

Social Identity, Citizen Voice and Rural Access in Uganda

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Abstract

Social identity defines citizens' voice and their ability to exercise agency to demand for their right to access services and hold public bodies to account. Some identities are socially excluded on account of *inter alia* their sex, age and disability. Others, such as persons with disability [PWDs] are stigmatised identities. Socially excluded identities are often denied rights, opportunities, participation and resources.

The paper argues that promoting responsive, equitable and accountable transport policy, plans and budgets requires not just an engaged citizenry, but an informed one. This, in part, requires adopting inclusive planning approaches which specifically advance the rights of disadvantaged social identities and enhance their entitlements as well as improve their access.

The paper explores social identity and citizen voice as they relate to access to social services as well as participation in economic and civic activities in rural Uganda. It moves the discussion of mobility and rural access from the purely technical and instrumental point of view to that of a transformative agenda.

The paper is primarily based on rural citizens' voices with a particular focus on women and PWDs who, owing to their social identities, experience restricted mobility and thus limited accessibility. On the supply side, the paper examines to what extent transport policies and plans meet the rights, needs and interests of the disadvantaged.

Key words: Rural Access, Restricted Mobility, Socially Excluded Identities, Citizen Voice

Introduction

Access which refers to the physical proximity or ability and ease of reaching desired locational destinations [Bryceson *et al* 2003] is fundamental to economic, social and civic activity. Accessibility is important because it enables the citizenry to exercise their right to freedom of movement; facilitating access to people, places and new opportunities. The paper looks at accessibility in its entirety and how this defines citizens' mobility in terms of who travels, when, why, the means of transport, the distances travelled and the location of the spaces frequented. Social identity defines citizens' voice and their ability to exercise agency to demand for their rights to access quality services and hold public bodies to account. Some identities are systematically disadvantaged or discriminated against on account of *inter alia* their sex, age, disability, ethnic origin, tribe, birth, creed, religion, sexual orientation, health/HIV status, social or economic standing, political opinion, and residence [rural/urban]. Others, such as persons with disability [PWDs] are stigmatised identities. Socially excluded identities are often denied voice, rights, opportunities, participation, resources and some experience restricted mobility.

This paper makes four specific contributions. First, while several studies have demonstrated over the years that women and men have different travel and mobility patterns and, therefore varying transport needs, [e.g. Duchène 2012, Tanzarn 2008, Porter 2007, Malmberg-Calvo 1994, Bryceson and Howe 1993] this paper's point of departure is that women and men are not homogenous categories. The paper explores the varying accessibility needs of different social identities such as women and men; women with disability and men with disability, pregnant women and pregnant women with disability. Disability as used in this paper refers to what Burnett and Baker [2001] define as a restriction or lack of ability, resulting from an impairment to perform an activity. The research focus on PWDs is based on the fact that despite their evident mobility constraints, their travel and movement behaviour and how this influences their capacity to exploit the broader menu of opportunities remain grey areas and blind spots. [see Chakwizira *et al* 2010] How does transport take account of the needs of the different social identities?

Second, the paper moves the discussion of mobility and rural access from the purely technical and instrumental point of view to that of a transformative agenda. It illuminates the issue of

citizenry's rights and the notion that they can hold the State and other actors accountable for their acts and omissions. The paper particularly focuses on universal access as a basic right for women and PWDs who, according to the 2009/2010 Uganda National Household Survey, constitute 51.2 and 16 percent of the national population of 30.7 million people, respectively. Does transport policy, planning and service delivery emphasize accountability and culpability?

Third, while there has been a growing recognition of the significance of participation and promoting gender equality for achieving equitable transport [see World Bank 2005], there is not much clarity about how this has translated into sensitivity to the prioritised interests of disadvantaged women and PWDs. The paper thus explores how rural female and male citizenry are involved in making decisions regarding their mobility and accessibility needs. How effective are their voices?

Finally, the paper explores the supply side of the equation. Addressing gender and disability injustice is a policy reality in the country. Uganda has signed and ratified all the relevant major human rights and gender equality enhancing instruments and key principles are reflected in the 1995 Constitution and domesticated in various national laws and policies. In 2008, the Government endorsed the Convention on the Rights of Persons with Disabilities [CRPD] and the Optional Protocol. The Convention requires partner states to facilitate access to quality mobility aids and devices including encouraging entities that produce these assistive technologies to take into account all aspects of mobility for PWDs.

