

**Development Planning and Implementation Processes for
Employment, Health services and Housing Provision in
Kawempe Division, Kampala District**

by

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Table of Contents

Acknowledgements.....	ii
Table of Contents	iii
Chapter One	2
1.0 Introduction and Background	2
1.1. Statement of the Problem	2
1.2. Objectives of the Research	3
1.3. Scope and Purpose of the Study	4
1.4. Significance of the Study	4
1.5. Organization of the Report.....	5
Chapter Two	
Review of Literature and Situational Analysis	6
2.1. Conceptualizing Poverty.....	6
2.2. Dimensions of Urban Poverty	8
2.3. Understanding Planning.....	9
2.4. Understanding Development Planning.....	15
2.5. Urban Planning and Management	15
2.6. Development Planning Profile of Kawempe Division.....	16
2.7. Development Planning in Kawempe.....	17
2.8. Analysis Health, Employment and Housing Sectors	21
2.8.1. Health Services	21
2.8.2. State of Public Health.....	21
2.8.3. Sanitation	22
2.8.4. Employment.....	26
2.8.4.1. Population of Kawempe.....	26
2.8.5. Poverty and Employment	27
2.8.6. Community Development and Welfare	29
2.8.7. Housing.....	30
2.9. Conceptual Framework of the Study.....	31
Chapter Three	
3.0 Methodology	33
3.1. Research Design	33

3.2.	Data Collection Methods	34
3.3.	Preliminary Meetings.....	35
3.4.	A brief Description of the Study Area	36
3.5.	Documentary Review.....	38
3.6.	Questionnaire survey administration.....	38
3.7.	Key Informant interviews	38
3.8.	Data Analysis.....	39
3.9.	Involvement of Community and Policy Makers.....	39
3.10.	Limitations of the Study	39
3.11.	Issues that emerged from the Preliminary Community Meetings.....	40
	Chapter Four.....	41
4.0	Community Needs Assessment.....	41
4.1.	Health Needs and Delivery of Services.....	41
4.1.1.	Health Needs Prioritization.....	45
4.1.2.	Providers and Modes of provision.....	47
4.1.3.	Suggestions for Improvement of Health care in Kawempe	48
4.2.	Employment needs.....	50
4.2.1.	Prioritization of Employment in Development Planning.....	56
4.2.2.	Suggestions for Improvement of Employment	58
4.3.	Housing Needs assessment.....	59
4.3.1.	Suggestions for Improvement of Housing.....	64
4.4.	Development Plan Implementation Procedures	65
4.5.	Community Mobilization for Development.....	66
4.6.	Resource Allocation for Development	68
4.7.	Synthesis and Emerging Issues.....	68
5.0	Recommendations and Conclusions	71
5.1.	Recommendations.....	71
5.2.	Conclusions	74
	References	77
	Appendices.....	80

List of Tables

Table 1.2 Source: Kawempe Division: The three year Development Plan 2003/04 – 2005/06.....	26
Table 1.3 Population and Households by Parish 2002.....	27
Table 1.1 Population 2002 and sample size for the survey.....	34
Table 3.1 Data collected, methods and analysis techniques	35

Table showing average distances to health units in Kawempe	42
Table 4.1 cross tabulation of employment source by study site.....	51
Table 4.2 Ranking of employment sources by the community.....	52
Table 4.2 Cross tabulation of benefits of Processing building plans and KCC's help in housing.....	61
Table 4.3 Contingency coefficient of tendering and development planning efficiency	66

List of Figures

Figure 2.1 Diagram illustrating the relationships between substance, process and context of planning. Developed from Faludi (1973).....	14
Figure 5.1 showing the linkage of operational planning and strategic planning.....	74

List of Maps

Map 1 showing the Location of Kawempe division and the Study parishes	37
Map 2 showing health unit accessibility in Kawempe	42

Acronyms

PDC	Parish Development Committee
MUJCR	Makerere University Joint Clinical Research
CHAI	Community HIV Aids Initiative
FPAU	Family Planning Association of Uganda
KCC	Kampala City Council
LGDP	Local Government Development Program
NGO	Non Governmental Organization
LC	Local Council
FGD	Focus Group Discussion
KUSP	Kampala Urban Sanitation Project
IMAU	Islamic Medical Association of Uganda
CHW	Community Health Workers
ECOSAN	Ecological Sanitation Project
SSA	Shelter and Settlements Alternatives

Abstract

Uganda's overarching national policy of Poverty Eradication Action Plan (PEAP) underscores the major objective of planning at national sub-national and local level. Several actors are involved in development planning including, governments at different levels, NGO's, local communities and lately the private sector through implementation of development projects. The preparation of development plans has shifted from top-bottom to bottom-up approach in which the local communities are active participants under the decentralization framework. This research investigated the development planning processes in addressing the needs and priorities of communities in Kawempe Division through participatory research methods which were supplemented by quantitative methods. Because planning largely concerns decision-making the need for planning information is distinctive. But there exist an information gap on the community priorities and the finally prioritized development projects. Because of information and several other factors, short-range planning is failing to address the prevailing development problems of communities. This research establishes that to enhance development planning in Kawempe, it is prudent that long-range or strategic planning would provide alternative means for public health, employment generation and housing delivery by providing a framework in which short-range plans would be implemented. The study concludes that prioritization of community needs is less efficient as decision-making moves from the community to Division level. This has contributed to the persistent poverty conditions. Strategic planning can enhance development planning and this approach needs to be fully utilized by refocusing the city-wide development priorities.

Chapter One

Introduction

1.0 Introduction and Background

Socio-economic development has been and is still leading on the agenda for development planning in many developing countries. In Uganda socio-economic development is the major objective of planning at national sub-national and local level with many actors involved including, governments at different levels, NGO's and lately the private sector. Development plans have always been formulated and implemented but indications are that the envisaged outcomes of the plans are far from being achieved. Plan formulation process and the procedures/actions for implementation of the plans have not adequately addressed the employment, health and housing needs of the local population. Subsequently, poverty especially urban poverty has persisted and remains a major challenge in Uganda. Ministry of Finance (2000) distinguishes urban poverty from rural poverty as being predominantly manifest in terms of HIV/AIDS, unemployment and or low pay compared to cost of living, idleness, early marriages, poor drainage and sanitation facilities. In Kampala just like other urban areas, inadequate housing (in qualitative terms), health services and unemployment are still prevalent and manifest poverty. Where as efforts to improve the socio-economic welfare of the population in Kampala have been underway, the effectiveness of the plans in alleviation of poverty for development needs to be evaluated. Thus the study investigated the development planning and implementation processes in assessing the needs of the population in Kawempe and allocation of resources for community development. Under the current decentralization policy the existing planning types and processes in Kawempe Division are analyzed in relation to how the needs of the people in the Kawempe Division are met.

1.1. Statement of the Problem

Development planning at local government level (including Kawempe Division) is usually done through various approaches like budgeting, annual work plans, 3 year development plans and action plans. These approaches focus on allocation of resources mainly financial for increased

productivity and improvement in socio-economic welfare. Despite the effort to implement development programmes in Kawempe Division, the condition of poverty is still a problem among the people in the area. The failures of development planning in poverty alleviation are possibly explained by several factors including, administrative-managerial, inadequate personnel and financial resources as well as weaknesses in the implementation of plans. Several studies indicate that urban poverty is becoming worse than rural poverty (Ministry of Finance 2000; Mitlin 2001; UBOS 2002; Sengendo and Lwasa 2003). Urban poverty in Kampala has become chronic though seasonal changes in poverty levels of households are recognized but the persistence of poverty among a sizeable proportion of the population in Kampala is evident. This study recognizes the importance of the driving forces for persistent urban poverty but focuses on assessment of the effectiveness of both plan formulation and implementation processes in addressing the development needs of the population in Kawempe Division. This research analyses information for formulation of plans, prioritization and the implementation of development projects under the Local Government Development Program (LGDP) framework. Under this framework community participation is an inherent component from the village level. The study further examined the processes of assessing peoples' needs and the prioritization of these needs in resource allocation with emphasis on housing, employment and health services.

1.2. Objectives of the Research

The overall aim of the study was to assess effectiveness of existing development planning processes in addressing the needs and priorities of the local people in Kawempe Division. The specific objectives are;

- To identify the existing development plan formulation and implementation processes in health service delivery, employment and housing in Kawempe Division
- To assess the extent to which the plan formulation identifies and prioritizes people's needs for service delivery
- To assess the effectiveness of development planning and implementation programs in addressing housing, employment and health service needs of the local people in Kawempe Division

- To examine how participatory and strategic approaches can be used in planning and service delivery

1.3. Scope and Purpose of the Study

Kawempe Division is one of the five administrative Divisions of Kampala District. The study was conducted in four representative parishes namely; Bwaise III, Mulago III, Mpererwe and Kikaya. Development planning is an encompassing area due to the multi-dimensional nature of the concept development. Planning is also a process and executed by almost all actors in development. This study recognizes the different dimensions of development as a process but limits its scope to planning executed by the local governments under the LDGP framework. To examine how current development planning relates to poverty eradication, the study focused on the poverty aspects of housing, health services and employment in Kawempe Division.

1.4. Significance of the Study

The goal of development planning is to attain a desired situation that is better than the society's existing conditions. This is pursued through formulation of strategies to achieve the desired state. A recent country-wide poverty mapping exercise (Emwanu et al, 2005) indicated that, at the District level, Kampala has only 15% of its population living below the national poverty line compared to a national average of 38%. However, when County and Division level data are analyzed, the range for urban poverty goes from 11 to 84%, with several poverty density 'hotspots' inclusive of which is Kawempe Division. Despite efforts to address poverty in these 'hotspots' development plan implementation has not achieved its goals in Kampala. The failure of planning is attributed to several factors including institutional weaknesses, financial limitations, human resource constraints and politics but the effect of the needs assessment, information used in planning and the mechanisms for implementation of plans requires to be examined.

Where as studies have been carried out and recognize financial resource inadequacy, human resource inadequacy, corruption and the poverty of individual skills, this study analyzes the effectiveness of plan formulation and implementation in alleviation of poverty. The underlying

assumption is that the meager resources available (human, capital and financial) could make a change in livelihood of the urban poor if identification needs and prioritization is improved. Development can only be achieved in long-term and therefore any short range efforts are only meant to contribute to the evolution into long-term conditions. This study therefore analyzed the persistence of poverty due to inadequate involvement of the stakeholders in the planning and implementation procedures and due to resource allocation mechanisms. The study results are intended to inform policy in poverty alleviation in urban areas by refocusing approach from short range planning to long range and strategic planning in which short range efforts would be designed to build into the long term goals.

1.5. Organization of the Report

The report is organized in five chapters. Chapter one introduces the study problem and presents the background to the study. Chapter two presents the review of literature and theoretical basis of the study to provide a study and analysis framework. It also provides a profile of development planning in Kawempe. Chapter three focuses on the methods employed in carrying out the study and gives a brief description of the study area. It details the methods for problem identification, sampling and data collection. Chapter five presents the discussion and interpretation of the study findings. This is systematically presented following the thematic areas under study. The last chapter presents the emerging issues and conclusions drawn from the analysis of the study findings.

Chapter Two

Review of Literature and Situational Analysis

2.1. Conceptualizing Poverty

Poverty has always been understood in terms of income caused by lack of employment but this view has not provided a proper understanding of the production and dynamics of the condition of poverty. Poverty is a complex, multi-dimensional phenomenon with locational and situational specificities. MFPEP 2000, Wratten 1995 and Kanji 1995 all agree that poverty has been misunderstood and misrepresented with the statistical measures. Its scale, nature and changing faces have made it difficult to portray a clear estimation of the phenomenon. Additionally poverty has mostly been understood from rural perspective and the poverty conditions in urban areas have been rather misunderstood most or misrepresented because little attention has been given to the condition of deprivation in urban areas (Wratten 1995). According to Wratten (1995), poverty has become increasingly concentrated in urban settlements though rural poverty needs not to be neglected. This is because of the increasing numbers of urban populations amidst inadequate resources to provide the basic services for the population. In support of this view, urban poverty manifests in different dimensions and has been driven by various forces (Sengendo and Lwasa 2003). In spite of efforts to alleviate poverty in Kampala, it has remained persistent and chronic. In Kampala, urban poverty is interestingly a shared characteristic of deprivation in terms of housing, physical environment, food, social services and urban infrastructure.

Neo-classical approaches to understanding, measuring and reduction of poverty have often fallen short of specifying the problem, relationships and processes that produce poverty in a much more useful way Bevan and Sewaya (1995). They further note that the generalization of the concept as an essentially rural phenomenon is a serious shortcoming for intervention purposes. However there is a general consensus among most scholars that poverty is a complex phenomenon but its definition and variables measured are often inappropriate leading to inappropriate policy interventions. In the case of urban poverty which has only recently began to receive attention through poverty reduction programs, the phenomenon is still not properly understood because of its changing forms. Likewise there is no agreement on the underlying

causes of urban poverty. Neo-classical economic theories on poverty assume universal models of behavior and social process Bevan and Sewaya (1995). These theories predict economic change to result from rational actors' responses to market incentives. Such market incentives are seen as built on under-development in a capitalist global system, portraying the causes of poverty as the interplay between global multi-national capital and economically weak countries. This considers macro economic policies which are used to predict incomes, skills and employment of populations. Universal models of behavior also consider poverty as a product of individual circumstances including lack of employment at a sufficient level to provide for basic subsistence, Amis (1995). Indeed with the high levels of urbanization, the absorption capacity of urban economies become limited. This is especially true when a large urbanizing population does not possess the critical skills that could be marketable in the urban economy. The result is open and disguised unemployment for the majority of the urban population. On the other hand the structuralist theory conceives the conditions of poor people as the result of the structures of society which are determined by the distribution of material and non-material resources (Sen 1980). It is contended that the structure of society determines the distribution of income, physical assets, commodity price, employment and wages. It is urged that the more the society is polarized among 'haves' and 'have-nots', the higher the poor and the extent in deprivation.

Thus this study recognizes these different views on poverty but takes the condition of urbanized poverty as a dynamic condition of deprivation that involves a transformation and a process for adjustment among the urban immigrants as expected quality of urban life is not achieved upon their arrival or long stay in urban centers. The resultant life experience of the urban dwellers is a struggle for survival in which different activities of adaptations and mitigation form the daily life experience of the urban poor. Informalization of activities takes precedent in which urbanized rural activities such urban agriculture form the means of livelihood. As urban dwellers struggle to adjust for survival with the poverty conditions, they stay poor for much longer periods than expected. Poverty in urban areas additionally manifest in the household strategies for provisioning of the basic requirements like food, housing, sanitation facilities and employment. Urban agriculture, maintenance of urban-rural safety networks, self housing and rental housing are all important aspects of the urban system.

2.2. Dimensions of Urban Poverty

As noted earlier poverty in general and urban poverty in particular is a complex phenomenon and multi-dimensional. Complex because of the many indicators often used to measure it even when such indicators may not reflect the true picture of the condition. It is also multi-dimensional due to the many aspects of life and welfare qualities. Bevan and Sewaya (1995) advance five inter-linked dimensions of advantage/deprivation. First is the *Personal and physical deprivation*, which includes deprivation in terms of health, nutrition, disability, human capital, emotional deprivation and lack of confidence. This dimension of poverty concerns the individual person's physical and egoistic capacity to influence an own quality of life. In Uganda's urban populations this form of poverty is very common. It is most reflected by behavior of individuals. Second *Economic deprivation* mostly and often analyzed in terms of deprivation which has a range of dimensions. Common are measures based on consumption, income, assets, access to health, education services and skills. It is also very much embedded in the market economy and assumes that the poor are those who are not fully and effectively integrated into the market economy. But such a conceptualization as observed by Hulme and Shepherd (2003) is likely to ignore the different categories of the poor especially the chronically poor who may not be liberated by the market but rather different forms of support, policy changes and or broader changes within society that take time. Thirdly *social deprivation* which involves barriers to full participation in social, political and economic activities within a society. This dimension includes people who lack social networks of support or safety nets. But it also involves deprivation in terms of social capital, companionship, friendship and relations with members of a group or community. Fourthly *cultural deprivation* includes deprivation in terms of values, beliefs, attitudes, knowledge, information and orientation. As a result people become unable or unwilling to take full advantage of economic and political opportunities. Under this dimension of poverty, education, information and attitudes greatly influence intergenerational transfer of urban poverty making it a chronic condition. The fifth dimension is *political deprivation* which means that people lack the political voice at local, district and or national level. Under this form of poverty, it is difficult to get access to legal institutions due to their positions and power over both material and non-material resources. It is also difficult to influence decisions that actually have a bearing on the lives of the disadvantaged.

