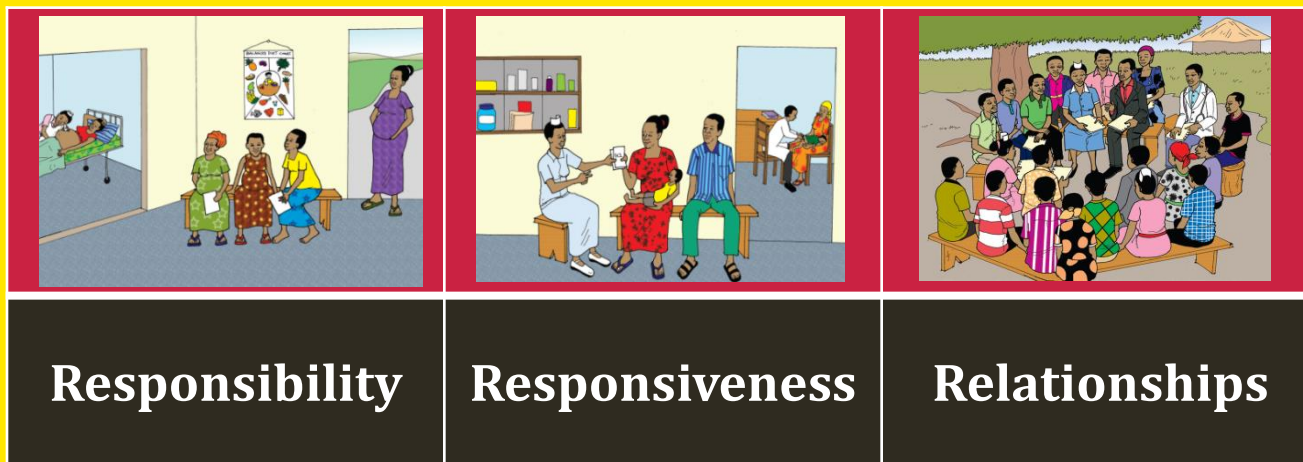


Accountability Can Transform Health (ACT Health)



People-Centred Advocacy: Management Guide

Version 07 April 2017 (Second Edition)

Consortium and Funding

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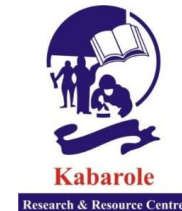
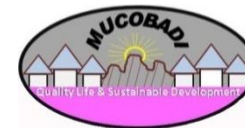
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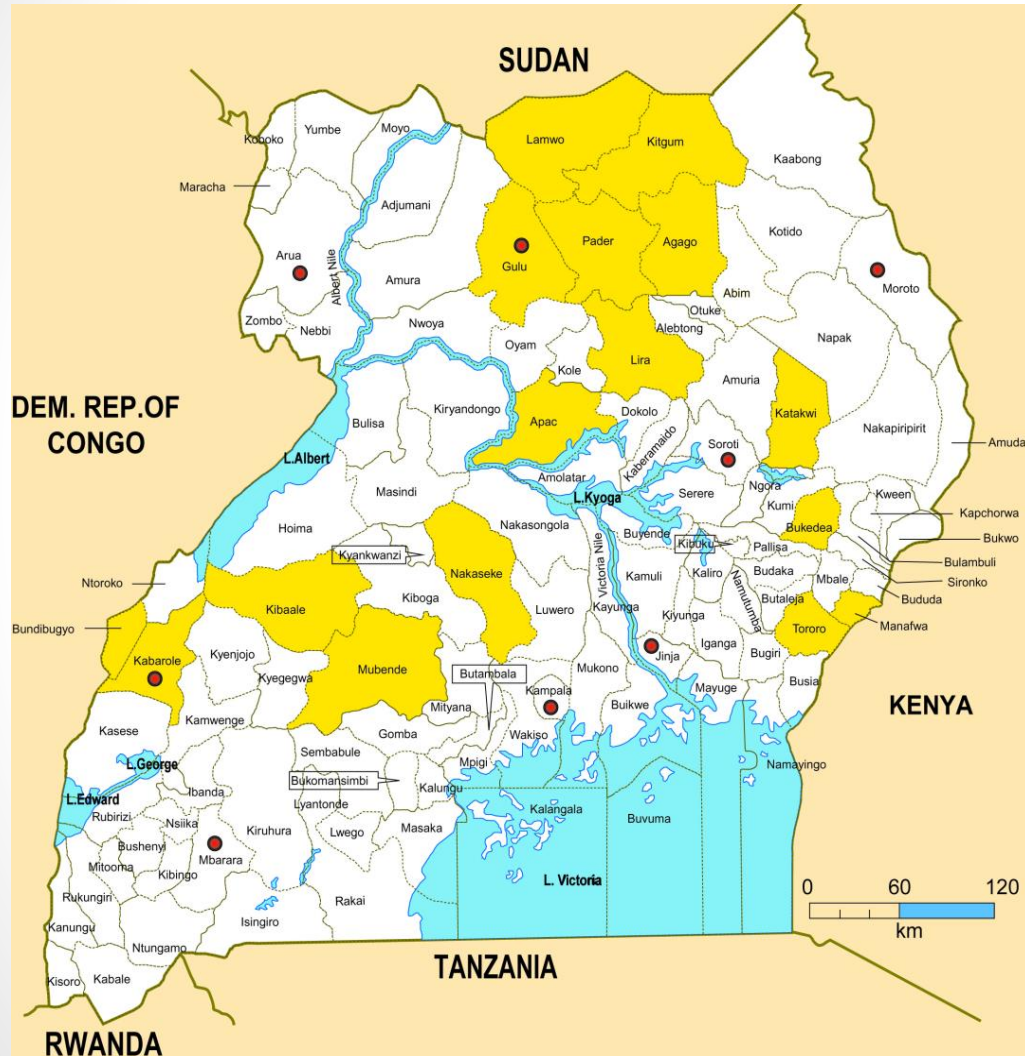


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ACT Health Overview



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

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

Table of Contents

Consortium and Funding (i)
ACT Health Overview (ii)
Acronyms (iii)
Table of Contents (iv)

Preparing for People-Centred Advocacy (1)

Why Animation and Not Facilitation? (2)
Purpose of the Guide (4)
Tips for Facilitators (5)

Selecting Community Advocates (6)

What is People-Centred Advocacy? (7)
Criteria for Selecting Community Advocates (9)
Providing Feedback to the Community (13)

Step 1: Identifying the Problem (14)

Module 1. An Overview of PCA: Why are we here? (15)
Module 2. Community Advocate's Mandate (23)
Module 3. What Problems Shall We Advocate For? (29)
Module 4. What Evidence Do We Need? (30)

Step 2: Making Sense of Data (40)

Module 5. Making Sense of the Evidence We Collected (42)
Module 6. Choosing Which Issue to Advocate For (43)
Module 7. What Shall We Achieve If the Issue Is Addressed? What Will Change? (46)
Module 8. What Needs to Be Done to Influence/Make this Change? (47)

Step 3: Allies, Messages, and Plans (49)

Module 9. What Is Responsible for Making this Change? Who Supports Them? (Duty Bearers) (51)
Module 10. Which Friends Can We Call On to Support Our Cause? (Allies) (56)
Module 11: What Shall We Tell the Duty-Bearers and Allies? (Messages) (59)

Table of Contents

Step 4: Preparing for Action (62)

Module 12: What Do We Need to Do to Deliver These Messages? (PCA Plan) (64)

Module 13: How Shall We Know that the Situation Has Changed? (Monitoring Plan) (69)

Module 14: Practicing Message Delivery (73)

Module 15: Improving the Messages (76)

Community Support Plan for Officers (78)

Community Support Plan (79)

Commitment Log (81)

Advocacy Feedback Meetings (84)

Contact Log (85)

Participatory Data Analysis (86)

Most Significant Change (MSC) (89)

PCA Templates in the ACT Health Dropbox (92)

Glossary of ACT Health Key Terms (93)

Sources of Inspiration (95)

Preparing for PCA Advocacy

This session is for the officers overseeing the PCA process in the community. The following issues will be discussed:

1. Why do we use animation and not facilitation techniques?
2. Why do we use animation skills, and not facilitation skills?
3. What is the purpose of this guide? Who is it for?
4. Tips for facilitators



Why *animation* and not *facilitation*?

