Citizen Mobilization & Empowerment

A pillar of Advocacy for Better Health’s approach
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INTRODUCTION

Broadening civic engagement and amplifying the voice of citizens are essential to Advocacy for Better Health’s mission of improving health for all. Significant, sustainable changes—for example, shifts in perceptions, attitudes, and actions related to health—can only arise when citizens challenge the status quo around behaviors, traditions, systems, or hierarchies. An empowered citizenry also generates demand and accountability for improvements in the delivery of public and private health services. Through citizen mobilization and empowerment, individuals, families, and communities can bring about their own desired change.

What is citizen mobilization and empowerment?

The concept of citizen mobilization and empowerment can have many different meanings across countries, contexts, and projects. For the purposes of Advocacy for Better Health, citizen mobilization and empowerment are defined as the process of bringing people together to raise collective consciousness and help spur citizens’ transformation into agents of individual, familial, and societal change.

While most citizen mobilization and empowerment initiatives focus on influencing health-related behaviors, the Advocacy for Better Health model differentiates itself by underscoring the connections between personal experience and larger system structures, working to transform apathy into activism. Through citizen mobilization and empowerment efforts, Advocacy for Better Health catalyzes a cadre of self-motivated community groups with the ability to engage health professionals, decision-makers, and the media to shape healthy behaviors and health services.

What is the methodology?

There are many effective approaches for citizen mobilization and empowerment. Advocacy for Better Health draws from these approaches and distills essential, crosscutting elements from a number of theories into six simple parts. Recognizing that not all citizen mobilization and empowerment activities progress in a linear manner, this methodology uses the concept of “parts,” rather than “steps” to guide the process. Corresponding user-friendly tools or templates are included in this booklet.

Who is a citizen?

Despite using the term “citizen” as part of the Advocacy for Better Health model, the project includes individuals, such as migrants and refugees, who may not be considered formal citizens. The term is intended to more broadly reflect individuals within the Uganda context with the potential to catalyze positive health change.
Before taking any action, it is important to get to know the target community. This enables citizen mobilization and empowerment activities to build on structures and networks already in place, rather than start from scratch. A good place to begin is with research and a comprehensive mapping that identifies existing community groups, platforms to engage duty-bearers, accountability mechanisms, and citizen mobilization opportunities. At the project outset, for example, Advocacy for Better Health conducted document reviews, key informant interviews, and asset mapping to identify these community structures.

Existing community groups are a valuable resource and starting point for citizen mobilization activities. These groups may include women’s and mothers’ groups, faith groups, environmental associations, school management committees, youth clubs, self-help groups for people living with HIV, and savings and credit cooperatives. In most instances, these groups are already actively engaged in mobilization and empowerment activities. The members of these groups possess a wealth of knowledge about the community resources that can be tapped for advocacy. They also have relationships with influential leaders and access to existing forums—barazas (public meeting places), market days, sporting events, community days, and popular radio shows—that can be used to reach and activate citizens.

Community groups are the primary channel through which Advocacy for Better Health engages community members and learns about their specific health concerns. Advocacy for Better Health works with 479 existing community groups in its 35 districts—one per target sub-county—to maximize their effectiveness and reach. Community groups are selected based on their strong leadership, history of successful partnership, and broad networks. The project helps to enhance the overall functionality of these groups and to strengthen their own citizen mobilization and empowerment efforts, focusing on more inclusive engagement of marginalized groups.

“...You can’t expect people to increase the frequency with which they visit a health center when sick, if every time they go they find it empty of the needed medicines or health personnel. You might as well stay in bed and hope your illness passes rather than walk over two hours up a mountain only to be turned away. It is not enough to try to change individual actions and behaviors, rather we must transform the circumstances in which they occur. And that will only be done, if the people demand it.”

—Emmanuel Mango Sanya, Media Champion, Elgon FM
Before any activities begin, Advocacy for Better Health also engages with important government and health leaders to secure their support and guidance for the project’s success. These leaders include, district and sub-county chairpersons, chief administrative officers, and health management teams. Many of these duty-bearers will become targets of community advocacy, so having their buy-in can position community groups for success.

**KEY TOOL (SEE ANNEX)**

- Community Mapping Tool
In addition to community groups, individual champions play a critical role in the Advocacy for Better Health model. The project engages two types of champions—advocacy champions and media champions. Community groups nominate an advocacy champion to serve as the primary liaison to the project and representative of the community. While a community group leader may fill the role of champion, in many cases, the champion is simply an engaged and concerned citizen who is highly respected and considered influential by their peers. In each sub-county, there is at least one champion—though depending on size and scope, there may be two. Champions abide by terms of reference that outline their role and responsibilities.

The advocacy champions serve as models for healthy behavior and demonstrate the importance of advocacy. They drive the community-level work of Advocacy for Better Health by ensuring that advocacy forums are organized, community concerns are collected, and dialogue between duty-bearers and citizens are moderated.