The foregoing discussion on the dimensions of urban poverty is derived from the sociological point of view. These dimensions widen and attempt to present a deeper understanding of poverty in different contexts. But they fall short of local specific urban poverty. An important specific characteristic of local urban poverty is the shared poverty among the urban poor. The urban population in developing cities have remained chronically poor and vulnerable to structural policies that translate into localized impacts. They are also vulnerable to shocks and stress in different forms including social exclusion, inaccessibility to services, infrastructure, poor housing and high cost of living. The persistence of poverty has entangled the urban poor in chronic poverty, which is evident at personal, household and neighborhood levels. This study employs the framework of persistent poverty to explain and examine the ineffectiveness of development planning that targets alleviation of urban poverty in Kawempe.

2.3. Understanding Planning

Planning is a very basic human activity occurring in almost all societies. It is a result of the fact that human beings have an intellect, which enables them to judge their present situation, to imagine a desired future state and to act intentionally in order to achieve that state. Human beings are able to set themselves goals or aims and to act rationally in order to realize such goals. Nonetheless, there is no single, universally accepted definition of planning. This may be due to the fact that planning is a multifarious activity and that the word is used in a wide variety of situations. As Kleven (1998) points out, any attempt at a definition implies a narrowing of the concept. This study limits itself with the perspective to societal planning. It is therefore concerned with planning as a public activity, and as the responsibility of specialist agencies appointed to act in the public interest but with involvement of the targeted people.

There are different definitions of the word *plan*. It appears both as noun and verb. The noun *plan* has several meanings: 1) A physical representation of something or a design for something, e.g. a drawing or map; 2) A method of achieving something; 3) An ordered sequence of parts of something. These definitions are not however distinct from one-another. For example the plan for a new building is both a drawing and an indication of procedure by which to build it; in other words, both a design and a method. The verb to plan can also have several meanings: 1) to order or arrange the parts of something, and 2) to realize or achieve something. With this in mind, Hall (1975) gives the following definition of planning:

"Planning is concerned with deliberately achieving some objective and it proceeds by assembling actions into some orderly sequence"
(Hall 1975:3-4).

It is noted that this definition indicates *what* planning does and *how* it is done. Planning is thus concerned with the achievement of ends or goals, at the same time with the methods or means of realizing them. It is also implicit in the definition that planning concerns rational action. It is noted too that the definition does not presuppose a physical design – a plan need not be a graphical representation in order to qualify as a plan, although many plans do use maps and drawings. Hall sums up his planning concept as follows:

"Planning as a general activity is the making of an orderly sequence of action that will lead to the achievement of a stated goal or goals. Its main techniques are written statements, supplemented as appropriate by statistical projections, mathematical representations, quantified evaluations and diagrams illustrating relationships between different parts of the plan. It may, but need not necessarily, include exact physical blueprints of objects." (Hall 1975:6)

The quotation consists of a formal definition of planning and a supplementary listing of the tools of planning. The concept itself is not exceptional, joining ranks with numerous definitions that see planning as rational action directed towards a particular goal, the rationality concerned being instrumental rationality or the logic of ends and means. Hall depicts the method of planning as quantitative and scientific, an expression of the close ideological ties in the 1960s and 1970s between the positivistic tradition in science and the prevailing analytical tradition in public planning. A common conception of rationality, the idea (and ideal) of objectivity and value neutrality, a preoccupation with causal relationships, and a strong belief in Man's ability to control the future with a great degree of certainty, were some of their common traits. A common aspect of many definitions of planning is that it is a form of rational action, in the sense that it is knowledge based. It is important to examine the actors and the conditions under which they operate. This is a perspective that focuses upon goal oriented action and its context. Planning is then understood as a set of goal seeking actions (process) performed by an individual, group or organization and this process has these characteristics:

1. The actor clarifies the goals or values to be achieved
2. The actor is consciously oriented towards the future
3. The actor has the ability to understand relationships and to coordinate
4. The actor bases his / her actions on a solid foundation of knowledge

5. The actor prepares for a decision, which will indicate direction for subsequent actions or operations.

In the real world we may find that some of these elements are wholly or partially absent. It is also possible to find that the results of planning are dependent, at least in part, of how these elements have been taken care of in the process.

Friedman (1987:36) asserts that all planning must confront the meta-theoretical problem of how to translate technical and scientific knowledge into effective public action. He then formulates three statements as the basic challenges to planning:

- 1) "Planning attempts to link scientific and technical knowledge to action in the public sphere." The underlying idea here is that knowledge shall serve action and lead to better informed but qualitative decisions.
- 2) "Planning attempts to link scientific and technical knowledge to processes of societal guidance." This statement focuses on planning understood as state intervention and steering, and change within the established framework of society.
- 3) "Planning attempts to link scientific and technical knowledge to processes of transformation of society." The conception here is that planning serves a political function in the radical change of existing structures of society

For Friedman, these challenges provide the means with which to identify several different planning traditions or modes of planning (Amdam & Veggeland 1998; Amdam & Amdam 2000). The main purpose here is however to emphasize that planning can be several things at one and the same time. It can be:

- 1) A means of preparing for future action and goal achievement (cf. policy analysis).
- 2) A tool for continuous steering and course correction (cf. social reform)
- 3) A basically political phenomenon whose purpose is the transformation of values and structures in society (cf. social mobilization).

These view points concern what qualifies as legitimate knowledge because they emphasize scientific and technical knowledge. The knowledge is two pronged; the experiential knowledge (the acquired knowledge of the life-world) and the formal knowledge both of which have significant roles in social reform and mobilization. Indeed, the question of the status of "grass-root" knowledge as against the knowledge of the "experts" is a recurring problem in participatory planning processes involving the general public as well as experts.

Other definitions place emphasis on different aspects of planning. Friedmann (1987:38) underlines its orientation towards the future, characterizing planning as decision-making beforehand, i.e. a precursor to decisions and action. On the other hand Faludi (1987) contends with this view and adds that the purpose of planning is to coordinate subsequent decisions:

"The distinctive characteristic of planning is ... that it relates to clusters of interrelated decisions. In other words, the problem which planning addresses is coordination. It is problem solving, not of the first, but of the second order, so to speak."

Both Friedmann and Faludi thereby make a distinction between planning and later operational decision-making and implementation. In a similar vein, Amdam & Veggeland (1998) and Amdam & Amdam (2000) see strategic planning as a guide to operational planning and decision-making. Strategic planning establishes a non-existent dividing-line in the continuous stream of decisions, between the initial decision to start planning and the final implementation of the plan, and that this draws attention away from the implementation phase. Coordinating as a function of planning is however an important point. Faludi states that plans legitimize decisions before they are taken, and further that:

"Planning is a secondary activity grafted onto ordinary problem-solving. The latter directly concerns the real world. Its object [is] decisions taken with respect to problems in the real world, and not the real world as such." (Faludi 1987:128)

The point here is that plans provide frameworks for future action, at the same time as they offer logical arguments in support of such action. This is particularly true of strategic planning (Faludi & van der Valk 1994).

Among the more informative definitions of planning is that of Kleven (1998):

"Planning is a rational way of problem solving ... it contributes to the clarification of decisions. To plan is to base ones future actions on the use of knowledge, to seek better solutions to a problem with the help of various planning methods and techniques. Planning is an attempt to reduce uncertainty about what the future may bring, by applying knowledge and expert insights in the task of achieving the objectives that the organization has chosen. Planning as a goal oriented, rational, problem solving method. Planning is necessary in order ensure good decisions – it is a good means of preparing action." (Kleven 1998:9)

In strategic planning the term vision is preferable to concrete, quantitatively measurable goals, since such goals have proven to be difficult to attain in practice, due, among other things, to

insufficient means and the fact that such goals are often insensitive to qualitatively important aspects of life. This can discredit both goals and planning among the general public. Amdam and Amdam (2000) are of the opinion that the communicative planning model is best suited at the strategic and long term level, while a more rationalistic, goal oriented approach is more suitable in short term, operative planning.

Planning can therefore be summarized as follows;

- 1) Planning is a basically rational or logical activity. Its rationality can however be a compound rationality – instrumental, social, and communicative.
- 2) It is knowledge based, whether formal scientific knowledge or informal experiential knowledge.
- 3) It is traditionally orientated towards goal achievement and problem solving, but it can also be directed towards the creation of a common vision and mobilization to action.
- 4) It is oriented towards the future.
- 5) It will often seek to reduce uncertainty about the future by analyzing development trends and selecting courses of action to meet those trends.
- 6) It prepares the way for later decision making, its intention being to form the basis of good decisions.
- 7) It prepares the way for action by providing prior arguments.
- 8) It is concerned with values, value judgments and choice. It is therefore deeply political in nature.

Planning usually employs knowledge, theory and method borrowed from different scientific disciplines. In addition planning is concerned with decisions and action. In recognition of this Faludi (1973) makes a distinction between two types of theory (fig 2.1):

- Substantive theory, i.e. theory borrowed from science, used in the solution of concrete planning problems, e.g. growth-pole theory, location theory, cost-benefit analysis etc. Faludi call this theory *in* planning.
- Procedural theory, i.e. theory that explains how planning proceeds, how decisions are reached. This encompasses questions concerning process, participation, actor roles etc. Faludi calls this planning theory proper or theory *of* planning. In his opinion this type of theory is superior to substantive theory, because the way in which a planning process is carried through is decisive to the substantive result.

In the real world one will find that these two types of theory are closely interwoven; in some types of planning it is almost meaningless to distinguish process and substance, (see fig. 1), e.g. in processes of social mobilization. This study follows the procedural theory because it examined the process of planning but also integrates wit with substantive theory which addresses the real poverty issues faced by the community.

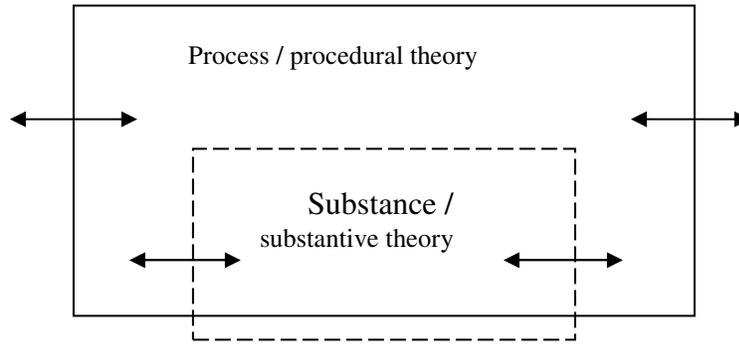


Figure 2.1 Diagram illustrating the relationships between substance, process and context of planning. *Adapted from Faludi (1973).*

Furthermore, there has been a growing body of literature concerned with communicative processes in planning which is clearly process oriented (cf. Amdam & Amdam 2000). It is useful to distinguish between the two types of theory, because it also serves to emphasize an important point, namely that planning (and even resource management) is something more than the application of scientific theory and method to problem solving in society: Not least, planning is concerned with processes that are fundamentally political in character; and there is ample evidence to support the view that such processes need to be carefully designed and handled in order to achieve robust results. A point that this study examined since the process of planning and plan implementation is a largely political process under the LGDP framework.

The character and content of planning are contextually and historically dependent, changing with the shifting problems of society and the way in which they are understood. Planning in modern times can be said to have its origin in Britain during the latter part of the Industrial Revolution. It was the terrible physical, social and health conditions in the industrial slums that commanded public planning and action. John Friedmann (1987) identifies four main modes of planning or traditions in planning thought; Social reform, Policy analysis, Social learning, and Social mobilization. This study employs the framework of development planning that embraces the strategic approach rather than the rational goal oriented approach. The later is examined

here for its effectiveness while the former as an alternative to alleviation of poverty among the poor especially the urban poor in Kawempe Division.

2.4. Understanding Development Planning

Development planning is a concept defined differently by different scholars of differing background. In economics, development planning as defined by Todaro (1994), it is a process in which government choose social objectives, sets out targets and organizes a framework for implementing, coordinating and monitoring a development plan. Because of the dimension of development, in the urban realm of study development also is considered to be inclusive of the spatial dimension of land utilization in the most rational manner (Chapin and Levy, 1991). But such rational utilization is meant for improvement of people's well-being. As noted earlier, development is a multi-dimensional process and thus planning which is also a process is meant to address developmental needs of societies which change from time to time. In the public realm, development planning is taking action on the needs of a society and it is pursued using different procedures depending on a particular country.

In Uganda, development planning is pursued through a largely bottom-up approach of decentralization in which the roles of communities and the public institutions are well defined. The next section provides an account of the development planning process at a local government level.

2.5. Urban Planning and Management

Urban planning is a process of preparing physical designs oriented towards production of guiding plans for development. It concerns with management of complex urban systems that integrate utilization of natural resources for social and economic benefits. It is essentially multi-dimensional and multi-objective in its scope due to the complexity of urban development aspects. A process of making an orderly sequence of actions that will lead to achievement of stated goals of urban development in terms of accessibility, good appearance, allocation of sufficient space for all urban needs, separation of incompatible activities/land uses and enhancement of the urban economy.

Urban planning is concerned with shaping the pattern of growth in respect to; ready and easy access to housing, water, solid waste management, recreational facilities, educational and shopping; convenience in use of infrastructure such as traffic flows; separation of incompatible land uses; convenient location of public utilities for economic development and conservation of the environment to promote public health.

Contemporary urban planning to be effective must locally be undertaken and owned. It should have broad local participation to have the benefit of current information about development activities, a sense of planning and development experience that includes monitoring and evaluating previous development activity; reliable information concerning implementation practicability and likely responses to development interventions in the areas and; sound technical, social, economic, political and strategic assessments of proposed development programs or projects Levy (1991).

On the other hand urban management involves the development and promotion of appropriate policies and tools for management of urban services and infrastructure including land management, municipal finance, administrative and urban environment (World Bank 1994). Managing an urban area requires the delivery of several services and public facilities. Developing such facilities in the most suitable locations to serve the population needs is greatly facilitated by the existence of coherent and updated urban planning tools. With regard to the delivery of public services, the needs of disadvantaged communities are given particular attention in view of achieving a rational and equitable distribution of public facilities.

In the context of this study, urban management is effectively exercised through the current decentralization reforms which offer an unprecedented opportunity to promote increased popular participation in public decision-making and improved management of public resources. Decentralization reforms have opened the way for multi-level planning systems and non-hierarchical forms of intergovernmental coordination as well as accountability of urban local governments both to the national government and local constituents.

2.6. Development Planning Profile of Kawempe Division

Kawempe Division is one of the five Divisions of Kampala district with 22 parishes. Under the decentralization process and the Local Governments Act the Division is mandated to provide basic services to the people who live and work in the Division. The mission of the Division is;

“To provide and facilitate the delivery of quality sustainable and customer oriented services efficiently and effectively”

Its vision is;

“Harmonized Division with improved working and living environment for the residents by 2020”

By nature of the mission and vision, the Division as enjoined by the Local Governments Act 1997 has embarked on development planning efforts following the 3 year development plan framework and an annual planning cycle that follows the financial year calendar and budgeting. Currently the Division is in its second 3 year development plan cycle in which investments and projects rolled over from the preceding financial years. Objectives and priorities have been revised but the main aim of the plan from the Division perspective is to enhance revenue collection in order to improve the living conditions of the residents through delivery of quality services. Plan implementation in the Division stands out as the most crucial aspect determined by the budgetary provisions. According to the 3 year development plan 2003/04 – 2005/06, the level and quality of services is still low mainly because of budgetary constraints.

Efforts to involve as many development partners and the communities are underway to increase mobilization of resources for effective service delivery in which the development plan is the driving force for the improvement. For this research, focus is on how the current development planning can be enhanced through community mobilization for the improvement of employment, housing and health services. The study is highly participative which approach is envisaged to bring out possible strategies for improved service delivery amidst low resources.

2.7. Development Planning in Kawempe

Development planning at the Division and local governments in general is a mandate of the local councils supported by the technical staff in the departments of; Welfare and community development, physical planning, engineering, public health and the financial department within the Division. Until 2000 when 3 year development plans under the Local government Development Program were launched, development planning was being done at sectoral level through the various departments and decisions made largely by the financial arm of the local councils.

