

## **EXECUTIVE SUMMARY**

### **REPORT ON TWEGAITE EFFORTS FOR BUSOGA DEVELOPMENT**

By Dr. Bakama BakamaNume, Chair, Busoga Twegaite, Houston, Texas, Dr. Fred W. Alibatya, Chair, Twegaite Inc. – New Jersey and Mr. John Kizito-Kalema, Chair, Twegaite, Minneapolis, MN.

#### **History and Accomplishments**

##### **Purpose**

By the time of this report Twegaite has three announced chapters: (1) Twegaite Inc. – New Jersey, (ii) Busoga Twegaite – Houston, TX and (iii) Twegaite – Minneapolis, MN. Twegaite has had two international conventions: Houston, May 22<sup>nd</sup> – 26<sup>th</sup> and Minneapolis, May 22<sup>nd</sup> – 25<sup>th</sup>. The three chapters are unanimous in purpose and resolve to develop Busoga. Just note that both Houston and Minneapolis made Twegaite truly international.

##### **(i) New Jersey Chapter**

At the May 21<sup>st</sup> – 25<sup>th</sup>, 2009 Twegaite second International Convention in Minneapolis, MN, the banquet speaker Betsy Waibi Zikusoka spoke of the history and purpose of Twegaite as a concept and an organization. She also highlighted some of the achievements the organization had scored in specific projects back in Busoga. “I shall try my best to give you the history of Twegaite” she said. “Twegaite came about as a result of a meeting that was held in Princeton Junction, one Sunday afternoon, in October 1998. We figured that as a group the idea of trying to give back to our community in Busoga and Uganda at large was not a bad one. It is a non-political group and the name Twegaite means, "Let's unite." Membership is open to anybody in the world who subscribes to our cause regardless of gender, ethnic background or religious belief”.

According to Fred N. Alibatya, the current chairman of Twegaite Inc. - New Jersey, the organization was informally started in October 1998 by a group of Ugandans that included Betsy & Aggrey Zikusoka, Harriet & Dennis Mugwanya, Lydia & Alexander Zabassajja, Mary & Chris Bakwesegha, and Loy & Ten Tehnhwa, among others. Subsequently, in 1999 and 2000, Fred N. Alibatya helped to formally register the organization, and to obtain for it a tax-exempt status from the United States Internal revenue Service, which was granted in August, 2000.

Today, Twegaite Inc. – New Jersey, is an IRS recognized 501(c)(3) charitable organizations, whose primary objectives are to mobilize resources to assist in the development of the Busoga region, particularly in the areas of health and education. From its inception, Twegaite Inc. hoped to make a difference by tapping into the diverse individual and collective skills and resources of its members in North America and encouraging them to initiate and implement aid projects to assist the people of Busoga. A key aspect of Twegaite Inc.’s commitment has been to ensure that substantially all of the funds it has so far raised get to the intended recipients.

According to Dr. Bakama Busoga Twegaite Houston’s “Registration as a 501C (3) charitable organization, in order to encourage tax refundable donations from American

charities, is in progress. The application is under review.” Similarly, Twegaite Minneapolis has also applied for 501C (3) charitable organization status in Minnesota.

### **(ii) Busoga Twegaite – Houston, TX**

It was during at the 2005 Labor Day weekend UNAA Convention in Minneapolis that Dr. Bakama BakamaNume convened the first meeting of Busoga Twegaite in the U.S. Midwest. That meeting and the hard work by the Houston Committee led to the first and second International Conventions on Memorial Day weekends in Houston, TX in 2008 and Minneapolis, MN in 2009, respectively.

These conventions led to great member participation and a measurable element of reform of Twegaite as an organization. According to Dr. Bakama, “Twegaite has come through some rough waters, but the immediate past provided a glimmer of hope for the organization especially after the Houston TX Convention in 2008. There were 77 full registered persons for the sessions, and 94 for the dinner. The reservation had been made for 100 people”.

### **Past Accomplishments**

Between 1998 and 2002 Twegaite, Inc. – New Jersey demonstrated its commitment to Busoga development by making donations which include, but are by no means limited to the following:

- Bugembe Health Centre: twenty (20) beds, twenty (20) mattresses, Twenty (20) blankets, one (1) water tank , one (1) refrigerator for storage of medicines and blood, three (3) Blood Pressure units, two (2) Weighing Scales for infants, two (2) Suction Pumps, one (1) Dental kit, four (4) pairs of Theater Boots, two (2) Rubber Aprons, three (3) Stethoscopes, two (2) Electronic thermometers, Female Urethral Catheters;
- Mwiri Primary School: three (3) computers and one (1) printer;
- Kigulu College: a poultry farm as an income-generating project to the school;
- Igumyamwoya Village, Kamuli District: One (1) water pump (borehole);
- Bwanalira Village, Iganga District: One (1) water pump (borehole).

Twegaite, Inc. has thus far raised most of the funds for the above-mentioned projects through membership dues, dinners/dances, fashion/cultural shows and the occasional non-member donation. The organization is indebted to its core membership for their generosity with both their limited time and treasure for the good cause.

According to Fred N. Alibatya, Twegaite, Inc.’s current and future challenge is to reach beyond its membership’s generosity, to tap into the wider and deeper world of philanthropy in order to make a greater impact in the development of the Busoga region.

### **Accomplishments at Houston**

Dr. Bakama BakamaNume, current Chair of Busoga Twegaite- Houston, TX, reflects on the Houston and Minneapolis Conventions. As a member of the organizing committee he reports the following developments following the Houston convention:

1. A microfinance project was started, headed by Dr. Veronica Wabukawo. The pilot program has excelled and further action has been requested by Dr. Veronica.
2. Registration the organization as 501C (3) in order to encourage tax refundable donations from American charities is in progress. The application is under review.

3. There was a call for membership drive and membership dues. We have to some degree achieved some success in the drive if it can be measured in terms of participation in the preparation of the 2009 convention. Membership dues that were set have not been collected because of pending application for 501C (3), and proper structure.
4. A website was improved on and work on webpage development had been done by Andrew Mwase. The new plan is to transfer the site development back to Dr. Bakama BakamaNume and to a new site administrator.
5. Other projects were identified for future development like Clean Water projects, Jinja hospital revitalization, Jinja Hospice support, Inhebantu Library support, and efforts to work with the Busoga Kingdom to further socio-economic development in the region.
6. Houston convention selected Minneapolis, Minnesota to hold the second Basoga Twegaite convention. The first two undertakings above are being executed well and will need expansion.
7. Donation of laptop tablet computer to the Cultural Center, Jinja for use in the field.
8. Basoga Twegaite works hand in hand with Sovereign Wings of Hope which started and sponsors Jinja Hospice. Please visit this website for more details <http://www.sovereignwoh.com/>
9. *Twegaite's* increased visibility has sparked interest among Basoga and Basoga supporters. Participation in local Basoga gatherings in the Diaspora has increased tremendously. For example, since Henry Waako Muloki, the Kyabazinga died, there have been commemorative ceremonies in Southern California, Boston, MA. and London UK. Apart from Minneapolis, where Basoga meet occasionally for social events, participation has increased notably in London, Southern California, Boston, and Washington DC. The conventions are a symbol and a product of the increased participation ([www.twegaite.org](http://www.twegaite.org)).
10. Following the Houston convention Dr. Alfred T. Kisubi travelled to Uganda with four American students to attend the Seminar on Globalization: Uganda's Experience, which he started at Busoga University as an activity to enhance the exchange program he started between the University of Wisconsin Oshkosh , Busoga University and Iganga District focusing mainly on education and healthcare. In January 2009 the two-week seminar focused on health care so together with several textbooks the medical gifts brought to Busoga University and Iganga Hospital were as shown in the following table

University of Wisconsin Oshkosh  
 Medical Supplies Donation to Iganga Hospital and Busoga University  
 Courtesy of Jeanne Hiatt, Learning Lab – College of Nursing

Qty	Item
100	Specimen cups
40	Allegiance E Series Irrigation set with piston syringe
300	USP Heparin Lock flush solution
1	Rate Flow Regular IV set
600	Alcohol Preps
1000	Powder Free Nitrile Exam Gloves
13	Lactated Ringer's Injection USP
1	Sodium Chloride Injection USF
50	Suction Catheter kits
5	Gauze Sponges
2	Stomach Tubing
9	Surgi Pad
6	BD 10 ml Syringe
6	BD 5 ml Syringe
1	Bacti Swab
2	BD Saf – T – PRN
3	BD Winged Insyte Syringes (Butterfly needle)
16	Promethazine Hydrochloride Injection, USP (Blood Thinner)
1	Saf T – Inctima
10	Pediatric Infant Tubes & Infant Heel Stick

**(iii) Twegaite, Minneapolis MN**

As noted above the second Twegaite International Convention occurred on the 2009 Memorial Day weekend in Minneapolis MN. Mr. John Kizito-Kalema and the Minneapolis Twegaite Committee did a wonderful job to put on a very successful event for over 200 Twegaite convention attendees.

According to one observer, “It was very encouraging to see so many individuals participating in organizing the convention, contribute cash, time and other items to the success of the convention. The youth involvement was impressive. Child care and children performances were phenomenal and highly commended. Progress was made on the objective of cooperation and working together towards the achievement of a similar goal. The convention was well organized and attendance was remarkable. Attendees came from Uganda, Switzerland, UK, Canada, and most states were represented. The hotel was excellent.