Media champions also play an important role in Advocacy for Better Health’s citizen mobilization and empowerment efforts. Project civil society organizations (CSOs) identify local journalists, radio hosts, and television personalities to serve as media champions. There are approximately two champions per district—70 in total. Like advocacy champions, fulfilling the role of media champion for the project is considered an honor. Those selected do not necessarily have health backgrounds, but they are perceived as individuals willing to stand up for citizen rights.

Through their various channels, media champions carry forward tested and translated messages that highlight the availability or absence of health services, as well as the importance of healthy behaviors. At the same time, media journalists popularize the idea of health advocacy to address issues of concern and promote opportunities for citizens to engage, often through live radio and television call-in shows. Media champions are embedded in the community and attend all project-related community forums. They cover the stories of community members and the larger district health landscape.

“My role as an advocacy champion has given me the confidence to bring my community’s concerns to the in-charge of our health facility. And the trust my community has put in me inspires me.”

— Christopher Tukamuheebwa, Advocacy Champion
The media is supposed to serve the community—to tell their stories and raise their voices. Every day we have a choice: we can try to build a nation or we can destroy it. We can worsen the situation or try to solve it. I choose to help solve the problems of my community.”

— Lucky Yutuha, Media Champion, Muhabura Radio

**KEY TOOLS** *(SEE ANNEX)*

- Terms of Reference for Advocacy Champions
- Terms of Reference for Media Champions
Helping community groups and individual champions understand the Advocacy for Better Health model, as well as its goals and objectives, is important for engaging in advocacy. This includes conducting learning sessions about what advocacy is and how it may differ from related concepts with which people may be more familiar—such as information, education, and communication (IEC) and social and behavior change communication (SBCC).

For the purposes of its citizen mobilization and empowerment activities, Advocacy for Better Health uses the following simplified definition of advocacy: *advocacy is a well-organized effort to gather support and encourage action to make change.* This understanding of advocacy is essential as community groups and champions conduct outreach in their communities, raise awareness about rights and responsibilities related to health, and encourage both individual and collective action.

To underpin and legitimize its efforts to advance health rights and responsibilities, Advocacy for Better Health utilizes the Uganda Ministry of Health’s Patients’ Charter. Though the charter was created in 2009 (and should be updated every three years), very few district officials, CSOs, or community groups knew of its existence—or its potential use as a powerful advocacy tool. At the outset of the Advocacy for Better Health project, implementing partner Communication for Development Foundation Uganda (CDFU) led the development of an abridged version of the Patients’ Charter that would be used to educate citizens about their health rights and responsibilities—including what health services should be available when they seek care. CDFU worked directly with community groups to determine the rights and responsibilities that resonated most strongly and translated the charter into local languages. Today, community groups and champions use the charter as an educational tool, as well as a basis for generating concerns when health services fall short. The charter helps citizens understand when they can and should realistically expect redress.

Mass media approaches also help to raise awareness of health-related rights and responsibilities. Advocacy for Better Health’s partner Straight Talk Foundation worked with local community groups to develop and test messages that aligned with the Patients’ Charter and the project slogan “Where everyone is accountable, everyone wins!” These messages promote individual healthy behaviors—including timely seeking of health care—and highlight the importance of advocacy, calling on communities to demand improvements in health services.
We are now getting more and more people coming to our health facility. The number of patients we see each day has doubled, and we are delivering 100 newborns a month. We used to deliver 50. This is partly because many improvements have been made at the health center because of community advocacy. We have three new midwives, for example. But it’s also because Advocacy for Better Health is showing the community what they can expect when they come to us for health services."

— Dr. Peter Wanyera, Doctor-in-Charge, Bufumbo Health Center IV, Mbale District

**KEY TOOLS** *(SEE ANNEX)*

- Sample Scripts for Radio Spots
- Abridged Patients’ Charter
For awareness of rights and responsibilities to translate into health impact, citizens must take action. Action can take the form of individual behavior change—for example, getting tested for HIV, taking a child for immunizations, using bednets to protect against malaria, or going to a facility for childbirth. Action may involve people coming together to improve their community. This might include contributing to a fund for an ambulance driver or donating tools and time to help repair a crumbling facility. Action can also mean collectively raising issues and solutions that a community cannot address on its own to the leaders responsible for health services—such as providers, sub-county advisors, district health teams, and elected officials. Examples include routine drug stockouts, lack of a maternity ward, or absent doctors and nurses. Because individual behaviors, community conditions, and political priorities are inextricably linked, Advocacy for Better Health encourages and validates each of these forms of action as necessary precursors to change.

Planning is important to drive implementation of actions. During community action planning meetings, community group members report any issues that prevent them or fellow citizens from accessing high-quality health services. Advocacy champions lead community groups in discussing these problems, prioritizing possible citizen-led interventions, and developing a short-term action plan. This action planning is often integrated into the regular business of community group meetings; its intent is to promote collective ownership and encourage the community to prioritize challenges that they can address themselves. Communities determine which issues are most pressing and what actions can be achieved in the nearest time period. Then they assign roles and responsibilities and create timelines, which are documented by the advocacy champion for follow-up and accountability.