A review of the Local Government Act and the Financial Guidelines for Local Governments shows a preferred bottom-up approach to development planning. The existing development planning cycle is governed by the Local Government Financial Year which runs from 1st July to 30th June. This compels the Local Governments to have annual work plans in which estimates for the forthcoming year are approved not later than the 15th of June. This planning cycle involve the following activities and stages;

The *first stage* involves the dissemination of policy and planning guidelines to the local governments. Its main actors include the Ministry of Finance Planning and Economic Development and the district.

Secondly after the notification of policy and guidelines, consultative meetings are held among the executive committee, Technical Planning Committee, Development partners and Civil Service Organizations. At this stage issues concerning the planning and budget process, participation of development partners and identification of areas of complementarity as well as indicative figures for the budget by all actors, are discussed.

The *third stage* concerns with dissemination of the outcomes of consultative meetings to the lower local councils to harmonize the approach, process and time frame.

The *fourth stage* involves community level consultations. These are held at village and parish levels in order to identify their priorities. It's mainly done through village and parish councils.

The *fifth stage* in the planning cycle involves the consolidation and submission of community proposals and plans to the Lower Local Governments. This is done by the parish chiefs, parish councils and the parish development committee.

The *sixth stage* is the holding of the budget conference to review the performance and agree on the priorities. At this stage a wider spectrum of stakeholders are involved to agree on the priorities of the Local Government. It involves the Technical Planning Committee, Council and Development partners.

The *seventh stage* is concerned with consolidating and costing of identified local government priorities. This is done by the technical planning committee.

The *eighth stage* involves discussion of the Local Government draft plans and estimates to synchronize the draft plan with the budget. This is done by the sectoral committee.

The *ninth stage* takes the draft plan for consideration and integration of the sectoral committee recommendations by the executive committee.

Tenth is the consolidation of reparation of Local Government Three-year draft plan and annual estimates. This is done by the Technical Planning Committee.

The *eleventh stage* is concerned with presentation of the Local Government Three-year Development Plan and Estimates to council for debate and approval. It is expected that the plan would then be approved and endorsed.

The *next stage* is the dissemination of information on plan and budgets to the lower councils and urban local councils. It is also involves publication of the information to the communities of the councils concerned.

The *thirteenth stage* is the implementation of the plan and budget with funds released periodically for the investment plans and projects to be undertaken.

The last *fourteenth stage* is a continuous process of plan implementation with reviews done quarterly by councils, CSO's and the Technical Planning committee.

From the details of the planning cycle under the Local Government Development Program, it is noted that there is a diversity of actors in development planning. The actors include; the local councils from LC I to LC III. It also includes the individuals in the concerned parishes, development partners (Donor institutions and embassies), CSO's, NGO's, technocrats at the councils. It is clear that planning in Local Governments and Kawempe in particular largely employs the budgeting approach. There is an element of participation but given the limited time frame of the planning cycle, adequacy of participation is still lacking.

Kawempe Division is mandated by law (Local Government Act) and by nature of its mission to plan for the development of the Division and its people. But it's noted that within the mission, the Division aims at increasing tax collection to effectively deliver high quality services. However communities for which services are meant and for that matter whom would be taxed are in a condition of abject and chronic poverty, (Lwasa and Sengendo, 2002). Thus the communities are sometimes unable to pay the taxes and thereby claim their entitlements from the Division leaders. Community participation, community owning of plans and implementation of development plans are far from being realized due the problem of plan implementation process. For example; in the 3 year development plan, communities are expected to contribute 10% of the total budget for the parish investment plan. But community leaders indicate that it is very difficult to raise this amount from the community mainly due to lack of incomes or inadequate incomes of the many households and individuals.

Budgeting for 'investment plans' (which are development projects ideally identified and prioritized by the communities at parish level) is predominantly the tool employed in implementation development planning in the Division. While a considerable level of community participation is also mentioned in the 3 year development plans implying that problems are identified and prioritized by the local communities, there is dissatisfaction among the communities in regard to changes in their priorities by the decision makers. The responsibility for decisions concerning development seems to be entirely in the council sub-committee for planning. This committee is made of technical staff and councilors. Decision

making for development projects seems to be predominated by the councilors and in some cases derailing some well-intended development projects.

2.8. Analysis Health, Employment and Housing Sectors

2.8.1. Health Services

Health and Environment are handled by the Department of Public Health and Environment at Kawempe Division, which is responsible for both preventive and curative health services under three sections namely; Public Health Inspectorate responsible for Environmental Health and Health Education, Curative Services responsible for Maternal and Child Health, Reproductive Health, Immunization, HIV/AIDS Counseling and Testing, Nutrition Service, and Drug inspectorate, Inspection of drugs, trade premises and their surveillance. The Department operations are implemented by sub units of; Medical Officers Office, Primary Health Care, Hospitals, Maternity and Child Care, Environment, Game and Vermin Control, Lower Health Units and Medical Training Institutions. Because of the diverse dimensions of health, the study focused on public health and particularly sanitation, vermin control and health infrastructure.

2.8.2. State of Public Health

From the literature on Kawempe and official documents regarding public health, it emerges that the Division is in a poor environmental state, which creates high risks to the health of the residents. This is due to the pressure resulting from population increase that has led to encroachment on the low-lying areas (wetlands) for settlement and urban agriculture. The Health concerns of the residents include; declining quality of the Physical Environment, social infrastructure, health services, deteriorating living conditions especially in the slums, frequent shortage of drugs, and inadequate solid waste management facilities (10 storage sites with 49 usable skips).

These health concerns continue to exacerbate poverty among the population of Kawempe Division. The issue of the physical environment and its influence on health of the population is the most serious concern which exacerbate curative health care that is worsened by inadequate drugs and proliferation of private drug and health outlets. These have helped offering services

but also have disadvantages including; offering non-professional advice, abuse of drug administration and encouraging self diagnosis and medication.

2.8.3. Sanitation

The Division is characterized by inadequate and poor sanitation. The pit latrine is the main type of human waste management method but coverage is as low as 62.7%. Residents share toilets whose construction is very poor especially in the low lying areas and slums. Use of polythene bags (night soil) is common and these are disposed of on; house roof tops, open drains, along the roads and foot paths, open spaces and incomplete housing sites. Flooding is a common phenomenon especially in the crowded low-lying settlements in which the biggest proportion of the population live. Flooding worsens the sanitation condition of the areas.

Due to poor planning of physical facilities many toilets cannot be accessed by a cess pool emptier and this leads to:-

- Latrines being emptied into drainage channels
- Flooding of filled latrines
- Poor state of drainage channels filled with faeces
- Choked drainage channels (urinal substances, garbage polythene, etc.)
- Use of drainage channels as latrines
- Contaminated underground water sources

This kind of environment is conducive to diseases like cholera, dysentery and diarrhoea, which commonly occur in the outbreaks within Kawempe Division.

Garbage

Although garbage is not our concern in the study it is noted that the state of management and practices pose a public health hazard due to the piles and overflows at the storage sites before it is collected. There is rampant littering with polythene bags which combination of garbage management practices results into:-

- a permanently polluted environment

- blocked access roads and drainage channels
- creation of breeding grounds for mosquitoes, flies, etc
- conducive environment for malaria, diarrhea, typhoid and cholera

Health Care Infrastructure

The Health facilities include: the Government and National Referral Hospital of Mulago, Kawempe Health Centre, Komamboga Health Centre. While NGOs have also established health centers such as St. Luke Medical Health Centre III in Bwaise II, St. Stevens Hospital in Mpererwe, Bahai Clinic Health Centre III in Kikaya and Kikaya Health Centre III in Kikaya. There are also over 50 private Clinics and health centers of different categories in the Division that are privately operated with numerous drug shops. The health facilities influence the state of health of the communities. This is in respect with costs for treatment and for transportation to and from the health facilities. Being an urban area travel costs tend to be high for the urban poor compelling the poor to refer to nearby clinics with associated risks. The current location and number of the health facilities is thus an indicator of inadequate planning.

Morbidity

The common diseases in the Division are; Measles, Diarrhea, HIV/AIDS, STDs, Malaria, Influenza and cough. Apart from poor sanitation and poor garbage management the other causes of the diseases are; inadequate social and health services, inadequate employment and income generating opportunities, idleness, illiteracy, drug abuse and a high degree of promiscuity. Thus morbidity is also influenced by the nature of environment, housing and ability to have health care within communities.

Opportunities to Improve Health Standards

As a result of inadequacy in health service provision, there are several institutions that have joined the struggle for improvement of the health situation of the population in Kawempe. These institutions are mainly NGO's and CBO's which directly offer services through their established health centers or register beneficiaries mainly children with established health

centers. Such institutions pay for the services rendered to the children. There are several players trying to deal with health related issues which include:-

- Plan International Uganda
- Save the Children Fund (UK)
- Uganda Women Medical Doctors Association
- AMREF
- World Vision
- TASO and AIC
- Mulago Hospital
- Makerere University Medical School
- Private and NGOs medical facilities
- Makerere Child Support project
- Mwanamugimu – Mulago Hospital
- UNFPA
- Child Health Development Centre (MUK)

The emergence of these institutions offers an opportunity for improved health services but mainly for curative health services. Preventive health services remains far from being achieved as long as strategic planning is not employed in development of the Division. Curative services largely remain project-based and not in built in the general health services plan for the Division. But they also continue to take a big proportion of the health budget in the Division as indicated in the table 1.2.

Community Outreach

An effort to improve health of the population is accomplished by the Division staff through community out reach. The department carries out routine programmes aimed at improving the health and welfare of the community. The programmes include; Environmental and sanitation inspection, Health education, Inspection of drugs, Vector control, Monitor refuse collection and disposal. But such activities still lack the long-range strategic planning that would offer long-term solutions to the problems of health.

Budgetary Plans for Health Services

Objective	Activities	Target	Budgetary Projections '000 Ug Shs		
			2003/04	2004/05	2005/06
Capacity Building for health workers	Refresher courses	Health workers	11,727	14,43	15,536
Quality service delivery at Government health centers	Regular supply of logistics	KCC health centers of Kawempe and Komamboga	9,681	10,863	12,481
Improved standard of refuse management	<ul style="list-style-type: none"> • Supervise and management of service delivery • Provision of fire fighting equipment 	Refuse	48,175	44,206	50,648
		Refuse	200	210	220
To control malaria and other vector-borne disease	<ul style="list-style-type: none"> • Procurement of insecticides • Clearing and desilting of drains • Spray of internal and outdoor environment 	Vectors of public health importance	8,779	9,775	10,252
Security at Komamboga health center	Erection of a perimeter wall around the unit	0.5 of the entire plot area	15,495	17,497	18,272
Health workers facilitated during times of sorrow	Provide burial expenses	All health workers	4,863	5,025	6,272
Immunization coverage and primary health care activities improved	<ul style="list-style-type: none"> • Community mobilization and sensitization • Intensify routine immunization programs • Advocate for local council involvement in PHC 	Children within the age group of 0 – 5 years	2,532	2,752	3,283
To conduct an operational research on sanitation in the Division	To collect, compile, analyze and present data on sanitary facilities	Sanitary facilities	8,524	8972	,542

To conduct regular monitoring visit to all water sources in the Division	Water quality surveillance, sampling, processing of sample and presenting data	All water sources	10,824	12425	13,521
To carry out weekly surveillance notifiable diseases to selected health units	Collection, compilation, analysis and presenting data	Selected health units	3,242	4,072	4,921
To control fire outbreaks	Purchase effuse trucks	1 fire brigade	300	32	350

Table 1.2 Source: Kawempe Division: The three year Development Plan 2003/04 – 2005/06

2.8.4. Employment

2.8.4.1. Population of Kawempe

According to the 2002 population and housing census the population of Kawempe Division is 268,659 of which 52% was female and 48% were male. The total number of households was 67,132.

Parish Name	Area hectares	Households	Male	Female	Total population
Makerere II	88.1	3743	6159	6295	12454
Makerere University	124.9		2324	2240	4564
Wandegeya	30.3	1967	3024	3029	6053
Mulago I	90.4	1479	3392	4499	7891
Mulago III	91.5	3845	7095	7116	14211
Mulago II	57.6	4071	7049	7236	14285
Makerere I	70.6	1899	3442	3503	6945
Bwaise III	72.2	3001	5055	5840	10895
Makerere III	70.3	4104	6792	7546	14338
Bwaise II	99.2	4387	7787	9042	16829
Bwaise I	120.7	4092	9248	9740	18988
Kyebando	295.6	8540	16311	17419	33730
Kikaaya	411	3489	7006	7592	14598
Kanyanya	272.5	4685	9023	10035	19058
Kawempe I	349	8526	16728	18716	35444
Kazo-Angola	173.1	3961	7125	7839	14964

Kawempe II	311.2	3409	6449	7010	13459
Mpererwe	150.6	702	1427	1532	2961
Kamabonga	366.4	1232	2660	2547	5207
TOTAL	3245.2	67132	128624	140035	268659

Table 1.3 Population and Households by Parish 2002

2.8.5. Poverty and Employment

Despite the impressive national economic performance indicators like sustained high GDP growth rate, low inflation, stable exchange, the number of the poor in Kawempe has not significantly reduced. In fact in the suburbs of Bwaise, Kalerwe, and Mulago poverty has increased (KawempeDivision 2003). The urban poor in Kawempe are very disadvantaged living in poor conditions of shanty houses and poor health.

Poverty and Unemployment pose a major problem in the Division. 54.6% of the population is poor while 21.4% of the population is unemployed. At household level lack of money is the major problem as reflected by 79% who have very little to save (Action Aid, 2003). The major cause of unemployment is the dominance of small and medium scale enterprises, which are unable to create a large number of jobs as well as poor economic and social policies. According to Action Aid (2003), it is noted that in Kawempe, the major economic activities in the Division on the basis of which jobs are created for the people include;

- Markets which employ many residents. These are

Name of Market	Number of Stalls/vendors
Dembe	110 stalls
Bwaise	175 stalls
Kalinabili	80 stalls
Wandegeya Kabaka	110 stalls
Wandegeya B	100 stalls
Wandegeya Veterans	160 vendors
Progressive	100 vendors
Bivamuntuyo	310 stalls
Kizito	600 vendors
Nsagi	110 stalls
Keti Falawo	59 stalls
Mpererwe	55 stalls
New Market opposite oil	60 vendors

market	
Kubilole	110 vendors

There are several marginal markets which are semi-gazzeted i.e. Muluya, Kajubi, Yusuf, Namukabya, Juzani and Kigozi markets all around Kalerwe Gayaza road

- Other economic activities that employ people are spread out in the parishes. The retail and wholesale activities are concentrated in the trading centers of Wandegeya, Bwaise, Kalerwe, Mulago, Kawempe and Mpererwe. Others are furniture marts, milk trading, food vending, hotels and bars, automobile services (garages), butcheries and urban agriculture.

A close look at the 3-year development plan reveals lack of a policy and deliberate policies to create employment. There are no specific projects that are intended to create jobs for the residents. This is due non consideration of strategic planning that focuses on outcomes rather than outputs.

Budget

The main sources of revenue in Kawempe Division are: Graduated tax, ground rent, licenses, markets, motor cycle transportation (bodaboda), and lease extension, adverts, building plan permits and education tax. In the financial year 2001/02 the budgeted local revenue collection was 1,979,623,000 shillings and the actual was 1,415,984,000 making a shortfall of 563,639 in revenue collection. The budgeted revenue collection for the year 2002/03 was 3,074,644,000 and later revised to 2,387,070,000 this implies that there is a tendency to over estimate revenue collection yet the tax base is not expanding in line with the estimates. The revenue estimates for the year 2003/04 were 2,368,309,000. This was expected from the same sources mentioned above but with limited mechanisms of ensuring non revenue loss.

In regard to expenditure, there seems to be an over expenditure on administration than the investments which could create employment, reduce poverty and subsequently increase revenue collections in Kawempe. This is a very crucial point in respect of resource allocation for poverty reduction. As indicated in the 3 year development plan and budget estimates, resource allocation for the year 2003/04 (budget) is as follows;

- Finance and Administration 41%
- Health and Environment 16%
- Council committees 12%
- Works and Technical services 15%
- Education and Sports 5%
- Social Services 8%
- Security Committee 3%

The budget distribution and allocations indicated above show inadequacy of financing development projects with the largest share going to finance and administration. The proportions for social services, works and technical services are low such that investment projects that would improve on poverty situation are not adequately financed.