There were some challenges. The theme of this convention was “Fresh solutions to Busoga’s Growth”. The organizers should have explained these fresh solutions to the participants. We have tried to do this in the report. The forums could have used some accessories like overheads, projectors and an individual to record the discussions. Above all, preparedness of presenters left a lot to be desired. If we are to have the fresh solutions, we must be ready to communicate these solutions using the modern (fresh) methods of communication. Lastly, it is proper to assume that the Minneapolis

convention would never have taken place if it was not for the Houston one. As you part yourselves on the shoulders for a good convention, do not forget, the essence of why we should get together.”

### **Accomplishments in Minneapolis**

On behalf of the organizers Dr. Bakama clarifies what happened in Minneapolis. He writes, “The theme of the convention was “Fresh Solutions to Busoga’s Growth” (*Okutema empenda edh’okukulankulanyha Busoga*). My observation of the convention gives me four fresh solutions:

1. Call for unity (*Okwegaita –okwesanhe okwisaniya*)
2. Build political awareness (*okumanha ebw’ obukulembeze oba obufuzi munsu yaiffe*)
3. Teach and spread Basoga culture (Entrench Basoga culture – *okwinhikiza Abasoga mu Buwangwa bwaibwe*)
4. Contribute to community causes (*okwenhigira mu kutewuliza kubizibu bwa Busoga*).”

#### **1. Call for Unity (*Okwegaita*)**

According to Dr. Bakama, “The second Basoga convention is a good indication of the process towards building unity among the Basoga and friends of Basoga. The Basoga Twegaite organization gives us the structure within which we can foster unity. Everyone should participate in this endeavor to build a strong Basoga organization. Let us establish local chapters of Twegaite in every city/ state. The convention in itself is a symbol of unity.” At the convention Betsy Waibi Zikusoka put emphasis on the following:

- a) helping those who do their best to do their jobs e.g. doctors and teachers.
- b) walking with a single purpose.
- c) giving hope to all those who have a dream.

She also said that as Ugandans we have a need to bring change to Uganda. She added, “I also wanted people to remember that the success of those we help should be our mission. So long as our people were not ok, we have not done enough in our lives. My final point was that success could only begin by us giving our people opportunity.”

Later she wrote, “**NOTE:** *The following has nothing to do with what I said on that night but in this email I just want to say that the only way we shall succeed is to stick together so as to promote unity, understanding and real brotherhood and sisterhood. Without these principles, we have legs to stand on. United we stand and divided we fall*”.

#### **2. Build Political Awareness**

This is a necessary attribute to development. We need to know who our leaders are. Are they performers or nonperformers? We should educate ourselves and participate directly or indirectly in the electoral process in our region of Busoga. The conventions give our leaders a forum to address the issues that afflict our people. We must hold them accountable for solving the problems our people encounter in education, healthcare and over all standards of living. Both the Houston and Minnesota Conventions invited the

leaders to update Twegaite members in the Diaspora about what was going on back home. They note speeches and the *Kimeeza* Town Hall meetings were such forums.

### **Keynote in Minneapolis**

In Minneapolis, the Keynote speaker Rt. Hon. Kadaga in her speech which was not video cast as earlier planned was basically addressing the education status of Busoga. She gave some statistics shown the declining trend of the academic performance of Busoga schools at Primary, O'level and A levels. She gave cooperative final results at the various levels for a set of about three years showing that there was a steadily declining performance in the graph. She also lamented that the Busoga University much as it is doing well, the biggest population is Kenyan and Tanzanian. Of the Ugandan population a very small portion again are Basoga.

She noted that Busitema has been granted a Government University in the East, and Namasagali University taken on a constituent college of the same. In a word, the education sector in Busoga is far from being the focus of the salvation of Busoga. Please note that Dr. Alfred T. Kisubi had presented a "Critique and analysis of universal primary education (UPE) in Uganda in general and suggestions for improvement in particular local areas," in a paper presented at the Houston, TX, *Busoga Twegaite Annual International Convention*, may 22 – 26<sup>th</sup>, 2008 ([www.twegaite.org](http://www.twegaite.org)).

### ***Ekimeeza* (Town Hall Meeting):**

The "*Ekimeeza* - Town Hall Meeting with panelists Hon Daudi Migereko, Hon, Salaamu Musumba, and Rev. Fr. Richard Gonza, moderated by Dr. Daudi Basena provided some political awareness to members convened. I hope we continue the trend as we move toward 2011 elections in Uganda. Below are the highlights of the *Kimeeza* discussion:

### **On Duo Citizenship:**

Hon Migereko reported that as part of the concerns of the last Twegaite conference in Houston, the issue of duo citizenship had been passed by Parliament (bill passed) and what was remaining was for the President to assent to it. There was concern that much as Ugandan Parliament had passed the bill, however there were restrictions to the duo-citizenship unlike other countries. Migereko responded to the restrictions first by stating them: that a person with a duo-cit is barred from contesting for the presidency since at one moment he may fane none-citizenship and therefore cannot be accountable for the mess he /she may have put the country in. The same is true of the Speaker of Parliament and some others I cannot easily recall, I think that of the Chief Justice as well since constitutionally these are high or top ranking positions in the country to will power. Migereko gave an example of one president to declined citizenship of the country he led into problems, I cannot recall the names of both the country and the president.

Hon Salaamu Musumba said that the type of duo citizenship which restricts people from contesting for some posts was a mockery. She cited China where there are no such restrictions.

### **On Land reform**

I do not recall whether this was discussed during the Kimeeza. What I do recall was the Betsy Dhikusooka investment plan in Kampala and how she was asked to pay 400 Million Shillings for water connection. Migereko promised to make a follow up.

### **On Political efforts to promote Twegaite's mission:**

Hon. Migereko said the Movement government has created an environment conducive for investment. He then called upon the Basoga in *diaspora* to make investments back at home. Whereas he appreciated the small remittances individual Basoga and in general Ugandans send their relatives, he challenged them to massively grab the chance and invest in big businesses. He said they could as well get loans for big investments and service them later. He called upon the Twegaite to source out people with skills in the oil mining area since Uganda had discovered oil and such people would be needed. He pledged to front those that would make a limp into this investment venture and also seeking jobs for investments.

Some Twegaite members has made efforts to use their expertise to get contracts in Uganda, one was for some road designing and the member was fully frustrated (Moses Wilson) Migereko called for some physical presence on the ground through representation to make a follow up of such issues. He cited the Indian community who they keep knocking at the door of the person concerned almost every day until the tender is granted them.

He was asked about the restrictions that might exist if an NGO wanted to invest or help some local organization. Hon Migereko said that NGOs were free to carry our any business with any legal Organization registered in Uganda provided that the dealing was not a threat to the peace in the country.

Hon Musumba reacted by saying that as long as the democratic climate is non existing in Uganda, it will be very risky for people to put their investment in Uganda whole heartedly. She said that there was need to change to political climate for Twegaite to have a secure ground to invest at home. However, some degree Musumba seem to have concurred with Migereko that the issue of sending school fees and constructing a house was good but there was need for big investment plan(s).

### **On Busoga's economic status:**

Whereas Hon. Migereko portrayed a picture promising about the economic status quo of Busoga, the picture on the ground is different. Hon Migereko quoted the new factories basically oil factories like Bidico, Kengrow and the like, he also asked members to appreciate that fact that the population has grown and the technological advancement too leaves little room for the new factories to swallow up the redundant man/human labor.

Hon Musumba refuted a promising picture of the Busoga she knew. She said that Busoga she knew as characterized by massive poverty, high degree of poverty and an immense rate of illiteracy. It is a diseased Busoga with all the infrastructures shuttered. It is not worth the name.

## **Fr. Richard Kayaga Gonza at Kimeeza - A special feature:**

### The Problem

According to Fr. Kayaga, “Busoga is counted as one of the poorest regions in the country and this is quoted in the introduction to my report, *Busoga reaps the fruits of illiteracy*. Observation too shows that Busoga is badly off in terms of standards of living. Whereas I would not like to put the blame on anybody or group or persons, it is a fact that Busoga has lost its status economically speaking.

In the past, we used to talk of cash crops and food crops. And at that time we would talk of a staple food for Basoga. This is no longer the case; we have abandoned the growing of the traditional cash crops which used to be a source of income for many families. Coffee is no longer a major crop grown; while cotton is only revived in the area of Bulamogi. There nothing you can refer to as the staple food for Basoga.

A number of families particularly those around Butembe had resorted to growing sugarcane in the hope that they will sell to Madhivani or Mehta and get money to meet their basic needs especially school fees. However, sugarcane growing takes the lion’s share of the already small piece of land they are having given the population growth coupled with the rural – urban migration. This leave no land for cultivating food crops and so the end result is that people end up using the little incomes from the sugarcane buys food from the market. Moreover, the sugarcane maturity span is 18 to 24 months. This means that all those months (yet this will only be the first harvest but one will have a second, third, fourth and sometimes fifth harvest) the land cannot be used for growing food. This has brought in food insecurity and yet the biggest poverty a family can experience is the poverty of food. Moreover, by the time the sugarcane is ready for harvesting, the price will have dropped. The transporters also take the biggest share of what the proceeds.