Furthermore, the Government has put in place various operational, institutional and legal mechanisms to promote citizen voice. Notionally, decentralisation introduced new forms of participatory decision making and accountability. One of the objects of the devolution of Government was to enhance the participation of the citizenry in the exercise of the powers of the State. Another was to provide proximate, easily accessible services besides ensuring equitable sharing of national local resources countrywide.

Additionally, the decentralisation policy states an obligation to gender equality and social inclusion. The 1997 Local Governments' Act [amended 2001] provides for representation of women, PWDs and youths at all sub national political levels. Under decentralisation, the

responsibility for service delivery lies with the sub national Governments. The overall institutional framework for decentralisation is predicated on popular participation and bottom up planning. The prioritised access needs of the community are supposed to be filtered through from the village to the district level during the statutory annual planning and budgeting cycles.

In financial year 2003/04, the Government adopted gender and equity¹ budgeting as a fiscal policy issue. Sectors, departments and agencies at both national and sub national levels are required to be responsive to gender and equity concerns in their annual plans and budgets. As regards disability issues, each district is allocated an annual special grant of UGX 30 million [≈ GBP 7,000] to support the socio-economic development and employment of PWDs. A Budget Monitoring and Accountability Unit, which incorporates a gender audit function, established in 2008 is responsible for conducting physical verification of service delivery against the money released by the central Government.

The question is to what extent have these policy commitments been translated into substantive equality between women and men, PWDs and those without disability; in terms of resources, voice, opportunities and entitlements? The paper thus examines how transport planning and service delivery meet the rights, needs and interests of the different social identities.

The paper is primarily based on rural citizens' voices with a particular focus on women and PWDs who, owing to their social identities, experience restricted mobility and thus limited accessibility. Voice, as used in this paper, refers to the capacity of the citizenry to express their views and interests and to the exercise of this capacity [see O'Neill *et al* 2007]. The PWDs are relatively immobile due to lack of mobility assistive devices and the women largely on account of time poverty and limited decision-making power. Women usually have to seek permission from their husbands, especially where they have to travel long distances.

Besides, owing to income poverty [and limited household decision-making power], women and PWDs are disadvantaged as regards access to transport services backed by purchasing power. The 2006 national Demographic and Health Survey reports that married women, particularly in rural areas, frequently have to give up income to their husbands and in most cases many

¹ Includes social inclusion concerns such as disability, poverty and regional exclusions

[45%] lack the ability to decide independently how resources in the home can be spent. This is particularly significant considering that despite its key role in facilitating access, transport services are not subsidized by the Government.

The paper argues that promoting responsive, equitable and accountable transport policy, plans, budgets and services requires not just an engaged citizenry, but an informed one. This, in part, requires adopting inclusive planning approaches which specifically advance the rights of disadvantaged social identities and enhance their entitlements as well as improve their access.

Methodology

The paper focuses on rural communities which constitute more than 85 percent of the population in Uganda and on road transport which carries over 95 and 99 percent of the country's goods and passenger traffic, respectively. The research was undertaken in Iganga and Gulu districts, located in the eastern and northern parts of the country, respectively. The study participants were drawn from several communities located within a radius of 10 km from the district local government headquarters. All the participants live within two kilometres of an all-season road, the defining distance for "adequate access" as per the World Bank RAI-Rural Access Index [Roberts *et al*/2006].

Quota sampling was used to select the 24 adult participants who included four of each of these population groups: women and men; female and male PWDs; as well as pregnant women with and without disability. In-depth interviews involving face-to-face contact were conducted using an iterative guide which allowed for questions to be adjusted according to the participants' responses. One of the key challenges to the research was reaching PWDs. Not only are they geographically dispersed within the study areas but some were unwilling to be interviewed in the belief that their views were marginal: "*What do I know?*" "*I am not important and thus my view does not count*". "*Do you really want to seek my opinion?*" These initial barriers of confidence were overcome through a detailed clarification of the purpose of the study and how this could potentially bring their unique accessibility needs to the attention of policy makers and planners.

In order to explore issues of accountability at the sub national government level, semi-structured interviews were conducted with the following officials from the two districts: the Chief Administrative Officer, District Chairperson, District Engineer, District Planner as well as the District Community Development Officer who is charged with gender equality and social inclusion issues.

The primary data was complemented by information gathered from my earlier community-level research work as well as a secondary analysis of the 2008 National Services Delivery Survey [NSDS]. The challenge was that the survey data were not disaggregated by sex or other socially excluded category. All data were transcribed and then were analyzed word for word based on the guiding questions.