**KEY TOOLS (SEE ANNEX)**

- Advocacy Action Planning Template
- Minutes Template for Community Action Planning Meetings and Advocacy Forums
Tracking progress toward goals is an important activity in the Advocacy for Better Health citizen mobilization strategy. Guided by advocacy champions, community groups regularly review progress in implementation of their action plans to determine if they will meet their desired change(s), make any necessary adjustments, and celebrate once the changes are achieved. As community members actualize their plans and see success, they build confidence to take on more complex issues and bolder advocacy actions, such as petitioning the sub-county or district health officials and engaging in other social accountability activities. Where changes fall outside of the community group’s scope, the advocacy champion can seek support from district- and national-level CSOs to elevate the community’s issue of concern.

**KEY TOOLS (SEE ANNEX)**

- Community Group Support Supervision Tool
- Monitoring Plan Template
Citizen mobilization and empowerment IN ACTION

More than six years ago, husband and wife Mwesigwa Birungi and Judith Tugumisirize moved to Kitumba Sub-County, Kabale District, with their two children Gracious and Precious. Mwesigwa had been hired as the in-charge of Kijurera Health Center II, and Judith as the facility nurse. When they arrived at the health facility, they found a building that was at risk of a landslide due to long-term erosion. The health facility was also without water. Few patients and even fewer community members were willing to attend meetings to mobilize improvements, but after partnership with David Muhereza, an advocacy champion and chairman of the Bukoora Environment Group, much has changed.

Since 2015, David has educated group members on their health rights and provided orientations in mobilization, communication, and community participation, with the support of Advocacy for Better Health. As a result, the community has organized to improve the facility’s foundation and reinforce the soil by building a wall to reduce water runoff and planting bushes around the health center. The community agreed to make bricks to level the site where the health center sits and advocated for the construction of a water tank. The sub-county government agreed to build the water tank, and the community contributed labor.

When asked about the biggest changes that they have seen result from their advocacy efforts, both David and Mwesigwa cite the increase in utilization of services. Previously, very few women came to the facility to deliver their babies; instead, they traveled more than three hours by foot over twisting terrain to reach the nearest hospital in Kabale, if they went at all. As Judith says, “Now women know they can have a safe birth here with clean water. Now they come.”

Mwesigwa, Judith, and David are not done yet. The health center serves 23 villages with a population of 5,879. According to Mwesigwa, the facility is too small to adequately care for all the people. They need a separate maternity ward, staff housing, and a private pit latrine. They are now advocating to the district to upgrade the facility from a health center II to a health center III—which would bring many more services to the community. Mwesigwa has said that he and his family will not leave Kijurera until it becomes a health center III. Their commitment to service and their belief in the power of advocacy are the legacies that they hope to leave for their children and community.

“I am born of the village. I sleep in the village and experience all the same challenges as a villager. I feel proud to be a change agent. If all people could be advocates, many things would change.”

— David Muhereza, Advocacy Champion
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Crosscutting

This facilitator’s guide provides a structure through which Advocacy for Better Health partners can help community groups to identify health-related problems that can be addressed through advocacy. It empowers communities to create their own advocacy action plan to catalyze change within their communities. As a result, communities will be mobilized to collectively demand and advocate for improved availability, accessibility, and quality of health services.

Indicates tool is available online only. PDF version of this booklet with active links is available at www.advocacyforbetterhealth.com/portfolio
Community Mapping Tool

The key informant interview questions below can be used as part of a community mapping exercise. District and sub-county leaders can provide valuable information on existing community structures, mobilization activities, and platforms through which duty-bearers and citizens can interact. Village health team members are a key resource on community perspectives related to health rights and responsibilities. They can also provide insights into particular health problems and the priorities of their respective communities.

Questions for district- and sub-county-level leaders

1. What existing platforms and forums are used for engagement between duty-bearers and the citizens? (Probe: Who is involved? Are platforms government led or community led?)

2. What are primary sources of health-related information in this community? (Probe: Radio, newspapers, television? What is the preferred source of information?)

3. What are the key health and social service priorities in this community? (Probe about specific health issue areas, including orphans and vulnerable children, HIV/AIDS, and reproductive health/family planning.)

4. Who influences health and social service delivery in this community?

5. What community groups are available in this area? (Probe: Are there groups focused on advocacy and/or health? Are there women’s groups?)

6. What measures are in place for holding leaders accountable in this community?

7. How are citizens mobilized for a meeting, function, or other community activity?

8. How are citizens involved in demanding for improved health and social services in this community? (Probe: What is their role?)