Whereas we need sugar, may be it would be better if sugarcane growing was taken a little bit deep in the rural areas where people still own chunks of land. Probably that could sustain the sugar industry without necessarily affecting the food security area. I do know that the transport costs might increase but something must be done about it.

There is another trend that is coming up these days: You find people developing the *maagaanana* (crossroads) into small trading units referred to as towns. Able bodied people then get up early in the morning to go to the “town” and imitate the characteristics of a town namely setting “hotels” and people waking up early morning to sit and wait for food to be bought from the market. They eat from a “hotel” tea, lunch and sometimes supper. Thus the chapatti, mandazi industry starts flourishing. But where do they get the money to sustain this kind of eating? Some even sell their land to come and get a plot in this *maagaanana* (crossroads) and they refer to that as development “*ekyalo kyaiife kukulankulaine tobona ng’akatawuni kakuze?*” Can we refer to that as development sincerely speaking?”

Fr. Kayaga laments, “The above scenario has led to the deteriorating standards in schools as well as parents have no school fees to pay for their children at school.

All the above put Busoga’s economic growth at stake and we need to do something now if Busoga is to regain its lost glory”.

The third fresh solution (empenda) is also a task Fr. Richard Kayaga Gonza has embarked on.

### **(3) Teach Basoga Culture**

Having Rev Fr. Kayaga Gonza with us should become a tradition. *Twegaite* should support the Basoga Culture Center directed by Fr. Gonza. They have produced a dictionary (*Lusoga –English*), *Empambo dha Basoga*, Bible in *Lusoga*, and many other publications. Everyone should encourage the teaching of the language and culture to our children. The organizers (especially Mrs. Kigwana Nsajja) did a tremendous job in teaching the Basoga children the songs and dance of Busoga. The Basoga proverb says that “*emitti emito ne kibira*” (children are the nation). We must nurture them to grow up and continue our culture.

### **(4) Contribute to the Community**

We have contributed to our families, communities and other projects. The call is for us focus on the Basoga community rather than just individuals. Projects to bring clean water to our people, to build schools for school age population, to provide drugs and equipment for health centers and hospitals, and to empower people through micro financing and cooperative organizations should be the focus. The theme for last year’s Basoga *Twegaite* convention was “Busoga and You”. This theme is contained within all four solutions. Most important it echoes community aspects, individuals make the community. The forums and sessions on education, health care, economic empowerment, and micro financing at the convention highlighted these fresh approaches to the problems in Busoga.

### **Basoga *Twegaite*’s Future**

Busoga has been designated by previous reports in Uganda as the poorest district in Uganda (Kayaga, 2009). This is in spite of the fact that Busoga has one of the highest educated citizen’s and very high number of leaders in government, *parastatals* and businesses for many decades since Uganda’s Independence. It’s also one of the most fertile regions in Uganda.

It is therefore now a very critical time in the history of Busoga to reverse this endemic poverty and poverty indicators that is even despicable in the eyes of Ugandans.

Basoga *Twegaite* has to structure itself to be a major player in this reversal.

Here are some immediate steps that *Twegaite* can take.

- To strengthen its current programs and give them more visibility. To revise past commitments especially the ones after the Houston Convention and go after them fervently.
- To make serious alliances with organizations like Busoga Development Forum and Busoga Rural Development initiative. To Partner with trusted individuals who will manage *Twegaite* programs locally.

- Start coordinating development groups (NGO, Cooperatives, individuals) in Busoga and align them to charities in the USA.
- Start recruiting new focused and motivated leadership including the youth.
- To motivate investment in Busoga especially by the Diaspora.
- To encourage formation of more regional committees that are functional.

### **Financial Report for 2008 Convention**

The financial report is ready and will be posted on the webpage. The revenues were slightly below the expenses by a few hundred dollars. The loss has been covered by the organizers. What is important about the report is that conventions barely make even. So where do we get the money for development project? Do we appeal to corporate sponsors? Corporate requires a track record of projects we have been involved in. But we have very little to show at the moment. I am of the view that we can try to fund raise during a year we do not hold the convention.

### **Next Basoga Twegaite Convention**

There was no official discussion of the when and where the next convention will be. There is the issue of whether we should meet annually even though we know that we cannot accomplish much in 11 months before we meet again. There are number of possibilities.

1. Convention stays in Minneapolis for a few more years to give it stability
2. Convention goes back to Houston to redirect the goals of the Basoga in the Diaspora who seem like they are going off track
3. Request Seattle WA. to host the convention
4. Request Boston to host the next convention. (Boston made their request at the Houston convention)
5. Convention is held every other year such that the focus and resources should be redirected to funding projects during the years we do not meet
6. Convention meets annually for three years and then switches every other year.

### **Kyabazinga Issue**

There was a separate meeting organized by Mr. Mbazzi Richard with the blessing of the chairman and it comprised of a good cross section of Busoga leadership. Three ideas were proposed.

1. Support the idea of a one clan as the ruling clan, and the rest act as princes.
2. Maintain only 3 clans (I am not sure what the names of the 3 proposed clans are, and what criterion would be used to select the three.).
3. Ask Willington Nabwana to step up and recognize that his people are asking him to be Kyabazinga and lead Busoga out of this humiliating dilemma. So we requested Hon Salaamu Musumba and Rev Fr. Gonza to take our plea to him. This idea will be presented to the Busoga development forum as the Twegaite suggestion by Joyce Abaliwano to consider as they deliberate with the Busoga chiefs.

## Conclusion

In conclusion, we must hail that Memorial Day weekend, 2008 and 2009 gatherings as symbols of continued efforts by Twegaite provide historic resolutions that everyone said "represents a crucial step forward in addressing the underdevelopment crisis in Busoga," the need for members' contribution of new projects and capital to end the poverty, and the Busoga health, education and food security threats that have long been linked to our growing dependence on centralized planning.

There are obstacles along the way and I admit there are some defenders of the status quo putting everything they have towards killing this crucial effort, and without your efforts, they would will succeed. But they're not going to stop and neither can we. As illustrated in the executive remarks above and by convention proceedings below many presenters told us about the impressive impact they're having on this critical effort to develop our motherland. I would call out loud that at, and because of the convention we were very effective in the process to *Twegaite* unity, talking with each other and encouraging support for the *Twegaite* spirit.

And it's no surprise. Together, *Twegaite* members attended numerous town halls, sent petitions to Parliament through our leaders, who attended the convention, wrote e-mails to the Busoga Forum, and made thousands of calls to friends and family back home.

Every speaker also highlighted that there is much work to be done. *Twegaite* needs to be strengthened, and its constitution standardized and passed by, adopted by the entire *Twegaite* membership, including all known and aspiring regional chapters, and signed by the *Twegaite* leadership. With the odds of time and distance working hard to stop us, and the problems looming ahead of us, it'll be a hard road.

However, in the spirit of the Houston and Minneapolis Conventions, if we can raise \$50,000 dollars by the end of this or next year, have a co-operative Bank for a micro-finance scheme back home, we can show the world that we are more than ready to continue the fight to the end. *Musagaluuke. Kibumba abafuuweku obwibuka!*

**PROCEEDINGS OF THE SECOND INTERNATIONAL TWEGAITE CONVENTION, MINNEAPOLIS, MN, MAY 22<sup>ND</sup> – 25<sup>TH</sup>, 2009**

**BY ALFRED TALIGoola KISUBI, Ph.D.**

Introduction:

I was privileged to attend the 2<sup>nd</sup> International *Twegaite* Convention in Minneapolis, Minnesota, May 22 – 25, 2009. More than 200 of us, including individuals and families, gathered to strengthen our efforts and inspire us to blaze new paths through ‘fresh solutions to Busoga’s growth’, particularly by working on health improvement and other co-operative programs. On one hand many speakers exposed issues and circumstances that needed to be addressed. On the other hand by bringing these issues to the fore, speakers encouraged each *Twegaite* member to see that they were not alone in working to develop Busoga and that there was a need for a cooperative effort in working to help people back home to help themselves out of poverty and misery.

The five workshop sessions I attended were:

1. *Ekimeeza* (Town Hall) tripartite panel discussion by Hon Daudi Migereko, Hon Salaamu Musumba, and Rev. Fr. Richard Kayaga Gonza moderated by Dr. Daudi Basena
2. Forums focusing on Education, Healthcare and Economic Empowerment featuring Mr. Bert Rivers (Compatible Technologies), Dr. Alfred T. Kisubi, Ph.D. (Researcher Health Issues in Iganga), and Dr. M. Osita Nwaneri (Sickle Cell Disease Advocates of Minnesota, Inc.)
3. Business Roundtable on Micro-finance featuring Fr. Richard Kayaga Gonza (Jinja Catholic Diocese), Mr. Gideon Ngobi (Hope Institute of Uganda), Mr. Moses Wilson (moderator), and Mr. Fred Katwalo.
4. Keynote presentation by Hon. Rebecca Kadaga
5. Banquet Speech by “Mother of *Twegaite*” Mrs. Betsy Waibi Zikusoka.