Using a case study approach this paper undertakes a critical analysis of how accessibility influences the research participants' subsistence and domestic needs; employment opportunities; access to and utilisation of social services; as well as engagement in commodity and producer markets. In addition, based on the participants' experiences, the paper explores how responsive transport is to gender equality and social inclusion in relation to access, inclusion and participation, opportunity, empowerment and protection. Furthermore, it offers insights into the potential drivers of achieving accountable transport services for excluded social identities.

The Dynamics of Citizens' Access to Economic Opportunities and Social Services

The study established that social identity defines mobility which in turn influences citizens' access to economic opportunities. The participants' sources of livelihoods include office work, farming, carpentry, market vending and petty trade. Nearly all the participants indicated that they predominantly walk to work, a distance ranging from 0.5-5 km. The transport cost varies by means of travel, location, condition of the road and the season ranging between UGX 300-800/= per kilometre for *boda boda* [motorcycle hire services]. PWDs, particularly those using wheel chairs, are charged a higher rate of UGX 1000/= or more per kilometre. This, perhaps, explains why 87 percent of PWDs aged 14–64 reported that their ability to work was affected by their restricted mobility [NSDS 2008].

It was evident from the interviews that the prohibitive transport costs coupled with limited ownership of means of transport impose restrictions on women's and PWDs' choices regarding their participation in the labour force. Most pointed out that they opted to seek employment closer to home while others were engaged in home-based income generating enterprises. One female PWD market vendor revealed that most of her profit goes into hiring a *boda boda* which costs her UGX 1,500/= one way. However, she is forced to crawl the 3 km to the market on those days when the sales are poor and it takes her at least 4 hours to get there.

The participants also indicated that poor accessibility affects their agricultural productivity on account of the time lost in travel. This is especially significant since 66 percent of the labour force is engaged in agriculture. Women and PWDs sometimes opt to farm marginal lands near their individual homesteads with the associated low outputs. For instance, a 40-year-old pregnant woman in Gulu district pointed out that she undertakes her farming a few metres away from her house while her husband who owns a bicycle travels to their more productive land which is located 14 km away. "I used to walk to the farm but now that I am pregnant, I can no longer do so. The soils are infertile and the yields will most likely be poor."

The 2008 NSDS reports that inadequate transport ranks high [41%] amongst the constraints to the effective demand for, as well as the delivery of agricultural services. Adding that 86 percent of the farmers do not use agricultural inputs due to inadequate access attributed to, in part, long distances on poor road networks. Furthermore, that only 14 percent of the 75 percent of the farming households are visited by an extension worker. An even lower proportion [6.8%] of the female headed farming households report that they have access to agricultural services. While the NSDS [2008] does not provide data on PWDs, their situation is likely to be similar to or worse than that of households headed by women. The Government officials interviewed argue that whereas they invite all the members of the community to agricultural advisory services and technology dissemination meetings, women and PWDs "refuse" to participate. The study, however, established that their non-participation is owing to their restricted mobility.

The research participants suggest that the existing road infrastructure and transport services limit their input supply and output marketing and serve as a disincentive to increased

production. Most of the participants walk to the nearest [roadside] markets or kiosks, largely to buy food and other basic household necessities. These are the same road side markets where the participants who are involved in farming sell their surplus produce, usually at a relatively lower rate than the market price. Shop owners and others involved in income generating activities visit better established weekly or bimonthly markets which are located a considerable distance away from their business enterprises. These usually hire a *boda boda* or a bicycle to carry their loads from the markets.

Poor accessibility also constrains agro processing and value addition as exemplified below:

We take off our clothes while crossing River Agwar. The river, which is about 500 metres wide, traverses the community access road that leads to the grinding mill, about 3½ hours away. That is the same river that the Head Teacher of our primary seven school has to cross naked on a daily basis...many times with his pupils! We would rather spend two hours grinding millet using the traditional stones. We only process maize from the mill because we cannot do it by hand.

Women Focus Group Discussion [FGD], Apii Oguru Village, Lira District

The study confirmed that distance combined with cost and quality of transport, as well as access to transport services affect health seeking behaviour [see Russell 2008]. The research participants specified that they travelled varying distances, using different means depending on the gravity of the illness. They, particularly the women and PWDs, pointed out that they prefer to seek care from health providers nearest their home. Accordingly, some admitted that their first choice is self-medication using medicines purchased from drug shops located within their communities. In cases of serious illness, the participants seek care from the nearest health facility, a distance ranging from 0.5-20 km. The participants usually travel the shorter distances on foot and hire *boda bodas* [motorcycle taxis] for the longer journeys or when they are critically ill.