2.8.6. Community Development and Welfare

In Kawempe the department responsible for community welfare is known as “Poverty Alleviation and Social Services”. Its duty is to mobilize and organize the youth, elderly, women, men, disabled; to empower and facilitate social groups who live under difficult conditions to achieve self reliance; to coordinate and network with NGOs and CBO programmes in partnership for development; implement the children statute to promote child care and human rights. But as indicated in the budget allocations, the department received 5%of the total budget for 2003/2004 yet it is responsible for mobilizing people to achieve self reliance in employment and welfare.

In Kawempe community literacy levels increased by 5% in 2001/02 and 10% in 2002/03. There was 100% training of parish development committees and formation of associations for people with disabilities, 270 elderly people were provided with essential requirements. The youth have received training on loan use (30%), reduced poverty in communities by 35%, enhanced community based information management system through sensitization workshops

by 1.9%, slum upgrading and improvement by 1%. This implies that poverty reduction efforts in the line of employment have focused more on training than creating opportunities for job creation. Though training is necessary for development, direct employment opportunities would greatly improve on people's well-being. There is therefore need for strategic planning so that potential job creating schemes can be identified for enabling communities improve their economic wellbeing.

2.8.7. Housing

There is limited data on housing for Kawempe Division in particular. Although data were collected during the population and housing census of 2002, this information is not yet available for reference. The analysis of housing conditions is then dependent on the 2000/2001 demographic and health survey in which Kampala district was included in the sampled areas for the survey and a few studies done by individuals on housing issues. Data are therefore a summarization of the urban sample drawn from all the districts involved. However this information gives a broad picture on housing in Kampala and can be used to get an overview of housing in Kawempe Division.

According to the demographic and health survey (2000/2001), housing quality was measured with the use of floor materials due to the income dimension. It is indicated that 19.3% of the housing units in urban areas have earth or sand screed floors, 7.1% dung and 47.8% cement. This shows the appalling conditions of housing though when compared with previous statistics of 1995, there is an overall improvement in the status of housing conditions. A few studies focusing on parishes in Kawempe also indicate an improving housing situation in terms of materials but appalling conditions in terms of the general housing environment. Crowding in the tenements (*mizigos*) is common with a mean household size of 4.2. There is also crowding of housing units per unit area due to the haphazard development of housing in Kawempe.

Housing in Kampala and Kawempe in particular is provided through self housing using savings from personal or household incomes. This is because of the government policy of 'enabling approach' in housing adapted in 1992. The local government is meant to guide the development of housing and employs development control to guide development. Due to high

population growth, housing development has proceeded through settlement on low-lying swampy areas that hitherto have been unoccupied or only used for industrial activity (3 year development Plan). Since the local authority had not expected such settlement patterns, no planning for services and housing had been done for such areas. Haphazard housing is not only in low-lying areas but also occurs on higher slope areas as well as middle-slope areas.

Since Kawempe Division emphasizes development control as a means for collecting revenue, guidance and enabling housing provisioning by the population is limited. Thus just like population, the local governments' emphasize development control (which partly explains the poor housing in the Division), rather than creating an enabling environment for proper housing. This is also related to the issues of employment and incomes of the people which do not favor adequate housing provision. But strategies for improvement of housing need not be direct provision by the local government. Development control mechanisms, planning with the people (especially in regard to land ownership) and identifying partners in development can help improve the housing situation and delivery in Kawempe. The lack of access roads to houses, a poor layout of housing and plot subdivision can not only be eliminated through development control. It requires a participatory approach that is pro-people in order for them to accept adjustments on their plots for proper access, proper housing and other services to reach their settlements. Thus the quality of housing in terms of materials used may be improving but issues of space available both within and without a housing unit, access roads, drainage facilities and general layout of the neighborhoods is far from what is envisaged by the spatial development plan.

2.9. Conceptual Framework of the Study

The study framework is based on the concepts developed in the review of literature. The review of literature provides an understanding and operationalization of the concepts and their relations. These concepts include planning, poverty, development plans and housing, health and employment. Review is also done to establish the interconnectedness between these concepts through the process of planning system and development system. This section also highlights the different experiences in different countries in relation to the urban development.

In the conceptual framework of this study, development planning is considered to be a set of activities in which society assesses its conditions and determines a desired state in the future. In this context paths and resources are mobilized to ensure that the society reaches the desired state. But planning is largely a public activity since the desired state is done and determined with or on behalf of the public. Despite being done on behalf of the public, contemporary planning approaches have also included the public in decision making that would influence their lives. Thus the decentralization framework under which planning in Kawempe is carried out provides a basis for short-range and long-term planning. Experiences however indicate that the desired outcomes are not realized and therefore the need to refocus and change of approach from short-raneg to long-term strategic planning approaches if poverty is to be alleviated.

Chapter Three

Research Methodology

3.0 Methodology

The study was conducted following a case study approach that included a comparative analysis of four study sites. A representation of settlements at various stages of development was the basis for site selection from which a sampling frame was designed for sampling. The employed mainly participatory methods of research, which include statistical sampling, Geographic Information System, interviews, content analysis, participatory interviews, Key Informants, frequency and cross tabulation generation as well as correlation analyses. The results are thus presented as summaries of data analyzed using these various methods. Thus the study largely employed qualitative methods but was supplemented with quantitative methods.

3.1. Research Design

The research followed a case study design based on four parishes representative of the Division that were selected as indicated in map 1. The study population included technocrats and development plan implementers, as well as the households for which the plans are intended. The research targeted the persons involved in delivery of services for the improvement of people's lives in Kawempe. These included planners, welfare officers, community development officer, parish development committee members, councilors and the council sub-committee concerned with planning. For a balanced assessment of the effectiveness of development planning, the research employed participatory techniques in identifying the needs of the people, resource allocation and utilization. Focus group discussions based on gender, age, responsibility held among others, opinion leaders, women and the youth were conducted to elicit data from the community.

For the households, a stratified sample of 2% was selected for the interviews. The sample was selected using proportional stratified sampling to ensure representativeness of the entire population. The sample population was divided in strata based on critical characterization of parishes on the basis of low-income, middle-income and high-income people (the

characterization was based on generalized criteria of nature of housing and infrastructure). This enabled the use of random sampling of the parishes from which the final sample was selected.

Because the study also targeted technocrats and decision makers in development planning, the research used key informants for representation of this target population who included; the Division planner, Welfare Officer, Health Inspector, Engineer, Economist/statistician, and councilors from the selected parishes.

Parish Name	Households	Male population	Female population	2% sample
Mulago III	3845	7095	7116	66
Bwaise III	3001	5055	5840	57
Kikaaya	3489	7006	7592	63
Mpererwe	702	1427	1532	35
Total sample				221

Table 1.1 Population 2002 and sample size for the survey

3.2. Data Collection Methods

Several methods were employed to elicit data from the targeted population as shown in table 3.1 below. Interviews were conducted on a selected sample of households from the selected parishes. The method gathered data on needs and priorities of the local population in the study area. An interview schedule was used to collect data from the households (appendix I). Focus Group Discussions were held in each study site to elicit data on community needs, priorities, resources available and opportunities for improvement in implementation of development plans. Several meetings were held with the communities to establish contact and build rapport for participation of the communities in the research before embarking on the actual collection of data. After the phase of data collection and preliminary synthesis of findings, a validation meeting was held with the communities for a feed back on the study findings. The ideas in this meeting are incorporated in the report.

Research Issue	Data Collected	Data Source	Method of Collection	Method of Analysis	Outputs
Planning	<ul style="list-style-type: none"> • Procedure • Actors • Implementation activities • Resource allocation 	<ul style="list-style-type: none"> • District plan • Division plan • Parish plan • Planning committees • Local government Act • Stakeholders 	<ul style="list-style-type: none"> • Review of literature • Use of key informants • FGD's • URA 	<ul style="list-style-type: none"> • Content analysis • Question Based Planning 	<ul style="list-style-type: none"> • Process of planning • Actors involved and roles
Employment	<ul style="list-style-type: none"> • Sources • Types • Levels • Numbers 	<ul style="list-style-type: none"> • Households • Plans • Employment establishments 	<ul style="list-style-type: none"> • URA • FGD's • Key Informants • Household survey 	<ul style="list-style-type: none"> • SPSS • GIS 	<ul style="list-style-type: none"> • Employment rates • Opportunities and constraints
Health Services	<ul style="list-style-type: none"> • Distribution • Number • Accessibility • Ownership • Patient staff ratio 	<ul style="list-style-type: none"> • Medical records • Household survey • Plan • Health department 	<ul style="list-style-type: none"> • Mapping • Household survey • Key informants • FGD's 	<ul style="list-style-type: none"> • SPSS • GIS 	<ul style="list-style-type: none"> • Characterization of service levels • Service demands • Quality of services
Housing	<ul style="list-style-type: none"> • Type and distribution • Ownership • Mode of acquisition • Quality 	<ul style="list-style-type: none"> • Household surveys • Estate agents • Division Plan • LC officials 	<ul style="list-style-type: none"> • Mapping • Household surveys • Estate agents • FGD's • URA • Key Informants 	<ul style="list-style-type: none"> • GIS • SPSS • 	<ul style="list-style-type: none"> • Level of quality • Satisfaction

Table 3.1 Data collected, methods and analysis techniques

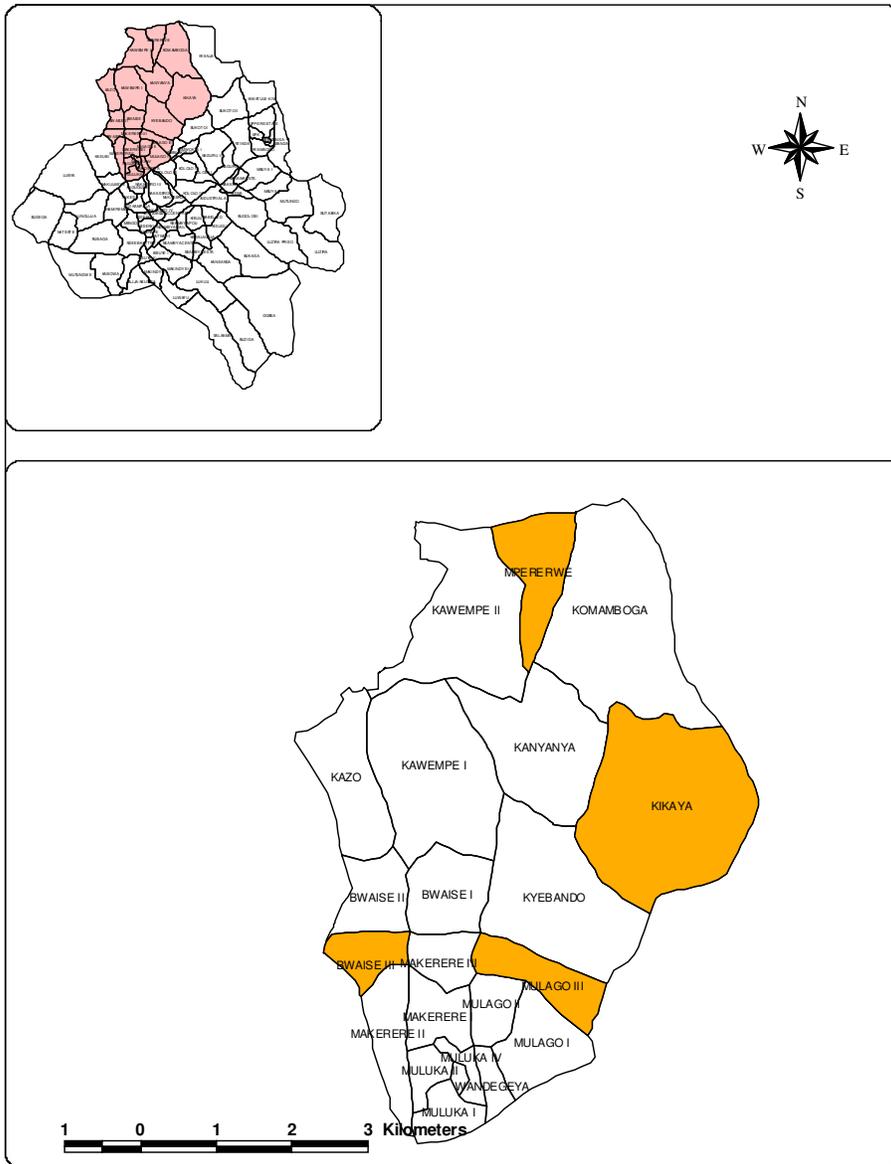
3.3. Preliminary Meetings

The initial activities of the research involved meeting with communities to establish contact and allow building rapport with the communities, which would eventually help in the collection of the data. Since the main methodology was participatory research, these initial contacts were important in bringing the communities on board the research process. The researchers made the contact through local leaders mainly LC II secretaries since the sampling and data collection

was to be done at parish level. In the preliminary meetings, research issues were communicated by the researchers to find out whether they were relevant to the communities. This was followed by development of research instruments which again were validated with the community representatives. The composition of the community representatives in all the preliminary meetings was a mix of LC leaders, some prominent local residents, Parish Development Committee (PDC) members, youth and the women. It was the community contact persons who selected the individuals to ensure that these categories are represented.

3.4. A brief Description of the Study Area

The study area is Kawempe Division but representative administrative parishes were selected for a case study analysis. Kawempe Division is one of the five Divisions of Kampala with the third highest total urban population (UBOS 2002). Kawempe Division is also home to some of the City's industrial zones in Kawempe I, Kawempe II and Bwaise I parishes. As an industrial area, it has attracted development over the years making it the fastest growing Division in the City. Urban sprawl has therefore occurred very fast in tandem with the population and demographic changes of the Division and City. The four parishes (as shown in map 1) were selected on the basis of characterization of parishes as of low-income. This grouping of the division parishes enabled the use of random sampling of the parishes from which the final household sample was selected. The level of development in the parishes was assumed to generally depict a certain social group with certain poverty characteristics.



Map 1 showing the Location of Kawempe division and the Study parishes

3.5. Documentary Review

Secondary sources of information were utilized to get an understanding of the current situation in the Kawempe Division. Literature was also reviewed for the theoretical and conceptual basis of the study in order to place the study in a conceptual framework. The Division annual budget, 3 year development plan, action plans and other relevant literature were reviewed for an analysis of the situation in the community. This information formed the basis for analysis of the development plan implementation by raising questions such as why, despite the efforts to implement projects, poverty and in particular health, housing and employment are still a problem and probably on the increase in the area.

3.6. Questionnaire survey administration

Following the preliminary meetings, review of literature for a situational analysis, and validation of the research instruments, a survey was conducted in each of the sites using the questionnaire. Data collected was from households for whom development plans are intended to assess the effectiveness of the implementation in meeting the community needs. A total of 203 households were interviewed to elicit data on the thematic areas of health, employment and housing although 221 were targeted. This was because of non response in some areas which is attributed to the 'research fatigue'. Views were also collected from the households regarding their involvement in development planning and capabilities for their participation.

3.7. Key Informant interviews

For information concerning the decision making procedures and the planning procedures, questionnaire administration formed the main method for gathering the data from the key informants. This method was also used to get the process for the development committee of the Division and the parish development committee. An interview guide (appendix II) was developed and used for the purpose of collecting information from this category of respondents.

3.8. Data Analysis

Quantitative Data collected using the above methods, was input in and processed using the SPSS program and analyzed to generate frequencies, correlations and multivariate statistics. This analysis has yielded patterns in the levels of poverty on the three thematic areas within the Division. GIS was used for a spatial characterization of quantitative data and information. Qualitative data was analyzed using content analysis method and summarized thematically in order to keep the views of the people as much as possible.

3.9. Involvement of Community and Policy Makers

The research team held four preparatory meetings with the communities in the four parishes. In these meetings, the research issues, focus and activities were discussed. It was generally agreed in principle that the research issues were relevant to the problems of the communities. This is because the research addresses one of the crucial issues of making the voices and priorities of the local community heard by the policy and decision makers. The research team was also able to interview some policy makers and technocrats informing them of the research activities. Through these meetings most of the relevant documents required for the research were availed by the policy makers. These included reports on development planning in the Division, the 3 year development plan, the current budget and procedure for local council planning cycle. Health and housing reports were also acquired through this dialogue with the leaders and policy makers.