I found it to be a wonderful experience and a very worthwhile convention. I took a number of thoughts from the convention that will be helpful in my own work back in Busoga and in my participation in *Twegaite* activities. Below please find verbatim reports of some of presentations that the writer received from the presenters: Mr. Bert Rivers (Compatible Technologies), Dr. Alfred T. Kisubi (Health Issues in Iganga), Mr. Gideon Ngobi (Hope Center), Dr. Veronica Wabukawo (Microfinance) and Mr. Fred Katwalo (Borehole in Lulyambuzi). The keynote by Rt. Hon. Kadaaga, the kimeeza panel and the banquet speech by “Mother of *Twegaite*, Betsy W. Zikusoka will be omitted here because they were discussed in great detail in the executive report. Dr. M. Osita Nwaneri will be asked to submit his presentation before the report is posted online. Two of the five workshop sessions I attended are highlighted below:

1. *Forums focusing on Education, Healthcare and Economic Empowerment featuring Mr. Bert Rivers (Compatible Technologies), Dr. Alfred T. Kisubi, Ph.D. (Researcher Health Issues in Iganga), and Dr. M. Osita Nwaneri (Chairperson, Sickle Cell Disease Advocates of Minnesota).*

**(a) Mr. Bert Rivers' Presentation: Alternative Technologies**

It was great hearing from you today. I'm attaching a slide show that covers the Nikken WELLNESS HOME concept.

The Nikken Wellness Home offers solutions in three areas:

1. Performance and rejuvenation; Insoles, Magnetic biaxial rotation, KenkoWave technology, Kenko Sleep Systems, Magnets, Magnetic fashion, Support Wraps.
2. Environmental Solutions; Air Wellness Technology, PiMag Water Technology
3. Lifestyle Solutions; Kenzen Wellness, Bio-Replenishment, Skin Care, Pet Products, Kenzen Body Balance CardioStrides

**(b) Dr. Alfred T. Kisubi's Presentation:**

**Healthcare Services and Tackling the Burden of Disease in Busoga**

**A Speech at the Twegaite Second Convention, Minneapolis, MN, May 22<sup>nd</sup> – 25<sup>th</sup>, 2009**

**By Dr. Alfred Taligoola Kisubi**

1. Introduction:

I want to thank the Busoga Twegaite Minnesota Organizing Committee and all co-sponsors of this convention for inviting me here. Great to see everyone, who was in Houston last year. You all look great. This is a great time to come up north, considering what drama it can be in the winter.

I know the least about our hosts, but for the sake of our project to promote growth and solidarity here in exile and back in Busoga, I'm happy that you turned out in full spectrum. My enthusiasm in healthcare, education and other social issues and my experience as teacher and human service worker in Kenya, Uganda and the United States motivate me to feel privileged to share this afternoon with you. Since last year I discussed education, this year I will dwell exclusively on healthcare. This discussion I will do the following:

1. Define health and the social determinants of health,

2. Discuss the burden of disease in Busoga using Iganga as a case study
3. Discuss the contradictions of the IMF and World Bank Structural Adjustment Program in Uganda and its implications for the poor
4. Give suggestions for alternative planning strategies and how Busoga Twegaite and other NGOs can help fight ill health

## 2. Defining Health

Health to me is "a state of complete physical, mental and social well being and not merely the absence of disease or infirmity." (WHO Constitution). Fanshell (1972) coined a functional definition of health, which I agree with. Here it is: "a person is well if he or she is able to carry on his usual daily activities. To the extent that he or she cannot, he or she is in a state a state of dysfunction, or deviation from well-being."

Health has the following dimensions: physical health, social health, emotional health, environmental health, spiritual health and intellectual health. However, almost every society, including Uganda and the United States, has the following social determinants of health:

- (a) Income, education and income distribution,
- (b) Social support and community cohesion (including racism, tribalism, and discrimination based on any pretext),
- (c) Living Conditions (including housing, transportation, availability of nutritious foods),
- (d) Working conditions (benefits, job safety and security; opportunities for decision-making, advancement and personal growth),
- (e) Culture, spirituality, religion and ethnicity.

Therefore, for the sake of everyone's health in Busoga and everywhere, I oppose the existing power-over relations based on any pretext, be it religion, tribal, ethnic or national origin, social economic status, age, sexual orientation, and handicap. I think that the power differentials between the rich a poor in our contemporary society here and back home keep of both poor native men and women, but more so for women, in poor health. (Madley, 2003, Held and McGrew, 2002).

## 3. Case Study: Health and Environment in Iganga District

The greater Iganga District was in June, 2001 divided into two districts: Mayuge and Iganga. The new district (Iganga) now has a population of 716311 people (census 2002) with 4 counties and 25 sub-counties. Iganga district is situated in Eastern Uganda and is bordered by the districts of Jinja in the South, Kamuli and Pallisa in the North, and Bugiri and Mayuge in the Southeast.

The health services are now run under 5 health sub-districts (HSDs). These are Busiki at Nsinze, Luuka at Kiyunga, Bugweri at Busesa, Kigulu South at Iganga hospital and Kigulu North at Bugono. Health services in the district are provided by a number of stakeholders including government, NGO and private health units/ organizations. These

are quite well distributed in the district though the physical infrastructure itself is very poor.

#### 4. The Burden of Disease

The district has a high burden of disease. As shown in Appendices 2 and 3, malaria, HIV/AIDS, pneumonia and diarrheal diseases contribute up to over 60% of the top ten killer diseases and have a cost burden on Iganga District of 24%, 4.7%, 7.8%, and 11.6%, respectively (HMIS – Iganga, 2001, and Iganga Office of the District Director of Health Services, 2003). To gain some improvement in resource allocation, when compared to the Burden of Diseases (PHC funds), the total burden of diseases rose to 99.9% of their revenue. The district's cost effective interventions per disease were identified as given in Appendix 4. In spite of official claims to victory, a large number of the population both young and old suffer from common eye problems e.g. trachoma and conjunctivitis and are faced with the problem of blindness, yet only two Ophthalmic Clinic Officers in Iganga Hospital carry out outreach services. Also vitamin A supplementation is given to a few children every six months.

The only program that seemed to have done well is the expanded program of Immunization, which was strengthened and re-launched in 2002 to protect children against: whooping cough, tuberculosis, tetanus, diphtheria, measles, poliomyelitis, women in child bearing age against neonatal tetanus, hepatitis 'B', and hemophilic influenza type 'b'. Also the National Immunization Days on polio, measles, and maternal & neonatal tetanus have boosted success in this area. As a result of EPI activities, immunization coverage has increased from 60% of 2000 to 72% 2002. However, in the rural areas Parish Health Days are held every six months in six sub-counties with ECD program.

As for sexually transmitted infection including HIV/AIDS, AIDS is among the top 10 killer diseases in the district. Other sexually transmitted diseases especially those that cause genital sores have been documented to increase the transmission of HIV/AIDS. Therefore control of these is emphasized.

Over the years, the magnitude of Dental problems has gone up. This has been attributed to people increasing consuming processed foods which are high in sugar levels, due to the dumping food from the developed countries on Uganda's market. The District has 3 Public Health Dental Assistants who are hospital based and one in rural health units. In fact a baseline survey to find out the nutrition status in the District was carried out in 1994. This revealed that in the under 5s stunting was 47% under weight 23% and wasting 7%. This is unacceptably high. The factors contributing to this unacceptable nutrition status among others include: lack of adequate knowledge on right foods and quantities to eat, preparations of the foods ext, low literacy rate, lack of adequate food due to: use of food crops as cash crops, lack of land, due to famine and droughts, diseases e.g. diarrhea, pneumonia, malaria etc., lower utilization of health services and facilities, due to scarcity of such facilities. The good news is that there is a strategy of an early childhood development program to improve on nutritional status of children 0-6 years.

According to the burden of disease analysis done in 1995, malaria ranks the number one contributing factor to mortality, morbidity and disability in the district. The problem is aggravated by: inadequate preventive control measures, late reporting for treatment for care, resistance to chloroquine, poor house hold Hygiene and Sanitation, and inadequate malaria management practitioners.

Although the Health inspection unit is charged with maintenance of standards in the management of drugs - especially in Drug shops, and checking on prohibited drugs as their main concerns, people operate illegal drug shops and private clinics everyday and in different corners of the district. The main handicap to the unit officers is that their vehicles have no fuel, so they can not move in a vehicle in order to enforce drug laws and net the culprits. There are only 3 registered pharmacies and 95 class C drug shops in the entire district.

The cases of tuberculosis and leprosy further show the structural problems in Iganga. For TB, there are problems of low case detection rates, low cure rates, unsatisfactory drug compliance leading to risk of multi drug resistance, and possible causes for such unsatisfactory performance due to: inadequate knowledge of health workers on management of TB, inadequate community awareness about TB, and inadequate funding. For Leprosy, the district is still registering many new cases as it did forty years ago, and there is high overall disability grade among new cases and many former leprosy patients have severe disability. Possible causes of leprosy problems, according to the IDHSO are: lack of knowledge about leprosy case management by operation health workers, late reporting by new patients, poor surveillance of cured leprosy patients, and lack of integration of disabilities due to leprosy in existing disability movement.

The possible solutions are the typical top-down ideological thinking ones: namely: for TB, retrain health workers, increased funding, implementation of CB-DOTS, intensify support supervision, and trace irregular treatment attendance, and for leprosy; train Health workers in leprosy management, do community awareness campaigns, intensify surveillance of persons affected by leprosy after chemotherapy, initiating social economic rehabilitation activities, and promote Home Based self care activities.

