Where Everyone is Accountable, Everyone Wins

An introduction to Advocacy for Better Health’s approach
This document was developed by Kristy Kade and Katelin Gray. Special thanks also go to Janie Hayes, Moses Dombo, William Kidega, and many other Advocacy for Better Health staff for their support and contribution to this work.

This document is part of the series, *Advocacy for Better Health: Mobilizing citizens, holding leaders accountable, and advocating for policy change*, which is available online:

www.advocacyforbetterhealth.com/portfolio

© Copyright 2018, PATH. All rights reserved.

The material in this document may be freely used for educational or noncommercial purposes, provided that the material is accompanied by an acknowledgment line.

This document was made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of PATH and do not necessarily reflect the views of USAID or the United States Government.

Photos copyright PATH, courtesy of Matthias Mugisha (pages 1 and 2) and Deo Agaba (page 5).

Introduction ........................................................................................................ 1

What is Advocacy for Better Health? ......................... 2

The Advocacy for Better Health Model...................... 3

How to Use this Toolset ......................................................... 8
INTRODUCTION

Over the past decade, the Government of Uganda has made significant strides in bringing about positive changes in the health of its citizens. However, chronic underfunding, centralized decision-making, and lack of accountability and transparency continue to impede effective implementation of policies and delivery of critical health services. Currently, public investment in health remains below both the government’s own policy goals and international standards. Limited resources inhibit adequate procurement of essential commodities, timely implementation of planned activities, and maintenance of an effective workforce—and put a significant financial burden on poor households. Weak accountability mechanisms and platforms to gather community feedback often delay corrective action and hamper improvement in health services.

Advocacy can change this picture by helping to ensure that the necessary policies, resources, and systems are in place to support accessible, high-quality health services. Today in Uganda, many civil society organizations (CSOs) implement and support service delivery projects, but few are actively engaged in influencing policymaking, budget, and service planning processes and priorities. And while Uganda has an engaged and active citizenship that promotes democracy and voting rights, this has yet to be translated into widespread civic participation and advocacy for health service delivery. Mobilizing Ugandan CSOs and citizens to vocally advocate to duty-bearers and hold them accountable is essential for improving the country’s health, development, and governance.

“As duty-bearers, we rely on the community to be our eyes and ears. They can identify problems that might be unseen or ignored, and bring them to our attention. In that way, we work hand in hand to make the changes that improve health care for everyone.”

— Abel Bizimana, Chairman, Local Council V, Kisoro District
WHAT IS ADVOCACY FOR BETTER HEALTH?

In Uganda, there are many “supply-side” programs working to improve the planning, coordination, and delivery of district-level health services. But the country is short on complementary “demand-side” programs concentrated on strengthening citizen engagement and government response. In response to this gap, the US Agency for International Development (USAID) launched the Advocacy for Better Health project in June 2014. Implemented by PATH and Initiatives Inc., Advocacy for Better Health is a five-year, approximately US$20 million project that aims to empower Ugandans with the skills, tools, and systems to effectively advocate for accessible, high-quality health care.

Specifically, Advocacy for Better Health works to generate citizen demand and to more fully engage communities in the planning and monitoring of health services. The project simultaneously enhances the capacity of CSOs to represent citizen interest and conduct advocacy to strengthen health-related policies, budgets, and ultimately the programs and services that impact Ugandans’ daily lives.

Across 35 districts and at the national level, more than 20 local CSOs and 479 community groups are demanding change and holding duty-bearers accountable for health-related goals and commitments—from the facility to the highest levels of decision-making.
The Advocacy for Better Health model was developed by PATH, with guidance from USAID and in consultation with Initiatives Inc. and local CSO partners. It is unique because it draws upon multiple change approaches and uses three strategic “pillars” to effect change across different levels of the health system.