Vulnerable, poor, or marginalised people are frequently treated in an undignified manner. Those who hold power, resources and position can mistreat them and make them feel like they are doing these communities a favour by helping them. Often due to a lack of knowledge about their rights, vulnerable, poor, or marginalised people may come to believe that they do not have a voice and that they do not deserve to be treated with dignity and respect. When duty-bearers who are obligated to promote, protect, and uphold the rights of citizens – not to mention NGO staff who facilitate programmes to help communities demand or exercise their rights – behave in a manner that suggests that they are doing communities a favour, vulnerable groups can lose confidence in their ability to demand, while accepting the poor services they are given without question.

Animation is about enabling vulnerable, poor, or marginalised people to regain the confidence to demand their rights. Animation is *not* about what NGO staff do for the community or with the community, but rather how they *behave* towards the community. An animator is interested in more than passing on information. An animator works towards enabling communities to act on their problems. It is one thing for community members to acknowledge that poor health services are a result of health worker absenteeism. Any facilitator can get them to deduce that. Any facilitator can even help communities propose actions to be taken to address their problems. But animation gets communities to reflect, to first ask themselves which solutions will yield the best results, and then ensure that they act on these solutions.

The skill of animation starts with a radical shift in the attitudes and behaviour of NGO staff that leave communities feeling dignified. The animator is conscientious of the power relations that exist between those who are privileged and those who are oppressed, vulnerable, or marginalised. Their job is to address this by not shying away from the problems that such groups face in their community.

The first step towards this is understanding the real needs of vulnerable, poor, and marginalised people. There are two types of needs: **perceived needs** and **real needs**. *Only the community can tell us their real needs*. That is why we consult them. It is not just about asking, but about listening, as well. We are conscience about what we hear and what we understand.

Why *animation* and not *facilitation*?

Animation skills help us listen to and understand the real needs of communities. These skills also help us to help communities express themselves. Through animation skills we **challenge**, **inspire**, **motivate**, and **encourage** people to develop an analysis of their problems.

CHALLENGE: We do not just accept surface answers but continue to ask communities *why, what, and how they think their problems exist, what can be done, and how these can be addressed*. As we challenge communities, we question their fears, assumptions, and break stereotypes conceived as a result of the influence we (NGOs and other people with power) wield.

INSPIRE: We encourage communities by sharing stories of what other vulnerable groups have done to overcome their problems. We inspire them by speaking to them about their rights and government obligations.

MOTIVATE: We bring community members together to work together. We affirm the progress they make as they propose solutions. We motivate them by the way we conduct their trainings and meetings, especially by keeping time, which communicates respect. We trust in their experiences and their abilities.

ENCOURAGE: We encourage them to dig deeper, to find and share their stories, to work through solutions grounded in their experiences, to trust their own judgement, to believe in their right to self--determination.

Purpose of the Guide?

Purpose of ACT Health PCA Management Guide

This **Advocacy Management Guide** has been developed in order to provide the ACT Health consortium with a common understanding of advocacy and how to carry it out at different levels. It emphasizes a “people-centred approach,” which we borrow from the disability movement. The approach ensures that people affected by an issue are at the centre of decisions that relate to their lives. A **people-centred** process involves listening, thinking together, coaching, sharing ideas, and seeking feedback.

ACT Health Definition of People-Centred Advocacy

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.

Who Uses This Guide and How?

This guide was developed for ACT Health officers who facilitate and animate the people-centred advocacy process in target communities.

It is divided into chapters (sessions) and gives step-by-step instructions using simple questions.

The officer should make sure that all explanations and tables/matrices that the community advocates use are written on flipchart paper, preferably in the community’s local language, before the training begins.

This PCA management guide has been developed in response to findings from observations of the pilot process and feedback from consortium members on areas that they found difficult to implement during the pilot phase. This PCA guide simplifies the earlier guide and attempts to streamline each step of the training process through clear, accessible instruction.

Tips for Officers

Verbal Communication

1. Ask open-ended questions that encourage responses. If participant responds with a simple yes/no, ask *"Why do you say that?"*
2. Ask other participants if they agree with a statement someone makes.
3. Speak slowly and clearly.
4. Be sure that participants talk more than you do. Provide them with positive reinforcement.
5. Let participants answer each others' questions. Say *"Does anyone have any answer to that question?"*
6. **Put active listening in practice.**
 - Listen for what is important to people talking.
 - Repeat / summarise what participants have said.
 - Summarise the discussion. Make sure everyone understands main points.
7. **Ask the right questions.**
 - Know when to probe (get more information).
 - Know when to ask strategic questions (go deeper and move discussion forward).

Non-Verbal Communication

1. Use a semi-circle seating arrangement for participants to make eye contact with each other.
2. Facilitator will sit among participants, to be part of the discussion not the People with power in front of participants.
3. Maintain eye contact with everyone in the group when speaking.
 - Try not to favour certain participant.
 - Ensure balanced participation.
4. Be confident. Do not make up information, if you do not have all the resources handy (like policy documents), let participants know you will do some more research and get back to them.
5. **Put active listening in practice.**
 - Respond to participants questions, suggestions, comments and answers by nodding, smiling or other actions that show you are listening.
 - Communicate verbally as appropriate.
 - Ask the right questions.

Selecting Community Advocates

This session takes place at the end of the 4th follow-up dialogue. You will discuss with dialogue participants the following:

1. What is People-Centred Advocacy (PCA)?
2. What does ACT Health hope to achieve through PCA (i.e., what is the GOAL)
3. How does ACT Health plan to achieve this (i.e., what is the OBJECTIVE)?
4. What criteria can be used to select community advocates for the PCA process?
5. Should VHTs, LCs, and HUMC members be selected as community advocates for PCA?
6. How will the community advocates provide feedback to the community?

Checklist for Selecting Community Advocates

1. Flipcharts
2. Markers
3. Masking tape
4. Clean venue with seating organised in a semi-circle or full circle
5. Refreshments for tea break and lunch

What is People-Centred Advocacy?

The PCA process begins with a selection of advocates from the community who have been participating in the ACT Health follow-up dialogues at the community level. During a follow-up dialogue, an officer will start the exercise by explaining what people-centred advocacy is. The contents in the text box on the following page can be translated into local languages and printed out for the community. After explaining what PCA is, lead the dialogue participants in a discussion of the criteria that they will use to select representatives to send for PCA training.

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.

What is People-Centred Advocacy?

Question: How is PCA different from other advocacy?

Answer: PCA is about people who are affected by a problem taking the lead to work with those responsible to find suitable solutions to the problem. Through PCA, affected communities are not satisfied by merely raising complaints, but go further to offer solutions and garner support from the community. With affected communities leading their own advocacy, duty-bearers are often more likely to engage in constructive dialogues about possible solutions. Indeed, PCA allows communities to speak out and share their experiences so that persons responsible can get a better understanding of their needs. PCA is concerned with change that causes health services or systems to respond to a community's needs in the most effective manner. PCA is interested in lasting or sustainable solutions.

Criteria for Selecting Community Advocates

What criteria are used to select community advocates?

Divide the community members into groups of 6-8 participants depending on the number present. Give each group a flip chart and a marker. Ask them to list all the qualities needed for a person to be an effective community representative for PCA. This is a brainstorming sessions so all the points raised should be accepted and written on the flip chart. Give 10 minutes for this exercise.

Once the community members have completed to task, ask them to choose one person to come forward to present their list. Hang all the flipcharts up so that they are visible to everyone. Ask one of the group presenters to read their list while others cross out similar points. Then ask the next person to read out only what has not been crossed out on their flipchart. Do this until all groups have presented their lists. Consolidate the lists into a single table like in the following example on a clean sheet of paper.