3.10. Limitations of the Study

It was proposed in the study that quantitative data will be collected from a sample of between 5 – 10% in order to supplement the participatory methods employed. It is noted that the total number of households as per 2002 census in all four parishes is 8000 approximately which implies a sample size of 800 households or 400 households if it is 10 or 5%. But due to the budgetary limitation determined by the research grant the study could not increase the number of research assistants and the work involved would be enormous. Thus a smaller sample of 2% was taken instead of a 5% sample.

3.11. Issues that emerged from the Preliminary Community Meetings

Communities raised an issue of inability to raise the 10% of the total investment plan budget before the development projects are undertaken. This is requirement for LGDP funding that has to be met by any community within which development projects would be undertaken. The failure was attributed to poverty and lack of employment which is so rampant that collecting a levy from the community is difficult on the part of the administrators and community leaders.

Another issue which emerged from the community is the misrepresentation of community interests and priorities by the leaders to the Division council. The communities are concerned about the changes in their priorities to the council mainly by their leaders leading to investment projects implemented that are not of their priority.

Research fatigue is a serious issue in which the communities advanced that many researches are conducted more or less on the same issues and they never see the benefits of such researches. The research team however was able to clarify on this matter by explaining the different types of researches conducted and how different the current NURRU supported researches have been conceptualized. Associated to the issue of research fatigue is the application of the outputs. Communities have expressed their concern that the results may not be used by the authorities rendering their contributions redundant.

The preparatory meetings also revealed the community conceptualization of poverty as not only being lack of money or employment but it is multi-dimensional condition with various factors that have made poverty chronic, including diseases and attitudes. The communities argue that 90% of the diseases from which the people suffer can be avoided but due to their attitudes, they continue to be rendered non-productive because of sickness and man-hours lost.

Chapter Four

Interpretation and Discussion of Research Findings

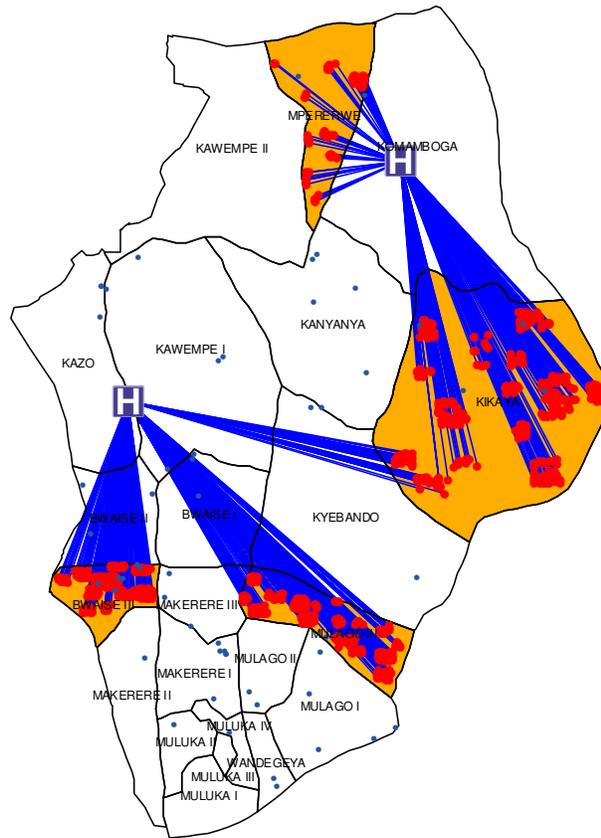
4.0 Community Needs Assessment

4.1. Health Needs and Delivery of Services

Health needs can be categorized into two namely; curative health services and public health services. The focus in this study is on public health services which involves ensuring prevention of diseases and the spread of such diseases as emanating from the nature and quality of environment in which people live although some elements of curative health services are discussed due to the relationship with public health issues. The delivery of public health services to the communities was found to be planned for by the Division but lacking on some aspects especially in the assessment of the needs during plan formulation. In all the sites of the study, the community identified the KCC health centers as existing and providing health services to the community. Additionally, Mulago referral hospital was also noted as offering services either directly or indirectly to the communities. The communities raised the issue of proliferation of private clinics which in a way are helping by offering a service due to the availability of the drugs in such clinics.

Despite the existence and predominance of the private clinics, the need to have services nearer to the communities is evident. According to the supplementary survey 93.1% of the households had a member to have fallen sick in the previous 30 days at the time of survey and 74.4% of these had malaria compared to 11.8% with cough as the second ranking infection. This implies that there is a great need for treatment of malaria which is curative but equally a need to consider the root cause of malaria and find long-term sustainable solutions to the problem. A further examination of the data revealed that 96.1% sought medical attention from established health centers and 63.1% did seek for attention in private clinics while 22.2% sought it from hospitals. The predominance of private clinics' use is perhaps explained by the distances to the nearest KCC health facility. The survey established that in all the study sites, average distance to

the health facilities was 2.5 km with Mulago III being an outlier with an average distance of 3.2 km despite being near the main referral hospital.



Map 2 showing health unit accessibility in Kawempe

WARD_NAME	DISTANCE IN KM
BWAISE III	1.9172
KIKAYA	2.7172
MPERERWE	0.9859
MULAGO III	3.0947
Average All	2.6341

Table showing average distances to health units in Kawempe

For example in all the study sites the communities pointed out that the travel expenses to the health centers are relatively high and discouraging (depending on location) yet there would be

chances of not getting help in the health center. Similarly, drugs are not always available at the health center which makes it difficult to be used by the communities. Besides distance and non availability of drugs, the personnel at the health center of Komamboga do not operate for long hours in the day which makes it difficult for emergence cases. It was noted by the community that because of the inadequate services at the health centers, private clinics have proliferated bringing the services nearer to the people but without failing to be of risk to the community. The community expressed risk associated with private clinics as diagnosis by unqualified staff, fear for dispensing of expired rugs and non proper administration of drugs (for example drugs are administered according to the financial capability of the patients and not dose for sickness as noted in Bwaise III and Mulago III). Besides existence of private clinics practicing modern medicine, the community also expressed existence of traditional healers to whom some community members refer for health care. On this type of health service delivery, the community noted that it is attitude dependent and a categorization of diseases as ‘traditional’ and or other.

In regard to public health the community noted the rampant malaria is mainly due to the bushes, ponds and streams running through the study areas although the environmental characteristics differ greatly between the parishes. Where as Mpererwe and Kikaya are predominated by bushes and ponds of extracted earth, Mulago III and Bwaise are mainly characterized of stagnant pools of water in clogged drainage channels due to the intensity of development. In all cases, the environmental characteristics have created breeding grounds for disease vectors. Thus the problem here is not simply and only malaria but the living environment which is partly determined by the nature of spatial planning and development of neighborhoods. It would imply that dealing with the vectors at the breeding grounds would offer long-term solution and indeed it’s an act that Kawempe has been undertaking but the community expressed their dissatisfaction of stopping the spraying of the mosquito breeding grounds.

The other public health issue is sanitation in relation to human waste management. Sanitation in Bwaise III and Mulago III was worse off than in Kikaya or Mpererwe. The community representatives observed that some areas in the parish have developed haphazardly leading to congestion in such areas. As a consequence, human waste disposal and management is pre-

dominated by pit-latrines which fill up easily but costly to empty. Open dumping grounds, pools of stagnant water, bushes and pit-latrines do not only offer breeding ground for mosquitoes and other vectors but can be a direct source of infectious pathogens. The community emphasized the pit-latrine problem which is a nuisance especially during emptying. Under LGDP some public toilets have been constructed but these were found inadequate as the case of Mulago III where three of such toilets were constructed for a population that is high and in a congested environment. Therefore as a health need, the community requires a serious consideration of public health in terms of public toilets, drainage lining, solid waste management which would have an impact on morbidity rates.

In the case of Mulago III parish, public health improvement efforts have been underway in which an NGO called Shelter and Settlement Alternatives (SSA) has assessed community needs and identified solid waste management as a critical environmental health issue. The NGO has sensitized the community and provided tools for management of wastes in collaboration with the community. This has improved the waste management in the area though it is focusing on a few zones especially Kifumbira. But public health issues are a serious problem to this community. The effort of SSA is also an indicator that community mobilization can help in improving health conditions of the residents.

Thus there are serious public health needs of the community in Kawempe Division and these needs are not adequately met through the current development plans and investment projects. This however is not to imply that there is no effort for health care and improvement in the Division. As indicated by the 3 year development plan and the annual budgets of Kawempe, health care is provided for and in the 2003/04 budget 16% of the total budget was for health and environment. From the community perspective, Komamboga and Kawempe health centers are ideally the health service centers for the communities in the entire Kawempe Division since they are supported and funded by government. Though the health centers provide relatively cheap services, the distances to the health centers and the often non-availability of drugs makes their access expensive to refer to in case of sickness. Kawempe Division Health Centre is congested, that is, the ratio between medical worker to population ratio is high. It was also noted that workers arrive as late as 10: a.m. and leave as early as 1:00 p.m. therefore leaving

many patients unattended to. Patients are also often told to try Mulago'. There are no shifts at the health centre except for the maternity ward but the health centre is clean on the whole.

From the information availed by the community as well as the technocrats at the Division, it was found out that the needs of the community in terms of public health are diverse. Vector control (especially mosquitoes), drainage management, proper solid waste management and appropriate and sustainable human waste disposal facilities all include the needs that have to be addressed for a healthy community. Public health transcends provision of health services to include dealing with the living environment. There is evidence that the health of the community in Kawempe is greatly influenced by the environment in the neighborhoods. These needs require to be addressed in an integrated manner if poverty reduction is to be achieved. But information regarding the state of living environment is pre-requisite for proper assessment of the health needs of the community. According the Division Planner, information used in planning is mainly from official statistics from UBOS and NOG's which may not be operating in all parishes. But such information is usually scanty and may not give the interconnectedness of health issues. Subsequently, plan formulation is done on a basis of inadequately up to date information. The lack of information was also raised among the community in regard to allocation of investment project funds for LGDP, in which use of statistical figure of 1991 disadvantaged Mpererwe parish because during the 1991 survey, it had a low population and was typically rural. The implication of inaccurate and up to date information is inability to plan for a dynamic community in the Division. Thus this shows the ineffectiveness of plan formulation in assessment of community needs and eventual integration into development plans in Kawempe.

4.1.1. Health Needs Prioritization

In development planning under the decentralization framework, prioritization of development projects through the stages outlined earlier is an inherent component in ensuring community development and poverty alleviation. There is a disjuncture between the community health needs and the health projects in the Division. The community expressed dissatisfaction on health needs prioritization although health is ranking high in the development plans and action plans. But the actual needs of the community are not prioritized at the Division level. For

example the health center of Komamboga is inaccessible due to distance and costs. Secondly the health center is serving the whole constituency of Kawempe North which partly makes it overwhelmed by the demand for health care. Although there is a plan to expand the health center of Komamboga by KCC, the community feels that there is need to incorporate in the development plan health centers for the different parishes. That population is growing and so the demand for services within proximity to the settlements. This view of the community is foresighted and captures the dynamic demographic and social changes. The issue is not necessarily to have the health centers constructed at once but points to having a strategic framework in health service delivery which would eventually offer better health services to the community. Such health centers can be constructed in phases over a time period in collaboration with communities.

Another example of prioritization was noted in Mulago III in which plans to improve health service provision exist and some of the activities have been implemented such as sensitizing people on health and sanitation issues by CBO's. Such plans must be endorsed by PDCs but are not taking off because there are some problems. For example the PDC of Mulago III prioritized acquisition of land through the City Community Challenge (C3) in order to establish a community health centre. It was however suggested by the Division that money for such a venture be secured from the LGDP funds which are grants as opposed to C3 money which is a loan. The change issue here is not considering the strategic vision of alleviating poverty of health in the communities.

LGDP funding is mainly handled by the Division and does not reach parish level. According to the community the Division implements projects without consulting them and only inform the community of the outcomes of the projects. They are not given a chance to implement their own projects. It was suggested that the PDC be given autonomy to control the areas' development trends since they know the needs of the locals more and the local people's problems. The Division needs to play a supervisory role. In terms of priority, the Mulago III PDC ranked health service provision third among all the needs of the community. Locals are involved in identifying and ranking of the most pressing needs which the PDC later forwards to the parish (Muluka) Council that makes the final decision on the priorities. The outcomes are later communicated to the locals but some times differ from what the community priority was.

In response to the ranking of the problems, the Division decided to only fund the lining of one of the major drainage channels and for only 250 meters.

The community indicated other health needs that have not been met by the existing development plans as well as the activities of the NGO's. These include sanitation needs especially in the area of sensitization on sanitation related issues. A CBO called FECOD is set to continue with Plan International's sensitization work in the area when Plan International finally winds up its community work in Kawempe. The discussion considered the possibility of including sensitization on the priority list of the PDC and it emerged that it would but the Division has always indicated that capacity building has been built by the Community Welfare Department in the area of sensitization. From this example it emerging that there is also a mismatch between the regulations of development planning on the part of the Division and the other providers in Kawempe. Coordination is necessary for effective formulation of long-term health improvement in the Division.

4.1.2. Providers and Modes of provision

As already mentioned, two health centers and one national referral hospital are the health facilities available in Kawempe Division. But despite their existence, numerous providers have emerged including private clinics, NGO's and CBO's which have helped in the provision of health services to the community. Some of these NGO's include MUJCR (Makerere University Joint Clinical Research), CHAI (community HIV Aids Initiative) and family Planning Association of Uganda (FPAU). The emphasis of these NGO's is mainly on sensitization and teaching of the community on issues of HIV Aids, distribution of condoms, child health care and health care for women. For CHAI, it additionally caters for HIV Aids orphans by providing scholastic materials. It was noted by the community that some of the organizations' work benefit all the people in the community in the delivery of the services. The emergence of the NGO's in health service delivery should indeed be seen as an opportunity for improved health care among the community but community members expressed reservations on the operations of some of the organizations citing sustainability of the NGO's. This implies that reliance on private and NGO providers may not be the basis for long-term health improvement in the Division.

In the field of health, three major NGOs are operating in Kawempe and these include Plan International, Action Aid, and Uganda Youth Development Link (UYDEL). UYDEL mainly mobilizes youths for development projects and also removes children off the street. It has established several aid posts. Plan International has built public toilets and also has a mobile clinic. It also pays for the de-silting of channels within the area. KCC under the Kampala Urban Sanitation project (KUSP) is expected to build a public toilet to further improve the health and sanitation condition in the area. But all these do not offer a long-term solution to health improvement in Kawempe without a strategic plan for the Division. There seems to be emphasis on management of health problems as they emerge without dealing with the root causes of such health problems. It is understood in this study that in the root of the cause lies the solution.

The involvement of various service providers further reveals management of poverty alleviation in a crisis manner. Every provider deals with a component of poverty and is done usually in a few parishes. In some cases there is duplication of efforts by the providers further indicating mis-coordination of development efforts. Managing problems by crisis, emphasizes dealing with the symptoms of the problem rather than the cause. Thus the lack of a strategic framework and plan for poverty alleviation in Kawempe is mainly attributed to analysis of needs and formulation of the development plans.

4.1.3. Suggestions for Improvement of Health care in Kawempe

Some suggestions to improve health services in the area were raised by the community and these include the following;

- Construction of a Parish Community Health Centres to bring services nearer to the people and decongest the Division Health Centre. Additionally attract NGO's for that matter to help out in acquiring land while there is still some space for a health center
- Sensitization should be brought more close to the local population and needs to be a continuous activity to encouraged people to participate in public health issues.

- More efficient handling and timely removal of rubbish by providing more skips otherwise people would continue dumping rubbish in channels and propagate the sources of disease
- More drainage channels need to be constructed especially for areas that are developing very fast and in a low lying area.
- Decision making on the projects to be implemented should be left to the lower local PDC's with close supervision of project implementation by the Division.
- The need to consider the community as developing and populated rather than being considered in development projects using somewhat static population figures of a census.
- KCC should facilitate at least the Church operated health centers to bring the services closer to the people as compared to the Komamboga and Kawempe health centers
- Avail latrine emptiers at subsidized rates as a temporary measure to deal with the problem of filled latrines. Otherwise, as a priority, public toilets need to be constructed under LGDP to overcome the problem. It was noted here that there is also a need to revisit the VIP types with probably more stable water closet type facilities.
- Similarly for public health safety, water supply needs to be extended to the areas and especially in the congested areas
- Allow PDC to coordinate with technical staff to check the work done by contractors such as on drainage to improve sanitation
- Establish a mobile clinic and get health practitioners such as birth attendants nearer to the people especially for peri-urban parishes
- The Division should release funds depending on the priorities of the community represented by the PDC. It was noted that the Division some times has its own priorities by over turning those of the PDC. For example for public health improvement in Kikaya, the PDC prioritized public latrines but the Division suggests the completion of the classroom block at Kisasi primary school
- Spraying of mosquito breeding grounds and pests was also considered a priority to improve public health in the parish.
- The community expressed need to classify urban parishes as rural sub-counties in the allocation of funds for health projects

- Perhaps the most critical suggestion from the community which is also a cross-cutting issue is sensitization and communication of health related information to the communities. The community strongly suggested the increase in communication of health information to foster awareness and sensitization. Suggestions to this end include; continued information flow from leaders during LC meetings; organizing a “Child health day” at parish level in order to handle nutrition, PHC, Immunization issues among the community; and identification and collaboration with community resource persons on issues concerning distribution of condoms and informing of people on drug use, modern medicine and avoidable diseases.

