

# ADVOCACY FOR BETTER HEALTH: WHERE EVERYONE IS ACCOUNTABLE, EVERYONE WINS

May 2017

## PROJECT OVERVIEW

USAID Advocacy for Better Health—awarded in June 2014—is a five-year, \$20 million project aimed at improving the availability, accessibility, and quality of health and social services in Uganda. Implemented by PATH and Initiatives Inc., the project aspires to more fully engage communities in the planning and monitoring of health and social services, while also enhancing the capacity of civil society organizations (CSOs) to represent citizen interests and conduct advocacy to strengthen health-related policies, budgets, and programs.

Across 35 target districts and at the national level, more than 20 local implementing partners are mobilizing communities to demand and hold duty-bearers accountable for health-related goals and commitments—from the facility to the highest-levels of decision-making.



PATH/Agaba Degratias

## CSO PARTNERS

- Action for Community Development
- Action for Rural Women's Empowerment
- Center for Health, Human Rights and Development
- Communication for Development Foundation Uganda
- Community Integrated Development Initiatives
- Family Life Education Program
- Coalition for Health Promotion and Social Development
- Integrated Development Options
- Jinja Area Communities Federation
- Kalangala District NGO Forum
- Kapchorwa Civil Society Organizations' Alliance
- Literacy Action and Development Agency
- Mbale Area Federation of Communities
- Multi-Community Based Development Initiative
- National Forum of PLHA Networks in Uganda
- Reproductive Health Uganda
- Rural Action Community-Based Organization
- Straight Talk Foundation
- Uganda Debt Network
- Uganda Red Cross Society
- Uganda Network of AIDS Service Organizations
- International Community of Women Living with HIV in East Africa
- White Ribbon Alliance Uganda

## TARGET RESULTS

1. **Empowering citizens.** Advocacy for Better Health increases citizens' awareness of their rights and responsibilities related to health and social services, as well as the mechanisms to hold duty-bearers accountable. Citizens collectively give voice to their health needs and contribute to effective solutions by developing community action plans, engaging with health providers and decision-makers at community forums, and participating in facility- and district-level planning and monitoring.
2. **Strengthening CSO advocacy.** Advocacy for Better Health partners with and strengthens the capacity of CSOs to effectively influence national and district policymaking, budgeting, and service planning and implementation in alignment with community-identified needs. CSOs gain the skills, tools, relationships and alliances to develop and implement evidence-based advocacy strategies that catalyze action and accountability and result in meaningful change.
3. **Building organizational capacity.** Advocacy for Better Health bolsters the operational capacity of local implementing partners to obtain, manage, and implement long-term, sustainable advocacy projects. Technical assistance results in CSOs with stronger organizational and financial management, governance, administration, and human resources processes—and that are better able to achieve advocacy objectives.

## CROSSCUTTING PRIORITIES

Advocacy for Better Health partners advance policies, budgets, and programs for a variety of health topics, including HIV/AIDS and TB, malaria, nutrition, maternal, newborn and child health, reproductive health and family planning—with a special focus on gender and on how policies affect adolescents, youth, and marginalized and at-risk groups.

Partners focus on three cross-cutting priorities:

- **Domestic health financing.** Public expenditure on health and social service delivery remains far below current commitments. Project partners advocate for an efficient, sustainable health financing mechanism and overall increased government investment in the health sector.
- **Health commodity security.** In Uganda, up to 40 percent of health facilities experience persistent stock-outs of life-saving medicines. Partners advocate for increased funding for essential medicines and strengthened supply chains, as well as improved forecasting and accountability to ensure commodities are available when needed.
- **Human resources for health.** Frequent health worker absenteeism significantly undermines health service delivery throughout Uganda. Advocacy for Better Health empowers community groups to hold local service providers and decision-makers accountable for their roles, while also advocating across levels to fill vacant posts, monitor health worker performance, and improve worker retention and motivation through strengthened remuneration.

### FORESTALLING AN HIV/AIDS AND TB DRUG STOCKOUT DISASTER



In late 2015, health facilities in Uganda faced a severe shortage of anti-TB and HIV drugs. Concerned that the government might not respond fast enough to avert a crisis, Advocacy for Better Health assembled a coalition to urge the government to take immediate action to prevent the stock-out. The coalition disseminated evidence on district stock-outs, broadcast radio spots, and held press conferences. The coalition also met with top government officials including the Speaker of Parliament and the permanent secretaries of the Ministries of Finance and Health. Within a month, the government responded with both short- and long-term measures. The advocates' swift action and partnership with decision-makers averted a major public health crisis and has led to on-going dialogue and commitment to diversify funding sources to prevent future stockouts.