QUALITIES OF A GOOD COMMUNITY ADVOCATE	PEOPLE 1	PEOPLE 2	PEOPLE 3	PEOPLE 4

Ask your CAs if they have any other criteria that they would like to add. For example, would it be beneficial if:

- 1. At least one representative is a youth or an elderly person?
- 2. At least one or two representatives are female?
- 3. Your group includes the most talkative person in the village?
- 4. All representatives be able to read and write?
- 5. Every village be represented?

Important: Please note that these are just suggestions. The community needs to build consensus on all criteria and not just take them on because you suggested them. There are arguments in favour and against each of the above suggestions. Be sure that the community considers them.

Criteria for Selecting Community Advocates

Should VHTs, LCs, and HUMCs be selected as community advocates for PCA?

Use the analogy of Ugandan traditional weddings in the box below to help community members discuss the merits and demerits of electing VHTs, HUMCs and LCs to represent them as community advocates.



Criteria for Selecting Community Advocates

The Traditional Ugandan Wedding

Ask members of the group if any of them have ever been involved in a traditional wedding. Ask how many have been involved in escorting the groom to ask for the bride, and how many have been members of the bride's family.

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. Divide the participants into two groups. Ask the two groups to sit facing each other make sure that there is a clear dividing line or space between the two groups. Choose the group on your left (Group A) to be members of the family of the bride (one of the participants can act as the bride, one as the father of the bride, and one as the bride's sister). The group on your right (Group B) will be family and friends of the groom (one of the participants should act as the groom and another as the groom's sister). Today is the traditional wedding and Group B have come to seek the bride's father's blessing to marry the bride. The father of the bride is responsible for the decision to give his daughter to the family of the groom.

Now, it is possible that members of the groom's family may be friends with members of the bride's family. In this case, the groom's sister went to school with the bride's sister and they're very good friends. Ask the participants to tell us which tent the groom's sister and the bride's sister sit. The response 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 VHTs, HUMCs, and LCs. They may be with us in the community, but 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, VHT, HUMCs, and LCs will not be able to participate in the PCA process as community advocates. HOWEVER, like the sister of the bride, they will be able to support the community advocacy campaign in ways that will be explained later in the process.

Criteria for Selecting Community Advocates

Now Select the Community Advocates

Stress the fact that representatives will **NOT** receive any form of payment for their engagement in PCA activities. During the training they **WILL** receive meals and transport to enable them to participate.

Now that you have established the qualities and criteria for the selection of advocates, ask the participants how they would like to go about the selection process.

They may decide to nominate advocates, or they may first want to ask those who are interested to make speeches telling the group how they will be able to serve them. Once this is done, select the community advocates based on the method agreed upon by the community.

Fill in the names of the nominated people in the columns titled People 1, People 2, People 3, etc.

The community can then assess the people based on the criteria they have developed. The four people with the highest marks will be selected as CAs, and the two with the next highest scores will be on reserve in case a selected CA drops out or is no longer able to serve.

Providing Communities with Feedback

How will the community advocates provide feedback to the community?

The officer should explain that during the next phase of ACT Health, it will not be possible to hold dialogue meetings like the ones held over the last two years. But the CAs still have to provide feedback on the progress of their advocacy work to the community. Ask the community to list at least three different *fora* that the CAs can use to provide timely feedback to the community. The most ideal will be those that have no cost implications.

Make sure that communities agree on a cost-effective feedback mechanism (e.g., after church or mosque services, on market days, at VLSA/SACCO meetings, etc.).



Write venues for each village on a flipchart. Also ask two members from each village to support the community advocates in mobilizing villagers for feedback meetings.

Step 1: Identifying the Problem

PCA Step One Training
covers the following modules:

- 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?

Checklist for PCA Step 1: Identifying the Problem

1. Community Advocates Workbooks
2. Flipcharts
3. Markers
4. Masking tape
5. Clean venue with seating organised
in a semi-circle or full circle.
6. Refreshments for tea break and
lunch

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

Today you start training the community advocates in people-centred advocacy.

1. Getting to know each other

Choose an exercise that will enable the CAs to get to know each other better.

2. Understanding the ACT Health programme

Welcome the CAs to the PCA training workshop. Before you ask them to share their expectations and fears, first explain what that ACT Health program is and what the ACT Health program consortium seeks to achieve. Use the notes 2.1 and 2.2 below.

2.1. Our Goal: What does the ACT Health program hope to achieve through PCA?

The ACT Health program would like to see people who are affected by poor health service delivery influencing the way these services can be improved to meet their needs.

2.2. Our Objective: How does the ACT Health program plan to achieve this?

1. By supporting (especially with skills, information, and confidence) affected people to engage those with power
2. By enabling affected people to use the spaces available (or create new spaces if necessary) to engage people with power at various levels
3. To lobby relevant duty-bearers to use recommendations from affected people to guide the policies, programmes, services, or guidelines that shape the health sector

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.

Module 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?

Question: How is PCA different from other kinds of advocacy?

Answer: PCA is about people who are affected by a problem taking the lead to work with those responsible to find suitable solutions to the problem. Through PCA, affected communities are not satisfied by merely raising complaints, but go further to offer solutions and garner support from the community. When affected communities lead their own advocacy, duty-bearers are often more likely to engage in constructive dialogues about possible solutions. Indeed, PCA allows communities to speak out and share their experiences so that persons responsible can get a better understanding of their needs. PCA is concerned with change that causes health services or systems to respond to a community's needs in the most effective manner. PCA is interested in lasting or sustainable solutions.

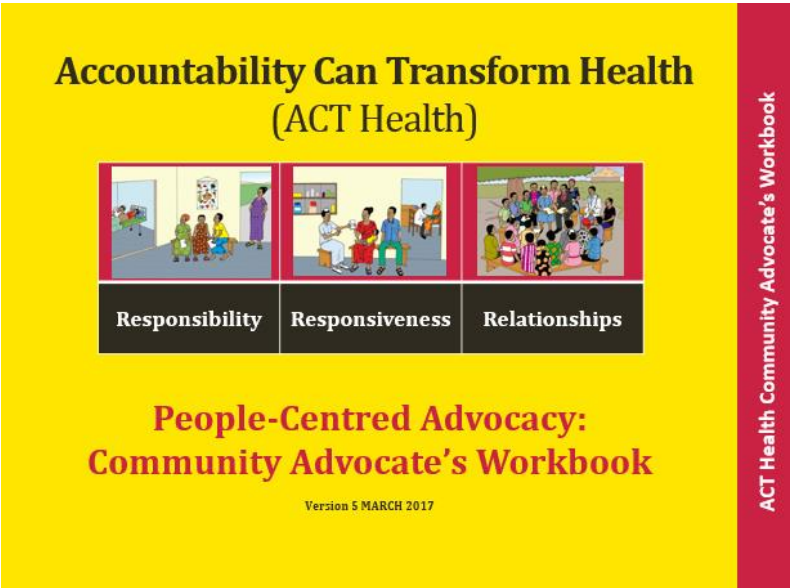
Module 1: An Overview of PCA – Why Are We Here?

How to Use the Community Advocate’s Workbook:

The **Community Advocate’s Workbook** is designed to help the CAs document what they learn from the PCA trainings. It also provides them with a space in which to compile all feedback from community members.

Please be sure to provide time every day for the CAs to transcribe group exercises and flipchart text into their workbooks. This **Management Guide** has prompts at the bottom of key exercises to remind you.

Look for this prompt at the bottom of the pages in this guide to remind you to give the CAs time to fill in their workbooks.



After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

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

Explain that the training process will be broken down into 4 steps. Each step will cover a number of modules over the course of 3 or 4 days. Below is a list of the steps and modules that will be covered in each step.