Thus from these suggestions, a health center of grade II is required for the communities to provide the much needed health services of infection treatment. The budget plans indicate an inclusion of delivery of health services but on the ground such budgetary allocations are not realized. For example according to the community in Mpererwe, fumigation of vectors indoors and outdoors had started in the area but stopped by the Division leaders on the suspicion that the pesticides were not suitable to use in the environment. It was also noted that the households were meant to pay a fee for the fumigation despite the budgetary allocations by the Division.

Concerning public health issues, it is clear from the findings that development planning does cater for this aspect but only on short term basis. Planning for drainage lining, malaria control, public latrines and solid waste management is done in case of emergencies. Strategic planning has not been undertaken for sustainable maintenance of public health. Through all the case study sites, calls for reinstatement of vector control through periodic spraying are pronounced. The communities argue that previous efforts to control vectors yielded results, but the laxity today is partly responsible for the increased incidence of avoidable infections that are transmitted by the vectors.

4.2. Employment needs

Employment is critical for the sustenance of the urban population and the economy at large. Employment has multi-dimensional outcomes if the level of unemployment reduces. It can improve the livelihood of the population but it can also improve on the revenue for the City

Authority. The need for employment is reflected by the population figures of the Division but the employment needs are diverse. Employment activities established by the survey including masonry, vending, transportation and brick making which are by far the most important sources of employment for the majority of the population. According to the survey, 58.1% of the households were self employed while 29.6% are in private sector implying working for a private enterprise other than your own enterprise. A further examination of the data reveals slightly differing levels of sources of employment as shown in the cross table 3.1, in which Kikaya has almost same level of source of employment between self employment and private while Mpererwe is predominated by self employment sources. The survey further reveals that the major sources of household income include Trade/repair at 33%, construction 16.3%, petty trading/Hawking 18.7% and other 20.7%. This points to the need to create jobs in these areas in order to make the urban population more economically active. The challenge is to make use of the available resources including the human resource at what ever capacity level to make the urban population economically active.

		Employment of household head				Total
		Self employed	Government employed	Private Sector	Other	
Kikaya	Count	27	7	27		61
	% within Name of Parish	44.3%	11.5%	44.3%		100.0%
Mpererwe	Count	27	2	1	5	35
	% within Name of Parish	77.1%	5.7%	2.9%	14.3%	100.0%
Mulago III	Count	25	5	15	3	48
	% within Name of Parish	52.1%	10.4%	31.3%	6.3%	100.0%
Bwaise III	Count	39	2	17		58
	% within Name of Parish	67.2%	3.4%	29.3%		100.0%
Total	Count	118	16	60	8	202
	% within Name of Parish	58.4%	7.9%	29.7%	4.0%	100.0%

Table 4.1 cross tabulation of employment source by study site

Additionally, the survey also elicited data on nature of the employment for the households. 68.7% of the households considered their employment as permanent, 12.8% seasonal, 15.3% part-time contract and 3.0% part-time. A further examination of the data also reveals that trade/repair, petty trade and other job descriptions predominate the permanent jobs as

conceived by the households. But by nature of these predominating jobs, disguised unemployment (as a coping strategy) is evident in the area especially through petty trade and hawking. Thus poverty of unemployment and associated income of households in Kawempe is prevalent.

From the community FGD's it was raised that local transportation (using motor cycles) commonly known as *Bodaboda*, brick making, fabrick making and masonry and porter work are the major sources of employment in the area. In terms of ranking, the different communities are employed as shown in the table below.

Study Site	Ranking Employment Sources		
	Rank 1	Rank 2	Rank 3
Kikaya	Brick making	Local Transportation	Mansory
Mpererwe	Mansory	Brick Making	Petty vending
Mulago III	Petty vending	Fabrick making	Local Transportation
Bwaise III	Petty vending	Local Transportation	Mansory/Porter work
Overall ranking	Petty Trading	Local Transportation	Mansory/Porter work

Table 4.2 Ranking of employment sources by the community

But the overall ranking of employment sources by the community identifying the major three shows that petty trading which includes hawking, road side trading and small kiosks in the residential areas is ranked as the major source of employment for the community. Brick making and masonry were ranked in two of the communities. The community also noted that unemployment is high in the area and it's mostly the youth local to the different areas (born and lived in the area) who undermine such jobs as masonry, porter work and *Bodaboda* that are not employed. However the type of jobs listed here are considered being for men. This highlights an implicit but important aspect of gendering employment and that men are the main providers to their families. In the FGD's conducted it was clear that employment was primarily for the male youth or men. But a further probing on the issue revealed that women are also engaged in activities as a way of provisioning for the households. Vending was ranked first for women as the major source of employment. Vending is mainly done in kiosks in or near the

home and markets. But since there are relatively few markets in Kawempe division, vending was observed as occurring in kiosks and in the homes of the people. The small trading centers in the Division offer spots for establishing kiosks for vending in various items.

The community observes that although the types of jobs described above only absorb few people leaving an average of 75% of the population that stays in the community through out the day, unemployed. The statistic given is estimation by the community from their experience and observations in and the community. A more refined statistic of 40% was reached by consensus after discussion that some people engage in part-time jobs depending on the availability of such jobs such as masonry or porter work. This was in consideration of the masonry and porter work in which jobs can be available for some weeks and not available for a period. For example as advanced by the community, some people do work as porters in the near by locations of their residence but such jobs are not guaranteed for long time. Unemployment as estimated by community is high and explained by several factors as observed by the community representatives. The driving forces which converge to enable persistence of unemployment are discussed below;

One of the critical driving forces for the persistence of unemployment in Kawempe Division is migration into the area. The community pointed out that there are so many people who migrate to the area, coming from different parts of the city and the country in search for jobs. Migration is occurring with inadequate activities that would offer job opportunities to the community.

Secondly, the community observed that KCC has not gazetted areas for commercial activities such as markets which can offer employment to a lager population. This is in conjunction with the license fees and taxes that are burdensome to the population. These fees as advanced by the community have pushed many people out of business considering the fact that such many businesses are operated on small scale from the meager savings of the family, household or an individual. However in terms of effectiveness of plan implementation, markets seem to be a focal point for job creation but it is important to highlight that not many residents would be employed in the markets. The challenge here is to find alternative projects that can create jobs for the population. These could be initiated by the community or even KCC. For example the

LGDP would be an opportunity for job creation and ‘double-edged’ by effecting development and providing employment at the same time. A proportion of the employed population is involved in masonry and or porter work on construction. Therefore the construction industry would offer job opportunities for the population if it is planned for and promoted in the LGDP or any future development Programmes in the area. But the community notes that LGDP has not improved employment that much because of the tendering process that favors private companies that do not employ the community members.

The community noted as a third driving force for persistent unemployment that there is inadequate effort to inform the public about job creation and entrepreneurship. It was observed that many community members are ignorant about means of creating jobs. Public education on business skills is vital for enabling the community to be self employed. This argument generated debate on the existing efforts through media and the community development department of KCC in which educational programmes being pursued were considered inadequate for creation of a knowledge community in the area of business and enterprise management. But from the discussion, it emerged that there is need to think about alternative job sources, those that can tap the human capital available in the community and the other resources within the parish.

Associated with the issue of informing the community about job creation and entrepreneurship is one seemingly outstanding issue of politicking in development planning and implementation. The community observed that development programs have been politicized so much that some community members and or leaders frustrate the projects due to their political inclinations. The community representatives in the FGD’s noted that the politicization of development is not only a wrong act but a hindrance for overall development. Responsibility to direct development rests on the shoulders of the leaders but when the same leaders frustrate development, questions about social justice and governance arise. For example in Kikaya, it was also observed that opportunities would be created by NGO’s in job creation, but NGO’s seem to be shunning the parish. The community attributes the shunning of the parish by the NGO’s to politics which they consider ‘bad politics’. In the discussion of the LGDP implementation procedure in Kikaya, the community expressed dissatisfaction due to the many loop holes in the process that does not increase job opportunities. Local communities noted lack of

information on eligibility for their participation in tendering for projects. Even when they advertise in the print media, few people in the local community read the print media information. It was also pointed out that the tendering process involves corruption. For instance if one is to get the tender, favors have to be offered to some individuals who award the tenders. But one of the critical issue of implementation was the relationship between the PDC and the Contractors. When tender awardees start to implement the projects, they do not work with the PDC. They are seemingly accountable to the tender board such that even when they do shoddy work, the PDC members have no mandate to stop such on-going work. But it also emerged that the PDC members some times never raise complaints.

For example at Kisaasi primary school a multi-purpose classroom block which according to the PDC was supposed to be a single block with four classes, turned into detached blocks of two classrooms each. The PDC members were not satisfied but were reportedly informed by the constructor that the instructions to construct it that way were from the Division. This case raises questions on rights to decide and responsibilities. If decentralization was meant to benefit the communities by deciding and determining their priorities, then who has the rights in view of such a scenario? If rights for deciding on the side of the community exist, then it is ideal that such are reciprocated by obligations by the Division staff and leaders. But there is an information gap between the leaders, staff on one hand and the PDC and community on the other. Because of the information gap coordination between the engineers and PDC members is weak thus parish investment projects end up being haphazardly implemented and only getting output but not really outcomes of such developments.

A further probing of the LGDP implementation revealed that people in the community are ignorant about the program since even some of the projects are unfinished. The survey indicated that 53.7% of the people in Kawempe have never heard of the 3 year development plan and those who have heard about it did so through LC meetings. Similarly on LGDP, only 30% thought they have benefited as a community while 24.1% were ignorant about LGDP. Although the human resource exists in the area, the youth have not been able to organize themselves into groups that could compete for the tenders. There is general fear of registration and fees as well as documentation of the organizations that could engage in some of the works.

In view of all these intricacies, the community suggested that the PDC needs to be given an opportunity for endorsing or certify the construction works. The community also suggests that contractors who do shoddy work or have a track record of doing so need to be black listed for future engagement. It was also suggested that capacity building involving information flow mechanisms for LGDP and other development projects needs to be emphasized. Thus the benefit of implementation of LGDP projects has not created the desired opportunities for job creation since the local people are not employed by the contractors during work.

4.2.1. Prioritization of Employment in Development Planning

Although programs such as LGDP, C3 and planning for economic zones including industrial zones could help create the necessary jobs for the population, these program have not been effective in job creation. LGDP and other future as well as operating development programs have tended to focus on infrastructure for development. The focus is good in strategic terms because such infrastructure requires maintenance implying job creation even after the investment. This implies that more construction related projects should be prioritized in the future in order to help the population out of the unemployment state. Thus investment in community infrastructure such as roads, drainage, water supply networks, and education has a potential for meeting the employment needs of the communities. Since it is investment in infrastructure, it would not only be installation but imply maintenance, which has continuity. It is therefore important to note that assessment of employment needs of the community needs to take into consideration the labor market potential for the majority of the population, which is semi-skilled to non-skilled and has flexibility in specialization.

Kampala City Council has not taken any concrete steps to formalize or legalize the major sources of employment let alone job creation through development programmes. The only form of legalization that has been taken by K.C.C is tendering out to the private sector with an assumption that it would generate employment for the local population. Such tendering includes the collection of daily fees and licenses from even the small businesses (coping strategies of the poor) but their only interests are collecting fees from them not to actually improve the businesses for job creation. The community felt that persistent unemployment is due to the fact that government and KCC in particular has abandoned the people and left them

to make it on their own. Similarly, despite the decentralization, people have not been taught or sensitized on how the policy can benefit them through creation of jobs. Sensitization has been made more difficult by the fact that about 80% of the masses are uneducated yet the laws pertaining to decentralization have not been translated to local languages that can be better understood by the locals.

The community felt that LGDP should have been used in a way to create jobs for the people in the locality. But the problems of deciding what the investment projects are and what actually is implemented is a critical weakness of the LGDP. Issues of rights emerged in which the community questions who has the right over the projects being implemented. If it is the beneficiaries/owners, then the community has the rights but on contrary the Division and contractors some times change the decision. For example in Mulago III there was construction of the drainage channel in the area which the contractors did but of low quality in terms of the depth and width of the channel. As a result conflicts emerged between contractors and beneficiaries on one hand, and beneficiaries and the Division leaders, technocrats on the other hand, on how LGDP projects are being implemented. Most times the shoddy work done by contractors goes unchallenged and if challenges are raised, they are overruled by the Division leaders.

In essence the community noted that decentralization has not availed projects to locals in order to generate employment because tenders are normally awarded to foreign contractors who come along with their own workers. K.C.C gives tenders to outside contractors (which are not necessarily a problem) who like earlier mentioned come with their own workers. The tendering process is not considerate to the local people. Tenders are awarded to contractors who pay money to K.C.C. Likewise; there has not been any deliberate efforts by K.C.C to facilitate or encouragement employment creation. It is only interested in collecting revenue/taxes from these people. Additionally, the transparency and accountability of the Division leaders is questionable. For example because there is no transparency in the Kawempe Division's operations and for that reason, 25% of taxes which is meant to be returned to the parish is no longer returned.

It was also noted by the community that some policies by KCC in a way hinder the initiatives of the people to create some jobs for themselves. For example the bylaw concerning evening markets and hawking which were banned yet there are no places that K.C.C has designated for such work. Even when the people create some jobs for themselves, K.C.C has interfered with employment of the masses by stopping most informal activities like brick making yet it has taken no initiatives to improve the employment situation in the area. Its taxation policies are also unfair because it plans to start taxing subsistence activities like farmland, plantations and zero grazing. Community further noted that the HIV/AIDS scourge has left many widows who then go the streets to survive but K.C.C always chases them off the street. The collection of fees by KCC burdens most businesses by making them uneconomical which continues to explain the high unemployment rates in the area. Despite all the problems, some CBOs have come in to help improve employment chances for example Youth Development Foundation (YOFA) provided environment and sanitation jobs to youth but they were discouraged by non-payment of their wages.

4.2.2. Suggestions for Improvement of Employment

Several suggestions were raised by the community as a way of improving development planning to increase employment in the area. These include the following;

- LGDP and other future development projects need to prioritize job creation among the community members which would bring development and offer employment as well. Other than markets, construction projects can offer as many jobs during and after installation. So if targeted by KCC, it can improve on their revenue through taxes but also generate employment for the people especially the youth.
- Sensitisation of youths on alternative means of job creation for example the community has local resources which could be used for fish ponds sand mining and stone quarrying
- The community expressed desire and willingness to attract benefactors who have resources, attract investors for example land for markets
- Priority on projects should be given to the locals, meaning there should be more involvement of the locals in the implementation of their own projects.

- It was suggested that K.C.C promotes the many economically potential areas as commercial centers to encourage trade and take advantage of the big catchment and the potential of the area as a business hub. This is in respect with Bwaise III, Mulago III and Mpererwe
- Another suggestion for generating employment is community contracting in which communities directly benefit from project implementation through employment in addition to the benefits of the project itself. Benefits of the contract go to the community and not to a contractor, middle-man or development agency. This approach is promoted as a more efficient, appropriate alternative to expensive, top-down, contractor-driven community improvement. It helps skills development as well as generate income.