## 5. Sanitation

Related to the burden of disease and its cost to the district is poor sanitation. Situation analysis of sanitation in the district concluded that sanitation is appalling. In Iganga town, the sanitation system being employed includes water borne sanitation, traditional pit latrines, ventilated pit latrines (V.I.Ps), communal pit latrines and septic tanks. The hospital and police have their independent water sanitation systems and are 60 percent covered. The water borne sewage system that was meant to serve the area in the core town and was constructed in 1963 now only serves 8 percent of the town population. The rest of the town population rely on pit latrines. Iganga Town has no cesspool emptier, so when one pit latrine is full up it is abandoned. Another site on the plot is then identified and a new latrine is constructed. The size of the plots in Iganga is small and some people

are about to run out of space to construct new latrines. In the rural areas, the pit latrine coverage in areas which were sensitized and mobilized with the RUWASA I project strategy i.e. the construction of pit latrines before the provision of water are having high latrine coverage of 70% to 80% on household basis. These areas include the whole of Busiki county and parts of Luuka and Bugweri counties. In the rest of the district, the latrine coverage is still low 20% - 30% on household basis. Refuse collection and disposal in Iganga town involves residents of the town dumping refuse at well marked points from where trucks pit it for final disposal. The method employed for final disposal is controlled dumping. The final dumping sites are usually the former murrum burrow pits. This is purposely done to reclaim the land. The rest of the population just use crude dumping methods leading to all associated nuisances and diseases.

## 6. Personal Hygiene

Washing hands after the use of latrines is a practice only done by 2.5% of the population. The rest of the population has been sensitized. With the help of RUWASA a pilot model of a simple facility has been recommended and launched in Mpande village - Ivukula sub-county, just one small parish in the district. More of course needs to be done.

## 7. Housing

Most of the population (i.e. 65% of the population) are housed in temporary grass thatched houses which are poorly ventilated and lit according to 1991 census. The rest are either housed in permanent or temporary houses roofed with galvanized corrugated iron sheets. With this poor housing system, associated diseases usually break out such as TB, respiratory infection and diarrhea. Poor environmental conditions arising from unhygienic disposal of excreta and sewage and accumulation of solid wastes contribute to the spread of diseases. They lead to contamination of food and water supplies, either at source or in homes. They encourage breeding of vermin and insects, hence further increasing the spread of diseases.

## 8. The State Of Health Infrastructure In Iganga District

The district has got 85 functional health units of which 62 are government aided; 23 are NGO operated (see Appendix 5). Construction of 70% of the Health units have been put up through community participation and of these a good number requires completion. Find below the number and type of Health units. Only a hundred health units provide a varying range of RH services but they are not enough to give services to the total number of 204,194 mothers in child bearing age with estimated pregnant mothers per year of 50605. 100 health units provide Family Planning and have trained Family Planning Service Providers. There is need to train 5 more FPSP to cover all the existing health units with at least one FPSP. Also there are 30 NGOs/ CBOs in the district operating in health related activities. These are getting government grant to facilitate them implement PHC activities. There is need to strengthen technical support supervision at their place of work to improve their services. NGOs/CBOs are encouraged to register with DDHS' office.

Most of these health units especially those constructed by central and local government are dilapidated and are badly in need of completion and rehabilitation. Eight health units namely Bugono, Irongo, Bukoova, Ivukula, Nsinze, Namutumba, Lubira and Busesa were rehabilitated by the World Bank. That help from the Bank enabled the construction of four surgeon's operating theatres and Doctors' houses at Nsinze, Busesa, Bugono and Kiyunga, and many may credit the fact that there has been marked increase in the establishment of health service infrastructure in the district.

However, although these were nearing completion at the time of this study, the following were missing and were reported by IDHSO plan as urgent needs: equipment for theatres to make them functional, completion of health structures under construction, putting up suitable health unit structures more especially Health Centre IIIs of Busowobi, Nakalama, Bukanga and Kiranga, and lastly the construction of new Health Centre II in 55 parishes. This shows that the Bank's conditionality loan allocation to Iganga for that financial year fell far short of the need for new infrastructure, yet only 100 Health units provide a varying range of RH services but they are not enough to give services to the total number of 204,194 mothers in child bearing age with estimated pregnant mothers per year of 50605. Also only 100 health units provide Family Planning and have trained Family Planning Service Providers, leaving a need to train 5 more FPSP to cover all the existing health units with at least one FPSP.

#### 9. Manpower Needs

The state of Health manpower in the district is another dire need considering that most of health units in the district are manned by at least one qualified worker, with a few run by experienced trained Nursing Assistants. This very small numbers of health care and sanitation professionals gives *Twegaite* a challenge to look into training more personnel or encouraging our own children to become health professionals..

#### 10. Funding The Iganga District's Health Programs

Because most health units require rehabilitation and maintenance over the planned period, and those built by the rural community require completion and equipment, Iganga District has a total estimated cost of Ug. Sh. 669.3 9 (\$ 349.500, if the exchange rate is Ug. Shs. 2000 to the U.S. dollar. This far exceeds the Ug. Sh. 537.0 (\$268,500) expected from all donors by Ug. Shs. 132.3 (\$66.00). Eight existing health units, which are nearing completing by community participation in Waibuga, Bukanga, Nambale, Kiranga, and Magada, will be up-graded to health centre III. This will necessitate the recruiting and deployment of 40 nursing assistants and carrying out ANC in all 40 existing health units and four integrated outreaches for each unit per month.

Daily immunization will be carried out in 54 static units, and four out-reaches per month per unit. This will require equipping of 10 health units with fridges, immunization kits, in addition to door to door immunization in Iganga Town and supporting supervision in all 99 health units. Refresher courses for all health workers (OPL), and carrying out inventory for health units will also be done over the planned period. The operation, maintenance and referral, will require: 4 ambulances, 7 radio calls, 77 walkie-talkies for

50 parishes.

The STD/HIV/AIDS, costs will cover the treatment of cases, re-training of health workers in STI case management, distribution of condoms, provision of STI drugs, support supervision, training of counseling aides and assistants, developing and printing of IEC materials in the local language, research, and monitoring and evaluation of the STI activities at will occur in the planned period, while those for the Public Dental Program will cover sensitization of communities about dental health, recruitment of Public Health Dental Assistants to cover three HSDs, and Health education about oral hygiene and health dietary habits. As indicated in row seven of Table 8, HIV/AIDS Education and Control program has it's own budget.

For the Eye Program, costs will include: training of health workers in management of eye problems, health education on eye care, treatment of eye conditions at static and outreach sessions, and recruitment of two Ophthalmic Clinical Officers, will the Food and Nutrition Program will involve: nutrition education to mothers and in schools and other institutions, growth monitoring and promotion, demonstration gardens, provision of Vit. A capsules and iron tabs, follow up of community based growth monitors, observation of breast feeding week in August every year, strengthening the baby friendly initiative, monitoring the scale of iodinated salt, and the training health workers and community based growth monitors.

While the Control of Malaria program will cover: training of health workers in proper management of malaria cases, provision of bed nets and chemicals for impregnating, destroying of breeding sites by anti-malarial oils, training of chloroquine community based distribution agents, follow up of chloroquine community distributors, construction of malaria drains in populated areas, procurement of anti-malaria drugs, health Education geared to malaria control, home improvement campaign, ensure constant supply of chloroquine to the ANC clinic, the CBO/NGO Program will incur costs in mobilization of CBO/NGO for health activities to integrate them in other programs, following up the planned activities to avoid duplication of services, quarterly meetings with CBOs/NGOs to review the planned activities, and financial support to NGO and CBOs.

The Household Sanitation Campaign costs will be in sensitization of communities, institutional/community sanitation campaigns, and school and health unit mobilization towards better sanitation conditions. Some demonstration latrines shall be constructed and a household and sanitation hygiene competition will be organized so as to improve on the sanitation situation. Seminars for health staff, and inspection of drug shops and their attendants will cost Ug. Shs. million.

Lastly, TB/Leprosy Control will include the cost of the identification, and management using Community Based Directly Observed Therapy with a short course on CB-DOTS. Other costs will be those for tracing irregular attendants and treatment defaulters, supplying of TB/leprosy drugs, and extending social economic rehabilitation for persons affected by leprosy over the planned period.

## 11. Sources Of Funding

The expected main sources of funding tabulated in Appendix 8 included: both central and district government, and donors, such as UNICEF, UNFPA, WHO, GAVI, World Bank, DISH, Italian Aid, local communities, and private. Of these, the health sector is mainly funded by donors (40%) according to 1995 figures, the government is (36%), private and community (24%). The IDHSO reported that there was a need to mobilize more resources from both local and central government, meaning the tax-payers' money, but we noted that only a few donor pledges had been paid up by January 2003. Table 7 shows who had paid up, and who was still in arrears. Because the Bank notably was one of those, we are tempted to echo several critiques of the Bank and the Fund that these institutions have shown some laxity in different parts of the world (Tjonneland, 1998). This is true in Iganga, as well, where the Bank has arrears.