Inadequate access caused delays in seeking care up to a point where simple illnesses sometimes become emergencies as illustrated below.

"The health centre with a maternity wing is across the river...12 kilometres away. It takes a day or two for the few women who choose to seek formal maternity services [depending on whether their husbands own bicycles or not]. They frequently spend a

night with relatives. The majority of the women use traditional birth attendants. In case of complications, they are "rushed" to the health centre, on a local stretcher [carried by four men]. Most of the women die on the way. In fact, there was a month when five women died due to pregnancy-related complications."

Women FGD, Apii Oguru Village, Lira District

The female participants also pointed out that when they are pregnant; they have no choice but to visit the health facilities which provide antenatal care and maternity services. However, these facilities are often located a considerable distance from their homes. A few mentioned that they do not seek the recommended minimum [four times] of antenatal services due to either high cost of transport or distance to the health facility. For the same reason, the participants reported that births to some women were less likely to be attended to by a professional caregiver or to take place in a health facility.

"We use different facilities depending on the sickness. My wife is pregnant almost every two years and the children fall sick all the time. My wife delivers from the main hospital which is about 5 km away from our home. Since we rarely have money, when the children fall sick, my wife takes them to the nearby clinic which can also provide treatment on credit. I use my bicycle on the rare occasions that I fall sick but most times, my wife and children walk to the clinic. However, when the children are in a critical condition, I hire a boda boda to take them to the government main hospital. However, sometimes the doctors are away or they are out of drugs and yet the queues are too long because it is a "free" service."

Male, Iganga District

Whereas the study did not focus on children, virtually all the participants raised the issue of access to schools. The 2008 NSDS suggests that accessibility is also a major determinant of school enrollment and attendance amongst young children. For instance, the survey reports that 87 percent of the six-year-olds were not in school largely on account of being too young to walk the long distance, which was as high as more than 10 km for one percent of the population. Further, poor physical access was cited by 38 percent of the communities as one of the major reasons why children miss school especially during the wet seasons. Disability is also another defining factor with 90 percent of the PWDs aged 6–24 years indicating that their restricted mobility affected their school attendance.

The findings from the field reflect the results of the national survey as follows:

There is a wide swamp across one of the roads. Children going to school are charged UGX 200/= each way to cross by 'canoe'. Children whose parents cannot afford the daily UGX 400/= either risk drowning by swimming across or just don't go to school during the rainy season. Last year, many children missed school because it rained almost throughout the schooling season.

Women FGD, Apii Oguru Village, Lira District

Some places are inaccessible during the wet season due to the overflow of water from the swamp. The water goes up to neck level...Many children have drowned in those spots so we fear sending them to school during the wet seasons.

Female, Iganga District

Responsiveness to Rural Accessibility Needs of Different Social Identities

As the foregoing sections indicate, walking is the near universal mode of mobility for the rural citizens. And while some [see Sharma 2012] regard it as one the most equitable and egalitarian modes of mobility, the study established differences in the rates of travel of the different social identities. For instance, adult males walk faster than adult females at an average of 4.5 km/hr and 3.3 km/hr, respectively. The difference is, in part, attributed to the varying gender roles. As an example, an estimated 70 percent of agricultural produce is carried by head loading, a task which is predominantly undertaken by women. Furthermore, most [67%] rural women walk for more than 30 minutes to a clean water source...located an average of less than a kilometre away...an activity which is sometimes performed more than once per day [Uganda Gender Policy 2007]. In the words of one female participant: "I cannot walk as fast as my husband. No...not because I am weaker but because I am usually carrying a sick child to the clinic or some other load from the garden or to the market." Unsurprisingly, the research participants also indicated that they walk at relatively lower rates when they are sick or are carrying a load.

At an average rate of 2.6 km/hr, pregnant women walk slightly slower than other women. Persons with disability walk or crawl at even much slower rates. But even then, there are differences depending on the type of disability. For instance, a deaf woman is slightly faster [1.7 km/hr] than a female PWD who crawls. A pregnant woman with physical disability with an advanced pregnancy cannot crawl. It follows, therefore, that to these social identities, the first metre matters. Distances that are generally considered as adequate accessibility to transport,

health or other service present a significant barrier, particularly under extreme conditions of terrain or climate to these identities with restricted mobility.