9. How are marginalized or vulnerable populations (e.g., orphans and vulnerable children, women, youth, people with disabilities) involved in demanding for health and social services in this community? (Probe: What are some of the challenges of involving these groups? How do you think these challenges can be overcome?)

10. Who do you think can best represent the community to demand for improved health and social services?
Questions for village health team members

1. What are the major health challenges/issues faced by this community? (Probe: Why do you think these challenges are still widespread in the community? What are the underlying causes?)

2. Has the community taken any action to solve the above health challenges/issues? (Probe: Do citizens play an active role in ensuring they live healthy lives?)

3. What are the high-priority needs of the citizens in this community in relation to:
   a. Health services.
   b. Social services.

4. Do members of your community know and understand their rights related to health? (Probe: What are gaps in their knowledge? How could this be solved?)

5. Do members of your community know and understand their responsibilities related to health? (Probe: What are gaps in their knowledge? How could this be solved?)

6. What would encourage more community involvement and advocacy around health and social issues? (Probe: What are barriers to involvement—such as complexity of issues and lack of information?)
Terms of Reference for Advocacy Champions

Introduction

The USAID Advocacy for Better Health project provides Ugandans with skills, tools, and systems to more effectively advocate for accessible, high-quality health services. Specifically, the project works to mobilize, motivate, and empower citizens and civil society organizations (CSOs) in 35 districts in Uganda. Through mobilization and capacity-strengthening, CSOs and citizens can become effective advocates for health, catalyzing policy action and accountability. In each of the project’s 479 focus sub-counties, the project seeks an advocacy champion to support and advise community groups.

Aim and objectives

Advocacy champions will play a catalytic role in improving the health and well-being of Ugandans by elevating the health-related needs and concerns identified by communities. Advocacy champions will promote citizen advocacy and duty-bearer accountability throughout the health and governance system. Objectives of advocacy champions include:

- Work with community groups in mobilizing citizens to attend community dialogue and action planning meetings, as well as advocacy forums.
- Support community identification of challenges related to health and social services, and the development of action plans.
- Foster relationships with key duty-bearers, and follow up on health-related commitments.
- Coordinate with implementing CSO partners and media champions, and advise on strategies to foster communication and collaboration across relevant advocacy and accountability initiatives.
- Review project tools and templates, and use them to document implementation of project activities.
- Support, facilitate, and promote USAID Advocacy for Better Health approaches and activities.

Selection criteria

An advocacy champion need not be an existing member of the community group he/she will support, but the champion must be a member of the community. Additional selection criteria include:

- Gender and age sensitivity.
- Representation from vulnerable populations, such as people living with disabilities, people living with HIV/AIDS, and most-at-risk populations.
- Past or current experience in decision-making or advocacy related to health and social services.
- Reputation of integrity and credibility, and highly respected by the community.
- Knowledge of local government structures and ability to influence duty-bearers.
- Willingness to promote the USAID Advocacy for Better Health project goal and objectives.
Benefits of being an advocacy champion

The benefits of taking on the advocacy champion role will include:

- Participating in training, workshops, and learning events organized by the project to strengthen advocacy capacity and leadership skills.

- Networking with like-minded people from across a broad spectrum of CSOs and government and other agencies.

- Contributing to improved health and social service delivery in respective districts and sub-counties.

Structure and operating procedures

Advocacy champions will work closely with the implementing CSO partner that is operating in his/her district to promote the project goal and objectives. The project regional offices will provide oversight and support to advocacy champions.
Terms of Reference for Media Champions

Introduction

The USAID Advocacy for Better Health Project provides Ugandans with skills, tools, and systems to more effectively advocate for accessible, high-quality health services. Specifically, the project works to mobilize, motivate, and empower citizens and civil society organizations (CSOs) in 35 districts in Uganda. Through mobilization and capacity-strengthening, CSOs and citizens can become effective advocates for health, catalyzing policy action and accountability.

The media is critical in providing information and raising citizens’ voices to duty-bearers. The project seeks to engage experienced health journalists to champion improved service delivery in the project’s focus areas: reproductive, maternal, newborn, child, and adolescent health; HIV/AIDS; TB; nutrition; malaria; and orphans and other vulnerable children.

Purpose and selection criteria

Advocacy for Better Health will work with the media to create awareness of citizens’ rights and responsibilities related to health and to disseminate evidence, which will enable citizens to advocate for improvements in health and social service delivery. Media champions will be volunteers from different media outlets. To be selected, media champions must be:

- Employed by an existing media house.
- Able to demonstrate interest and competence in covering health and social services issues.
- Independent and able to provide in-depth analysis of contemporary issues.
- Able to use the local language in the region of work.

