Accountability Can Transform Health
(ACT Health)

Responsibility	Responsiveness	Relationships

People-Centred Advocacy: Community Advocate's Workbook

Version 07 APRIL 2017

ACT Health Community Advocate's Workbook

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Acronyms

ACT Health	Accountability Can Transform Health
CAO	Chief Administrative Officer
CDO	Community Development Officer
CHEW	Community Health Extension Worker
CRC	Citizen's Report Card
CSO	Civil Society Organisation
DHO	District Health Office(r)
DHMT	District Health Management Team
DHT	District Health Team
DLG	District Local Government
DPC	District Police Commander
HC	Health Centre
HCIC	Health Centre In-Charge
HSD	Health Sub-District
HUMC	Health Unit Management Committee
LC	Local Council (I, II, III, etc.)
MoH	Ministry of Health
MoFP	Ministry of Finance & Planning
MoGLSD	Ministry of Gender, Labour & Social Development
MoLG	Ministry of Local Government
PCA	People-centred advocacy
PDC	Parish Development Committee
RCT	Randomised Control Trial
RDC	Resident District Commissioner
3 Rs	Responsiveness Responsibility Relationships
S/C	Sub-County
TPC	Technical Planning Committee
UNMHCP	Uganda National Minimum Health Care Package
VHT	Village Health Team

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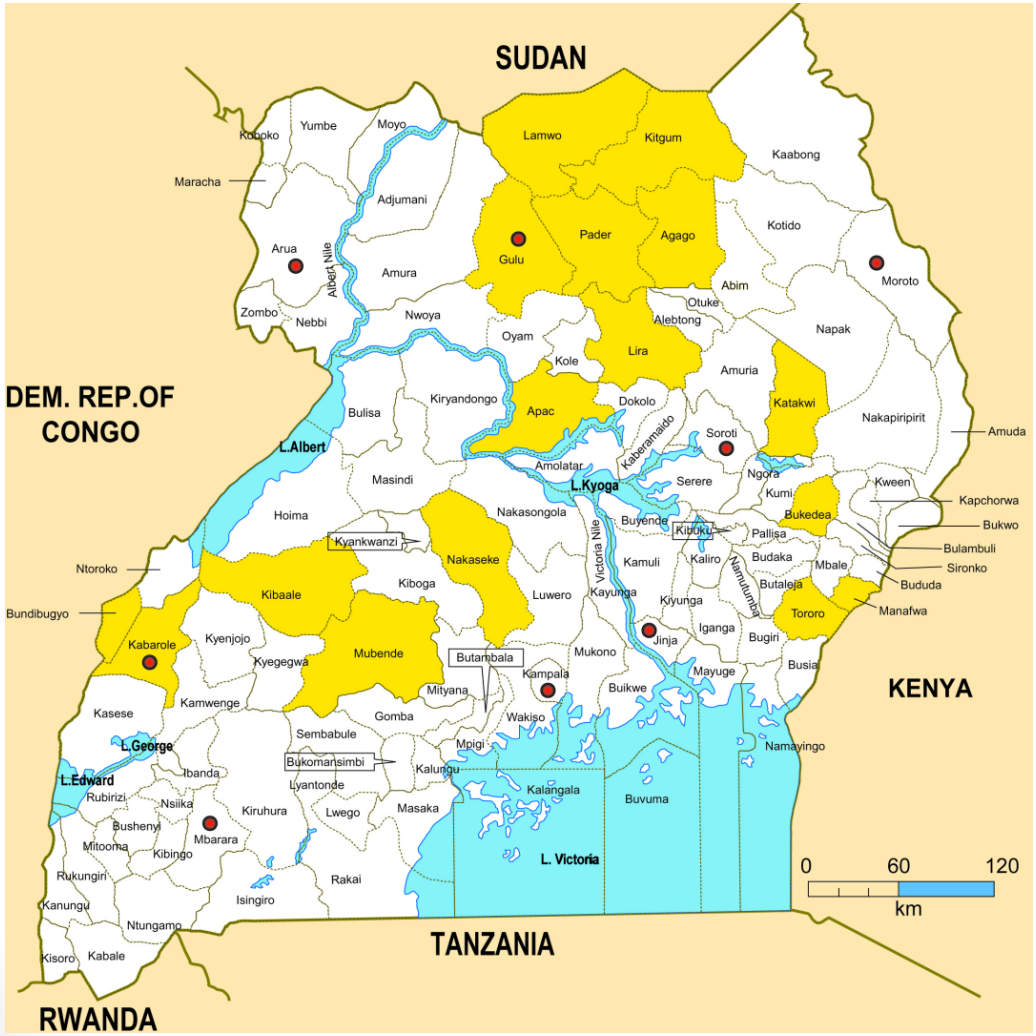
ACT Health Overview



What is ACT Health?

Accountability Can Transform Health (ACT Health) is a social accountability process that aims to improve health outcomes through community engagement based on the facilitation of dialogues and people-centred advocacy (PCA). The programme runs February 2014 – May 2018.

16 Districts of Uganda

Each district was selected in consultation with DFID, GOAL, and a research team at Innovations for Poverty Action (IPA). The selection attempted to:

- Avoid other large scale health accountability/advocacy work
- Mix high/medium/low performing districts according to MoH ranking
- Reach multiple regions of Uganda

Congratulations!

Congratulations!

Our community has put its trust in your passion and abilities to serve as a Community Advocate (CA). Over the next 12 months, you and several of your peers will participate in trainings on People-Centred Advocacy (PCA). After this, you will lead an advocacy campaign on a problem that you would like to see your district leaders address.

Do you remember the qualities that you community used to select you are their representatives? If so, please list them here.

Qualities of a Good Community Advocate	

The position of community advocate is **voluntary** and we are **humbled by your decision** to serve your community in this manner. **You will be expected to:**

1. Attend all the training sessions
2. Carry out all the activities that will be assigned to you

Congratulations!

You agreed to provide continuous feedback to the community that sent you through:

1……
2……
3……

The officers facilitating the workshops will meet your transport costs for the PCA training, and will provide meals and refreshments. They will also provide reading materials, hand-outs, and this workbook, which you will use to record key issues that you will be sharing with your community.

As a sign of your commitment to the people-centred advocacy process, please sign the section below. This signature is for you and the community that selected you to represent them.

I, ……, of Village ……

Parish ……, Sub-county ……, and

District ……, accept to participate in the PCA trainings and execute all duties given to me to the best of my abilities.

…….. ……..

Signature Witness

Step 1: Identifying the Problem

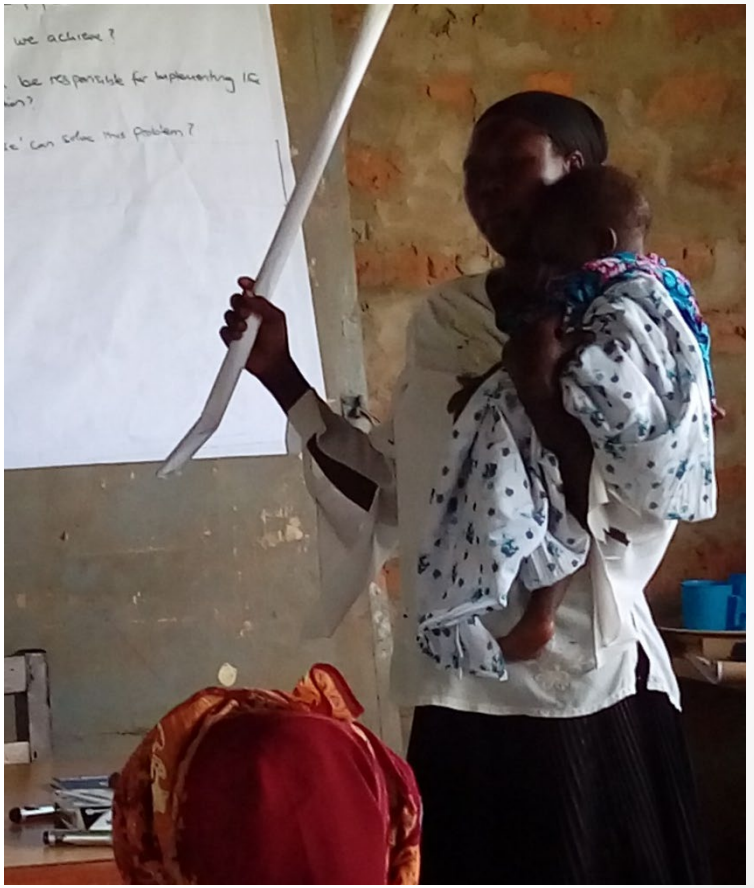
Step 1
covers the following lessons:

Module 1: An overview of PCA: Why are we here?

Module 2: Understanding the community advocate's mandate

Module 3: What issue shall we advocate for?

Module 4: What evidence do we need to support the advocacy issue?



Module 1: An Overview of PCA – Why Are We Here?

What is People-Centred Advocacy (PCA)?

ACT Health has defined PCA as a *systematic process owned and led by those affected by an issue using evidence to influence people with power at different levels to make sustainable change in practices, policies, laws, programs, services, social norms and values for the betterment of those affected by the issues.*

What does ACT Health hope to achieve through PCA (i.e., what is the GOAL)?

ACT Health would like to see people who are affected by poor health service delivery influencing the formulation and / or implementation of health services. The ultimate goal is the improvement of service delivery in ways that benefit affected communities.

How does ACT Health plan to achieve this (i.e., what is the OBJECTIVE)?

ACT Health does this by supporting (especially with skills, information, and confidence) affected persons who volunteer to effectively engage people with power. Because of this support, affected persons should be able to use the spaces available (or create new spaces, if necessary) to engage people with power at various levels. Relevant duty bearers use recommendations from affected persons to guide the formulation and/or implementation of policies, programs, services, or guidelines.