Table 1 below presents indicative travel rates on foot for different social identities, with and without loads and also while they are sick. The figures are not statistically valid and the intention is to highlight the fact that distance should not be the only defining factor when measuring access. Further, they underscore the significance of taking into consideration women's and PWDs' needs in transport planning. The former because of their socially ascribed role of carrying loads including pregnancies, children, firewood, water, etc. and the latter owing to their restricted mobility. To echo Duchène's [2011] argument, the constraints experienced by women, and one may add, other disadvantaged groups, with regard to their mobility and access are a form of social exclusion which affects all aspects of their lives. It exacerbates their marginalisation and deprives them of economic as well as social opportunities.

[Insert table 1 here]

As regards responsiveness, the participants asserted that, for the most part, transport was not sensitive to their accessibility and mobility needs. Amongst other things, the participants highlighted issues of affordability and efficiency of the public transportation services, access to and ownership of personal means of transport, as well as personal security/safety. The foremost concern for all the participants is the high cost of public transportation which makes access to most services, specifically health, unaffordable. The women and PWDs, in particular report that they lack their own means and that their earnings are too low to afford public transport services. As indicated earlier, most often walk and pay for transport in cases of emergencies or when the journeys are very long.

My income is too low to afford any means of transport [including a wheel chair] so I am forced to walk. I walk with a lot of difficulty and pain. As a woman...with disability carrying a sick child without assistance is difficult. And yet the roads are dusty and full of potholes. This makes it even more difficult for me to walk and many times I end up with injuries. The situation becomes worse during the rainy season when the roads become slippery and the gullies are filled with water.

Female PWD, Iganga District

Anecdotal evidence suggests that the increasing number of *boda bodas* coupled with the emerging mobile phone services has significantly contributed to the improvement of transport services in the rural areas². The research confirmed that whereas *boda boda* transport services make a considerable contribution to national public transport [see Bryceson *et al* 2003] these are unaffordable to most of the rural poor costing up to 10 times more than bus fares depending on the terrain, traffic levels, time of day, and the users' physical ability.

The participants also indicated that as a result of poor accessibility and inadequate transport services, they experience catastrophic payments. Considering their role as care providers, women are disproportionately affected with their transport expenditure estimated at 29 percent of their disposable income [see Kamuhanda and Schmidt 2009]. The participants reported that while all their communities are serviced by roads, almost all are in a poor condition. Most district roads are unpaved and all the community access ones are earth and yet they have no proper drainage causing floods during the wet season.

Lack of safety and identity on the road was highlighted as an additional key constraint particularly for PWDs whom other road users perceive as not having a right of access. The participants argued that roads are neither built nor used in a manner that promotes the safety of road users. The roads are narrow, shared by vendors, used as parking lots for *boda bodas* and with no appropriate provisions for cyclists and pedestrians making them unsafe for the users. The research participants also report that most cyclists seem not to be aware of appropriate riding standards and the authorities do not enforce safety regulations making roads unsafe. Female participants also reported experiencing sexual harassment when travelling on the road or while using public transportation.

I rarely used mini buses due to the lack of respect from the touts. They insult us on account of being pregnant and disabled...the prevailing misconception is that PWDs do not engage in sex or should not be sexually active.

Pregnant PWD, Iganga District

² The number of motorcycle *boda bodas* in the country has significantly increased from nearly zero percent of the motorized vehicle fleet in the country, in the early 1990s, to slightly over 51 percent in 2008 [Ministry of Works and Transport 2011].

I rarely use a bicycle or a boda boda for fear of falling off. Some are too high and difficult to climb especially if wearing a dress or a skirt or in case of an advanced pregnancy. Boda boda riders are very fast and reckless and many of them are not properly trained...they cause accidents on an almost daily basis. Many people have lost their lives or are nursing serious injuries as a result. I opt for minibuses when the journey is long. However, these are generally congested with real possibilities of sexual harassment. The only comfortable seat for a pregnant woman is the one next to the driver.

Pregnant Woman, Iganga District

When asked their views about the foregoing citizen's perceptions about accessibility, the district Government officials argued that transport planning is still very basic and the resources available do not allow for the provision of pavements, road crossings and other appropriate furniture. Furthermore, that the Government is yet to come out with a transport policy providing for universal door-to-door access for PWDs. Accordingly, the resources allocated by the Central Government do not provide for retrofitting universal access features into existing transport infrastructure. As one district official put it: "We are yet to designate 'pink' coaches for women let alone regulate on things such as priority seating for PWDs in public service vehicles". Indeed, the Ministry of Works and Transport draft Strategic Plan [October 2011] which will guide investment in the sector over the next five years is silent on gender equality, PWDs as well as other issues of social inclusion.