Objectives and responsibilities

- Shape public opinion around the need to improve health outcomes at individual, family, community, and policy levels.
- Raise awareness and sensitize the general public on their rights and responsibilities related to health in order to generate demand for improved health and social services.
- Amplify the voices of citizens from one-on-one interviews and community dialogues to reach duty-bearers and other community members.
- Act as an agenda-setter by making duty-bearers aware of community concerns and needs as they arise.
- Proactively report on the project’s advocacy success stories, and profile responsive and effective duty-bearers to ensure recognition.
- Play a watchdog role by monitoring the performance of duty-bearers, investigating and reporting on corruption, and supporting transparency and accountability.
- Facilitate the production of content focused on health and other social services issues in agreed upon formats.
• Secure nonmonetary resources (e.g., staff, space, and airtime) from his/her media house to produce and air health-related stories.

• Build a consistent audience.

Benefits of participation
Participating champions will benefit from trainings and mentorship from experienced journalists and communication experts. These mentors will support media champions in the story development and evidence-gathering processes. They will also strengthen champions’ skills in research and advocacy. Media champions will engage duty-bearers, technical experts, and communities to produce a set of stories focused on improving service delivery in their respective districts and/or regions. Some stories may be featured in project reports, PATH’s website, and international publications. Media champions will also have the opportunity to network with representatives from a range of government agencies and CSOs.

Support for media champions
To support media champions, Advocacy for Better Health will:

• Provide technical support (e.g., training, mentorship, and guidance) to foster greater understanding of the project and the approach. This will be done through physical meetings, field trips, phone, and online communication.

• Link media champions to useful resources and contacts to enhance radio and television programming and written articles.

In addition to support from Advocacy for Better Health staff, subgrantee CSOs will be responsible for assisting media champions to meet their objectives. CSOs will:

• Identify, provide, and/or develop credible information (e.g., reports, research findings, and briefing papers) to strengthen media champions’ understanding of relevant issues.

• Help media champions to ensure the relevancy of issues to local communities.

• Mobilize communities for advocacy forums and dialogue with duty-bearers.

• Suggest duty-bearers and civil society actors to participate in interviews and on-air programs.

• Avail its staff to act as guest speakers or interviewees for on-air programs.

• Share experiences and best practices, including capacity-building activities by the project.

• Identify possible community-driven solutions and mobilize the appropriate people or groups for action.

• Produce periodic reports for Advocacy for Better Health staff on activities and outcomes.
Sample Scripts for Radio Spots

Radio Spot: Stockout of antiretroviral drugs

**Background noise:**  
(Boda Boda [motorcycles] riding and hooting)

**Neighbor 1:** Eh, Teopista what is the rush for?

**Neighbor 2:** Oh, neighbor, I am rushing to the health center to pick up my ARVs before the line becomes very long...mhh...You know how those lines can be.

**Neighbor 1:** I hope you will be lucky to find them...because I have been going there this whole week, and each time I am told that the ARVs, especially the ones I take, are not in stock.

**Neighbor 2:** (Shocked) You mean to say our health center has run out of ARVs? If that is the case, we need to ask our local council leaders to establish the truth. Our member of Parliament should also be asked to do something about it.

**Radio announcer:** With the number of new HIV infections rising, it is our duty as citizens to make sure that any stockout of essential drugs, including those for AIDS and TB, in our health facilities is reported immediately. All people who test positive for HIV should be able to access treatment immediately. This requires us to participate in planning, tracking stocks, and reporting stockouts. Report any stockout of drugs on the toll-free SMS line 6300 Where everyone is accountable, everyone one wins.

This message is brought to you by Advocacy for Better Health.

Radio Spot: Availability of malaria test kits

**Background noise:**  
(Buzzing mosquito sound, voices of men and women conversing during a village meeting)

**Radio announcer:** Malaria remains a serious problem in our community, but the taxes on malaria test kits are an even bigger problem because they make the test kits very expensive to access. Yet a suspected malaria case should be confirmed with a test to avoid wasting medicines on treating the wrong fever. As citizens, we demand the removal of taxes from malaria test kits to make them accessible to all of us.

**Duty-bearer:** As a leader, I will push for the exemption of malaria test kits from taxation. But as citizens, you must play your part by monitoring, tracking, and reporting any stockout of these test kits in your health facilities. Report any stockout of drugs and other commodities on the toll-free SMS line 6300 Where everyone is accountable, everyone one wins.

This message is brought to you by Advocacy for Better Health.

Additional examples available upon request.
Abridged Patients’ Charter

For more information, contact the nearest health centre. If your rights are violated, report to the in-charge or any senior staff member at the health centre.

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OPERATIONAL DEFINITIONS

Charter: Explains the Rights and responsibilities of the patients and the health workers.

Medical Care or Medical treatment: includes medical diagnostic procedures, preventive, promotive, psychological care and nursing.

Health facility: Hospital, health centre or clinic.

Health Worker: means a health professional, administrative, scientific, and support staff employed in the health service.

Patient: a sick person or any person requesting or receiving medical care.

Clinician: a physician, dentist, nurse, midwife or any other professional recognized by relevant Registration Councils and so published in the official gazette as a health care provider.

Medical Information: information that refers directly to patient’s state of physical or mental health, or to the medical treatment of it.