**The three strategic pillars**

Advocacy for Better Health’s model emphasizes three distinct but interrelated strategies: citizen mobilization and empowerment, social accountability, and policy advocacy. Across contexts and cultures, there are differing understandings of these concepts. For the purposes of its model, Advocacy for Better Health defines them as follows:

<table>
<thead>
<tr>
<th>Citizen mobilization and empowerment</th>
<th>Social accountability</th>
<th>Policy advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>constitute the process of bringing people together to raise collective consciousness and help spur transformation of citizens into agents of individual, familial, and societal change.</td>
<td>is the process of fostering dialogue between citizens and duty-bearers in order to improve responsiveness to and answerability for the needs and concerns of the people.</td>
<td>is the deliberate process of informing and influencing decision-makers in support of evidence-based policy change and policy implementation, including resource mobilization.</td>
</tr>
</tbody>
</table>

These strategies, while related, are distinguished by objective and actors involved. For example, citizen mobilization and empowerment often include a strong focus on individual or community behavior change, whereas social accountability efforts aim to realize rights through strengthened relationships among government officials, service providers, and citizens. Policy advocacy then seeks to achieve a specific “ask” of decision-makers.

These three strategies also tend to be deployed at different levels of the governance system. For example, citizen mobilization and empowerment and social accountability interventions tend to be employed at lower levels, such as the facility or sub-county level, while policy advocacy is often focused at higher levels, namely the district and national levels. Each of these strategies aim to create change through “people power.”
While none of these strategies is new, they are typically implemented as stand-alone projects. By integrating all three—citizen mobilization and empowerment, social accountability, and policy advocacy—into a single model with one overarching goal to improve the quality, availability, and accessibility of health services, Advocacy for Better Health pulls multiple levers simultaneously to ignite system-wide health change.

**Linking across levels of the health system**

The significance of the three pillars is that they enable Advocacy for Better Health to implement a truly multilevel approach that shifts the traditional paradigm of top-down, often out-of-touch policymaking to citizen-demanded action.

Communities are at the very center of the Advocacy for Better Health model. Through its citizen mobilization and empowerment work, Advocacy for Better Health and partners emphasize citizens’ rights and responsibilities related to health care, and build community capacity to demand improved health services. The project then collaborates with communities to discuss gaps in service delivery, identify necessary changes, and create a plan for shared action.
In late 2015, health facilities in Uganda faced a severe shortage of anti-TB and HIV drugs, which was revealed through ongoing dialogues with communities. Concerned that the government might not respond fast enough to avert a crisis, Advocacy for Better Health assembled a coalition of civil society organizations (CSOs) to urge the government to take immediate action to prevent the stockout.

The coalition disseminated evidence on district stockouts collected by local CSO partners through their social accountability activities. The coalition conducted radio spots and press conferences. They also met with top government officials within the Ministry of Health (MOH); Ministry of Finance, Planning and Economic Development (MOFPED); Parliament; and the Office of the Prime Minister.

In just a month, the national government responded with both short- and long-term measures. These included redistributing drugs; front-loading the Global Fund to Fight AIDS, Tuberculosis and Malaria budget for immediate purchase of drugs; fast-tracking approval of a US$200 million loan by MOFPED and Parliament; and committing to increase the MOH’s 2016/2017 budget.

The advocates’ swift action across levels and partnership with decision-makers averted a major public health crisis. It also has led to ongoing dialogue and funding to prevent future stockouts.
Often, communities do not have access to the resources needed to create the change they want to see, and action from health service providers at the local facility or sub-county officials is required to ensure that citizens have equitable, accessible service delivery. In this case, the model engages citizens and duty-bearers in mutual accountability activities. In response to social accountability efforts, duty-bearers have fulfilled commitments to allocate funds to health, turn on water and electricity at health facilities, improve availability of essential medicines, and remove poorly performing health workers.

At other times, the changes desired by the community reflect a larger policy trend or budget bottleneck. In that case, policy advocacy is used to bring issues to the attention of district and national decision-makers. A policy advocacy agenda that reflects citizens’ ability to “make noise”—combined with evidence—is a powerful motivator for politicians and officials to take action. And when policy change is successful, Advocacy for Better Health uses its same channels to help ensure changes are not only celebrated but effectively filtered down and implemented throughout its project geographies.

The role of CSOs and capacity-building

Capacity-building underpins the success of Advocacy for Better Health’s model. Capacity-building is intended not only to accelerate project outcomes but also to leave behind a legacy of powerful, high-performing partners who are able to sustain a locally led health movement, leading to measurable and meaningful change. Within the Advocacy for Better Health model, 22 local CSO partners are both the connective tissue and engines of change. They organize citizens; establish, revive, or strengthen platforms for dialogues between citizens and duty-bearers; and lead policy advocacy activities with target ministries, parliamentarians, district chairpersons, chief administrative officers, health officials, and others. CSOs also work with communities to monitor health services and identify challenges. This provides a critical link across levels. District-based CSOs have their ear to the ground at the subnational level—and can escalate widespread challenges to Advocacy for Better Health staff and CSO partners working at the national level.

