vision. She would rise early to feed her animals before undertaking her World Vision activities. In 2005, when CVA activities began in her area, she became a CVA trainer.

"It took a long time for people to understand CVA," she said. "When people came (to the CVA activities) they were disappointed that there were no benefits (money) involved. But they realised that they had to do things for themselves." In 2006, local women approached Ms Nabadda to become a sub-county (lowest level administrative unit) councillor and she was elected unopposed. During several CVA gatherings the poor state of the Mpigi clinic was raised as an issue. At the time the clinic was operating out of a rented home paid for by the community with only two health staff working in unhygienic conditions.

Through CVA, Ms Nabbada learnt about Uganda's local Constituency Development Funds (CDF) – monies provided to national MPs for services in their area. She successfully applied to the MP for one million Ugandan shillings (US$402) from the CDF for the Mpigi Health Clinic and also obtained a further two million shillings from sub-county funds. Many people in the community were sceptical she would succeed. "People who had discouraged me were really surprised to see the building materials being delivered to the site. It was through the CVA training that I learnt that there were these entitlements and to approach the MP. If I had no knowledge about it I wouldn't have done anything."

Once the community started to see things happening at the construction site they started to make their own financial and in-kind contributions to the health clinic.

“Since CVA many changes have taken place in the community. People know where to demand services and about accountability and to take part in decision making. Now that the community takes part in the decision making it’s like decentralising the powers to the community and they know how to follow up.”

Ms Nabadda said other councillors from neighbouring areas approached her to understand how issues were being managed in Nkozi sub-county, because of the progress they had seen. “For us we are really different. When we are discussing with other councillors they are wondering how we are doing these things.”

After her success in securing funds for the new clinic, she was elected as an Mpigi District Councillor in June 2010.

Now the Mpigi Health Clinic has two new buildings and six staff including two midwives. New equipment was purchased by the district and the clinic now serves 11,000 people out of a catchment area of 7,000-10,000. Of the women who have received antenatal services, 70 percent have returned to give birth and receive more services, far surpassing a government target of 50 percent.

“We were not knowing our rights ... Now we are well equipped with the knowledge of CVA, we can demand what we are supposed to get – even the community – because we are empowered.”

District President Kiyemba Mansour has also attributed his own success to what he has learned through CVA. “For us as politicians, there are certain things that we didn’t know very well. Because CVA helps service users and providers to work together, we came to understand that there is money (for services).”

“We may think everything is okay, but better services have to be demanded.CVA has opened people’s eyes to know what is going on. They now know about government policies and how to demand services.”

He used the example of a former graduated tax at the local level intended to provide for services at the village level, but which never surfaced. “People could not understand. For us as politicians we knew this money had to come back to us. As politicians we had to follow up for that money and now people believe that we can fight for them and get what they need.”

Mr Mansour was a farmer before he was elected as a sub-county councillor in 2002. He participated as a CVA facilitator before he was elected as a district councillor in 2011.

“CVA has helped me in my work,” he said. “CVA has taught me to know the government policies. I didn’t know the (government) standards. CVA gave me encouragement and confidence because I (now) know the policies and can talk about the policies.”

Another local politician Kigozi Denis said his role in promoting CVA had been appreciated by the community. “Now my community is changing ... Kambugu Primary School has got more staff,” he said. “During campaigns for elections things were good for me because ... people saw that I was working.”

In Mbale District, Acting Chief Administrator David Wamburu said he believed that local politicians, who were active in supporting a successful community campaign for the district to fund a gravity-fed water system, were re-elected due to this support.

Children's participation

The participation of children in CVA gatherings is crucial. Often children are willing to raise difficult issues which affect their school experience, such as teacher absenteeism or even alcoholism. These are issues of which parents and other stakeholders may not be aware or feel they cannot raise. After participating in civic education about their rights to education and health and being given an opportunity to rate services and give opinions in age and sex disaggregated focus groups, children are vocal and knowledgeable about the root causes of poor education.

Ugandan children have not been afraid to raise their concerns. For example, during a community gathering in 2007 at a school in Mpigi District, 10-year-old girls said the biggest problem in their school was the lack of teacher accommodation. After the issue was raised the community contributed their labour to build staff quarters and the district was able to fund the salaries of two new teachers. The problem in this case was not that the district was unwilling to fund additional teachers but that the teachers were not attracted to the area because there was nowhere to live. Remarkably, these young girls prioritised their teachers' housing over their own hunger.

Children in Uganda are also increasingly participating in adult forums. Joseph Joshwa, aged 13 and Juwko Geoffrey, aged 12, participated in a district dialogue in Nkozi District. The dialogue was established as a formal mechanism to bring issues raised by communities during CVA meetings relating to schools and health clinics to the attention of district authorities and local level politicians.

Although they did not contribute comments at the meeting, they were happy to participate with the adults and learn about the health issues discussed, such as absenteeism of medical personnel, malnutrition, early pregnancies and the poor state of latrines.

"I felt happy because most of the problems were solved but not all," Geoffrey said.

Oyo Ezekiel, aged 15 and Adongo Daphine, aged 12, raised the issue of teachers arriving late to school during a CVA gathering at their school at Segeru.

Since teachers started coming on time, and following the introduction of written tests and midday meals at the school, both children are now getting higher grades. Oyo was achieving Grade 4 and has now achieved Grade 2. Adongo was achieving Grade 4 and is now achieving Grade 3.

Students, Oyo Ezekiel, 15
and Adongo Daphine, 12

AMSUNG
mobile

The role of district officials

District officials play a key role in planning for services and consider that CVA has helped them in their planning processes. While community participation is an accepted principle of the planning process, some officials concede that this doesn't usually occur, often because of limited resources, such as fuel for transport.

Willy Mungoma, Health Education Promoter at Tororo District, explains: "The technical planning committee were not meeting with the community to get their views. They are supposed to but practically they don't."

"The information we get helps us to streamline things. CVA helps us to get issues upon which we can base our planning. We listen to the complaints from the community. We look at the staffing levels as a district and compare them to other health clinics."

He summarised CVA as an "organised voice" to the district.

"They (the community) could make that noise without information but now they are making noise with information. The problem was there was an information gap. They (the community) also assumed the health facility should provide everything well.

"They have influenced the district because they don't do it as individuals. They all come and they bring up their report. We find solutions together with them. The first thing they put forward was the negative attitude of the staff and the community. The duty of the district is to remind the community to speak out."

Charles Wamala, Mpigi District Assistant Chief Administrative Officer, said: "There was a lot of pressure on the district, including from the politicians and the Health Management Committee of the facility. The dialogue was hot that we (were not acting on the) needs of the community members."
In Mbale District, David Wamburu, Acting Chief Administrative Officer of Mbale District, said community demand was playing a role in improving district accountability and performance. "The trend now, because of civic awareness, is that the community are demanding a lot of accountability from the District," he said. "All of us (District officials) are on our toes now. For a long time they haven't demanded services but now they are. We are under pressure to deliver and if we don't, we have to explain why."

"We are waking up. We have taken them (the community) for granted for a long time."

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Acknowledgements

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