Medical emergency: a situation threatening immediate danger to life or severe, irreversible disability, if medical care is not given urgently.

SECTION 1: PATIENTS’ RIGHTS

1 The Right to Medical Care

Every person in need of medical care is entitled to impartial access to treatment in accordance with regulations, conditions and arrangements obtaining at any given time in the government health care system.

In a medical emergency, a person is entitled to receive emergency medical care unconditionally in any health facility without having to pay any deposits or fees prior to medical care.

Should a medical facility be unable to provide treatment to the patient, it shall, to the best of their facility, refer him/her to a place where he/she can receive appropriate medical care.
Prohibition of Discrimination.
No health facility or health provider shall discriminate between patients on ground of disease, religion, political affiliation, disability, race, sex, age, social status, ethnicity, nationality, country of birth or other such grounds.

Participation on decision – making
Every citizen has the right to participate or be represented in the development of health policies and systems through recognized institutions.

A healthy and safe environment
Everyone has the right to a healthy and safe environment that will ensure physical, mental and social well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental dangers such as pollution, ecological degradation and infection.

Proper Medical Care
A patient shall be entitled to appropriate health care with regard to both its professionalism and quality assurance based on clinical need.

Be treated by a named health care provider
Everyone has the right to know the identifiable and professional position of the person providing health care and therefore shall be attended to by clearly identifiable health care provider.

Ministry of Health shall issue guidelines as to the way clinicians and every health worker in medical facility shall be identified.

Training and Research
The participation of a patient or client in clinical training programs or for the purpose of obtaining information shall be voluntary and informed with written or verbal consent – and consent shall be witnessed.

Right to safety and security
The patient has the right to safety and security to the extent that the practices and installations of the health facility do no harm.

Receiving visitors
A patient hospitalized in a health facility is entitled to receive visitors at the times, and according to the guidelines provided by the facility management.

Informed consent
Every patient has the right to be given adequate and accurate information about the nature of one’s illness, diagnostic procedures, the proposed treatment for one to make a decision that affects any one of these elements.

The information shall be communicated to the patient at the earliest possible stage in a manner that he/she is expected to understand in order to make a free informed, and independent choice. However, the clinician may withhold the medical information from the patient concerning his/her condition if he/she strongly feels that by giving this information, it is likely to cause severe harm to the patient’s mental or physical health.

The way in which informed consent may be given.

Medical Care without consent
A health provider may give medical treatment without informed consent of the patient if:

a. The patient’s physical or mental state does not permit obtaining his/her informed consent
b. It is impossible to obtain the consent of the patient’s representative or of the patient’s guardian, where the patient is a minor or an incapacitated person.

Refusal of treatment
a. A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.

b. But the health provider may perform the treatment against the patient’s will if the facility management has confirmed the following conditions that:

i. The patient has received information as required to make an informed choice.

ii. The treatment is anticipated to significantly improve the patient’s medical condition.

iii. There are reasonable grounds to suppose that after receiving treatment, the patient will give his/her retrospective consent.

c. When the refusal of treatment by the patient or his/her authorized representative interferes with the provision of adequate treatment according to professional standards, the relationship between the patient and the health provider shall be terminated with reasonable prior advance notice.

13 Be referred for a second opinion

Every person has the right to be referred for a second opinion with or without request or when indicated.

That the need for disclosure overrides the interest in the information’s non-disclosure.

iii. That the disclosure is for the purpose of publication in a medical journal or for research or teaching purposes if all details identifying the patient have been suppressed.

16 The Patient’s Right to Medical Information

The patient shall be entitled to obtain from the clinician or the medical facility medical information concerning himself/herself, including a copy of his/her medical records.

17 Custody of Medical Records:

The Ministry of Health shall be the legal owner and custodian of the medical records and will ensure that the confidentiality be the responsibility of all health workers.

18 Medical records Retention (Medical archives)

1. General: 25 years or 3 years after death

2. Obstetric: 25 years after the birth of the child (including still birth)

3. Psychiatric: Lifetime of the patient or 3 years after death

At the conclusion of periods set out above, the records may be destroyed but there is no obligation to do so. For research, clinicians may ask for indefinite retention.

19 Right to Redress

Every health facility shall designate a person or a committee to be responsible for the observance of patient rights, whose duties shall be:

a. To give advice and assistance to a patient as to the realization of her/his rights spelt out in this document.

b. To receive, investigate, and process patient’s complaints. Complaints regarding the quality of medical care shall be referred to the attention of the facility in-charge.

c. To educate, and instruct all medical and administrative staff in the facility in all matters regarding the patient’s rights.
SECTION 2:
RESPONSIBILITIES OF THE PATIENT

1 Provision of information
Every patient has the responsibility to provide the health worker with relevant, complete and accurate information for diagnostic, treatment rehabilitation or counseling purposes.