Module 1: An Overview of PCA – Why Are We Here?

PEOPLE-CENTERED ADVOCACY (PCA) is a systematic process owned and led by those affected by an issue using evidence to influence people with power at different levels to make sustainable change in practices, policies, laws, programmes, services, social norms and values for the betterment of those affected by the issues.

1: An Overview of PCA – Why Are We Here?

Question: What does "systematic process" mean?

***Answer**: It refers to a step-by-step process or one that follows a certain order.*

Question: What does "owned and lead by those affected by an issue" mean?

***Answer:** It means that people affected by an issue know its pain best, and should take the lead in finding solutions.*

Question: What does "evidence" mean?

***Answer:** Evidence is proof of how bad the situation is.*

Question: What does "influence people with power" mean?

***Answer:** It refers to getting people with power to act on your solution through the power of persuasion.*

Question: What does "different levels" mean?

***Answer:** People-centred advocacy can take place with decision-makers at different levels (for example, at the health centre, sub-county, district, or national levels).*

Question: What does "sustainable change" mean?

***Answer:** It means that once a solution is put in place, the problem should not surface again.*

Question: What are "practices, policies, laws, programmes, services, social norms, and values"?

***Answer:** These are the different tools at the government's disposal to serve the people.*

Question: What does "for the betterment of those affected by the issues" mean?

***Answer:** It means to stop the suffering of those affected by an issue.*

Module 1: An Overview of PCA – Why Are We Here?

Community Advocate's Workbook

Purpose of the Workbook

Over the next two months, you and your fellow advocates will participate in a training on advocacy. During this training you will receive skills on how to work with your local government to address health or other issues that are affecting your community. This workbook will help you document:

1. What you learn
2. Decisions that you make
3. Feedback from your communities

We urge to use this workbook following the instructions of your trainers.

What do the different coloured headings mean?

This workbook uses different coloured headings to make it attractive and helpful:

- **Black headings** introduce a new step or important information.
- **Yellow** headings introduce a new lesson, or "module"
- **Blue headings** introduce a new sub-topic within a lesson.

At the end of the project, we may ask to borrow your workbooks for a short period of time to allow an evaluator to review them. Our goal is to better understand what worked during the trainings, and how helpful our lessons were to you. You will always have the option of not sharing your workbooks, but sharing them will allow us to make future programming better.

Module 1: An Overview of PCA – Why Are We Here?

Steps in People-Centred Advocacy

The training process will be broken down into 4 steps. Each step will cover a number of lessons, or "modules," over the course of 4 days.

Step 1. Identifying the Problem
Module 1. Why are we here?
Module 2. The Community Advocate's Mandate
Module 3. What problems should we advocate for?
Module 4. What evidence do we need to show the magnitude of the problem?

Step 2. Making Sense of the Data
Module 5: Making sense of the evidence we collected?
Module 6. Choosing which issue to advocate for.
Module 7. What shall we achieve if the issue is addressed? What will change?
Module 8. What needs to be done to influence/make this change?

Step 3. Allies, Messages, and Plans
Module 9. What is responsible for making this change? Who supports them? (Duty Bearers)
Module 10. Which friends can we call on to support our cause? (Allies)
Module 11. What shall we tell the duty bearers and allies? (Messages)

Step 4. Preparing for Action
Module 12. What do we need to do to deliver these messages? (PCA Plan)
Module 13. How shall we know that the situation has changed? (Monitoring Plan)
Module 14. Practicing message deliver
Module 15. Improving the messages

Module 1: An Overview of PCA – Why Are We Here?

Setting Ground Rules, Roles, and Responsibilities

1. What are my expectations?

2. What are my fears?

Module 1: An Overview of PCA – Why Are We Here?

Setting Ground Rules, Roles, and Responsibilities

3. What shall I do to overcome my fears?

4. What rules have we agreed to observe?

Module 1: An Overview of PCA – Why Are We Here?

Setting Ground Rules, Roles, and Responsibilities

Roles and Responsibilities

We have just agreed on roles and responsibilities for the workshop. Did you receive a role?
If so, please write it down here ……

Who else has roles and responsibilities?

Name	Role	Contact

Module 2: Community Advocate's Mandate

Human and Civil Rights

INFO BOX: Definition of Human Rights

Human rights are what people need to live in dignity and enjoy freedom. To call them rights suggests that they are universal and are borne of human society. They don't differ based on location, country, political or economic systems, or stages of development. They don't depend on sex, race, class status, or colour. They are called rights because they are claims based on humanity not appeals to grace, charity, brotherhood, or love. They are claims of entitlement.

As Community Advocates, your mandate to speak out is derived from your human and civil rights!

Module 2: Community Advocate's Mandate

Human and Civil Rights

Characteristics or Principles of Human Rights

- **Universally enjoyed** by every human being regardless of one's race, colour, sex, gender, religion, disability, illness, etc.
- **Natural, inherent, and innate**; God-given and integral to the nature of the human being; vital to human dignity
- **Inalienable**, never to be denied or removed from any people
- **Indivisible**, standing together as one unit; not possible to enjoy some rights and not others
- **Related** to each other; enjoyment of one right leads to enjoyment of others and vice versa

Responsibilities of the Government

- Governments have a responsibility to **respect**, **protect**, and **fulfil** the human rights of their citizens.
- **Respecting** human rights means that a state cannot violate one's rights directly.
- **Protecting** human rights means that a state has to prevent violations of rights by non-state actors or private individuals, and offer some sort of redress that people know about and can access, if a violation does occur.
- **Fulfilling** human rights means that a state has to take all appropriate measures—including but not limited to legislative, administrative, budgetary, and judicial—to ensure that its citizens can enjoy their human rights. This includes the obligation to promote human rights.

Module 2: Community Advocate's Mandate

Health Rights and Responsibilities

Patients Charter (2009)

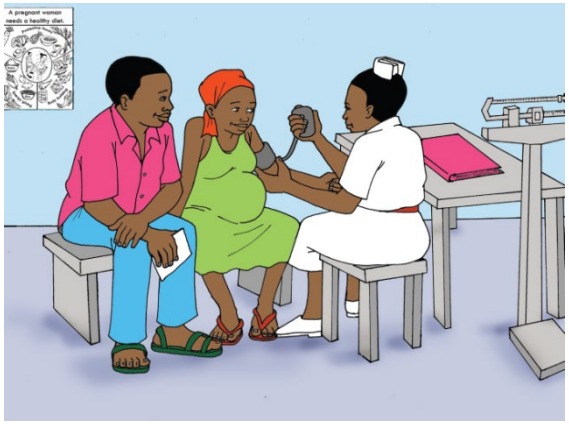
Every citizen has the right to participate or be represented in the development of health policies and systems through recognised institutions **(Section 1, Article 3)**

Health Rights

- Medical care
- Non-discrimination
- Participation in decision-making
- Healthy and safe environment
- Proper medical care
- Treatment by named provider
- Training and research
- Safety and security
- Receiving visitors
- Informed consent
- Medical care without consent
- Refusal of treatment
- Be referred for second opinion
- Continuity of care
- Confidentiality and privacy
- Medical information
- Custody of medical records
- Right to redress

Health Responsibilities

- Provide information to health workers
- Compliance with instructions
- Refusal of treatment
- Respect and consideration



A responsibility to be healthy!

A citizen has a responsibility to become a patient first. This means

- Getting preventative care (immunisations, ANC, VCT, etc.)
- Going for treatment early to reduce complications that make treatment more difficult

Module 2: Community Advocate's Mandate

Every citizen in Uganda has the right to participate!

Constitution (2005)

- The State shall be based on democratic principles which empower and encourage the active participation of all citizens at all levels (**Section II i**)
- Duties of a citizen to combat corruption and misuse/wastage of public property (**Article 17i**)

Second National Development Plan (NDP II) (2015/16 – 2019/20)

- **Health (Section 12.1)** Community Empowerment: Engage communities to actively participate in managing good health and adopt positive health practices.
- **Public Sector Management (Section 14.4)** Objective 2: Improve recruitment, development and retention of a highly skilled and professional workforce; Objective 3: Improve public service management, operational structures, and systems for effective and efficient service delivery, Strategy 3: Strengthen performance management and accountability in public service delivery.
- **Accountability Sector (Section 14.1)** Audit Objective 2: Increase public demand for accountability, Strategy 1: Promote active communication between implementers of programmes and the public
- **Sub-National Development (Chapter 16)** Objective 2: Improve the functionality of the LGs for effective service delivery, Strategy 2: Strengthen the planning, supervision, monitoring and evaluation functions in LGs; Strategy 3: Promote good governance at LGs for improved service delivery

Second National Health Policy (NHP II) (2010)

- **Social Values** = This policy puts client and community at the forefront and adopts a client-centred approach with consideration of both the supply and demand side of healthcare. This includes: Right to highest attainable level of health; Solidarity; Equity; Respect cultures and traditions of Ugandan people; Professionalism, integrity and ethics; Clients' responsibilities; and Accountability.
- **Guiding Principles** = Individuals and communities shall be empowered for a more active role in health development. Communities shall be encouraged and supported to participate in decision making and planning for health services provision through Village Health Teams (VHTs) and Health Unit Management Committees (HUMCs).