Because this money is for all programs crucial to the health, sanitation and well being of all primary stakeholders, as explained above, those institutions whose mission to help out the poor, especially those that reach out from the rich countries, are far short on funding the IDHS Program. They are remiss not only in their promise to save the lives of the poor in the District, but also in their SAP objectives. Without over-generalizing, we suspect this is happening in many programs where these donor agencies are involved, be it in Uganda Ghana or Nigeria. The literature testifies to this (Madley, 2003, Patel, 1994, Rowlands, 1992). The Bank or the Fund could easily top off this shortfall, if they had the will for the poor, but they choose not to, because they are in business to maximize profits. They strangle the poor, by forcing them to sell their labor and raw materials cheaply in order to pay off huge national debts off loans that left them gasping for some more, just like Oliver Twist.

### Contradictions of the Structural Adjustment Programs (SAPS) and implications for the poor

I would rather measure economic development, in terms of human development, using income per capita as the indicator for economic growth. Measuring economic growth by the GNP, ignores the very people who cheaply sell their labor to those, who exploit the poor. Thus, considering poverty as the leading indicator for measuring the impact of these policies, we conclude that SAPs has not removed the problem of disease in Iganga. SAPs continue to be focused only on the economic aspect of development, and pay little to no attention to other areas of human development, such as health services, education, nutrition, water and sanitation.

The Uganda government didn't willingly adopt SAPs and would not have gone down that path, if our leaders had made a rationally democratic choice. They didn't! The exigencies of Uganda's dire condition following the Civil Wars forced them to swallow the bitter and increasingly impotent pill of these globalizing juggernauts. By following SAPs to the letter our government acted if, like the Bank and the Fund, it was only interested in economic growth, not in solving poverty, disease and ignorance.

As a result, in its frenzy to liberalize and privatize, the Uganda government chose not to adequately fund public healthcare and other social services, and thus broke its pledge and mandate to ensure the security, well-being and general welfare of the people. It would rather form friendships with Western governments, multinational corporations, multilateral, bilateral and local NGO's to accomplish this enormous imperative (Madley, 2003), than involve the primary stakeholders – the people, who wallow in poverty and deprivation.

Of course the regime will say it identifies with the poor and in principle it does, but keeps working with institutions that Museveni himself claims “have created the suffering of the masses”. On a visit to the United Nations the idealistic Museveni said that African nations donate to the rich cheap labor, and raw materials. He even advised the continent to “stop donating to the rich by processing their raw materials and adding value to them through a “transformation” of their economies.” For the poor, he lamented:

"We have the stomach; we don't have the money. We don't have the money because there are no jobs. But remember the jobs were donated. If you donated a job, you don't have a job. If you don't have a job, you have no money. If you have no money you don't consume (The Monitor, November 5, 2003 pp1).

However, he didn't say how Africa would “transform” their economies without foreign aid. He left that to each country to decide the path to processing their raw materials. As for his country, he did not mention dropping his favorite SAPs. In fact after his speech, imbued with pathos, he went to Washington to receive an award for his pro-Bush policy on AIDS. But as he wallowed in Texan hospitality at the White House, forty-one years after the first development plan was implemented in Uganda the removal of poverty, disease and ignorance remains the major riddle for development planners. Many top-down plans, programs and projects have come and gone, but the challenge goes on with some positive gains sometimes, and negative losses other times, depending on what regime of planners is in power.

The Iganga case, among others in Africa, shows us the flaws of this top-down approach and points out to a more democratic tact. An evaluation of the role of men and women as producers (paid work) and reproducers (unpaid work but necessary to keep the household going), clearly indicates differential impact of the policies on men and women and proves that the adverse effects of such programs fall disproportionately on women.

A critical look at the SAPs shows that they were contradictory in themselves. Aimed at increasing exports and decreasing import, the policies of removal of subsidies and tariffs at the same time with increasing opening of the domestic market to multinationals, lead to a trade balance favorable to the multinationals. The opposite of what was intended. Removal of subsidies meant increase in cost of production for the producer/farmer and hence higher price for the consumer. On the other hand, removal of tariffs on imports meant reduction of cost of imports. The two policies working together to make imported items cheaper and domestic products more expensive. This made domestic products less competitive both on the domestic and international markets, thus

squeezing domestic producers in industry and agriculture from business leading to loss of income, food insecurity and general livelihood for both entrepreneurs and employers.

Therefore, if the negative impact of SAPs is to be avoided, there is the need for radical rethinking of the design and implementation of the policies to reduce male bias, reviewing macro-policies, redesigning policies to incorporate issues affecting women, providing support policies and monitoring of the impacts.

For SAPs to have beneficial impact, strategies to resolve gender and cross-cutting issue imbalances, must be developed. We are more inclined to that utopian thinking, which believes in participatory development planning and implementation, which reflects the opinions of the oppressed. We believe in the transformation of the existing structures by the overthrowing the status quo, and see change through the destruction of structures responsible for the exploitation, and oppression of the masses, replacing them with more just, people-oriented and people-made structures (Madley, 2003, Anand, 1994). Like Museveni, we are nationalistic in orientation, but unlike him, we reject existing power relations between the rich elite and the poor masses. We condemn the trade imbalances between rich and poor countries, and will work to replace the present structure with fair trade structures that have ethical trading standards (Madley, 2003).

In Busoga, like all over the world, Women and the poor men must be empowered to develop their own potential, so that they contribute their talents to the development of their nation and also help their families improve on their life chances. They ought to be involved in planning and implementation of projects beneficial to their local community. Involving these primary stakeholders in matters of their health and sanitation, must be a priority of every development, and human service worker. Our immediate concern, therefore, is that if the fund and Bank are to remain relevant and responsive to the needs of the poor, and become more efficient and equitable, it must continue reforming itself to suit changing circumstances or be replaced by more humanistic contrivances (Madley, 2003, Stiglitz, 2002).

## 12. Discussion

We must not continue allowing this to happen. Even when we have speech or language differences, we must not be denied health care. I wouldn't be speaking about this inequity if the lack of health care insurance did not have dire consequences for people, especially when it comes to life-chances later in their lives. This problem is the cancer growing on the good intentions of those that framed the US Constitution.

I call for creating a new belief system and vision for health care in each community that includes all people. We must foster collaborative partnerships and joint training programs that involve health workers and representatives of the immigrant communities in order to enable both groups to work together and better with diverse populations that would be found in a fully inclusive health care system. Health workers, educators, human service workers and all policy makers should work in concert. This is expedient because to continue separately, hampered by numerous categories that

perpetuate the separateness, will mean diminished lives for millions of immigrants, especially the children. We don't want this to happen. At least, I don't.

### 13. Recommendations For Alternative Planning Strategies

#### A. Delivery Strategies: Health in Our Communities

Community organizations should make a public commitment to the following seven resolutions to combat disease and promote health for individuals, families and the community:

- a) Support a greater involvement of people living with any disease at all levels,
- b) Promote community collaboration for research on common diseases among us,
- c) Strengthen community collaboration for physical, mental, social, political, economic and spiritual health and safety,
- d) Encourage a community care initiative,
- e) Mobilize community, state and federal organizations at all levels for a movement for the our children,
- f) Support initiatives to reduce the vulnerability of women,
- g) Strengthen the community mechanisms concerning human rights and biomedical ethics with reference to diseases common among us.
- h) We should implement these noble resolutions in our advocacy, education, research, and service.

This effort necessitates our empowering everyone concerned in this effort. We should work with native-born Americans in recognizing the existence of immigrant groups, whose specific vulnerabilities are the outcome of both individual behavior and of high risk social and economic situations. It means stressing the importance of such co-factors of vulnerability to infection as poverty, exclusion, obstacles to information and prevention, lack of access to care and to drugs, and lack of facilities for care and support.

#### B. Participation And Accountability

Usually, it is societies (cultures) and organizations that have a group or cohesive family orientation, or cohesive social structure that:

- a) promote both the ability to regulate and control the costs of production (labor) and
- b) provide for the satisfaction, contentment and welfare of the general population. The “global village” is far from this.

Western globalization of every nation on earth, emphasizes individuality, competition, and personal you're-on-your-own responsibility. Since most of us here today came from a culture that recognizes the communal spirit and oneness of humankind we should keep up that spirit as our unique export to America and our strength back home. Implemented by appropriate legal measures, the spirit of togetherness in health care benefits will restore our liberty, the pursuit of happiness and property as immigrants and back home. This will stave off the subsequent the catastrophe

that stalks us, like an ominous cloud of hail.

We came here to find the dream of clean water and sanitation, food, shelter, education, self-esteem and self-worth. We came here to be empowered because we were besieged and beleaguered. We came to find peace and freedom. Save us from the inequities of the social-economic stratification, which continues to plague us and our kids, more so the people we left home. In this affluent society, we should not continue the incessant drudgery we left behind and we must look back home and fight the deprivation we left back there.

### C. Ending Gender Bias

There must be significant institutional changes designed to improve men and women's equal access to resources. Female access to resources must be enhanced in effect (Adu-Okoree, 2001). In agreeing with this, Pearson (1992) suggests that doing this may require land reforms and new credit institutions such as the Grameen Bank in Bangladesh which has 70% women membership and gives 56% of their credit portfolio to women (Stiglitz, 2002). Educational inequalities are one of the major causes of women's lower access to high paid jobs and other employment opportunities compare with men. An educational reform, which will enhance women's access to higher education, could be considered.