2 Compliance with instructions
The patient has the responsibility to comply with the prescribed treatment or rehabilitation procedures meant to improve his/her health.

3 Refusal of treatment
The patient takes responsibility for his/her actions if he/she refused to receive treatment or does not follow the instructions of the health worker.

4 Respect and consideration
The patient has the responsibility to respect the rights of other patients and the health workers and for helping to spread diseases, control noise, smoke and the number of visitors.
He/she shall respect the rights and property of other persons and of the health facility. Patients should refrain from using verbal abuse or physical violence against health workers or other patients.

5 Will
The patient is free to advise the health care workers on his/her wishes with regard to his/her death including dying in dignity, spiritual support as well as organ support.

SECTION 3:
RESPONSIBILITIES OF HEALTH WORKERS

1 Penalties
Any health worker who contravenes these rights may face appropriate disciplinary actions from Health Unit Management committees, Health Professional Councils, Medical Boards, and Courts of law.

2 Duration of admission
The health worker shall determine each patient’s stay depending on the condition, need for referral or care at home on approval from management. No in-patient shall be allowed to remain in the health facility longer than 8 weeks after admission unless the provider under whose care he/she is recommended and is approved by the facility management. The health worker shall determine this according to condition, need for referral or care at home.

3 Comments, Suggestions and complaints
To provide a service which meets everyone’s needs, Ministry of Health welcomes your comments. All health facilities including District Health Officers’ office, Ministry of Health headquarters will have suggestion boxes accessible to public.
Every Endeavour will be made by a senior member of staff within the facility to resolve your concerns or complaints promptly. Your complaint will be investigated thoroughly and impartially and a response will be provided.
Advocacy Action Planning Template

Community groups can use this advocacy action planning template to develop an advocacy goal based on challenges raised by citizens in accessing high-quality health services. Community groups should brainstorm different activities, actions, and interventions that will help them achieve their goal. Activities should be designed to reach and persuade the duty-bearers with power and influence. Additionally, community groups should assign responsibility, discuss potential partners, and set a date by when the activity should be complete.

<table>
<thead>
<tr>
<th>Advocacy goal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
<th>Who is responsible for making sure the activity happens?</th>
<th>Who will your partners be?</th>
<th>By when will the activity be complete?</th>
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</thead>
<tbody>
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This template and instructions for facilitation can be found in the *Workshop Curriculum on Community Mobilization and Advocacy Action Planning.*
Minutes Template for Community Action Planning Meetings and Advocacy Forums

This template should be used to record the minutes and outcomes of community action planning meetings and advocacy forums. During community action planning meetings, participants will share challenges that they encounter when seeking health and social services and will prioritize issues for community advocacy. These issues, along with citizens’ concerns and supporting evidence, then will be shared at advocacy forums, where duty-bearers will be present to respond. Recording discussions and commitments is critical for following up with duty-bearers about commitments they make.

<table>
<thead>
<tr>
<th>District:</th>
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<tbody>
<tr>
<td>Sub-county or town council:</td>
</tr>
<tr>
<td>Date meeting held:</td>
</tr>
<tr>
<td>Meeting venue:</td>
</tr>
<tr>
<td>Type of activity (community action planning meeting or advocacy forum):</td>
</tr>
</tbody>
</table>

**Agenda**

*Indicate your meeting or forum agenda:*

**Communication from coordinator or convener**

*Indicate what was mentioned by the convener at the beginning of the meeting or forum:*

**Opening remarks from a key duty-bearer in attendance*1**

*Indicate key issues mentioned by the duty-bearer:*

---

*1 Duty-bearers typically only attend advocacy forums. If duty-bearers are not present at a community action planning meeting, skip this box.*
Presentation of evidence and/or concerns raised by community members

*Indicate key issues shared in the meeting with supporting evidence:*

Discussion and reactions

*Indicate details of the discussion and reactions from community members and duty-bearers:*

Way forward

*Document the commitments made by duty-bearers and meeting participants, and fill out the table below:*

<table>
<thead>
<tr>
<th>Advocacy issue prioritized:</th>
<th>Resolutions/action items:</th>
<th>Person responsible for follow-up:</th>
<th>By what date:</th>
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</table>

Summary of participants

*Provide an estimated number of participants for meetings with more than 100 participants and an accurate head count for meetings with less than 100 participants:*

Number of males: _____
Number of females: _____

---

Report compiled by:

Name: ..........................................................
Title: ..........................................................
Signature: .................................................

Report verified by:

Name: ..........................................................
Title: ..........................................................
Signature: .................................................
Appendix 1: List of Participants

For advocacy forums, only key duty-bearers and advocacy champions/group leaders should sign the attendance sheet. For community group meetings, all members present MUST sign the attendance sheet.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Telephone #</th>
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<td>5.</td>
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<td>6.</td>
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<td>15.</td>
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Appendix 2: Photographs

Include at least four photos on a page with captions. Photos should, as much as possible, capture branded materials, such as a banner in the background.
Community Group Support Supervision Tool

Implementing civil society organizations should fill out this tool quarterly in consultation with community group leaders, such as the secretary or chairperson. The tool tracks project process, outputs (e.g., are community groups hosting advocacy forums?), and outcomes (e.g., have duty-bearers fulfilled any commitments?). Regularly assessing progress can help community groups identify their successes and shortcomings, and better understand how to course correct if needed.