Local Government Development Planning Guidelines (2015)

- Values and Principles Guiding the LGDP Communication and Feedback Arrangements (Chapter 6.2)

Module 2: Community Advocate's Mandate

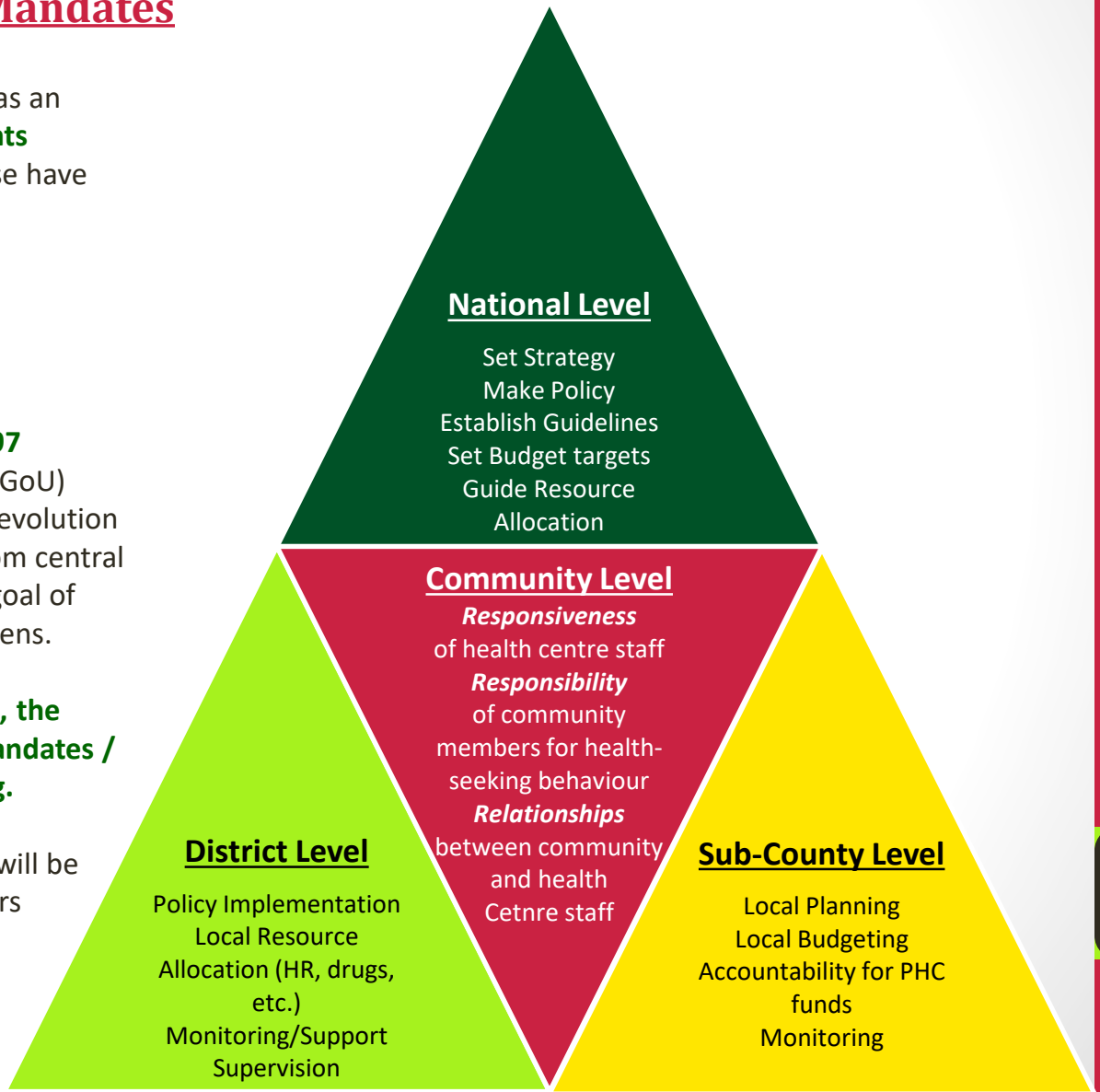
Government Levels and Mandates

Accountability means that someone has an **obligation** to meet certain **commitments** or **standards** and if it is found that these have not been met, there are **consequences** to face. We believe that advocacy at various levels can improve accountability improve at all levels.

Uganda's *Local Government Act* of 1997 codified the Government of Uganda's (GoU) commitment to decentralisation and devolution of responsibility for service delivery from central to lower levels of government, with a goal of bringing decision-making closer to citizens.

Within the context of decentralisation, the diagram to the right shows general mandates / levels of authority for decision-making.

Along with knowledge of policies, this will be important in identifying decision-makers and influencers on selected advocacy issues. This will help self-advocates to effectively plan and deliver an advocacy strategy.



Module 2: Community Advocate's Mandate

What is the role of a Community Advocate?

Draw on our discussion of human rights, and the rights given citizens under Uganda's Constitution.

Module 3: What problem shall we advocate for?

We face many problems in our community. Some of these have to be solved by individual community members, some collectively by the community, and others are the responsibility of the government. What are some of the problems that we need to draw to the attention of our government leaders?

DO NOT WRITE:	INSTEAD, LIST THE PROBLEMS USING FULL SENTENCES:
Late-coming	Patients visiting the health centre wait many hours because health workers come late to work.
Poor hygiene	Patients admitted to health centre are at risk of infection due to poor hygiene caused by a lack of water at the health centre
Access to family planning services	Women of child-bearing age are unable to access much-needed family planning services. As a result they have more children than they want or can afford to look after.

Begin to think of problems that you would like to advocate for. Be sure to describe your problems clearly. For examples, see the box above.

Module 3: What problem shall we advocate for?

List the problems that you and others would like to advocate for in the box below.

Module 4: What evidence do we need?

Why do we need evidence?

- **Evidence is important because it helps show the extent of the problem.**
- There may be times when the government, colleges/universities, NGOs, or other institutions have conducted research on the issue that we seek to advocate for. This research may show the magnitude of the problem using statistics and other complicated scientific methods.
- **Community advocates should also present evidence that shows how the problem is impacting them. Some of the most powerful evidence will be presented in their language using their life experiences.**

Evidence can be collected on the **causes of the problem** or the **effects of the problem**. The problem tree is a good tool to help community advocates identify which evidence to collect or share.

Module 4: What evidence do we need?

Problem Tree

INFO BOX: What Is a Problem Tree?

A problem tree is a diagram or picture that provides an overview of all the known causes and effects of an identified problem. Problem trees are important in advocacy because they **establish the context** in which the problem occurs. **Understanding the context helps reveal the complexity of the situation, which is essential in planning a successful advocacy campaign.**

A problem tree involves writing causes in a negative form (for example, a lack of knowledge, not enough money etc.). Reversing the problem tree—by replacing negative statements with positive ones—creates a solution tree. A solution tree identifies means-end relationships as opposed to cause-effects. This provides an overview of the range of interventions that need to occur to solve the core problem. The advocates then choose the one that will yield the best result.

How to Do a Problem Tree

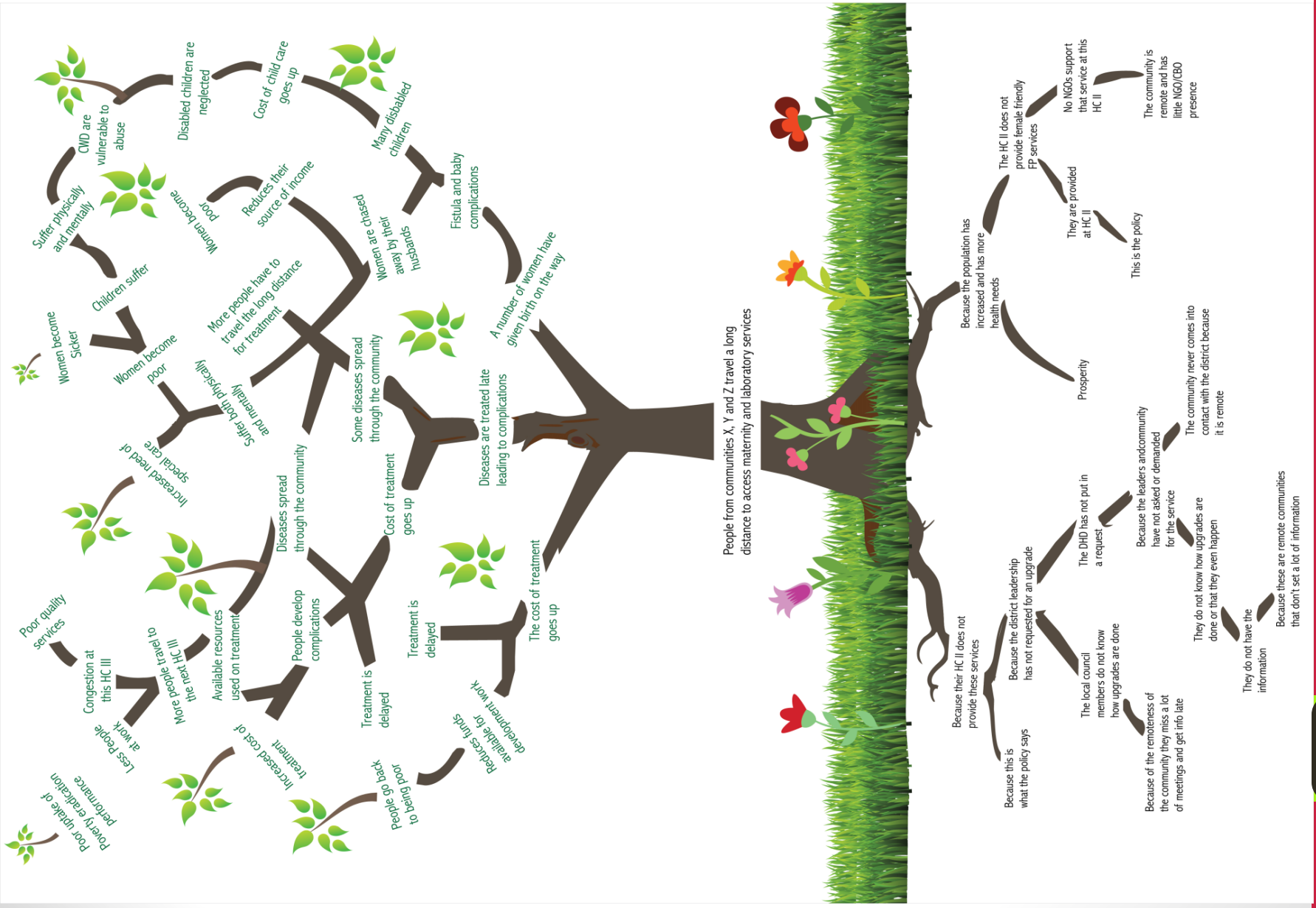
Draw a trunk of a tree on a flipchart. Write the problem in the centre of the trunk.