Step 1. Identifying the Problem

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

Module 2. The community advocate's mandate

Module 3. What problems shall we advocate for?

Module 4. What evidence do we need?

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 delivery

Module 15. Improving the messages

Module 16. Monitoring the advocacy plan

Consortium partners (CSOs) support, but affected people decide and do each of these steps!

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

Individual Expectations and Fears

Now that the CAs have an overview of what the program is about, ask them to sit in pairs. It doesn't matter if they are from the same village or not. Give each pair four cards or post-it notes (it is best to use two different colours, e.g., 2 green and 2 blue). The officer should stress that this is a talking exercise and that no one should write anything until you tell them to.

Give participants 6 minutes to share what they **EXPECT** from the workshop. (Each participant in the pair should take 3 minutes.)

Once the 6 minutes are over, ask each participant to write down what they shared. If both members of the pair are illiterate, one of the officers should help the pair write their expectations on the cards.

Ask each pair to read out their expectations. Stick them onto a flipchart. Address the expectations that fall outside of the boundaries of the PCA training.

Repeat the exercise by giving participants 6 minutes to share what they **FEAR** about PCA and the workshop. (As above, each person in the pair has 3 minutes to share.)

Once the 6 minutes are over, ask each participant to write down what they shared on the cards/post-it notes. If both members of the pair are illiterate, one of the officers should help the pair write their expectations on the cards.

As with expectations, ask each pair to read aloud their fears. Stick them onto a flip chart. Address the fears that are perceived and those that are real. Ask CAs to come up with solutions to mitigate their fears.

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

Ground Rules

Ask one of the facilitators to lead the session on generating ground rules. These should be written on flipchart paper and posted in a place where everyone can see them.

Roles and Responsibilities

Ask another participant to list roles and responsibilities for the workshop. These may include timekeeper, welfare helper, translator for times when English may be used, spiritual leader, etc. Encourage everyone to participate and take responsibility for one of the functions during the workshop. Give roles and responsibilities for the entire four stage workshop.

Module 2: Community Advocate's Mandate

The mandate of the community advocate is derived from them exercising their human rights.

GROUP EXERCISE 1: WHAT ARE WE ENTITLED TO?

Start by asking the CAs: “What is the one thing that everyone in this world is entitled to? The one thing that should not be taken away from anybody?”

Their answer was probably life. It is true. The right to life is the single most recognised right for all human beings.

Ask the CAs the following question: “What are the things that keep you alive or determine the quality of your life?”

Their answers will include things like food, clean air, clean water, appropriate clothing and shelter, freedom from disease, the ability to work, peace, etc. The list is endless. Refer them to the list on page 26. Some of these things are essential, without which you cannot stay alive, while others (like work) are important to enable you to get food, appropriate clothing and shelter. Because of their contribution to your quality of life, they are also rights.

GROUP EXERCISE 2: WHAT ARE HUMAN RIGHTS?

Ask the CAs to work in pairs to define human rights. They should answer the question: “What are human rights?”

Once everyone has shared their answers, use the definition in the information box to the right improve upon their answers.

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.

Module 2: Community Advocate's Mandate

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

Origin of Human Rights

Human rights originate within the cultures, histories, religions, philosophies, and worldviews of all peoples. Largely it is the experiences of people through time that have brought the world to appreciate that there are certain things that are fundamental to human dignity and it is these things that the world holds to be human rights. Use the notes on page 26 to provide the CAs with more information about human rights.

The Gold Standard

Gold is one of the most expensive and desirable metal in the world. Like gold, there is a desirable standard for human rights. This is documented in the Universal Declaration of Human Rights (UDHR), which was adopted in 1948 by the General Assembly of the United Nations. It has since been adapted by the World Assembly. Any other documents on human rights supplement, expound, or build on the principles of UDHR. Page 25 in this Guide includes a list of Ugandan laws and policies that ensure the right to participation.

GROUP EXERCISE 3: ROLES OF COMMUNITY ADVOCATES

Divide participants into three groups. Ask them to answer the question:

Based on our understanding of human rights, and the list provided on page 28, what is the role of community advocates?

Let them share their answers with the others. Summarise the list on a flipchart.

Module 2: Community Advocate's Mandate

Patients Charter (2009)

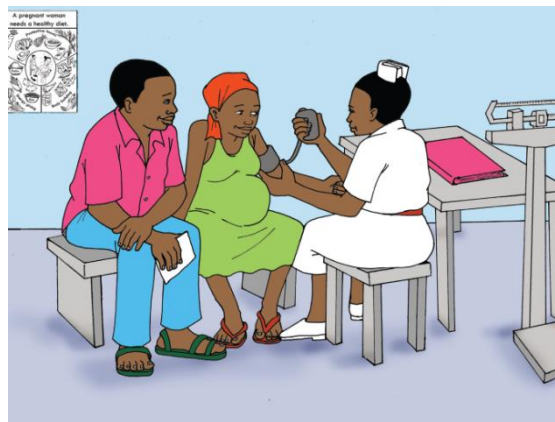
Every citizen has the right to participate or be represented in the development of health policies and systems through recognised institutions (Section 1, Article 3)

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

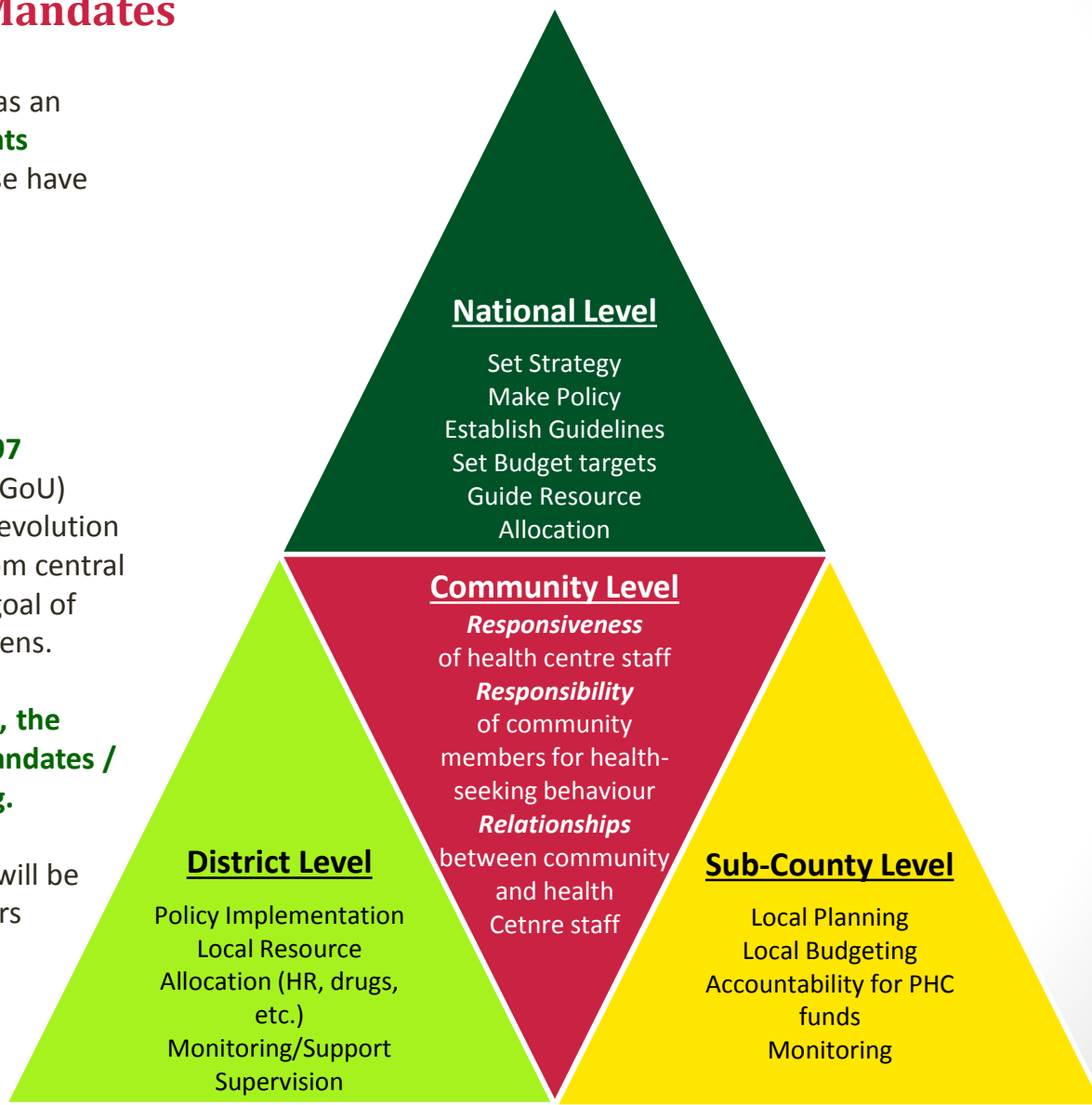
Government Levels and Mandates

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 3: What problem shall we advocate for?