To overcome male bias in the work place it is important to recognize gender division of labor and consumption for the process of resource allocation and determination of living standards. (Adu-Okoree, 2001). It will also require a change in the balance of power in relationship between men and women as users of public services and those who provide them as well as women as buyers and sellers. Governments should launch effective and extensive schemes to provide basic employment and incomes to women who are adversely affected by SAP measures. However, "whiles these schemes are valuable in maintaining incomes, they may also impose new time demands on women. There may be conflict between new employment opportunities and their household responsibilities.

Any SAP design that seeks to address male bias must address women's lack of control over resources by redirecting credit facilities and technical assistance to individual women farmers and traders. Since most of the negative effects of SAP on women have been from the policy of market liberalization and export led production, this problem must be addressed (Steward, 1992). Policies both at macro-level (international) and meso-level (national) must be formulated to control level of imports and protect local industries and producers (Moser, 1994). Growth in local industry will have a trickle down effect on employment among other benefits. This might entail redesigning SAPs, and using meso-policies to design expenditure cuts whilst protecting certain services and groups in the society particularly, the vulnerable. Women in low-income groups typically suffer in unguided market when resource allocation takes place because they have weak purchasing and bargaining power and are therefore not considered credit worthy. There is therefore the need for a structured market. This will ensure that certain proportion of resources are reserved for particular vulnerable groups.

Policies relating to various sectors in the economy can also be used to facilitate the reallocation of resources within each sector. For example, emphasizing vocational and technical training at basic level may increase the number of girls entering and completing basic school. However, this will not ensure adequate education for the girl child at the secondary and tertiary levels. The Ghanaian Free, Compulsory Universal Basic Education policy, which is called Universal Primary Education (UPE) in Uganda, may need to be expanded to cover both secondary and tertiary levels for girls. Female participation in agriculture is estimated at 60% which is very significant. Consequently, a fund could be set up from which women groups in agriculture could be assisted.

Lastly, it is essential that the effects of SAP on women and low-income groups are monitored regularly and rapidly during adjustment periods. In essence, progress may be assessed and the design reviewed accordingly. A great deal of attention should be paid to the monitoring of the human dimension in the same way as the monetary and social variables.

#### 14. The Role of Busoga Twegaite:

*Busoga Twegaite* and others such groups out there, and those yet to be formed shall take a vital part in the United Nations unfinished business of the world's poor, and will always be the empowering grassroots organization, whose philosophy and values shall always guide its members and friends to focus on assisting people, as individuals, and as members of larger social groups, to improve their lives.

I do not believe that some people are more equal than others. We, therefore, must strive for a just distribution of services among people. All of us here present, could meet regularly and discuss the "social determinants of health", as they apply to our communities in a bid to find solutions to each. Specific health topics such as Alcohol and Drug Abuse and behavior, HIV/AIDS, Hypertension, Diabetes, Depression, teen-pregnancy and other afflictions rather rampant among us, but not unique to the African race could be perimeters in an on going needs assessment and community project and program planning effort.

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**2. *Business Roundtable on Micro-finance featuring Mr. Wilson - Uganda-American Entrpreneur(moderator), Fr. Richard Kayaga Gonza (presenter), Mr. Gideon Ngobi (presenter) and Mr. Fred Katwalo (presenter).***

Various issues were discussed and suggestions made in this session. Two predominant questions were:

- How much money out of *Twegaite* revenue goes to development programs? This question engendered reflections on membership fees, and suggestions on fundraising to what type of programs to think of in the near future.
- How often *Twegaite* should meet as a general assembly or convention? Meeting times per year were put on the table. Some suggested annual conventions other would rather have a convention every two years. This remains to be resolved

Proposals:

**A. *Twegaite* Revenue and Programs:**

- (a) \$10 per month to be contributed by individual members. The Houston request of \$180 member per year could not be met by Minneapolis convention time.
- (b) There was a new suggestion of \$60 per member per year so that there is money to run a convention even if it is convened every two years. Some of this money could be used to finance *twegaite* projects
- (c) Need for an annual budget as a tool for fundraising and accountability
- (d) Send container to Jinja, but make sure that the container on arrival in Uganda must be accounted for and a report given by an identified NGO as to how the container contents were disbursed
- (e) Home clothes (native attire) and other donations to be sold at conventions and other *Twegaite* and *Twegaite*-friendly gatherings and the proceeds added to *Twegaite* development fund.
- (f) *Twegaite* could utilize influential economic and political leaders in Uganda to reduce shipment and handling costs and ensure safe delivery of *Twegaite* containers to Uganda, but this will need cooperation from said leaders.

- (g) Investigate needs back home then decide what *Twegaite* can do in each district (Dr. Alfred Kisubi's Presentations in Houston on education and on health in Minneapolis are examples of such studies).

## **B. Twegaite Meetings:**

- (a) Meet next year to see what development will have been achieved
- (b) Many communities in every state hence need to have a development agenda
- (c) NGOs in Uganda to link to local Diaspora NGOs, such as Twegaite and work together on projects (Dr. Wabukawo's project is a good example of NGO linkage.)

## **A. Fr. Richard Kayaga Gonza's Untitled Presentation:**

Fr. Kayaga Gonza has already done great work regarding the contribution to Busoga's development. In his presentation he tried to modestly put down a few things regarding the contribution to Busoga's development. As an individual with regard to Twegaite conventions and its objective, he said, "I have tried to publicize *Twegaite* before a number of Basoga in Uganda. *Twegaite* is a link on the website of the Cultural Research Centre ([www.crcjinj.org](http://www.crcjinj.org))."

He advocated the promotion of our culture and in particular the language. He writes, "I do believe that a people whose culture is undermined, not developed will not develop as they will experience a low self-esteem Thus the mission of the Cultural Research Centre is: "To research and preserve our God-given Ancestral and life-giving cultural heritage; and to inculcate a deep sense of pride and belonging among the Basoga."

The apparent demeaning of the culture of the Basoga had led them to have a low self-esteem to the extent of a number of them not wanting to identify themselves as Basoga. So Lusoga was shunned to being spoken in public and to speak Luganda was seen as being civilized. A person with low self-esteem cannot easily stand up for what he/she believes in and so will not strive to achieve even what rightly belongs to him/her. In this way, no development can take place.

The Cultural Research Centre has developed the Lusoga language, thereby demystifying the earlier myth that Lusoga is difficult to read. The Centre advocated having the language use in Primary schools in response to Government's policy of instructing lower primary in their local language. Had the Centre not stood the challenge of propagating the use of Lusoga, Luganda would be the one introduced as a local language for Basoga.

The Cultural Research Centre has turned out to be a resource centre on cultural material. Efforts to open a Museum are under way and quite some good amount of cultural artifacts are already collected.

Radio programs have been conducted and each time chance strikes, I am personally ready to conduct a radio program in Lusoga and about the Culture of the Basoga. I deliver my

homilies on radio in Lusoga and people have called back expressing their liking for these homilies. Not only Catholics but even Muslims enjoy listening to my homilies//sermons owing to the Lusoga I use which is understandable to them.

The Diocese of Jinja did good to establish this Cultural Research Centre. Many people have appreciated its existence.

Further still, to address issues of development in Busoga, the diocese has continued to run those catholic founded schools putting emphasis not only on academics but also discipline. A number of both secondary and primary schools have continued to perform well in their final examinations. The Diocese had an Education desk with a priest trained in the education sector and deployed specifically to take care of the schools' inspection. The Diocesan education Secretary's office moves around conducting seminars for the various stakeholders outlining the roles played by the various partners in the education of the Child of Busoga. (At least School Management Committees/ SMC) in these Catholic founded schools are empowered with knowledge of what they are supposed to do. He too, does close supervision of the performance of the headteachers.

On healthcare, there are two hospitals which serve as district hospitals, although in Kamuli the Politicians demanded the construction of a government hospital, but still Kamuli Mission Hospital is doing no less service in the district compared to the "government hospital/mulago. The other hospital is Buluuba Hospital, formerly a leprosarium and the only hospital in Mayuge district. In addition, there are a number of health units in places where there would otherwise be no health facility: Wesunire health unit or centre, Budini health centre, Buswale health centre, St. Benedict Wanyange health centre Irundu health unit and Kiyunga holistic healing centre. Development can only take place where people are leading health lives.

In addition to these health facilities, the Diocese of Jinja have a health department which over sees the operations of these facilities. In these facilities they are also voluntary counseling and testing (VCT). In some parishes like in Bugembe they have set up a support association of people living with HIV/AIDS, they meet every Saturday and get treatment. Although not actively involved and may not claim credit, but the bishop is happy that there is a hospice Jinja facility and indeed a good number of Catholics/Christians are involved in its operations.

For more than 20 years, the diocese of Jinja set up a development office which specifically deals with the social development of the peoples. This is called the Jinja Diocesan Development and Coordinating Organization (Jiddeco). They train people in sustainable agricultural practices as well as food security measures.

From the pastoral point of view, definitely the ministry of the Church in ensuring that people lead moral lives in no mean contribution to the development of Busoga. The Diocese has also participated at various forms with other partners in the development of Busoga."