The research participants revealed that implementation of disability-related policy commitments is lacking as many PWDs cannot afford the cost of mobility aids. Some of the PWDs pointed out that they cannot access public transport systems, even when they can afford to pay. This is either because of the steep stairs to the passenger vehicles, or the lack of as is the case with the pickup vans which are the second most common means of transport in the rural areas, next to *boda bodas*. This is besides lack of traveller information for passengers with vision and hearing disabilities or even inability to count the correct amount of money.

I need a guide but I cannot afford one. I cannot hear the sound of approaching vehicles and neither can I communicate to the transport providers. I rarely travel...I work from home.

Female PWD, Gulu District

The roads are bad and are not wheel chair-friendly. Climbing a bus is very difficult...and yet the conductors are usually unwilling to assist...they are reluctant to take us. We pay

extra for our wheel chairs. We are charged a fee for storage and sometimes extra for loading. In addition, other road users, particularly boda bodas and mini buses, are very insensitive to us. They "scare" and force us off the "narrow, potholed" roads without any consideration. That is how one of our colleagues broke his wheel chair. When he took it for repair, it was welded so it can no longer fold and thus takes up a lot of space in the bus which he cannot afford to pay for. He thus has to wheel himself everywhere.

Male PWD, Iganga District

The research also identified various gender imposed barriers to mobility. These include regressive cultural norms and values which restrict women from owning and operating means of transport, using public transportation, traveling long distances or making independent decision as regards travel. None of the female research participants owned a means of transport although the married ones suggested that their husbands possessed either a bicycle or a *boda boda*.

Perhaps unsurprisingly, body politics and women's sexuality emerged as issues that restrict women's mobility and access. As a female research participant in Iganga intimated: "A good woman is not expected to sit with her legs apart". This possibly explains why, in some cultures, women are not allowed to ride bicycles. It is also probably for the same reason that women are expected to sit sideways when being carried on a bicycle or *boda boda*, a position which, according to the research participants, is extremely uncomfortable especially when travelling for long trips and/or on bumpy roads. Whereas these cultural taboos are slowly dying out, nearly all the female participants interviewed in Iganga district revealed that they would not be seen riding bicycles. Considering that riding involves body contact with the [mostly male] operators, the male research participants were, in general, uncomfortable with their wives being carried on bicycles or *boda bodas*.

The research findings also echo Tanzarn's [2008] argument that women experience greater physical restrictions in public transportation than men owing to their inability to struggle for space with a baby on the back, a load on the head or when carrying a pregnancy. These gender imposed barriers mean that women largely rely on walking to meet their transport needs, often carrying very heavy loads. This suggests that whereas *boda bodas* may be transforming the transport services landscape in the rural areas, women's time poverty has not been overcome by these faster and more easily accessible modes of travel, not least because they are

unaffordable. The research participants with disability also indicated that: *"Using some of the most common means of transport such as bicycles and boda bodas is almost not an option for a PWD, especially one who is pregnant...it is an extremely uncomfortable and a very unpleasant experience"*.

Accountability, Invisible and Voiceless Citizenry

Despite the equity policy "vows" made by the Government to provide equal life chances, the foregoing sections demonstrated accessibility-related biases, intended or unintended, for various social identities. In part, addressing these biases depends on the relative ability of the disadvantaged social identities to express their views and shape transport policy and planning effectively. In order to achieve this, they need to gain voice and exercise it to be heard and make a difference.

Promoting citizen voice is significant on account of the following. First, since voice is about citizenry expressing their views and interests in an effort to influence Government priorities, it is essential to the process of realising rights. Second, voice promotes active citizenry engagement and encourages the Government and other actors to provide quality and accountable services.

While the concept of participation, as provided for in the Local Governments Act, allows for inclusiveness, the NSDS [2008] reports that nearly half of the rural households [47.7%] are not involved in sub national Government decision making processes at all. The research participants confirmed the survey results. Women and PWDs remarked that exercising voice is a challenge because: *"Nobody ever provides us with information or invites us to the planning meetings...Who are we to be listened to?...that is for big 'men'...It is too far for us to walk...There are no interpreters...They never listen to us...We do not have the time..."*.

Even when they are invited to meetings, women might not effectively articulate their demands for accountable and responsive service delivery because society dictates that they submit to a male patronage, are not supposed to speak in public and in the presence of men. This suggests that their ideas and interests are typically omitted during the process of identification, prioritisation and design of transport interventions. The participants maintained that because

they do not actively participate in planning and budgeting meetings, they cannot easily hold their leaders accountable.