Draw three roots from the bottom of the trunk. Answer the question: **"Why does (insert problem) persist?** The responses to this question will comprise the first "layer of causes"—or tree roots—and can be represented as roots using symbols or words.

The same continues to identify the second layer and third layers of roots. At least 5 layers are recommended.

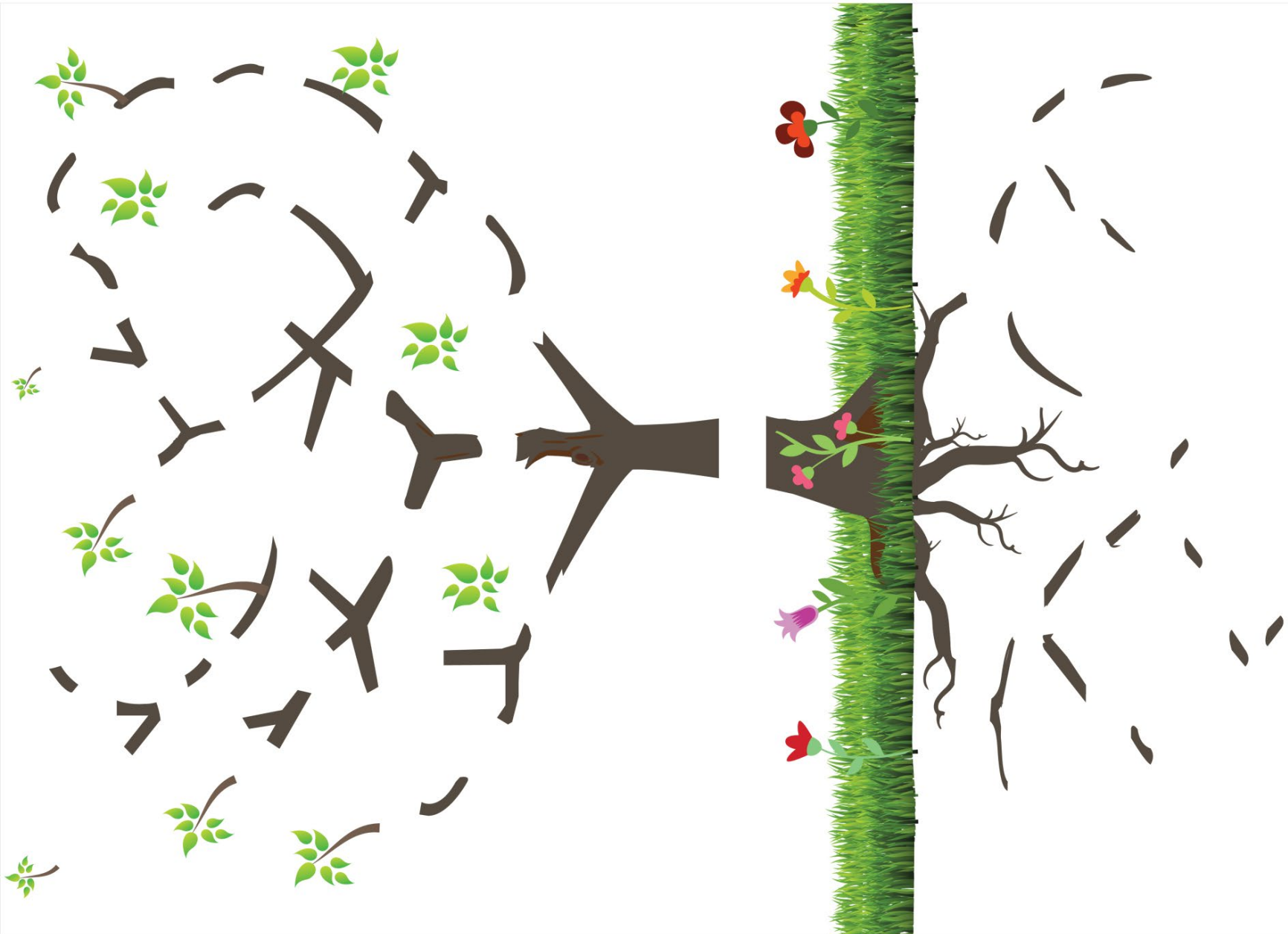
Do the same with the top part (branches) of the tree by answering the question: **"If (insert the problem) persists, what will happen?"**

Problem Tree Analysis



STEP 1: Identifying the Problem

Problem Tree Analysis



Problem Tree Analysis

Draw your problem tree here.

Problem Tree Analysis

Draw your problem tree here.

Module 4: What evidence do we need?

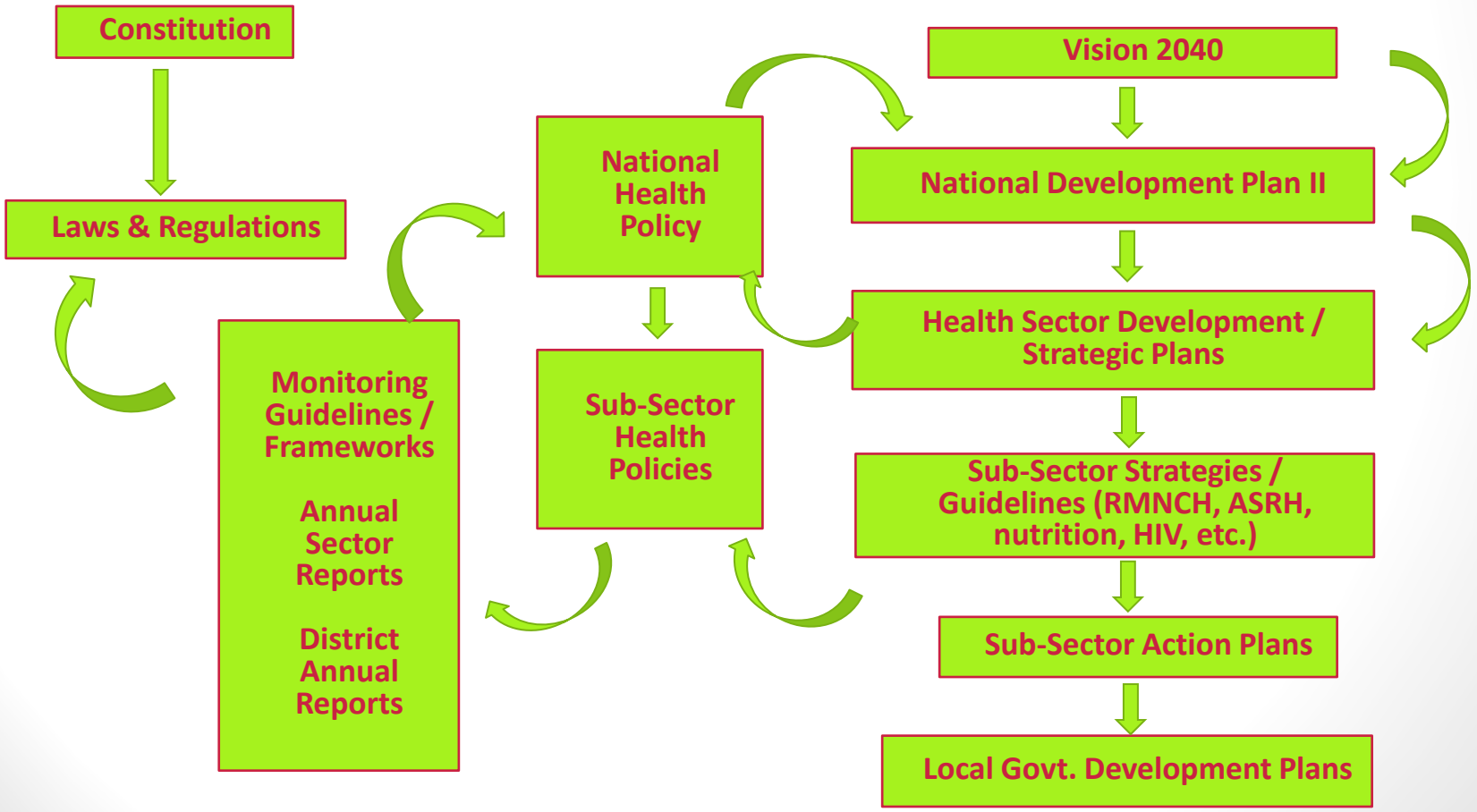
What does government say about our problem?

As community advocates, you will have to look at government documents to determine what they say about a particular issue. It is important to know whether government policies are silent, non-committal, or have provisions that duty bearers have not implemented. When government policy is silent or non-committal, then advocacy has to take place at the national level. When policy provisions are clear but implementation is poor, you can target the people responsible for implementing the policy provision.

Module 4: What evidence do we need?

Uganda's laws and policies

Successful advocacy requires a strong understanding of Ugandan policies!



Module 4: What evidence do we need?

What does government say about our problem?

Document title	Information

Module 4: What evidence do we need?

What does government say about our problem?

Document title	Information

Module 4: What evidence do we need?

What does government say about our problem?

Document title	Information

Module 4: What evidence do we need?

Using the trees to determine what evidence to collect

Group Exercise 7: What evidence have we agreed to collect?

Module 4: What evidence do we need?

Using the trees to determine what evidence to collect

Group Exercise 7: What evidence have we agreed to collect?

Module 4: What evidence do we need?