GROUP EXERCISE 4: BRAINSTORMING THE ISSUES WE SHOULD ADVOCATE FOR

Divide the CAs into groups based on the health centres that they represent. Ask each group to answer the following question:

What are the health or non-health issues that we should bring to the attention of duty-bearers?

Insist that they write full sentences. Use the examples in the table below. Give them 15 minutes.

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.

After time is up, ask Group 1 to read aloud their list. Groups 2 and 3 should cancel anything on their list that is similar to what Group 1 has. When Group 1 is done, Group 2 should read only the remaining points on their list. Group 3 should cancel out anything on their list that is similar to Group 2. If Group 3 still has any issues remaining on their list that have not already been mentioned, they should read them out.

Now ask the CAs to look at their list. Would they like to add anything else? If so, add these and finalise the sessions.

Module 4: What evidence do we need?

GROUP EXERCISE 5: WHAT DO WE NEED TO KNOW?

Ask the participants to discuss this question with the people seated next to them.

“Is knowing the problem enough?” Ask them to give reasons for their answers.

Give them 5 minutes. Have four pairs share what they discussed. Ask these others to comment on the responses.

Explain the need for evidence using the bullets points below:

- **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?

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.

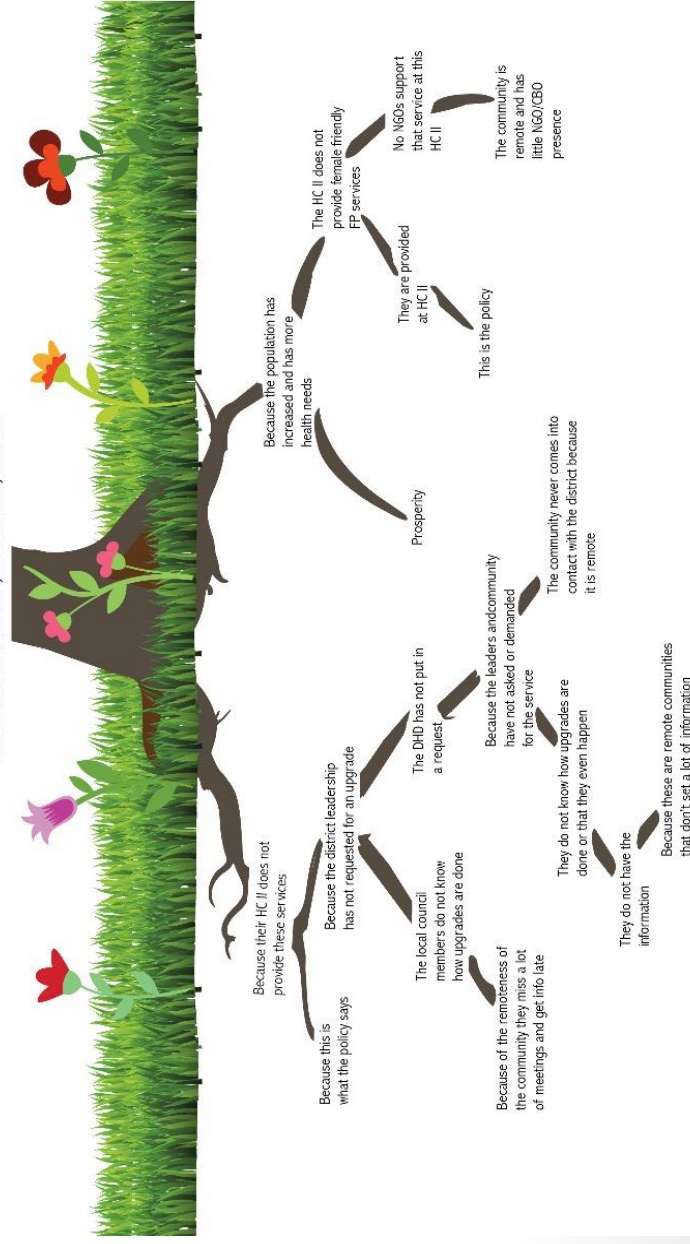
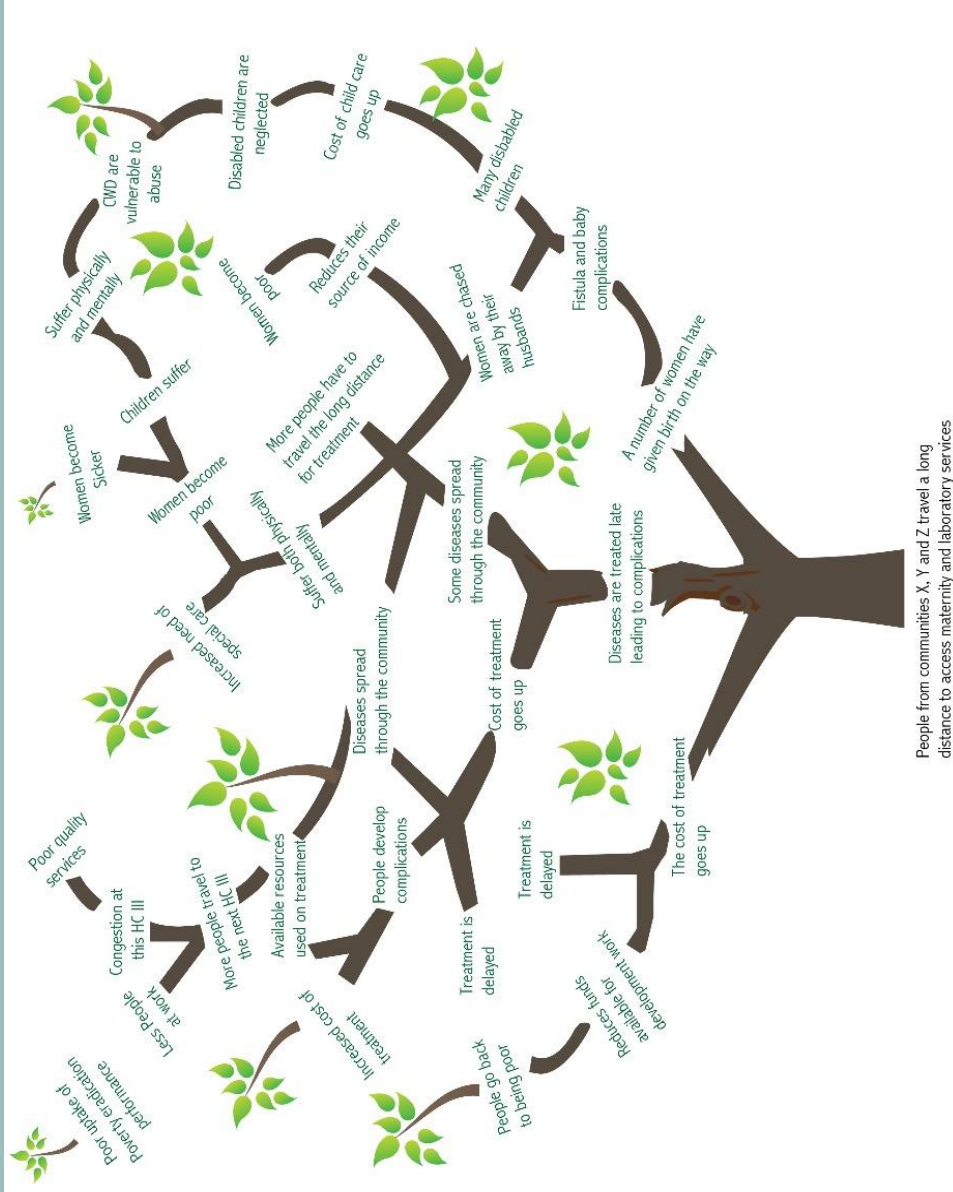
The same continues to identify the second layer and third layers of roots. At least 5 layers are recommended.