<table>
<thead>
<tr>
<th>Name of group visited</th>
<th></th>
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<tbody>
<tr>
<td>District visited</td>
<td></td>
</tr>
<tr>
<td>Sub-county visited</td>
<td></td>
</tr>
<tr>
<td>Date of visit</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>COMMUNITY ACTION PLANNING</strong></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the group been hosting community action planning meetings regularly?</td>
<td></td>
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<tr>
<td>Are meeting minutes documented in the standard template? (Check the Minutes Template for Community Action Planning Meetings and Advocacy Forums)</td>
<td></td>
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<tr>
<td>Do they have a community action plan?</td>
<td></td>
<td></td>
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<tr>
<td>Is the advocacy action plan documented in the standard template? (Check the Advocacy Action Planning Template)</td>
<td></td>
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<tr>
<td>Has the community group taken steps to implement the action plan?</td>
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<td></td>
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<tr>
<td>Does the community advocacy champion support the group in advancing its action plan?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ADVOCACY FORUMS</strong></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the community group held any advocacy forums?</td>
<td></td>
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</tr>
<tr>
<td>Are forum minutes documented in the standard template? (Check the Minutes Template for Community Action Planning Meetings and Advocacy Forums)</td>
<td></td>
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</tr>
<tr>
<td>Were forums attended by duty-bearers?</td>
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<td></td>
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<tr>
<td>Did duty-bearers make any commitments? Were they documented?</td>
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</table>

<table>
<thead>
<tr>
<th><strong>EVIDENCE GATHERING AND PACKAGING</strong></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the group collected any evidence to support their advocacy?</td>
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<tr>
<td>Do they have tools for collecting evidence?</td>
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<tr>
<td>Have they packaged and presented it to a duty-bearer? (Ask for a copy of the packaged evidence)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Is the group having any challenges in packaging evidence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DUTY-BEARER ENGAGEMENT</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-------------------------</td>
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<tr>
<td>Has the group engaged any duty-bearers?</td>
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<tr>
<td>Is the engagement documented?</td>
<td></td>
<td></td>
<td>(\text{Check the Minutes Template for Follow-Up Meetings with Duty-Bearers})</td>
</tr>
<tr>
<td>Were there any key &quot;asks&quot; made to the decision-maker?</td>
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</table>

<table>
<thead>
<tr>
<th>DOCUMENTATION</th>
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</thead>
<tbody>
<tr>
<td>Are documents filed and kept in order?</td>
<td></td>
<td></td>
<td>(\text{Check for organized recording keeping})</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FOLLOW UP ON COMMITMENTS</th>
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</thead>
<tbody>
<tr>
<td>Has the community group had any commitments from duty-bearers?</td>
<td></td>
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<tr>
<td>Were they recorded on commitment forms?</td>
<td></td>
<td></td>
<td>(\text{Check the Minutes Template for Follow-Up Meetings with Duty-Bearers})</td>
</tr>
<tr>
<td>Has the group followed up on the commitments made?</td>
<td></td>
<td></td>
<td>(\text{Check the Minutes Template for Follow-Up Meetings with Duty-Bearers})</td>
</tr>
<tr>
<td>Has the duty-bearer fulfilled any commitments?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
<th></th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Civil society organization staff:</th>
<th>Community group member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ..........................................................</td>
<td>Name: ..........................................................</td>
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<tr>
<td>Date: ...........................................................</td>
<td>Date: ...........................................................</td>
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<td>Signature: ...................................................</td>
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</tbody>
</table>
Monitoring Plan Template

It is critical for community groups to track progress as they implement their advocacy action plans. Using this template, community groups can determine whether they are moving toward their advocacy goal and if their planned activities are contributing to change. This template can also help groups identify whether they need to make any adjustments in their action plan to ensure success.

Monitoring plan

<table>
<thead>
<tr>
<th>What type of information will you collect to track the progress and success of your activities?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How will you collect this information?</td>
<td></td>
</tr>
<tr>
<td>When will you collect this information?</td>
<td></td>
</tr>
<tr>
<td>How will your group use this information to update or change your strategy?</td>
<td></td>
</tr>
<tr>
<td>How often will your group come together to update your advocacy action plan?</td>
<td></td>
</tr>
<tr>
<td>Who is responsible for gathering your group together to update your action plan?</td>
<td></td>
</tr>
</tbody>
</table>

This template and instructions for facilitation can be found in the *Workshop Curriculum on Community Mobilization and Advocacy Action Planning.*