Risks to Data Collection

What could go wrong?	Can we avoid it?	If yes, how? If no, how do we minimise the impact?

Module 4: What evidence do we need?

Risks to Data Collection

What could go wrong?	Can we avoid it?	If yes, how? If no, how do we minimise the impact?

Module 4: What evidence do we need?

Evidence-Generation Plan

Type of data	Tool	People responsible for collection	When the data will be collected?	What could go wrong?	Plan to manage or reduce plan

Module 4: What evidence do we need?

Evidence-Generation Plan

Type of data	Tool	People responsible for collection	When the data will be collected?	What could go wrong?	Plan to manage or reduce plan

Community Feedback Sessions

What do we want to discuss with our communities?

Community Feedback Sessions

Community Feedback Plan

Community Forum	People responsible for feedback	When will the feedback be given?	What could go wrong?	How do we prevent or lessen this?

Step 2 training will take place on _____.

Step 2: Making Sense of the Data

Step 2
covers the following lessons:

Module 5: Making sense of what we collected

Module 6: Choosing which issue to advocate for

Module 7: What shall we achieve if the issue is addressed? What will change?

Module 8: What needs to be done to influence/make this change?

Do not forget to:

- Fill in your community feedback notes
- Carry your data collection tools

Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

Module 5: Making sense of the evidence we collected

GROUP EXERCISE 12: DATA ANALYSIS

Below are the instructions for data analysis.

Organize the data into a form that will make it easier to analyse. **Note: To "analyse" means to understand the meaning of the data.**

Agree on questions that you shall use to making meaning of the data. You can also use themes.

Work in groups to make sense of the different data you have collected.

Record finding on a flipchart.

Share findings with other groups.

Put similar findings together so that the findings can tell a story.

What is the data we collected telling us?

Module 5: Making sense of the evidence we collected

What is the data we collected telling us?

Module 6: Choosing what to advocate for

The **advocacy statement** is a document that **describes the problem** and the size of the problem.

You should work with the other advocates to join all of your evidence together into an advocacy statement.

If the government policies have anything relevant to say about the problem, include them in the statement, as well. You can make reference to policy documents, laws, and government standards and guidelines.

Also, be sure to add some human stories either from the CAUSE side or the EFFECT side that emphasise the advocacy issue at hand.

GROUP EXERCISE 13: DEVELOPING THE ADVOCACY STATEMENT

Develop an advocacy statement using the following questions:

1. **What is the problem?**
2. **What evidence do we have to show the seriousness of the problem?**
3. **What does government say about the problem?**
4. **What is the solution?**
5. **What are the benefits of the solution?**

Share your advocacy statements with the other groups. Discuss whether your statement makes a strong appeal to the duty-bearer.

Module 6: Choosing what to advocate for

Write down the advocacy statement for the issue you were working on:

Module 6: Choosing what to advocate for

Write down the other groups' advocacy statements.

Module 6: Choosing what to advocate for

Write down the other groups' advocacy statements.

Module 7: What shall we achieve? What will change?

The following exercise will help you decide which issue to advocate for.

- ***Perceived threat:*** Does the issue present a threat to the health of some or all members of the community?
- ***Proposed true benefit*:** If solved, will there be a true benefit to some or all members of the community?
- ***Presents a unique opportunity to contribute*:** Are community members and other stakeholders able to contribute to solving the problem? Does the community have unique information to contribute to the debate on this issue?
- ***Allow for civic/community engagement*:** Does the issue present an opportunity for community advocates to involve people who are directly affected by the problem, thereby building their capacity?
- ***Provides an opportunity for leadership:*** Does the issue present an opportunity for community advocates to establish a leadership position that enhances their role in the community? Can community advocates fill a needed role as a facilitator, public educator, and/or advocate?
- ***Is realistic*:** Can the advocacy goal be realistically achieved?
- ***Is simple:*** Are the problem and solution clear and easy to understand and explain?
- ***Is backed by public opinion:*** Will the larger community support the advocacy issue and solution proposed?

Module 7: What shall we achieve? What will change?

Making a choice

Questions	Issue 1	Issue 2	Issue 3
What is the perceived threat?			
What is the true benefit?			
How does it allow for community engagement?			

Module 7: What shall we achieve? What will change?

Making a choice

Questions	Issue 1	Issue 2	Issue 3
Does this provide an opportunity for us to lead in solving the problem?			
How realistic is it to address this problem now?			
What makes this problem simple to understand?			
What is the public's opinion?			

Module 7: What shall we achieve? What will change?

Write down the issue we have agreed to advocate for.

If the solution we propose is implemented, what will change?

Module 8: What needs to be done to make this change?

To understand what needs to be done to achieve your solution, you will have to think about what actions you will need to take. Sometimes policy documents provide guidelines on what needs to be done. *For example*, infrastructure guidelines have to be satisfied before a health centre can be upgraded to the next level, or the District Council has to pass a resolution for the District Service Commission to carry out investigations against staff who absent themselves from work.

Which actions are critical to ensuring that the solution is implemented?

Community Feedback Sessions

What do we want to discuss with our communities?

Community Feedback Sessions

Community Feedback Plan

Community Forum	People responsible for feedback	When will the feedback be given?	What could go wrong?	How do we prevent or lessen this?

Step 3 training will take place on _____.

Step 3: Allies, Messages, and Plans

Step 3
covers the following lessons:

Module 9: What is responsible for making this change? Who supports them (duty-bearers)?

Module 10: Which friends can we call on to support our cause (allies)?

Module 11: What shall we tell the duty-bearers and allies (messages)?

Do not forget to:

- Fill in your community feedback notes

Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

Module 9: Who is responsible for making this change? Who supports them (duty-bearers)?

Identifying duty-bearers is process of identifying people with decision-making power and those who can influence them. These people should be known by name, position, and their knowledge and attitude about the issue. It is also important to note is that key influencers may be used as go-betweens to targeted audiences.

Duty-bearers are often mentioned in the policy documents, laws, government strategies, and guidelines. (You can also refer to pages 61 and 62 of this workbook for further detail. These sections highlight policies, mandates, district decision-making, and MoH structures.)

Many advocates fail to distinguish between **primary and secondary duty-bearers**, and between **secondary duty-bearers and allies**. Refer to the traditional wedding analogy (which we used at the beginning of the training) to explain the difference.

Refer to the example of the TRADITIONAL UGANDAN WEDDING on the following page to help you remember the difference between primary and secondary duty-bearers.

Module 9: Who is responsible for making this change? Who supports them (duty-bearers)?

The Traditional Ugandan Wedding

Advocacy is very much like a traditional wedding. There are people with a need—in the case of the wedding, it is the groom who needs a bride. The father of the bride is the one who has the power to accept or give permission to the bride to marry the groom.

Now, it is possible that members of the groom's family may be friends with members of the bride's family. What happens if the groom's sister went to school with the bride's sister and they're very good friends? Which tent would the groom's sister and the bride's sister sit? The answer is that, while the groom's sister and the bride's sister are very good friends, on the day of the traditional wedding the bride's sister sits in her family's tent and the groom's sister sits beside her brother in their tent.

This is the same with different groups of duty-bearers and government officials. While some may even be with us in the community, they have responsibilities assigned to them by the district that make them part of the system that we seek to advocate. Therefore, in as much as they are our friends, they will always be in the tent of the bride and the father of the bride who needs to give us permission to marry his daughter.

Based on this story, we can better understand how some duty-bearers will belong in one group (primary duty-bearers, or allies), while others will fall into another group (secondary duty-bearers, or allies). The group in which various duty-bearers or allies belong will usually depend on the issue that we choose to advocate for.

District Decision-Making Structures

District Town Council
- Highest political and planning authority in district.
- Finalise all sectoral District development plans and forward to national level line ministry for approval and forwarding to MoFP.

District Executive Committee
- Monitoring both council and NGO activities.
- Initiates and formulates policies for Council approval.

District Technical Planning Committee (TPC)
- Chaired by CAO.
- Heads of Department and any technical People invited by the CAO.
- Guide, initiate, plan and implement on approved plans and budgets. (Sector-based budgeting and planning).
- Guide, monitor and report on implementation.
- Coordinate local government activities.

SC/Division Councils
- Also planning unit. Replicas of district council with smaller area of jurisdiction.
- Responsible for service delivery and local economic development in their areas.

Department Heads (SC Chief / Town Clerk)
- Supervise and implement local government programmes.
- Oversight of socio-economic development programmes.