## LEADING A NATIONAL DIALOGUE ON HUMAN RESOURCES FOR HEALTH

In October 2016, Advocacy for Better Health held a high-level, national dialogue on human resources for health in Kampala with a goal of addressing challenges crippling the health sector in Uganda. The challenges range from failure to attract the right health cadres to poor health worker motivation and retention, among others. The dialogue was addressed by senior officials from Ministry of Health (MOH), Members of Parliament, and the then-head of the Health Monitoring Unit in the Office of the President, Dr. Diana Atwine.

Dr. Atwine said major challenges to the health system are high disease burden, high rates of health worker absenteeism, and the lack of accountability within the health workforce. The director general of health services, Professor Anthony Mbonye, stated that the MOH was exploring output-based financing of health facilities to improve staff performance. He also added that the MOH is prioritizing a health insurance bill that—if passed—would bring additional resources to address health system gaps that require sustainable financing.

## INNOVATION TO CREATE CHANGE

Advocacy for Better Health employs innovative strategies to bolster citizen demand and strengthen CSO capacity to advocate for improved health and social service delivery.

- **Organizational and Advocacy Capacity Assessment (OACA).** PATH and Initiatives, Inc. have developed this unique tool for jointly assessing and fostering both organizational and advocacy capacity development. The facilitated self-assessment enables organizations to identify capacity gaps and develop customized plans to improve organizational systems, practices, and tools to achieve advocacy priorities. It is being used with advocacy organizations annually to assess capacity development progress and nurture a cadre of local, sustainable CSOs ready to obtain, manage, and implement advocacy projects moving forward.
- **Advocacy strategy development.** Building on PATH's 10-part framework for advocacy strategy development and the Stronger Health Advocates, Greater Health Impact tool and training series, Advocacy for Better Health provides partner CSOs with on-the-job mentoring and strategic support in the capture and use of evidence for advocacy, policy communications, coalition-building, engagement with decision-makers, and the policymaking and planning processes. CSOs in turn spread these capacity-building efforts to other partners and more than 400 community groups working to influence change at both the local and point-of-service-delivery levels.
- **Advocacy and Grants Management Collaborative.** Advocacy for Better Health's more than 20 partners co-create advocacy strategies, messaging, and accountability tools. Partners package and share evidence and engage in coalition-based activities. They also routinely participate in an Advocacy and Grants Management Collaborative to identify common problems, collectively test solutions, share lessons and results, and adopt successful practices in both advocacy and organizational capacity development.
- **Accountability champions.** Advocacy for Better Health recognizes the potential of all citizens—community members, service providers, the media, local leaders, and national-level policymakers—to act as agents of change. The project facilitates multiple, integrated community platforms to engage diverse stakeholders in mutual accountability activities to improve the quality of health and social services.





## WHERE EVERYONE IS ACCOUNTABLE, EVERYONE WINS

An engaged and active civil society is essential for translating health and social service commitments into optimal outcomes. Advocacy for Better Health is empowering citizens and CSOs with the skills, tools, and opportunities to collaboratively advocate with duty-bearers and decision-makers for more accessible, quality-assured health and social services. The initiative is propelling changes in policies, budgets, and programs that affect Ugandans' daily lives.

For more information, Contact:

Moses Dombo, Chief of Party,  
USAID Advocacy for Better Health Project,  
Golf Course Road, Plot 17  
Kololo, Kampala, Uganda

Mailing Address:

P.O. Box 7404, Kampala, Uganda  
+256.312.393200

## REFERENCES

1. The Republic of Uganda. Ministry of Health, Annual Health Sector Performance Report: Financial Year 2013/2014. 2014. Accessible at: [http://www.nationalplanningcycles.org/sites/default/files/planning\\_cycle\\_repository/uganda/final\\_ahspr\\_2013\\_2014.pdf](http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/uganda/final_ahspr_2013_2014.pdf)
2. UNESCO. *Global Education Digest 2012: Opportunities lost: The impact of grade repetition and early school leaving*. Montreal: UNESCO Institute for Statistics; 2012. Available at: <http://www.uis.unesco.org/Education/Documents/ged-2012-en.pdf>.