4.3. Housing Needs assessment

As noted earlier housing in Uganda and more so in Kawempe is a responsibility of the household following the National Shelter Strategy 1992. Therefore communities at household level must engage in actual provision of housing but there are roles that local governments including Kawempe have to play in order to get decent affordable and orderly development of housing. Initially housing issues in Kawempe were not conceived as related to services delivery by the community. This is because the current housing policy approach is enabling rather than direct provision. But by nature of this policy, services are supposed to be inherent to enable people provide adequate and decent housing for themselves. Therefore services in housing would hinge on the processing of building plans by KCC to ensure proper housing development. It is clear that the nature and trend of housing development in Kawempe is largely characterized by growth rather than development of decent housing. As long as materials used for housing are permanent, contentment on development of housing is attained by the community. But this is only one dimension of decent housing, other dimensions include, accessibility, housing design, ventilation, proper citing, sanitation and public health related issues, and privacy. It is the responsibility of KCC not just to ensure all dimensions of decent housing are available but pursue the installation and maintenance of some of the infrastructure like roads for access.

From the research findings, there is evidence that housing in Kawempe is of low quality despite improvements in building materials used. According to the survey, 38.9% of the houses are single unit with several rooms, 30.5% tenements (mizigos) and 22.7% semi-detached. By nature 73.9% are permanent compared to 14.8% as temporary. But the needs for housing are more reflected by the tenure of occupants which stands at 50.2% as tenants and 48.3% owner occupier. In terms of size, 11.8% of the respondents noted that the houses are very small, 7.4% no privacy while 39.4% are considered very old when identifying housing problems. 33.0% of the households also noted that the houses are very poor, 20.7% poor 19.2% fair and 26.1% considered good.

The issue of development planning for housing indicates the service of processing the plans is a time consuming exercise with 54.2% of the households identifying development control as such and 36.9% moderately time consuming. Similarly, 30.5% of the households identified location on flood prone areas as a major housing development issue, 11.3% crowding while 18.7% had no comment. A further examination of the data also indicates how households benefited in the building plan processing at KCC. This implies that developers are interested in having an organized development of housing but KCC's activities sometime undermine such a desire.

		Have you benefited from the processes of building plans at KCC offices			Total
	% within How has KCC helped you to develop housing?	yes	No	No response	
	Count	1	5		6
	%	16.7%	83.3%		100.0%
approval of plans	Count	45	6		51
	%	88.2%	11.8%		100.0%
development control	Count	2			2
	%	100.0%			100.0%
development control (building regulations)	Count	1	1		2
	%	50.0%	50.0%		100.0%
ignorant	Count		3	1	4
	%		75.0%	25.0%	100.0%
not in any way	Count	8	126	1	135
	%	5.9%	93.3%	.7%	100.0%

through development control	Count		1		1
	%		100.0%		100.0%
	Count	57	142	2	201
	%	28.4%	70.6%	1.0%	100.0%

Table 4.2 Cross tabulation of benefits of Processing building plans and KCC's help in housing

The need for plans and information on processing of plans for approval is cutting across all the sites of study. Assessment for housing needs by the technocrats and Division leaders has not been done to incorporate in the development plans for all social groups. The house design prototypes for example have two-roomed, three bed-roomed and four bed-roomed houses. These prototypes do not cater for the needs of the majority of urban dwellers who are tenants with housing needs of two roomed houses. By observation and study reports, indication of the predominance of one and two-roomed houses is evident. The prototype plans do not simply cater for such housing and thus the proliferation of unplanned congested two-roomed houses in the city. Additionally, housing is complete with infrastructure such as access roads, drainage and water supply. These needs are reflected in most experiences from the study sites. Therefore the housing needs for the community are similar from the study sites and these include decent housing, infrastructure and information on the plan processing. Information on plan processing is vital because even the prototype plans provided by KCC have quality issues embedded such as rooms, ventilation, size and sanitation facilities. But

In the FGD, the community mainly identified the information gap and sheer fear on the part of the developers to access the right information to enable them develop decent housing. Information regarding the process of getting a building permit was simply considered difficult to acquire there by making the process unclear to the community. It was also mentioned that even when the process is followed, it is simply too expensive for majority of the developers estimated at 400,000/=. But it is important to note two issues here; first the time for processing the plans and secondly the financial implications of processing plans. These two issues have a profound influence on how the developers in the community provide housing for themselves. It was raised that in most cases a developer wishes to have a structure that would be habitable in the shortest time possible so that the completion of the house would proceed for a much longer time. Associated with habitable structure is the financial requirement to make such a

structure habitable. Thus developers would wish to 'spend less' on processing plans to make the structure habitable. But in essence some developers end up spending even higher than the official fees for the initial stage permission to construct because of ignorance and information gap. The term information gap is used here in connection with the obligations of the KCC to provide the necessary information on the building plan processing.

The issue of plans and processing of the plans was reinforced with information regarding the existence of prototype plans designed by KCC and processed for developers who do not possess land titles or certificates. The community expressed ignorance about the prototype plans and the costs for such plans. It was also noted that many developers and the public has it embedded in their mind that processing plans takes too long. Because of the attitude, the developers would rather find a short cut by collaborating with Law enforcement officers and or parish chiefs. Thus this allows approval of plans by the concerned people without knowing what is on ground. Because of such, many buildings are constructed across roads or take up part of the established roads. The worst is when developers use wall enclosures that are constructed almost in the road carriage way. For poor developers, a habitable structure in the initial stages is the target as other parts of the house would be evolving with time. Thus incremental building has taken precedent in housing development in many areas of Kawempe and the city at large. The consequence of this incremental building is an imprint of poorly constructed space limited houses that may not be fit for habitation by the standards required in the Public Health Act Cap 269, 1964.

According to the community, majority of houses in the area are not planned and their spatial development is neither planned. Housing is provided mainly by households but majority is rented out implying that most residents are tenants in the houses. But developers in the area do not know the plan processing procedure since they considered having no use for them. It was mentioned that one can build a house at any location as long as you put aside council's money. It is noted here that what is mentioned as council's money is actually for individuals who claim to be representative of council and collecting the fees. This is mainly the law enforcement officers and the parish chiefs who take authority to give permission to build or not. Because of the unscrupulous parish chiefs and law enforcement officers, the current housing development pattern does not fit the public health requirements. The community acknowledges the problem

and would wish to have decent housing and community development but the community expressed reservations about KCC's seriousness in opening up roads and installation of services. It was pointed out that KCC is only collecting fees for permission to build which in any way do not reflect conformity with the public health requirements. By taking payment of fees to construct as permission to build, the quality of housing development has been rendered low. It was for example mentioned that even one-roomed houses are coming up because of such fees. But it was also noted that sometimes the developers pay a lot more than what they would have if the right channels are followed. One person mentioned a two-roomed house on which the developer had to spend 100,000/= yet prototype plans in KCC can be of as much as 96,000/= for a three bed-roomed house that is well planned.

In Bwaise III Just like the other study areas, housing was not conceived as a service from KCC by the community. The community noted that K.C.C has not helped locals improve their housing conditions. For example it was found out the there are prototype plans at council but people either don't simply get the plans or they fear formalizing housing development in the council. Despite being near the headquarters of the KCC Division, the area is experiencing a fast rate of housing development but that which is non-conforming to the public health requirements. On many occasions, planning issues are 'finished' between Council law enforcement officers and developers though the cost of getting a prototype plan could be much less than what is paid to enforcement in bribes.

It was also noted that K.C.C. officials withhold some information from users as majority of the participants were hearing about presence of prototype plans at Council for the very first time. Participants noted that K.C.C's interest are not really development planning oriented, that is carefully considering suitability of what is going to be developed where but they are interested in whether the developer has paid the development fee of 200,000/=. For example a newly built flat, approved by K.C.C was demolished because it's within the Northern Bypass reserve, implying that K.C.C does not avail long term development plans to developers. On the PDC issues discussed housing is not an issue. People don't discuss it for fear of property tax and the fact that neither KCC nor government is to directly provide housing. In some cases, people are discouraged as they are told that the process of acquiring a prototype plan is very expensive and lengthy yet a developer may be in urgent need of developing their plots.

4.3.1. Suggestions for Improvement of Housing

Some suggestions were raised to improve the situation of housing through long-term planning in the area and these include the following;

- Information on plans should be communicated to the parish level. Information regarding the plan processing should be effectively communicated to people so that actions are not taken out of ignorance or deceit by the individuals
- For plan approval, the LC I chairman should be involved and this should be by laws governing the development control in the area and minimize disputes
- Spatial development plans for the city should be made known to people and communicated up to the grass root level
- There was a need to reconcile conflicting policies with existing bylaws of the city for example the decentralization policy which gives powers to the grass root level decisions but the bylaws of KCC conflict with it
- Compensation of people who had permission of KCC to build but are currently in road reserves, on sewer lines and channels
- KCC opens up planned roads even if it is just by a grader so that developers do not in any way proceed in blocking roads within the settlement
- Deal with the law enforcement officials and parish chiefs who allow developers to build any how on payment of fees that are not even got by KCC. It was noted that even when it is done for individual interests, it is difficult to differentiate between KCC and individuals of KCC by the community
- The different community groups need to be handled according to ability on issues of housing development
- Council departments like welfare department should do their work including finding out the locals needs and sensitizing them.
- Reconciling market costs of projects with contract costs is necessary to reduce on fraud and increase value for money on development projects that influence housing. For example one stand pipe was constructed at 3.5 million by K.C.C. in addition to a 50 m extension of piped water in Mpererwe, yet such a cost would have constructed 4 to 6 stand pipes in the area

4.4. Development Plan Implementation Procedures

From the analysis of the qualitative data collected in the field and the secondary data from the documents, it is important to note that development plan implementation is pursued using three tools. These include LGDP, Action plans and the Budget allocation. In all the cases, the 3 year development plans form the reference for plan operationalization. But the implementation procedures of these tools have not been effective in delivering the desired services to the communities. The survey reveals that 45.3% of the respondents had heard about the 3 year development plan while 53.7% had not. Only 9.9% had heard about such plans through public meetings and 6.4% through construction of projects. When it comes to benefit from the investment projects, 30.5% noted that they have not benefited as community, 24.1% were ignorant about any LGDP projects while others had benefited from projects including drainage, road construction and solid waste collection efforts.

On participation and community mobilization, the survey reveals that 20.2% of the households had participated in the budget conferences during the parish meetings while 78.8% had not. Reasons for not participating included not being informed by 54.7% of the respondents and 6.4% had no interest. But 97% of the respondents noted that they are willing to participate in the conferences in form of giving ideas, 24.1% provision of modest finance and 7.9% attending meetings. An evaluation of the efficiency of development planning was also done by the respondents in which 46.8% noted that it is poor, 36% fairly good and 10.3% good. The main issues underlying this evaluation include corrupt officials at 43.8%, ignorance at 20.2% and poor management at 17.7%. A further analysis of the data reveals in the cross table a weak but positive relationship between efficiency of the development planning and the effectiveness of the tendering system. The correlation value is stronger when evaluation of efficiency of development planning is dependent implying that the tendering system influences the efficiency of the development plans.

	Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Symmetric	.125	.024	4.878	.003
How would you evaluate the level/efficiency of development planning in your parish Dependent	.145	.028	4.878	.003
What do you think about the	.110	.021	4.878	.003

tendering system for LDGP? Dependent				
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- a Not assuming the null hypothesis.
- b Using the asymptotic standard error assuming the null hypothesis.
- c Likelihood ratio chi-square probability.

Table 4.3 Contingency coefficient of tendering and development planning efficiency

LGDP is meant to benefit the community from projects which are generated by the communities themselves. There have been numerous LGDP projects in Kawempe and the study sites in particular, but development has not been achieved as desired. For example the LGDP would be a double-edged tool if communities are allowed to form organizations that can compete for the tenders with close monitoring by the Division leaders and technocrats. This is because; it would take development to the community in terms of the infrastructure but at the same time offer employment to the population in the communities. In regard to health and housing, information flow between the Division and the communities would improve if the allocations in the budget are followed. But as long as budget diversions are still in practice, the population of Kawempe will remain in abject poverty. According to the results of the key informants interview, diversion of funds allocated to particular items is a common feature in the financial administration. This leads to postponement of development projects and priorities of the communities. It is important to note that prioritization needs to be emphasized especially so if it reflects communities’ desire.

4.5. Community Mobilization for Development

Mobilizing the community for development or other issues, has been is a catch word in the development planning arena. Community can be mobilized to raise funds, man power, and materials or even raise awareness on an issue. The central element of mobilization is to pool resources whether financial, human or material. In Kawempe, community mobilization is pursued mainly through the administrative structure and the NGO’s operating in the division. Through the administrative structure, the parish chief is the main contact for the community though may not be that suitable given other responsibilities. The parish chief communicates the issues to the grass root but on many occasions, these contact persons also do not deliver the appropriate information concerning the development projects. They are mostly conceived of by the community as informants of KCC about on-going activities which KCC has to stop or tax.

As noted earlier, survey indicates that 97% of the households are willing to participate in planning. But the community is not adequately mobilized due to the nature of hierarchical procedures for consultation on investment projects. This explains the low mobilization of the community.

Community mobilization is also realized through NGO's operating in the area. NGO's have of late become instrumental in the development planning within the Division. NGO's can even influence the budget by having their annual work plans and activities included into the budget though implementation is done by the NGO's. Having grass root connections and continuous links with the community, NGO's have the impetus to mobilize communities for development. Plan International for example has mobilized communities in Bwaise III, II and Kyebando in an effort to improve solid waste management for promotion of good public health.

As an alternative to the currently used avenues for community mobilization, LGDP can help in community mobilization if the problems of politics, conflicts between technocrats and the PDC are cleared. If the communities are given the chance to exercise their rights in decisions concerning the investment projects, participation in the development projects would increase. This would have impacts on the protection of community infrastructure and assets which are very vital for changing the community life. But community mobilization in Kawempe needs to transcend the development projects or investment projects. Mobilization is required for long-term strategic planning which is envisioned to focus on a vision of the community and then break down the vision into smaller projects that would build into the bigger. There has been a tendency to assume that by supposedly 'solving' some of the crises, poverty will be alleviated and development achieved but indication is such that crises management tends to create even more crises in the very near future. For example the project of PAPSCA constructed VIP's but after a while a crisis for emptying the VIP's emerged which implies that VIP's were only a temporary measure to a long standing problem. The community would rather be mobilized for long-term alternative sanitation programmes of community based water flush toilets which collectively connect to a municipal sewer rather than VIP's. Lessons should also be learned from such mishaps since KUSP is underway which a re-invention of PAPSCA. Focusing on long-term solutions with temporary measure is probably the way forward for development planning and alleviation of poverty.

4.6. Resource Allocation for Development

In regard to resource allocation, the budget tool would be an effective means of improving development planning. A close look at the budgetary allocations indicate refuse management, capacity building for health workers and improving security at the health center of Kawempe with the highest budget allocations. Although capacity building is necessary, there are other health needs which would be of priority given the benefits to the community. If compared to the control of malaria, security for a health center would be secondary to the community's needs. Another example is the monitoring of water sources in the Division, it would rather be appropriate to extend the water supply to areas of need than monitoring the current water sources of springs and wells. This would lead to a much more long-term development than responding to emergencies as it appears now.

While for housing, resource allocation for information communication and sensitization is not reflected in the budget. This is because planning is seen as a long-term issue which does not necessarily realize outputs in the short-term following the time period for a political offices. As a consequence, planning and dissemination of information concerning plan processing are not pursued. But long-term and strategic plans would focus on outcomes and not outputs. Since information flow has been identified as a critical issue, resources and their release for the purpose need to be emphasized to improve future housing development processes.

Thus the current resource allocation procedures are a management fix that only respond to a crisis in part. The study also establishes that when a crisis comes up, assessment is not adequate to analyze the crisis and its consequences. Thus any conceived policy is looked at as a solution. Subsequently, there are two possibilities for the solution. First action as a fix may be taken and this is referred to as a fix because the crisis is not well understood in terms of its root causes including the short term and long-term impacts. Secondly, the report and solutions may be stored on the shelf without action and this may lead to forgetting about the crisis.

4.7. Synthesis and Emerging Issues

From the foregoing discussion, it can be observed that information used in development planning was found not to be adequate let alone being up to date. Information for example on population is used for resource allocation but as explained by the community in Mpererwe, information on population was obsolete and did not reflect the current population for the parish. Statistics of 1991 were still in use for LGDP fund allocation as a result, the services extended to Mpererwe were not satisfactory. Similarly, information utilized for preparation of the 3 year development plans is also inadequate. According to the technical personnel at the Division, they rarely do enough research to gather the required information on the problems and needs of the communities. Thus reliance on previous projects, NGO (which may not be operational in all parishes) is commonly used and as such a gap in information flow was identified by the technical personnel during development planning. Thus development planning is not being effective partly because of information used in the preparation of the plans.