## **B. Mr. Gideon Ngobi's Presentation: Preview of the Hope Institute of Uganda Activities, June 2009.**

### **Abstract:**

The Hope Institute of Uganda (HIU) has applied for a non-profit under the laws of the State of Wisconsin, whose purpose is providing charitable, medical, educational and economic services and resources to the young, poor and sick residents of the country of Uganda, Africa. The target area will be Busoga region but operations will be beyond the regional confines. Among its goals and objectives are to equip, train, educate and empower orphaned and disadvantaged children residing in Uganda to become positive members of society as well as to provide medical resources, supplies and expertise to those individuals and their families. The specific objectives include the following:

#### **1. Scholarships and educational subsidies in 2009:**

The Corporation's provides educational subsidies and scholarships for children whose families in Uganda are unable to pay the costs themselves. These subsidies and scholarships are available for primary school education through college. Average annual cost of elementary K-12 education is \$ 250-300. The annual cost of college education for a medical student at Hope Africa University in Burundi, Africa is \$3500 including room and board. We currently have 15 students as described below.

#### **2. Health Care initiatives:**

Medical Mission trips: HIU will continue to coordinate medical missions trips to Uganda for the medical and other professionals from the USA. For the next 3 years, we intend to coordinate a team of medical professionals and support staff to St. Francis hospital, Buluba as requested by Ugandan hospital.

Medical equipment: Our goal is to assist in equipping the St. Francis hospital, Buluba with medical equipment and supplies through volunteer donations. The needs for equipment and medical supplies will be identified by the recipient Buluba Hospital, and the corporation will coordinate the acquisition and delivery of the medical supplies and equipment to Uganda. The cost of shipping is expensive, and therefore, we plan on writing grants for this activity.

We are also co-currently planning a 2- week surgical camp in August 2009.

#### **3. Vocational training initiatives: Jinja Jewelry and future vocational training**

HIU also intends to establish and maintain vocational educational programs to combat and reduce the high unemployment rate that leads to extreme poverty in Uganda. The HIU's vocational programs may include crafts and jewelry making, carpentry, brick-laying, masonry, light metal fabrication, and woodworking. The Corporation's vocational programs will focus on areas that have minimal start-up costs for employees, enjoy a relatively continuous and dependable demand, and where skills can be learned over a few weeks or months.

Under the Jinja Jewelry name, HIU will continue to provide a means for artisans to sell Ugandan crafts outside of the country. The Corporation promotes, markets, and sells Ugandan crafts and jewelry in the United States. The proceeds from these sales will be used to fund the Corporation's charitable and educational purposes.

HIU promotes training of the women who make the jewelry and crafts, and thereby enhances job creation within Uganda.

#### Past Activities:

The genesis of the Corporation was a mission trip in 2006, when a group of volunteers from Janesville, Southern Wisconsin traveled to Jinja, Uganda, to help in the construction of the Free Methodist Light and Life Church in Jinja, Uganda. In the course of doing so, the volunteers also raised the sum of \$10,000 to defray the costs and expenses of that church construction. It was during this trip that the founders came face to face with what extreme poverty really is and decided to address the issue by doing something about it. During the period of construction, there were a few women who brought paper beads and were selling them to our American partners and amazingly the Americans were buying them with vigor. The founders talked to the Free Methodist Pastors, Rose and Manasseh Maasiza and asked them if the women could form a beading group with crafts that they already had. The founders job, then would be to find the markets for the jewelry and crafts in the USA and creating a legal viable method of promoting the women's trade for community development.

In December 2007, Hope Institute organized a Youth Conference in Uganda for the Orphans/ students that are supported with the educational scholarship and other community children aged 8-25 years. This was organized jointly with the Free Methodist Light and life Church in Uganda hosting a 5-day retreat for 150 children. The objective was to motivate these youths towards positive living. We used volunteer local professionals to run the program. The volunteers from the USA funded their trip, and all expenses to Uganda

In May 2008, a container of medical supplies and equipment was shipped to St Francis Hospital, Buluba and was received in October, 2008. The goods donated from local Janesville hospitals and other companies included two used anesthesiology machines, an ultrasound machine, a cauterizing machine, used wheelchairs, and surgical tool. The Corporation received a grant in the amount of \$ 30,000 from the Mary Bradley Alphonse – a Wisconsin non profit to cover the cost of shipping (\$15,000) and the rest is still in our saving account to be used for renovating the Buluba Hospital operating room.

In August 2008 a team of 36 people mostly from Janesville, Wisconsin, travelled as part of a medical missions and building teams of volunteers. The medical team spent a week St. Francis hospital, Buluba, Uganda offering free medical/ surgical care to indigent patients who had lived with chronic surgical disease for years due to lack of resources to

have the problems taken care of. All the travel and living expenses were funded by the individual volunteers who travelled to Uganda.

In February 2009, 3 board members travelled to Uganda to be part of formal negotiations with the St. Francis Hospital in becoming partners in the health care initiative. All the travel and living expenses were funded by the individual volunteers who travelled to Uganda.

**C. Dr. Veronika's Wabukawo's Presentation: Improving Access to Credit by Extending Soft Loans to Rural Farmers in Busoga, Uganda**

**An economic development initiative by the Basoga *Twegaite* Foundation**

Dr. Wabukawo's presentation was supposed to be delivered by Fr. Richard Kayaga Gonza. She sent him a few slides below outlining the update as at the time of the Minnesota convention on the Micro Finance Project which had been implemented at the end of 2008 following decisions made at the Houston Convention, . She requested Fr. Kayaga Gonza to present the report to *Twegaite* as he had been involved with the project also. Some of her projects can be found at [www.sistersbridalshop.com](http://www.sistersbridalshop.com).

A proposal for improving access to credit in Busoga by extending soft loans to rural farmers in the region, was presented by Dr. Veronica Wabukawo at the Twegaite Convention in Houston, TX, USA on 26th May 2008

The proposal stipulated that members of Twegaite foundation, contribute towards a common investment fund, and lend proceeds to rural farmer organizations in Busoga, at a rate much lower than the existing market interest rate of 20%

Project coordinator travelled to Uganda in August 2008, and identified a farmers association "*Buwagi Alinhinkiira* Farmers Crafts" comprising of a total of 20 rural farmers from Buyala sub county in Jinja District. These were the first recipients of funds from the foundation. The Association was initiated in 1996 and registered in 1998 by a group of 20 rural farmers from Buwagi a rural suburb in Jinja district, Uganda

Project was implemented on the 2<sup>nd</sup> of December 2008

Twegaite Contributors to the Microfund:

- Henrietta Wamala - \$100
- Aliyinda Mugulusi Juliet - \$100
- Reverend Situka - \$100
- Sandra Luba- \$100
- Dr. Veronica Wabukawo - \$681

- The chairperson and three additional members of Alinhinkiira Farmers Crafts Enterprises received 2,000,000/- and signed loan agreement on 2<sup>nd</sup> of December 2008
- 10% interest rate was charged on funds borrowed
- Loan principle (2,000,000) + interest (118,000) were to be paid back in a period of 6 months from the date of receipt. Minimum monthly payment was 353,000/- to be paid back no later than the 2<sup>nd</sup> of every month
- To ensure timely monthly payments, a one time late payment fee of 7,500/- was to be charged every month in the event that the total amount due was not paid by the 2<sup>nd</sup> of every month

Four members within the organization (Chairperson inclusive) were asked to serve as cosigners. These were assigned fully responsibility of collecting funds from individuals within their organization. In the event of loan default, the cosigners agreed to pay the outstanding balance from their personal funds

Payment History:

As of date, all monthly payments have been made on time

83% of the loan amount + interest has been paid back

Outstanding balance is 353,000/- due on the 2<sup>nd</sup> of June 2009

Twegaitte members who contributed funds to this project will be paid back the full amount of their contributions + interest no later than the 20<sup>th</sup> of June 2009

Way Forward

Project coordinator will make one additional visit to Buwagi Alinhinkiira Farmers Crafts organization in Uganda to collect more detailed information

- Name of individuals within the rural farmers group that received loans from the Twegaitte fund
- Obtain demographic information for each borrower
- What each borrower used the funds for
- From this information we can assess the net economic benefit of the funds borrowed
- Gather a list of additional potential rural farmer groups to lend to
- To ensure sustainability of this project, Twegaitte members (lenders) should have an option of choosing a rural organization of their choice to lend to. Twegaitte

committee members are thus advised to gather a list of potential borrowers (rural farmer groups from Busoga)

- Interested farmers' organizations from Uganda should submit proposals to Twegaite committee
- The committee should then select most viable farmers groups and provide a list to Twegaite members to chose a farmers group that they wish to lend their contributions to
- Establish Twegaite bank account in Uganda
- We need more contributions.....

**D. Mr. Fred Katwalo's Presentation:**

Mr Fred Katwalo talked about the money raised to drill a borehole at Lulyambuzi Primary School. He said that the borehole would be drilled sometime that month. The entire presentation can be retrieved at [https://webmail.uwosh.edu/uwc/webmail/attach/Uganda%20Project%20Presentation.ppt?sid=&mailbox=INBOX&charset=escaped\\_unicode&uid=72410&number=4&filename=Uganda%20Project%20Presentation.ppt#532,3,Slide 3](https://webmail.uwosh.edu/uwc/webmail/attach/Uganda%20Project%20Presentation.ppt?sid=&mailbox=INBOX&charset=escaped_unicode&uid=72410&number=4&filename=Uganda%20Project%20Presentation.ppt#532,3,Slide 3)

**Report prepared by Dr. ALFRED KISUBI**