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

Divide the CAs into groups of 5 people and ask them to do problem trees for the problem that they have agreed to work on.

After 30 minutes let each group share what they have done. Make comments and improve the trees.

Problem Tree Analysis



Module 4: What evidence do we need?

Officers really need to take time to prepare for this session, and be versed in what the different policies say (or don't say) ahead of time. We can also note that the GOAL team is available to assist in this effort.

Community advocates 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 lax, community advocates can target the people responsible for implementing the policy provision. (Use the flow chart on page 36.)

Facilitating officer should make enough copies of all relevant policies for the advocates to use in the exercise.

GROUP EXERCISE 6: WHAT INFORMATION DO WE WANT TO FIND?

Divide the CAs into groups of 5 to 6 people. If the groups need to review more than one policy, distribute them to different groups. When dividing members into groups, make sure there is a proper mix of literacy skills as well as English-language fluency.

Ask the CAs to first list the kind of information they would like to find in the policy document. Write these on a flip chart. Present the findings to the groups.

Module 4: What evidence do we need?

Successful advocacy requires strong understanding of Ugandan policies!

1. Government of Uganda has a Constitution, laws, regulations, plans, policies, strategic plans, strategies, guidelines, action plans, monitoring frameworks and reports. It is important to know how these are related to each other. This diagram shows how the documents relate to each other.
2. These documents are very important for advocacy work because they can help us understand what citizens are entitled to, along with the roles and responsibilities of decision-makers.



Module 4: What evidence do we need?

GROUP EXERCISE 7: USING THE PROBLEM TREES TO DETERMINE WHAT EVIDENCE TO COLLECT

Ask the CAs to study their problems trees and their presentations on what the government says about their issues, and list the types of evidence that can be used to show the magnitude of the problem. Each point should be listed on a separate manila card.

Explain that evidence can:

- **Present information about the state of affairs**, such as how many people are affected by the problem. (For example, if the problem is absenteeism, what time do health workers arrive?)
- **Present information on the causes and excuses that people use to justify the problem**. (For example, if people say that health workers come late because they have no accommodation, we need to know how many health centres are currently accommodating health workers, and at what time do those accommodated health workers report to work?)
- **Present information on the effect of the problem**. (For example, how long do patients wait before they receive any health service at the health centre?)

Let each group present its list to the plenary.

Each group should stick its cards on the wall next to their problem tree and presentation on government policy.

Using the exhibition or “gallery walk” method, ask members of one group to visit another group. Let them study the problem, problem tree, and presentation. Ask them to make contributions to the other group’s work.

Module 4: What evidence do we need?

GROUP EXERCISE 8: DEVELOPING DATA COLLECTION TOOLS

Ask the CAs to work in groups to develop tools for evidence, or data, collection. **Depending on their topic, the officer will need to provide guidance as to the kinds of questions the CAs will need to ask themselves.** For example, if the CAs want to focus on health worker absenteeism or late-coming, the officer might pose the following questions:

- If you are going to ask people how long they wait at the HC before being served, what kind of questions will you need to prepare?
- If you are going to observe what time health workers report to work, what kind of observation tool do you need?
- If you want evidence to prove that a mother died while giving birth because the midwife refused to open the HC-III at night, what kind of tool will you need?

Give 30 minutes for this exercise. Let each group share the tools that they have developed. The officer and other CAs improve on the tool until everyone is satisfied.

INFO BOX:

Collecting Evidence (or “Data”)

There are various ways of collecting data. The method depends on the type of data that needs to be collected.

The following resources contain a number of data collection tools that can be used by the community.

1. The Dictionary of Participatory Tools and Techniques for Uganda by Community Development Resource Network.
2. Training for Transformation. A handbook for Community Workers by Anne Hope and Sally Timmel.
3. Methods for Community Participation by Somesh Kumar.

Module 4: What evidence do we need?

Risks to Data (or “Evidence”) Collection

It is important to identify risks involved in data collection and to come up with plans to mitigate or manage those risks. To do this, we ask three questions:

1. What could go wrong?
2. Can we avoid it?
3. If we *can* avoid it, how? If we *cannot* avoid it, how do we minimise the impact?

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

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Module 4: What evidence do we need?

Evidence Generation Plan

The community advocates need to develop a plan of action for data collection. First agree on the period of data collection. Then fill in in the table below:

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

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Community Feedback Sessions

GROUP EXERCISE 9: PROVIDING COMMUNITY MEMBERS WITH FEEDBACK

Ask everyone to sit in a circle. Agree on what feedback the CAs will be presenting to the community. Come up with an agenda of 2-3 key highlights from this week’s training.

Let the CAs work in groups and agree on who will give feedback at which community forum. They should also fill in the risk management and mitigation table above.

Community Forum	Person responsible for feedback	When will feedback be given?	What could go wrong?	Plan to prevent or minimise what could go wrong

Everyone needs to follow up on the activities that they have volunteered to do.

Take their contacts and let them know that you will be following them up. Agree on when you will return to begin Step Two of PCA.

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Step 2: Making Sense of the Data

PCA Step Two Training
covers the following modules:

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?

Checklist for PCA Step 2: Identifying the Problem

1. Community Advocates Workbooks
2. Flipcharts
3. Markers
4. Masking tape
5. Clean venue with seating organised in a semi-circle or full circle
6. Refreshments for tea break and lunch
7. Flipcharts on “what government says about our problem

Welcome Back to PCA Training!

Getting Settled

Welcome the community advocates back from data collection!

Start with a fun ice breaker, something that will help people get to know each other more.

Before you begin discussing how data collection went, ask the participants to share their community feedback reports.

GROUP EXERCISE 10:

WHAT DO WE REMEMBER?

Divide the participants into three groups. Stick a blank flip chart on the wall in front of each group. Let each member of the group take turn 30 seconds to write down one thing they remember covering or learning during the Step One training. The group with the longest list wins.

Add anything they may have left out.

GROUP EXERCISE 11: WHAT WENT WELL?

In this exercise, the community advocates are going to evaluate the data collection process. Ask participants to sit according to their health centres. They should answer the following questions:

1. What went well?
2. What didn't go well?
3. What can we do better next time?
4. Did we experience any of the risks we identified? If so, did the mitigation strategy work?

Probe to make sure that the instructions for data collection were followed. Also ask groups to elaborate on areas that were difficult. Write these down so that you can include them in your report.

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 the CAs shall use to making meaning of the data. You can also use themes.

Let the CAs work in groups to make sense of the different data they have collected.

Record finding on a flipchart.

Share findings with the other groups.

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

***NOTE TO OFFICERS:** Once evidence has been collected, please share it with the GOAL Kampala team (including the PCA technical advisor). They will be able to support you and your team in developing an analysis plan.