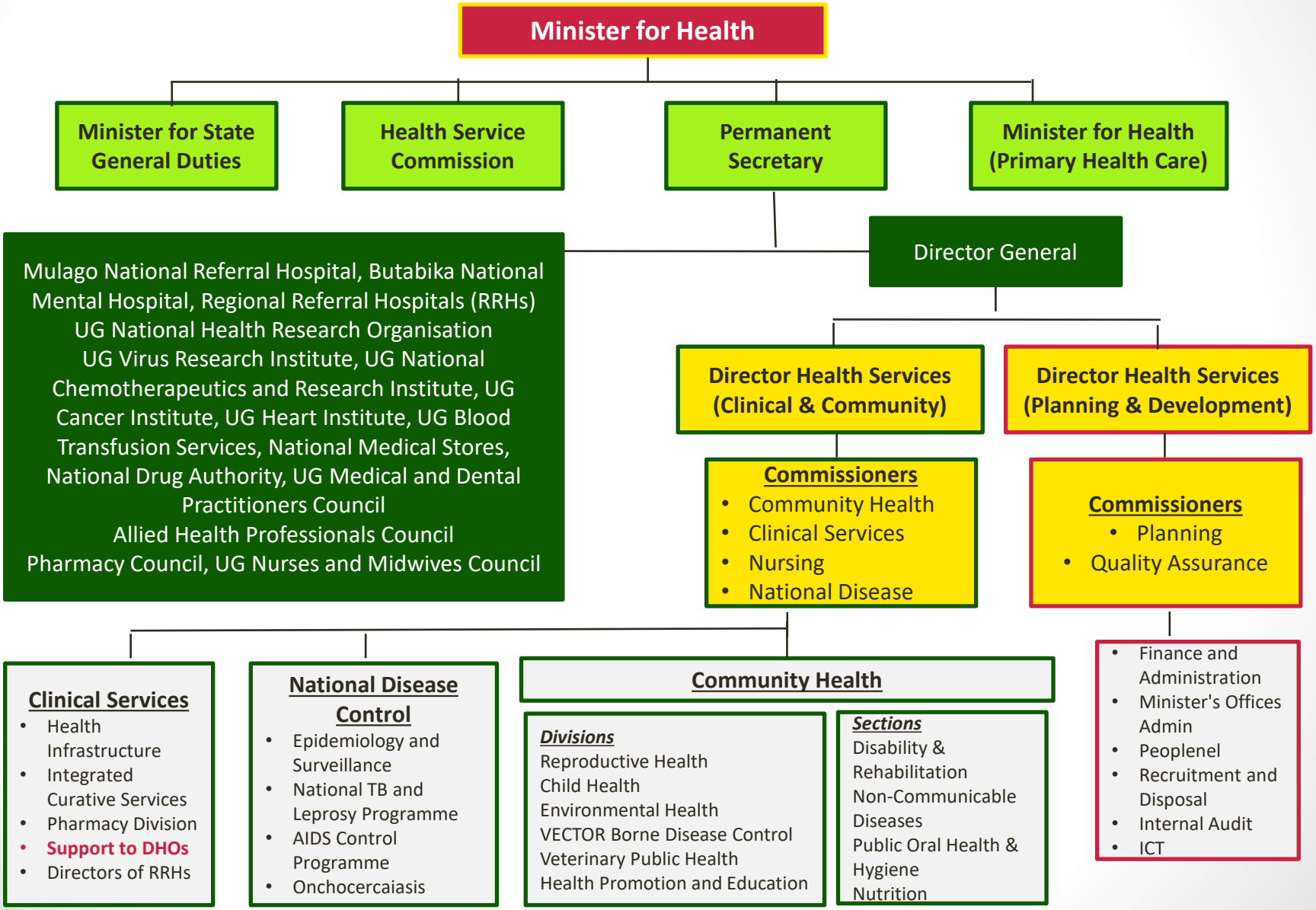
Lower LG Executive Committees
Oversee implementation of council policy, monitor programmes, communication channel, law, order and security

District Health Management Team
Planning, budgeting and managing health services at lower level (GoU, PNFP, PFP)

Health Sub-District Management Team (HCIV level)
Members plan, budget & implement health policies and service delivery, HR management and supervision.

Health Facility Management Teams (basically the HUMC)

Ministry of Health Structures



Module 9: Who is responsible for making this change? Who supports them (duty-bearers)?

GROUP EXERCISES 19: IDENTIFYING PRIMARY AND SECONDARY DUTY-BEARERS

Refer to the flipchart that lists what need to be done to make sure that the solution is achieved. Remember that there is a **government institution or officer responsible for implementing these actions**. This position and its authority to take action can be found in the government documents. Divide yourselves into 3 groups. If you have more than one action, be sure that they are divided between the groups. **Remember to use the government documents to identify the institution/position that is responsible for implementing your solution.** The people or office that holds these positions are referred to as **primary duty-bearers**. The primary duty-bearer may be:

- A position
- A committee, commission, or organ
- An institution

You should also find out what powers or authority the duty-bearer has to make decisions, and who supports them in making this decision. Those who support the primary duty-bearers are referred to as **secondary duty-bearers**.

Complete the table on the next page. Share and discuss the answers with the group.

Module 9: Who is responsible for making this change? Who supports them (duty-bearers)?

What needs to be done?	Duty-bearer	Mandate	What do they need to make a decision?

Module 10: Who will support us (allies outside the system)?

Purpose

Affected constituency identifies highly strategic *allies* in advocacy effort.

Working with allies (individuals or organisations) or within coalitions can help improve messaging, maximise resources and make advocates more powerful.

The power of advocacy is often found in the number of people that support the issue.

- Working with alliances or coalitions from early stages can bring broader perspective on issue analysis and also more robust discussion about effective solutions.
- Collaboration with others can also help to generate or maximise resources.
- **Support can come from**: Religious leaders, Educators, Women's Groups, Youth Groups, Unions, Donors, Civil Society Coalitions, Media. Please see the ***Reflection Guide: Finding Allies for Our Advocacy*** .
- At National level, where many organisations are involved in advocacy, our role as the ACT Health Consortium may be to bring evidence and affected people more strongly into the discussions.

Key Questions to Consider

- Which other communities can support the advocacy?
- When do they get involved?
- Which other CSOs/community groups, private sector, government departments can be involved?
- How can self-advocates find allies but not compromise their own goals / objectives?

We May Find Unexpected Allies

- It's entirely possible that the issues to be advocated for are not part of the decision making process of the solution that we want to see implemented.
- Consider allies outside the health sector and add some activities to reach these stakeholders.

Who is Doing What Where

- For each implementation Districts, partners have mapped other programmes and NGOs operating. The WDWW mapping information can be used to link self-advocates / constituencies to others who may support their efforts.

Module 10: Who will support us (allies outside the system)?

IDENTIFYING ALLIES

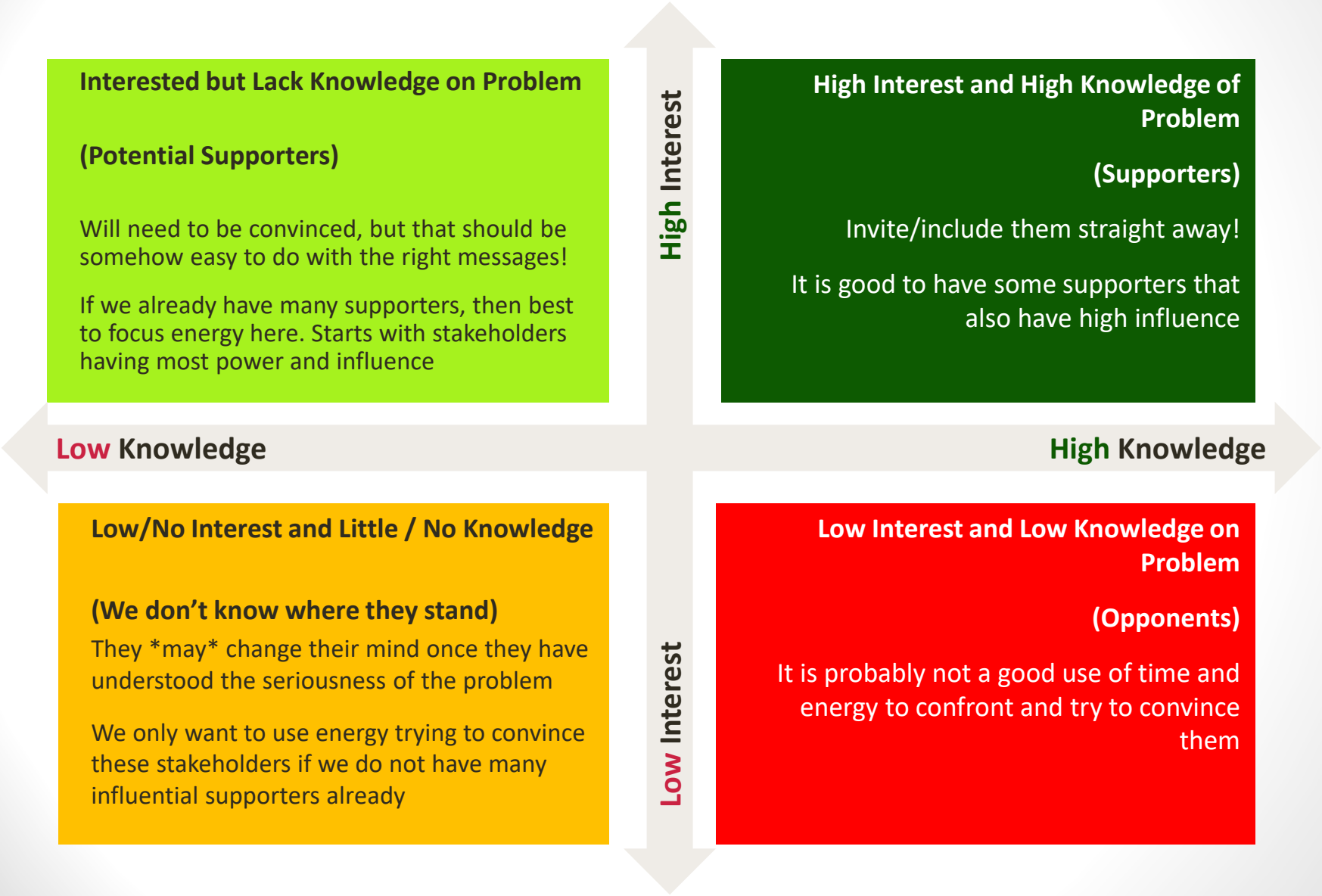
You have received five manila cards from the officer. Use them to write down any community groups that you belong to. You should use one card for each community group. Use separate cards to write down the names of influential people that you know personally. **These should not include local councils or anyone in the system.** (Remember the analogy of the **Uganda traditional wedding**.) Finally, list any other NGOs or businesses that you are affiliated with. Each card should have full contact details.

In order to know how to engage or interest an ally, first we need to find out what the ally knows about the issue and whether they are interested in seeing it solved. We will use the table on the next page to assess their levels of knowledge and interest.

Refer to the flipchart that your officer has prepared and hung up on the wall. Stick the cards with the names of the potential allies in the relevant box.