A second important issue in development plan preparation that emerges out of content analysis and view expressed by the community is the apparent disjuncture between the community priorities and the finally prioritized activities by council. In all communities this view was echoed and examples given where projects change apparently as and to the wishes of the council and the contractors. There seems to be less connection between the planned projects and the implemented activities. In Kikaya for example a school block project that was supposed to have four classrooms with a divider that would make it multi-purpose (a priority of the community) was changed when the block was built as two separate blocks of classroom diverging from the community need for a multipurpose hall. This was taken as a serious misallocation of resources by the Division since Kisasi primary school was the only government aided school in the area on whose premises would the community be free to utilize the space for community activities. As a requirement for LGDP allocations by the central government, the 3 year development plans must be in place and approved by the Division Council before assessment of LGDP projects in a running Financial year. This condition actually leads to a fast process of plan preparation that does not adequately gather community needs. As a result, the 3 year development plans end up to be annual action plans for the different departments of the Division. This view was also raised during the valorization workshop of the research findings that included Division technical staff and KCC officials.

Thirdly but related to the above is the issue of information flow between the Division staff, councilors and the communities. Once again there are barriers on information flow especially to do with housing and employment creation education. The spatial development planning in which development control for housing is effected, is lacking in informing the communities about available legally recognized processes. Building plans for example are less known by the communities just as other development plans including public spaces. For example 70 percent of the developers have not benefited from processing of their building plans. This means that housing has been developed haphazardly in Kawempe. The power of the council agents in development control is also another important aspect in information flow. The council agents are ideally supposed to be informants to the Divisional staff but have taken power to permit developments which otherwise would not be acceptable. That notwithstanding, the apparent 'fees' levied by the council agents are also exploitative and high compared to the legally recognized fees. Thus housing developers have continued to take decisions that eventually affect their own well-being despite the potential for developing proper housing.

Another and fourth important emerging issue is in relation to health in the Kawempe. One of the issue is the resource allocation to health by the Division, which has concentrated on sensitization, distribution of drugs and other health materials. Although this effort is in place, it only focuses on outputs and less on outcomes of such activities. Long term and solution based efforts on health issues have rarely been applied. Such long term and solution based efforts would include plans to eradicate the root causes of poor health such as eradication or control of vectors, improving drainage and sanitation, extension of water to cover a larger population and general improvement in housing conditions which can be carried out through proper spatial planning and development control.

Chapter Four

Conclusions and Recommendations

5.0 Recommendations and Conclusions

5.1. Recommendations

From the study findings it emerges that the issues of information for development planning, emphasis on outputs rather than outcomes, lack of long term solution based planning, prioritization and filtering of community needs by the Division, inadequate community mobilization and inadequate understanding of poverty dynamics in Kawempe, are making poverty persistent. There is need therefore to refocus and rethink the approaches for poverty alleviation in urban communities of Kawempe and Kampala in general. The current approaches of short range planning and response to emergencies have failed to achieve the envisaged outcomes of such plans. It is partly understood in this study that the failure is caused by inadequacies in assessment of community needs and where such needs are identified, the implementation strategies fail to achieve the outcomes but outputs are registered. It is also important to point out that responding to emergencies can not be replaced completely but such response needs to be framed in foresighted strategic plans so that it contributes to a gradual but fast paced progress towards long-term objectives and vision. It is also important to highlight that strategic planning is not a new approach and a panacea to poverty reduction. Indeed strategic plans do exist and have existed before but along the way in their implementation there tends to be loss of track because of emergencies. On the basis of the emerging issues and the intricacies in development plan implementation identified in Kawempe, the following recommendations are necessary for consideration if poverty is to be alleviated in the area.

From the study findings, there is limited doubt that assessment of needs for communities is usually focusing on immediate needs and less on future needs. As exemplified by the various projects including PAPSCA, KUSP and now ECOSAN the immediate need is means of disposal of wastes out of the neighborhood environment. Thus emphasis has been on provision of facilities such as VIP's and ECOSAN toilets. But in such a case the future needs of the community would imply means with capacity to remove wastes not only in the immediate neighborhood but to a safe disposal away from such a neighborhood in a dynamic

society characterized with demographic and social changes. It is therefore recommended in this study that alternative means for public health, employment generation and housing delivery should be considered. For public health a drainage master plan taking into consideration the land use dynamics and construction of the major drainages are required to alleviate part of the problem of sanitation. Alternative flush toilet modified to suit the different social groups with communal based lagoon which can have connections to the municipal sewer could also offer long-term solution to sanitation problems. While for housing, access to infrastructure is requisite for decent neighborhood but such infrastructure need to be installed before intense developments. The underlying gist of this recommendation is planning that transcends the immediate needs of communities.

Another recommendation derived from the findings and analysis of the underlying basis for ineffectiveness of development planning is information. Information is very vital for management of the city and as such a pre-requisite for effective planning. In all the cases of poverty under study here, information at various levels is still lacking. This partly because of the laxity of local governments to organize their own research and development units. Indeed the existing development planning unit at the division is concentrating on 3 year development plans and information for such mainly comes from the different departments within the structure of management. Information also requires to be communicated to the people on various aspects of poverty including job creation, housing development, public health issues and the roles and rights or obligations of communities in development. The information gap identified in this study needs to be closed by creating channels for flow of information between the Division or City authority and the communities. The contact persons of parish chiefs, print media, mass media are all alternative means which could be used in combination for a proper flow of information. This would reduce ignorance of the community on undertakings within their neighborhood and increase awareness besides contributing to mobilization of the community.

It is also recommended that development plan implementation should be done within realistic financial allocations in order to get value for money by the community. The issues of reconciling market values of projects with contract values is an important aspect from which savings can greatly change the livelihood of the communities in Kawempe and the City at large. Resource allocation needs to be scrutinized properly and close monitoring of market value to

put contract values within realistic ranges. Under the LGDP as the communities expressed, it is clear that resources have been lost due to non-reconciliation of market and contract value of projects. Equally important in resource allocation though can be done indirectly is the human resource. Development projects should target employment of the human resource existing in communities and if need be the law be revised to include possibility of community organizations become sub-contractors. This approach will put in place what we call here a 'double edged' approach to development projects which generates employment and at the same time effect development in a community.

This study focused on the process of development planning and it is clear that development issues are largely done on crisis management basis which is failing to yield the outcomes. It is recommended therefore that strategic planning be enhanced in poverty alleviation. This kind of planning would create visions and strategies to achieve the visions which need to be community oriented. A close examination of the KCC vision for example shows that the vision centers on revenue rather than the services improvement from which more revenue would be collected. When such a scenario exists, the focus for development tends to be narrow. Foresighted planning is necessary and should be coupled with gradual investment projects which must be in line with the overall strategic plan. Such an approach will shift development planning from crisis management to a more efficient and dynamic but also outcome oriented approach. It is important to 'think big but start small' and probably this would eventually alleviate poverty. But the current approach which assumes that poverty can be alleviated in 3 years or so is actually enabling the persistence of poverty.

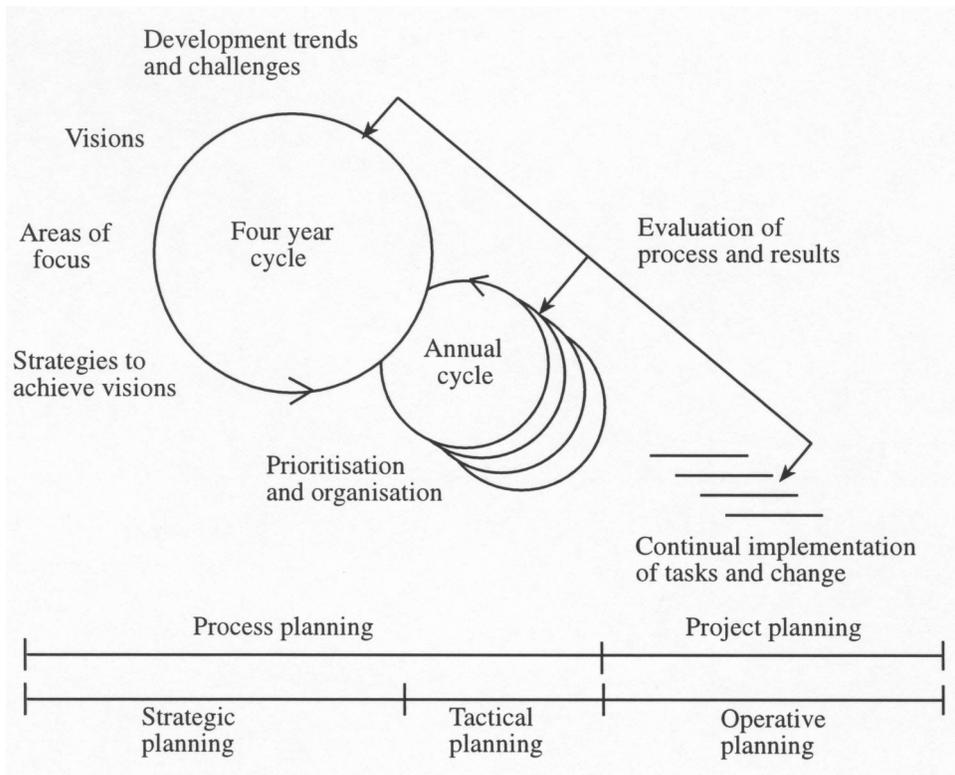


Figure 5.1 showing the linkage of operational planning and strategic planning

5.2. Conclusions

Various aspects of development planning have been addressed in this study and from the study finding, certain conclusions are drawn which are considered important for policy. The conclusion are presented as according to the major thematic areas of the study below;

Community Needs Assessment and Prioritization

From the discussion of the needs assessment in the preceding section, it can be observed that development planning in Kawempe follows an assessment of needs that actually does not adequately capture the long-term development issues out of the needs lists. It emerges that responses are mostly to emergencies and or most acute problem that does not allow addressing the root cause of the emergence. It is also important to note that prioritization of needs is done by the communities but some times misrepresented at the Division level in ecision making. This in many ways has disabled planning in Kawempe since a poor needs assessment implies poor or inadequate diagnosis of the problem as well the solutions.

Resource Allocation for Poverty Eradication

From the findings of the study, Kawempe Division has a problem of resource allocation that requires to streamline in relation to the targeted poverty component. This is in respect to both financial and human resources which have not been adequately mobilized to address poverty issues in the area. It is important to recognize the existence of efforts to mobilize resources from government, NGO's and other development partners but its allocation needs to be improved to cause change in poverty levels of the community in Kawempe. Resource allocation at plan implementation and budgetary level can influence change in poverty levels for example market values are reconciled with contract values and as well human resource is targeted for construction and other types of projects to generate employment.

The Development Planning Process

Development planning in Kawempe Division has followed the path of crisis management rather than strategic planning that would integrate various aspects of development to ensure progress. The three year development plan approach with the associated tools of actions plans and annual budgets is not an effective service delivery mechanism for development. The mechanism is not strategically oriented because the process of consultations tends to rally around immediate needs and creates certainty about the development problems. Subsequently, the response does not address the problem in the long-term. For example constructing a 'public toilet' of pit latrine nature in a community of a population up to 5000 would only have a few months' change in the availability of the service. Secondly the LGDP projects and procedure for consultations is more of a process for enabling the decision makers to elicit data on problems and needs of the community. It is not participatory as defined in the policy. The process of filtering community needs gives room to the decision makers to eventually sieve out what is conceived as 'big projects' i.e those that may not be able to be funded under LGDP. The consequence of this filtering process is that even when the community may have identified projects that are strategic in development, the decision makers may not prioritize such projects. Thus governance and social justice in the context of community assessment of development problems need to be effected in order to have effective delivery of services.

In conclusion this study has highlighted the importance of formulating plans and their implementation, two aspects of the development planning process which have a potential for improving peoples lives. There is a laxity for selfish or other reasons in ensuring that needs are properly assessed and that projects do not only alleviate immediate problems but consider the future state of the community. It is also true that strategic planning can offer a window for fore sighted planning within which short range planning activities can be conducted. This approach has not been fully utilized and therefore a need to refocusing on long range planning but without necessarily replacing the currently used approach of short range planning.

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Appendices

Appendix I

Data collection instrument for Households

Household Profile

1. Number of people in the household
2. occupants by sex and age

Occupant	Sex	age	Status (Head of HH, Spouse, Son/daughter Other)

3. Nature of economic activity of Household head? a. Self employed b. Government employee c. Private employee d. other
4. Type of occupation that generates household income
 a. Crop farming b. Manufacturing c. Trade/repair d. Construction/masonry e. other
5. Average monthly income
6. Other sources of income kind and in cash
7. Household population by main economic activity

Occupant	Main economic activity	Type of activity	Average monthly income

Housing characteristics

26. Type of House	27. Age of House	28. Nature of the House Structure	29. Tenure of the Land	30. Tenure of the Occupant	31. Major Housing Problem	32. Rank of housing condition in area	33. Comment on accessibility of house	34. Development control Procedures
1. Single unit (Full House)	1. 0-5 yrs	1. Permanent	1. Mailo	1. Owner	1. Very old	Very Poor	Very poor	Very time consuming
2. Tenement (Muzigo)	2. 6-10 yrs	2. Semi-Permanent	2. Public (ULC)	2. Tenant	2. Very Small	Poor	Poor	Moderately time consuming
3. Semi-detached	3. 11yrs +	3. Temporary	3. Public (KCC)	3. Caretaker	3. Dangerous for occupation	Fair	Fair	Not time consuming
4. Flat	4. Don't Know		3. Leasehold	4. Others (Specify)	4. No privacy	Good	Good	
5. Hostel			4. Customary – Kibanja (on Mailo land)		5. Poor Location	Very good	Very Good	
6. Other (Specify)			5. Customary – Kibanja (on Public land)		6. Others (Specify)			
			6. Other (Specify)					

Data collection instruments for Informal Interviews and FGD's

Health Issues

1. What types of health services centers are available in this area?
 - Dispensary
 - Clinics
 - Local herbalists
2. Where are they located and how are they distributed with in the area?
3. Are these health centers accessible? How far are they from where you stay?
4. Who owns/manages the health services?
5. What is your assessment of the standards/quality of the health services according to
 - Staff - qualifications
 - Quality of services offered
 - Patient-staff ratio
6. What planning measures/strategies has the parish/Division put in place to improve on health service delivery?
7. Have local people and all other stakeholders been involved in planning for the health service delivery? If yes to what extent and at what levels?
8. To what extent has delivery of health services been prioritized in the planning process – budget allocation?
9. How effective have the existing planning and implementation been in addressing health service needs?
10. What problems are being faced in health service delivery? What NGO's or CBO's in the area are contributing to health service delivery?
11. What role/contributions are these NGO's and CBO's playing towards health service delivery
12. Have all the peoples health service needs been meet by all the above-mentioned organizations? If not which are not yet meet?
13. What weaknesses exist in the present planning and implementation of health service delivery?
14. What suggestions do you have to improve on the health service delivery in this area?

Employment

15. What are the major sources of employment in the area? (rank in order of importance)
16. What are the major informal sector activities that employ people in this area?
17. What strategies are being put in place to legalize these informal activities?
18. What are the major formal activities that employ people?
19. Are you aware of the problem of unemployment in this area? If yes, would you rate the levels of unemployment as high, medium or low?
20. Why do you think there is persistent unemployment in the area?
21. Are there any strategies being taken by the Division to increase the job opportunities to the local people?
22. In what ways does development planning improve the job opportunities in the Division?
23. Are there any policies that hinder the creation of jobs in the Division? What strategies are being put in place to improve such policies?
24. Does the tendering process at the Division give priority to locals when awarding tenders?
25. Are there provisions in development planning that give conditions to companies that win contracts to give priority to locals when giving jobs?
26. What efforts are being put in place to encourage people to form CBO's?

Housing

27. How effective has the existing development planning addressed housing provision in the Division?
28. How can the existing housing development be integrated in development planning of the Division?
29. What efforts can be utilized to encourage community provisioning of housing?
30. What strategies can be put in place to improve housing in the community?

Development Planning

31. What do you think about community mobilization under the current development planning procedure?
32. Do you think that communities have local resources which can be tapped in implementation of development plans?
33. How effectively can communities be mobilized to participate in planning and implementation of plans?
34. Is the current method of holding budget conferences adequate in involving communities in the planning process?
35. What strategies can be put in place so that local people and communities are directly involved in implementation of investment plans for parishes?