DATA PRESENTATION

NAME OF HC	No OF H/W (Assigned)	Accommodation	No OF DAYS FOR DATA COLLECTION
1. LAPAINAT HC III	16	9	14 DAYS
2. LANENGBER HC III	14	11	14
3. BOBI HC III	17	16	14
4. KORO ABILI HC II	7	4	14
5. PATUDA HC II	6	4	14
TOTAL	60	44	73.3%, 27%

INTERPRETATION:

1. Across all the Five HC staff above that only 39% of the total staff during the 14 days of Survey per
2. The Finding also shows that all health workers allocated and 44 of and this constitutes 73% leaving out but the absenteeism level is standing

Module 6: Choosing what to advocate for

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

Community advocates need to work together to consolidate all their relevant evidence into the advocacy statement. If the government policies have anything relevant to say about the problem, then include them in the statement, as well. They can make reference to policy documents, laws, and government standards and guidelines. Refer to the flipcharts that the CAs presented after Group Exercise 6.

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

The advocacy statement should make the reader understand the magnitude or seriousness of the problem.

GROUP EXERCISE 13: DEVELOPING THE ADVOCACY STATEMENT

Ask each group to 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?

Ask groups to hang up their advocacy statements and share them with the rest of the groups. Hold a discussion as to whether the CAs are able to sell their solution to duty bearers.

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Module 6: Choosing what to advocate for

Ultimately, the community advocates can only work on one advocacy issue with the ACT Health team. This does not mean that the other issues they may have identified are not important. In fact the CAs can use the skills that they acquire from the advocacy training to develop additional campaigns on their own. The following exercise will help them decide which issue to advocate for with ACT Health.

The following points should be written on flipchart paper before the session. Use the local language if that is preferred.

- **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 the community advocates to establish a leadership position that enhances their role in the community? Can the CAs 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 6: Choosing what to advocate for

GROUP EXERCISE 14: DECIDING WHICH ISSUE TO ADVOCATE FOR

Assign numbers to the list of issues/problems that we identified in the earlier session. Draw the table below on the flipchart. You can join two flipcharts together if it makes it easier for you. Ask the community advocates to use their advocacy statements as a basis for responding to the advocacy issues test. Tell them it's not a matter of just answering yes or no, but that they should discuss and give reasons why they're answering in a certain way. The reasons should be written in the table. At the end of this they will use their discussion to choose one issue to campaign for.

QUESTIONS	Issue 1	Issue 2	Issue 3	Issue 4	Issue 5
1. There is a perceived threat					
2. Proposes a true benefit					
3. Presents a unique opportunity to contribute					
4. Allows for civic/community engagement					
5. Provides an opportunity for leadership					
6. Is realistic					
7. Is simple					
8. Is backed by public opinion					
Which issue passes the test?					

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

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

GROUP EXERCISE 15: UNDERSTANDING WHAT WILL CHANGE

The community advocates have now agreed on which problem to advocate for. Ask them to work in groups to answer the following question:

If the solution is implemented, what will change? What will the CAs achieve?

Give them five minutes to come up with an answer.

Let them share their answers. Assist in consolidating them into the best possible outcome. *This will be the GOAL of the advocacy campaign.*

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

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

To understand what needs to be done to implement their solution, community advocates have to think about the actions that they will need to take. Sometimes policy documents provide guidelines on what needs to be done in order to implement a solution. *For example*, infrastructure guidelines have to be satisfied for a health centre to 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.

GROUP EXERCISE 16: IDENTIFYING WHAT HAS TO BE DONE

Ask the CAs to identify the **actions** that are **critical to ensuring that the solution to their problem is implemented**. Provide the necessary policy documents, laws, or guidelines. *These actions will form the OBJECTIVES of the campaign.*

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Community Feedback Sessions

GROUP EXERCISE 17: PROVIDING COMMUNITY MEMBERS WITH FEEDBACK

Ask everyone to sit in a circle. Agree on what feedback the CAs will be presenting to the community. Come up with an agenda of 2-3 key highlights from this week’s training.

Let the CAs work in groups and agree on who will give feedback at which community forum. They should also fill in the risk management and mitigation table above.

Community Forum	Person responsible for feedback	When will feedback be given?	What could go wrong?	Plan to prevent or minimise what could go wrong

Everyone needs to follow up on the activities that they have volunteered to do.

Take their contacts and let them know that you will be following them up. Agree on when you will return to begin Step Three of PCA.

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Step 3: Allies, Messages, and Plans

PCA Step Three Training covers the following modules:

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)?

Checklist for PCA Step 3:

1. Community Advocates Workbooks
2. Flipcharts
3. Markers
4. Masking tape
5. Clean venue with seating organised in a semi-circle or full circle
6. Refreshments for tea break and lunch
7. Flipcharts on what government says about our problem (policies, laws, strategies, plans)
8. Flipchart with advocacy statement
9. Flipchart on data analyses and findings

Welcome Back to PCA Training!

Getting Settled

Welcome the community advocates back from data collection! Start with a fun ice breaker.

GROUP EXERCISE 18: FEEDBACK REPORTS

Ask the participants to sit in a circle. Let the community advocates for each of the health centres present their feedback reports. Discuss them in detail. It is important to establish that the CAs have community buy-in on the issue they have chosen to advocate for.



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 52 and 53 of this guide 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.

THE TRADITIONAL UGANDAN WEDDING

Refer to the information box on page 11 of this guide.

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.

District Health Management Team

Planning, budgeting and managing health services at lower level (GoU, PNFP, PFP)

Health Sub-District Management Team (HCIV level)

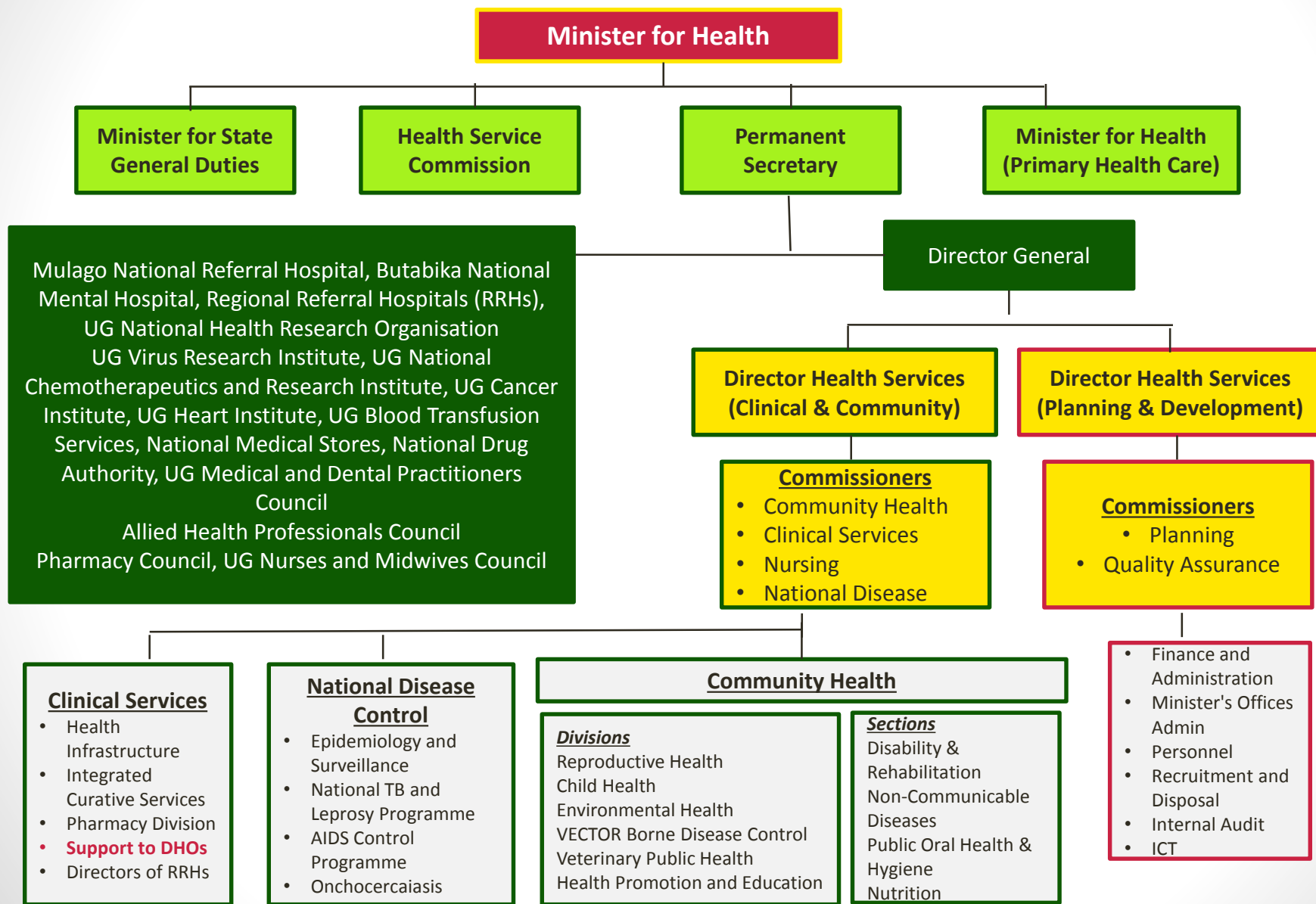
Members plan, budget & implement health policies and service delivery, HR management and supervision.