In advocacy, we concentrate on the allies in the green boxes. These allies are interested in the issue and can easily be convinced to support our cause. However, if we find that we do not have enough support, we can contact those with knowledge, but lacking interest.

Reflection Guide: Finding Allies for Our Advocacy



Finding Allies for Our Advocacy

Name	Contact	Village/ Parish

High Interest

Name	Contact	Village/ Parish

Low Knowledge

High Knowledge

Name	Contact	Village/ Parish

Low Interest

Name	Contact	Village/ Parish

Module 11: What shall we tell them (messages)?

The single most important activity in advocacy is communication. Advocates should be able to communicate the problem and the change they want to see. It is through communication they convince, pressure, and influence duty-bearers to act.

The advocate has to communicate to the primary duty-bearer/audience, secondary audience, and allies. An effective advocate is aware that each of these will require a message that will provoke or stir them to action.

1. **Emotional messages** appeal to audiences/allies that are drawn to human suffering.
2. **Rational messages** appeal to audiences/allies that are drawn to facts and statistics.
3. **Positive messages** are meant to motivate action by telling audiences/allies the benefits of action.
4. **Negative messages** warn audiences/allies about the consequences of inaction.
5. **Mass messages** appeal to audiences/allies that take collective action (for example, local councils, Parliament/ MPs). (Individual messages target single actors.)
6. **Repetitive or one-time messages** refer to the frequency of delivering the message.

Module 11: What shall we tell them (messages)?

Purpose

Affected constituency prepared to deliver advocacy messages to duty-bearers and influencers.

For each message a mode of delivery to each audience has to be formulated. Message delivery format is tailored to each audience.

Community Advocates Test and Validate Messages

- For each message a mode of delivery to audience has to be formulated. It is important to generate public support for the issue and channels of message delivery include mass media, posters, leaflets, and drama.
- Allies should also be given opportunity to contribute to message generation and delivery of messages to leverage their strengths and contributions to the process.
- Representatives of self-advocates should solicit feedback from the duty bearers, for example they may say the evidence is wrong/ insufficient / the solution given is inappropriate. Then return to community and revise means to improve the message or get more support at this stage.

Community Advocates Deliver Messages

- It is important to match the message delivery format to the audience and messages tailored on how they are perceived by the target audience.
- Just as messages are developed for all types of audiences., delivery must also be tailored to the recipients of messages.
- The stakeholder analysis should look beyond decision makers and influencers to include allies and adversaries as a target group. This will ensure that we have them in our entire thought process and not introducing them like an after thought.
- Messages should also be made for other stakeholders especially those that are sitting on the fence (are not sure about the issue).

Message for Primary Duty-Bearers

Message for Secondary Duty-Bearers

Message for Allies with Interest and Knowledge

Message for Allies with Little or No Knowledge

Message for Allies with Knowledge but Little Interest

Community Feedback Sessions

What do we want to discuss with our communities?

Community Feedback Sessions

Community Feedback Plan

Community Forum	People responsible for feedback	When will the feedback be given?	What could go wrong?	How do we prevent or lessen this?

Step 4 training will take place on _____.

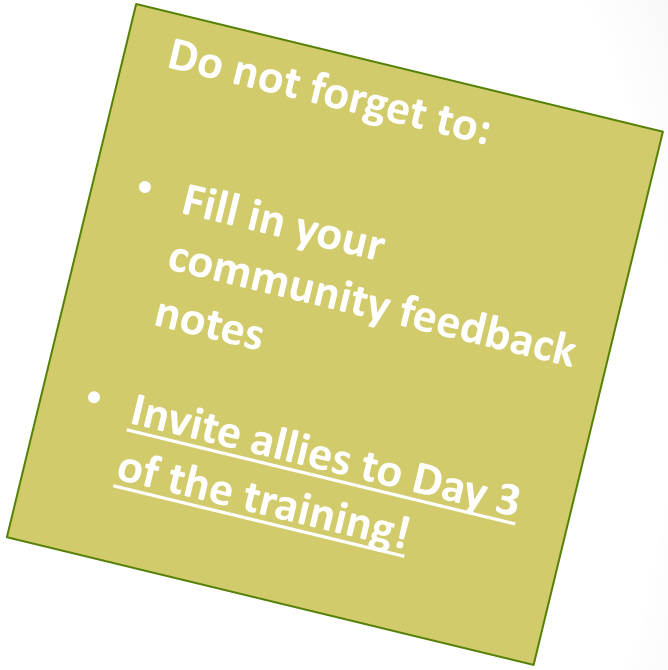
Do not forget to invite Allies to Day Three of the Step 4 training!

Step 4: Preparing for Action

Step 4
covers the following lessons:

Module 12: What do we need to do to deliver these messages (PCA plan)?

Module 13: How shall we know that the situation has changed (monitoring plan)?



Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

Module 12: What do we need to do to deliver our messages (advocacy plan)?

Purpose

Affected constituency identifies available resources to advance their strategy.

Available resources may include: CSO allies, experts, church/mosque sponsors, donated time from radio stations, etc. Self-advocates plan how to use what they have and generate more resources.

ACT Health Resources to Support PCA Process

- Within ACT Health we have budget for dedicated staff, funds for training staff on People-Centred Advocacy and funds to support the PCA process.
- The advocacy work will be more empowering and sustainable, if we focus on how to leverage locally available resources – especially in communities.
- ACT Health will not finance the constituency to implement their planned activities

Affected Constituency Makes Resource Generation Plans

- It is empowering for community to generate and use own resources than to depend on outside resources. Community advocates have to come up with a plan and budget on how to mobilize resources for their advocacy activities.
- Most resources needed for advocacy can be generated through allies and coalitions. This could include: NGOs, CBOs, SACCOs, farmer associations, women's groups, local radio stations, private organizations etc. who will support their advocacy campaigns.
- Potential coalition/alliances are identified through existing contacts and networks . Community reps only need to ask, *"who else is or could be interested in seeing this advocacy issue solved?"*
- Like with advocacy audiences, community reps should be very clear on what they would like their allies to do – for example: sign a petition, attending meetings, submit letters, provide funding etc.

Module 12: What do we need to do to deliver our messages (advocacy plan)?

Guiding Questions for Advocacy Plan

COLUMN 3: **Where shall we find the audiences/allies?**
Be specific and creative! Spaces can include school sporting events or end-of-term days, church services, audience offices, etc.

COLUMN 4: **How will the duty-bearers get the message?**
Examples include letters, speeches, petitions, children's play, etc. You can use a mixture of methods. For example, if the space is a school sports day where you invite the primary duty-bearer as the guest of honour, the channels could be a song or skit by the children, followed by a written petition handed over to the duty-bearer at the event.

COLUMN 5: What activities need to be done to deliver the message?
These can include writing the petition or letter, practicing for the play, skit, or song, inviting the duty-bearer to the event, etc.

COLUMN 6: Who will be responsible for doing what?
Who will draft the letter, who will deliver it, who will collect the signatures, who will work with the children to practice the skit, etc.?

COLUMN 7: When will each of these activities be done?
You should provide clear dates. Do not just write "one month" or "next week." Be specific. Also, your officer will provide you with materials on the use of formal and informal spaces. Find out if the duty-bearers hold routine meetings that you can participate in. Plan your activities around these meetings. If an activity will take more than a day, that should also be clear in the plan (for example, 8-10 October or 8, 12, and 18 October).

Module 12: What do we need to do to deliver our messages (advocacy plan)?

Guiding Questions for Advocacy Plan

(*continued*)

COLUMN 8: Which allies can support us in delivering the messages to our different audiences?
Pick allies from Box B and then from Boxes A and D. What resources do we need for each activity (transport, paper, costumes, venue, refreshments, etc.)?

COLUMN 9: Where shall we get these resources?
You should look to the resources you have, which include your contacts and the allies. For the allies, be clear about the kind of support you expect from them. (For example, do you expect them to help set up the meeting, give you a venue, contribute to stationary or photocopying costs, support children with the skit, costumes, or sports gear?)

COLUMN 10: How shall we prove that each activity has been done?
For example, if you deliver a letter, your proof could be a copy of that letter delivered with a signature and stamp of the office that received it. Other examples of proof can be minutes of meetings, receipts, etc.

Template for the Advocacy Plan

Column 1: Audience/ Ally	Column 2: Mandate	Column 3: Space	Column 4: Channel	Column 5: Activity	Column 6: By who	Column 7: When	Column 8: Resources	Column 9: Source	Column 10: Proof
Allies in Box A									
Allies in Box B									
Primary Audience									
Secondary Audience									

Module 13: How shall we know if the situation has changed (monitoring plan)?

Purpose

Community advocates decide what success is.

Community advocates are the ones who must decide what changes are desired and how to measure both the advocacy process and outcomes.

Role of Community Advocates in Monitoring Outcomes

How will you know that you are on track? You will have to define what you call success and how you want to measure your progress.

1. **Process: Are the activities that you planned happening?**
2. **Outcomes: Are the activities that you planned leading to the changes you desire?**

Module 13: How shall we know if the situation has changed (monitoring plan)?

Monitoring Plan

Now that we have a plan in place, we need a way of knowing whether we are making any progress in solving our problem. To do this, we need to come up with a **monitoring plan**. The monitoring plan enables us to answer the following questions:

1. **How shall we know if we are on track with our plan?**
2. **How shall we monitor or follow-up on commitments made by duty-bearers or allies?**
3. **How shall we know if the problem is changing? How do we know if our activity contributed to this change?**

Module 13: How shall we know if the situation has changed (monitoring plan)?

Monitoring Plan

Guiding Questions for Monitoring Plan

COLUMN 1: What will prove that the problem is changing?

COLUMN 2: How shall we prove that the change has taken place? It is also here that we track commitments made by the duty-bearer towards addressing the problem. These commitments may be the "ask" or they might be steps that lead towards the "ask."

COLUMN 3: When or how often shall we check for or measure change?