Evidence from the field indicates that without affirmative action for women's and PWD's representation in local councils, their rates of participation in the decentralised governance structures would be substantially low. Nonetheless, even as affirmative action has created the politics of presence, in terms of numbers some of the research participants argued that women and PWDs are strategically absent from decision making. Accordingly, their voices may not be effectively influencing sub national transport policy, plans, budgets and service delivery. This could perhaps be attributed, in part, to their inability to prepare and read documents prior to meetings, due to practical constraints of time, in addition to their limited capacity to interpret the technical elements of planning and budgeting. [see Tanzarn 2006]

The study established that, in terms of service delivery, there are a variety of mechanisms through which the citizenry can express their views and raise their concerns to the local authorities. Formal channels include community planning and budgeting meetings, local council meetings, [road user] sector committees, citizen's parliament [*barazas*] and through elected representatives. Informal avenues include the mushrooming community radios as well as organised protests and demonstrations.

All the research participants were aware of their right to demand for a good quality road and to hold the service providers accountable for any lack. Nevertheless, the majority were not aware of any informal or formal mechanisms to express their views. Only a couple pointed out that they could demand for accountability through their local councilors. Others said they could do so informally through writing anonymous letters or through community radios. Many argued that their leaders were so powerful that it was futile for them to demand for accountability. And yet others said they feared reprisal from their leaders. One of the participants thought that demanding for accountability was the responsibility of the president! The research participants suggested that due to their marginalized social identities women and PWDs have even more limited ability to communicate equally or effectively thus rendering them near voiceless.

Effective voice requires easy access to relevant knowledge as well as clear and easily understood information. The Government officials argued that the relevant information specifically that pertaining to transport planning and budgeting information is freely available to the citizenry. Nonetheless, the research participants, particularly the women and PWDs pointed out otherwise. This could, perhaps be explained by their relatively low literacy levels which deprive them of access to written information prepared in the English language. For instance, the 2009/10 National Household Survey reports that more than one third [39%] of the adult women in the country are illiterate, compared to only 19 percent of the men. And going by the 2002 Population and Housing Census, only 2.2 percent of PWDs attain post secondary level education.

Brown *et al* [2008] argue that an accountable relationship is one in which voice is met by responsiveness by public officials and other actors. The Local Government officials interviewed were, in general, aware of the statutory obligation for the citizens to influence public choices, and hold public institutions accountable. The Government officials suggested that while their primary interest was to improve the road network, they were also aware of the importance of citizen participation achieved through information sharing and community consultation of the citizenry. However, nearly all had a limited understanding of the dynamics and divergent interests of the different social identities and the need to take these into consideration during planning and budgeting. Furthermore, they argued that they could not be held fully accountable considering that they neither have control over the relevant resources nor adequate access to them.

Collective, rather than individual, voice offers greater potential for promoting responsiveness, key to downward accountability [see Brown *et al* 2008]. Civil society organisations offer a 'third space', the space of engagement which mediates between citizenry and the Government. Whereas nearly all the research participants belong to one community group or another, there are apparently no user associations or nongovernmental organisations mobilizing around transport issues in both study districts.

This, in the words of one of the participants, is: "Probably because we do not perceive transport in the same light as the other services such as health and education". The research participants

maintain that even as good infrastructure such as health facilities, schools and roads are important, their priority concern is accessible quality services adding that: “While we can engage the Local Government officials in relation to the delivery of health and education services, there is no comparable option as regards transport services”. The research participants with disability argued that their being dispersed across the communities makes it difficult for them to organise claim making and to foster protests against transport policy or any form of injustice for that matter.

The lack of organised groups around access and mobility suggests that the transport needs of the socially excluded citizenry become marginal in government priorities and policies due to the following. First, there is there is no collective voice for lobbying and advocacy around these issues. Second, there is no watchdog to monitor compliance and influence budget allocations which favour the implementation of equitable transport policies and plans. Third, there is no vehicle for raising the citizens’ voice to demand for responsive public transport services from the operator associations. Fourth, weak social networking further limits the circulation of information amongst the citizenry thus restricting their understanding of rights and constraining their access to services.

Due to competing demands on their time as well as inadequate mobilisation and lobbying capacities, women and PWDs may not influence decision making effectively.