Selected through a competitive request for applications process, CSOs also partake in a series of tested, high-impact capacity-building activities. These activities enhance their overall organizational performance and advocacy capacity, as well as their technical ability to implement and cascade civic engagement and strategic policy advocacy initiatives to others.

Where everyone is accountable, everyone wins!

While advocacy and accountability efforts can be perceived as adversarial, Advocacy for Better Health is guided by the principle of diplomacy. Everyone—from the community member to the health professional, from the civil society representative to the politician—has a role and responsibility in the project and in bringing better health to Uganda. Everyone is both a target for advocacy, as well as an advocacy champion waiting to take action. Advocacy for Better Health stresses that lasting success can only be achieved when communities, CSOs, and duty-bearers at all levels work in partnership to improve health outcomes. Through this approach, Advocacy for Better Health seeks to realize the project’s slogan: Where everyone is accountable, everyone wins!
ADVOCACY FOR BETTER HEALTH CSO PARTNERS

Action for Community Development (ACODEV) | Kasese, Kyenjojo
Action for Rural Women’s Empowerment (ARUWE) | Mpigi
Coalition for Health Promotion and Social Development (HEPS) | Ibanda, Kiruhura, Kamwenge, National
Communication for Development Foundation Uganda (CDFU) | National
Community Integrated Development Initiatives (CIDI) | Luwero, Nakasongola, Kayunga
Family Life Education Program (FLEP) | Kaliro, Iganga
Integrated Development Options (IDO) | Isingiro
International Community of Women Living with HIV in East Africa (ICWEA) | National
Jinja Area Communities Federation (JIACOF) | Kamuli, Mayuge
Kalangala District NGO Forum (KADINGO) | Kalangala
Kapchorwa Civil Society Organizations’ Alliance (KACSOA) | Bukwo, Kapchorwa
Katuna MARPS
Literacy Action and Development Agency (LADA) | Rukunguri, Kanungu
Mbale Area Federation of Communities (MAFOC) | Mbale, Sironko, Pallisa, Kumi
Multi-Community Based Development Initiative (MUCOBADI) | Budaka, Butaleja, Bududa
National Forum of PLHIV Networks in Uganda (NAFOPHANU) | National
Rural Action Community-Based Organization (RACOBAO) | Ssembabule, Mityana
Straight Talk Foundation (STF) | Bugiri, Busia, Namutumba
Uganda Debt Network (UDN) Communications | National
Uganda Network of AIDS Service Organizations (UNASO) | National
Uganda Red Cross Society (URCS) | Ntungamo, Bushenyi
White Ribbon Alliance (WRA) | National

AREAS OF FOCUS

- BUDGET ADVOCACY
- COMMUNICATIONS
- FAMILY PLANNING
- HIV/AIDS/TB
- MALARIA
- MATERNAL CHILD HEALTH
- NUTRITION

INTRODUCTION & APPROACH
HOW TO USE THIS TOOLSET

This toolset was created for health advocates interested in learning more about, or replicating, the Advocacy for Better Health model. It is a practical toolset, rooted in established advocacy practices and the experience of the many participants of the project.

The toolset is divided into four booklets, each of which provides an in-depth overview of one of the major components of the Advocacy for Better Health model: citizen mobilization and empowerment, social accountability, policy advocacy, and capacity-building. Booklets further break down these four components into simplified parts and provide a number of associated tools in appendices.

Tools include a wide range of materials, from terms of references and sample messages to workshop guidelines and planning templates. Some tools are included in full, whereas others can be found through a hyperlink to published online resources. Each booklet also includes a short case study of change through Advocacy for Better Health. The toolset contains everything needed to replicate the Advocacy for Better Health approach where and when needed.
For more information, contact:
AdvocacyForBetterHealthUG@gmail.com
+256.312.393.200
www.advocacyforbetterhealth.com

Street address:
USAID Advocacy for Better Health
PATH
Golf Course Road, Plot 17
Kololo, Kampala, Uganda

Mailing address:
USAID Advocacy for Better Health
PATH
PO Box 7404
Kampala, Uganda