COLUMN 4: Where do we go to check for or measure change?

COLUMN 5: Who will do the measuring?

COLUMN 6: What support will the CAs need to measure this change?

COLUMN 7: Who will provide this support (for example, ACT Health, certain allies)?

Template for the Monitoring Plan

Column 1: Indicator of change	Column 2: Proof of change	Column 3: When and how often do we check for/ measure change?	Column 4: Where do we go to check for/ measure change?	Column 5: Who will do the measuring?	Column 6: What support will the CAs need to measure this change?	Column 7: Who will provide this support?

Community Feedback Sessions

What do we want to discuss with our communities?

Community Feedback Sessions

Community Feedback Plan

Community Forum	People responsible for feedback	When will the feedback be given?	What could go wrong?	How do we prevent or lessen this?

The next monitoring meeting will take place on _____.

Beginning Your Advocacy Campaign

What Now?

The next phase is simply carrying out the activities that you planned in the advocacy plan and reporting on these.

Meetings or encounters with allies and duty-bearers will lead to one or more of the following:

1. **Feedback on the issue that you are advocating for**
2. **Some kind of commitment in response to your "ask"**
3. **Lack of response**

The officer who trained you will support you in addressing the feedback you receive so that you can strengthen your advocacy campaign.

Commitments will be documented in the commitment log and followed up by those advocates on your team who have been given the responsibility.

Lack of response from duty-bearers means that you will need to carry out further research to find out why allies or duty-bearers are not responding to the issue. You will have to act on the information that you receive to either improve your campaign, postpone it, or abort it all together.

Advocacy Feedback Meetings

You should plan to hold an advocacy feedback meeting at least once a month with the officer who trained you. The purpose of this meeting will be to measure your progress as you implement your advocacy plans. During this time:

1. You will give a **report of progress** on activities that you are responsible for carrying out.
2. You will **report on feedback from your community** feedback meetings.
3. You will also **present your workbooks** for discussing by other advocates in your group for feedback and suggestions. The goal here is to encourage accurate documentation of your activities.
4. During these meetings, the officer who trained you will **review feedback from the various audiences** and help you develop strategies for acting on it. For example:
   - If a duty bearer asks for evidence of a particular kind, it is during the feedback meeting that you and your officer will decide how to provide further evidence.
   - If a policy has changed and new guidelines have been issued on how the problem should be addressed, then you and your officer should study the new guidelines and amend your messages to suit the new provisions.
5. You will also **review your commitments logs** to assess whether you are making any progress. You will need to come up with solutions in situations where duty-bearers or allies are not responding in the manner that you want them to.
6. Finally, you will **amend the advocacy plan** to include new activities and assignments.

Checklist for PCA Feedback Meetings:

- ✓ Updated CA workbooks
- ✓ Flipcharts
- ✓ Markers
- ✓ Agenda written on flipchart
- ✓ Flipcharts on "what the government says about our problem"
- ✓ Flipchart with the advocacy statement
- ✓ Relevant government policies, laws, strategies, and plans

Advocacy Feedback Meetings

Report of Community Advocate Responsibilities

What am I responsible for? _____

Date: When should I carry out this responsibility? _____

Who else am I working with ? _____

What is the immediate result (Column 10 of the plan)? _____

Was the activity done?

If yes, what happened? If not, why not?

Result?

Challenges? (Did you overcome challenges)

Commitment Log

As soon as you start sharing your messages with the various audiences (duty-bearers or allies), you will receive two kinds of responses:

1. **Feedback on the messages:** Feedback will include questions that you need clarify about the problem or proposed solution so that duty bearers/allies can take action. The activities done to change or improve the messages (or to address the feedback in other ways) should be added to the advocacy plan.

2. **A commitment:** The targeted audience (duty-bearer or allies) will make a commitment to "the ask." This commitment should be logged into the commitment log. This will enable you and the officer who trained you to follow up on the commitments made by the various audiences.

Commitment Log

Template for the Commitment Log

Commitment Log (CL)			
PURPOSE	*The commitment log will serve as a tool for capturing all forms of commitments made by target audiences (primary, secondary, and allies) whenever they are engaged by community advocates on a priority issue for district-level advocacy. The CL will specify the actions taken by community advocates to engage a given target audience and the commitment made towards the advocacy "ASK" made to the target audience. This tool will help guide follow-up efforts and reflection on progress with the advocacy agenda. The CL will be completed whenever an action has been taken. The details in this log will be subject to review and reflection by the entire team of community advocates after two months during their Participatory Data Analysis sessions.*		
DISTRICT			
ADVOCACY ISSUE(S):			
NAME OF OFFICER UPDATING COMMITMENT LOG:		**DATE OF REVIEW**	

Commitment Log

Template for the Commitment Log

(continued)

Date	Commitment made?	Who made the commitment?	What shall we to follow-up this commitment / pledge?	When shall we follow up?	Who will follow up?	Status of commitment *(Achieved, Not Achieved, Partially Achieved)*

Participatory Data Analysis

Question: What is Participatory Data Analysis?

Answer: *Participatory data analysis is an approach that recognises the role of different stakeholders in the provision and collection of information. This approach hands the stick over to these stakeholders to make meaning out of the information they generate and to design responses that improve their contribution towards the bigger objective—in this case,* to see people who are affected by poor health service delivery influencing the formulation and / or implementation of health services.

Participatory Data Analysis

Question: What does it mean to "recognise **the role of different stakeholders** in the provision and collection of information"?

Answer: *It means acknowledging and including everybody involved in the provision and collection of data. This includes the data collectors and those who provided the data/information. It also includes the custodians of that information, for example health centre in-charges, sub-county chiefs, etc.*

Question: What does "**hands the stick** over to these stakeholders" mean?

***Answer*:** *It means that researchers hand power and authority over the data to the stakeholders themselves.*

Question: What does "**make meaning"** mean?

***Answer*:** *It means to analyse, discover, and make sense of something.*

Question: What does the "**information they generated"** refer to?

***Answer*:** *It refers to the information, or data, that is related to the problem the stakeholders are trying to solve. The information comes from their experiences with the problem.*

Question: What does it mean to "**design responses"**?

***Answer*:** *It means to find and communicate answers, solutions, other areas of concern, or information gaps.*

Question: What does "**improve their contribution towards the bigger objective**" mean?

***Answer*:** *It means that now that the stakeholders have a better understanding of the problem and the context in which it exists, they are better able to participate in solving it.*

Extra Pages!

Community
On Staff absenteism
Across all the five Health facilities
The finding

Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

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Where was the feedback session held? _____

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Men _____ Women_____

What is community's feedback? _____

Community Feedback Sessions

When was the feedback session held? _____

Where was the feedback session held? _____

How many people attended the session? _____

Men _____ Women_____

What is community's feedback? _____

Advocacy Feedback Meetings

Report of Community Advocate Responsibilities

What am I responsible for? _____

Date: When should I carry out this responsibility? _____

Who else am I working with ? _____

What is the immediate result (Column 10 of the plan)? _____

Was the activity done?

If yes, what happened? If not, why not?

Result?

Challenges? (Did you overcome challenges)

Advocacy Feedback Meetings

Report of Community Advocate Responsibilities

What am I responsible for? _____

Date: When should I carry out this responsibility? _____

Who else am I working with ? _____

What is the immediate result (Column 10 of the plan)? _____

Was the activity done?

If yes, what happened? If not, why not?

Result?

Challenges? (Did you overcome challenges)

Advocacy Feedback Meetings

Report of Community Advocate Responsibilities

What am I responsible for? _____

Date: When should I carry out this responsibility? _____

Who else am I working with ? _____

What is the immediate result (Column 10 of the plan)? _____

Was the activity done?

If yes, what happened? If not, why not?

Result?

Challenges? (Did you overcome challenges)

Advocacy Feedback Meetings

Report of Community Advocate Responsibilities

What am I responsible for? _____

Date: When should I carry out this responsibility? _____

Who else am I working with ? _____

What is the immediate result (Column 10 of the plan)? _____

Was the activity done?

If yes, what happened? If not, why not?

Result?

Challenges? (Did you overcome challenges)

Topic:

Date:

Topic:

Date:

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Sources of Inspiration

The *ACT Health Community Advocate's Workbook* is a product of the ACT Health consortium, led by GOAL Uganda.

Principal contributors to the guide are:

1. Christina A. Ntulo (Consultant)
2. Vincent Mujune (GOAL)
3. Elizabeth Allen (GOAL)
4. Angela Bailey (GOAL)

Several materials were referenced in developing this workbook. These include:

Concern Worldwide. *Community Conversations: Training of Community Facilitators.*

GOAL and HEPS. *ACT Health Resource Guide* (2012).

International HIV/Aids Alliance Frontiers Prevention Project. *Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS* (2006).

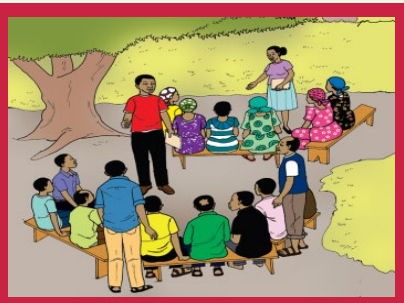
Training and Research Support Centre (TARSC) and Ifakara Health Development Centre with EQUINET. *Organising People's Power for Health* (2006).

Midwest Academy Strategy Chart in *NAACP 2010 Toolkit Handbook* (2010).

Ministry of Health, Department of Quality Assurance. *Patient's Charter* (2009).

Samuel, J. (2002) *What is people-centred advocacy?* PLA Notes, 43: 9-12.

VeneKlasen L. and Miller V. "Power and Empowerment," in *A New Weave of Power, People & Politics: The Action Guide for Advocacy and Citizen Participation, Practical Action* (2002).



Accountability Can Transform Health (ACT Health)
Community Advocate's Workbook