Concluding Remarks and Policy Implications

While the findings of this study are not conclusive, the paper has clearly demonstrated that distinct social identities experience different accessibility constraints and, therefore, needs. The research established that most rural citizenry find the prevailing transportation arrangements to be unfair. This also applies to walking, the primary mode of mobility for the citizenry. On account of their social identity, some citizenry such as pregnant women and persons with mobility, sensory, or cognitive disabilities experience restricted mobility and encounter unique accessibility challenges. For these social identities, and in particular for the PWDs, just one step may present an insurmountable barrier. This imposes restrictions on their economic choices, access to and utilisation of services. This is besides obstructing their ability to enhance and

exercise their capabilities as well as participate in meetings where decisions are made, skills are developed and information is disseminated.

Improved access and mobility are critical for reducing isolation, vulnerability, and dependency of socially excluded identities such as women and PWDs. And yet these identities are seldom identified or consulted by planners and are thus hindered from exercising agency to demand for their rights to equitable accessibility. It follows, therefore, that transport is not responsive to their accessibility needs. At the same time, these socially excluded identities do not benefit equitably from investments in transport.

The research ascertained that accessibility in terms of ease and ability of reaching desired destinations is the most defining predictor of utilisation, choice and opportunity. Long distances, poor infrastructure, prohibitive transport costs, inefficient and inappropriate transportation, time poverty, personal insecurity as well as restricted mobility were found to limit the economic and social participation of disadvantaged social identities. For that reason, the majority tend to work at, or closer to home where they attain marginal returns on their labour. This serves as a disincentive for increased production with the resultant negative impact on their livelihoods. The abovementioned barriers also influence the respective social identities' degree of access to and utilisation of health services as well as school enrollment and attendance.

Measures such as the World Bank RAI along with destination indicators which are used as benchmarks to develop accessibility strategies to meet access targets mask mobility differences arising out of social exclusion. As the paper demonstrated, gender inequalities and social exclusion place women and other disadvantaged identities at different and uneven places from where they seek access to social services and economic opportunities. As an example, the NSDS [2008] reports that the average distance to a Government health facility is 6 km and that 79 percent of the pupils travel a distance of less than 3 km to their respective schools. The research established that these statistics mean different things to different social identities. Whereas 3 or 5 km may be a walking distance to a woman/girl or man/boy without disability it may mean inaccessible to a pregnant woman, a PWD or to even a woman or a man carrying a load.

Promoting responsive, equitable and accountable transport policy, plans and budgets requires not just an engaged citizenry, but an informed one. This, in part, requires adopting inclusive, people-centred planning approaches which specifically advance the rights of disadvantaged social identities and enhance their entitlements as well as improve their access.

Transcending the accessibility barriers of socially excluded identities, in part, requires listening to them and allowing them consumer voice to engage with the state and other actors in order to claim for their right to equitable transport. By making the voices of the socially excluded count, the linkages between the supply and demand-side within transport systems will be strengthened for improved responsiveness and accountability.

The Government should place accountability, inclusion and equity at the heart of transport policy and planning. As a first step to providing inclusive and subsequently, universal access, gender equality and social inclusion analysis should be integral to the identification, design, implementation, monitoring and evaluation of transport policy and planning. That way inequalities and discrimination which restrict mobility and accessibility of otherwise socially excluded identities will potentially be taken into account and be addressed.

Two sets of constraints on affirmative action can be identified. Firstly are structural constraints such as the manner in which constituencies are drawn. Secondly are constraints in the political culture within which affirmative action programmes are embedded. While structures can be adapted, engineering a change in social or cultural attitudes is somewhat more challenging.

The overall conference theme was 'Connect, converse. Inclusions, exclusions, seclusions: living in a globalized world.' Thus diversity and the international were fore-grounded. There was one theme each day: breaking cycles, breaking ceilings, breaking barriers, and breaking ground – in other words, from challenges to the constraints on women to innovations for a more inclusive and equitable future.

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Table 1: Indicative Rates of Travel by Social Identity and Specified Conditions

Social identity	Indicative rate of travel [Km/hr]		
	Without a load	With a load	While sick
Adult female [walking]	3.3	2	1.5
Adult male [walking]	4.5	3	3
Pregnant woman [walking]	2.6	4	4
Pregnant PWD [walking]	"Cannot crawl"	"Cannot crawl"	"Cannot crawl"
Female PWD - deaf [walking]	1.7	1	1
Female PWD [crawling]	0.75	0.5	0.5
Female PWD [using a wheel chair]	No data	No data	No data
Male PWD [walking]	No data	No data	No data
Male PWD [crawling]	No data	No data	No data
Male PWD [using a wheel chair]	3	2	2