Health Facility Management Teams (basically the HUMC)

Lower LG Executive Committees

Oversee implementation of council policy, monitor programmes, communication channel, law, order and security

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

Display the flipchart from **Group Exercise 17** that lists what need to be done to make sure that the proposed solution is implemented. Explain 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 the CAs into 3 groups. If you have more than one action, distribute these to the groups. **Ask the CAs to use the government documents to identify the institution/position that is responsible for implementing their solution.** The people or entity that holds these positions are referred to as **primary duty-bearers**. The primary duty-bearer may be:

- A position
- A committee, commission, or structure of government
- An institution

The CAs 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**.

NOTE TO OFFICERS: In order to illustrate the difference between primary and secondary duty-bearers, refer to the example of the Traditional Ugandan Wedding on slide 11. Take 10 minutes to re-enact the exercise with the CAs.

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

Template for Identifying Duty-Bearers

The CAs should complete the table below. Share and discuss the answers with the group.

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

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

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

Background for Officers

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 the 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)?

GROUP EXERCISE 20: IDENTIFYING ALLIES

Give each participant five manila cards. Ask each one of them to write any community groups that they belong to. They should use one card for each community group. Then ask them to use separate cards for influential people that they know personally. **These should not include local councils or anyone in the system.** (Remember the analogy of the Uganda traditional wedding.) Finally, ask them to list any other NGOs or businesses that they are affiliated with. Each card should have full contact details. Give the CAs ten minutes to complete this exercise before you move the next part.

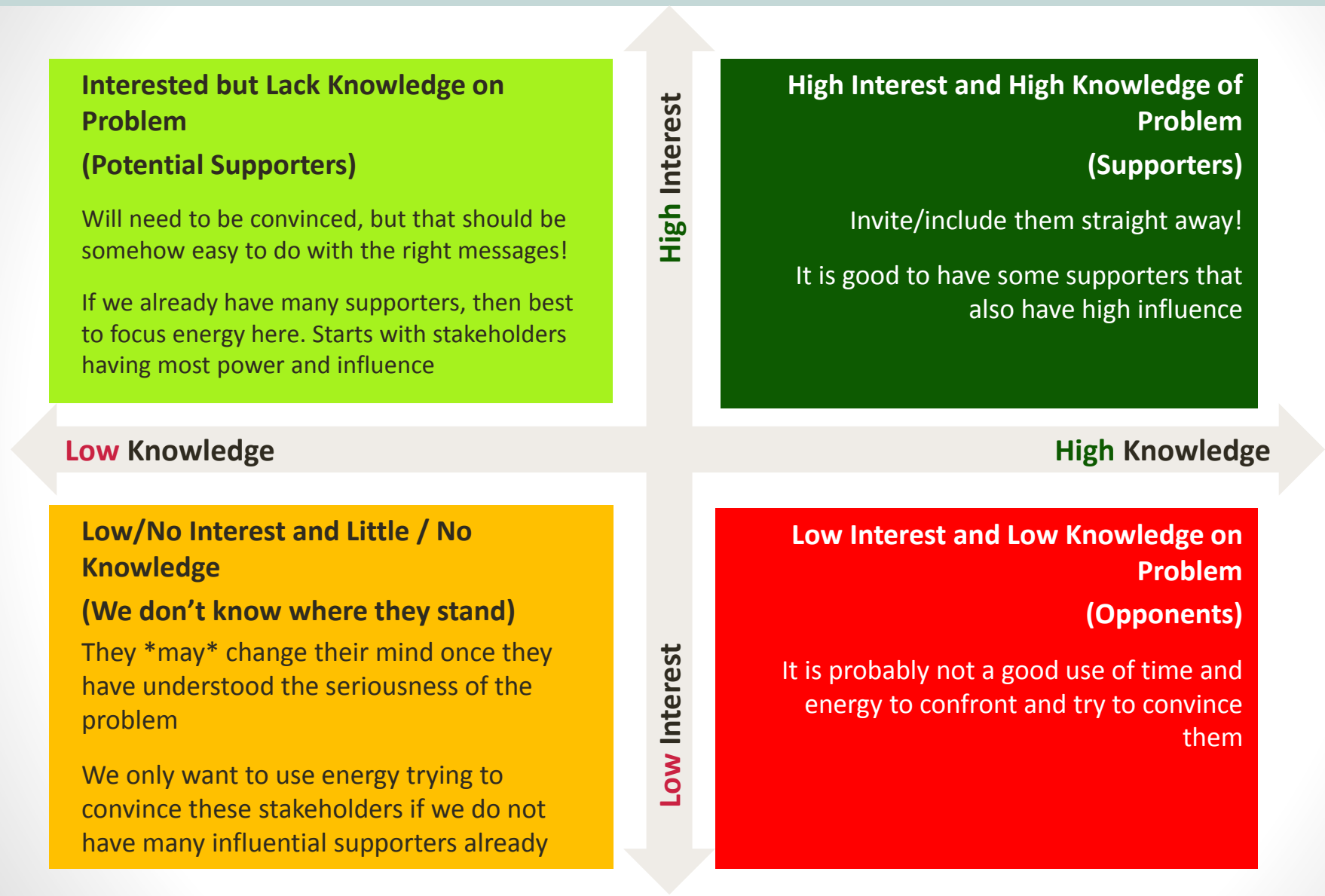
Refer to page 57 of your guide. Use the reflection guide to explain the following:

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.

Draw the CAs attention to the flipchart that you have prepared and hung up on the wall. Ask the participants to stick the cards with the names of the potential allies in the relevant box.

When all the CAs are back to their seats, explain that 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



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.

GROUP EXERCISE 21: CREATING MESSAGES FOR DUTY-BEARERS AND ALLIES

Divide the participants into four groups. Ask each group to create messages by adapting the advocacy statement to meet the needs of:

Group 1: The primary duty-bearer

Group 2: The secondary duty-bearer

Group 3: Allies who have both interest in and knowledge of the problem

Group 4: Allies with interest in, but little or no knowledge of, the problem

Remember that the “ask” for each of these groups should be different and should be specific to what you want each group/audience to do.

Present the messages to each other using the gallery walk method. Invite allies to attend the next day’s session.

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

Background for Officers

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).

Community Feedback Session

GROUP EXERCISE 22: PROVIDING COMMUNITY MEMBERS WITH FEEDBACK

Ask everyone to sit in a circle. Agree on what feedback the CAs will be presenting to the community. Come up with an agenda of 2-3 key highlights from this week’s training.

Let the CAs work in groups and agree on who will give feedback at which community forum. They should also fill in the risk management and mitigation table above.

Community Forum	Person responsible for feedback	When will feedback be given?	What could go wrong?	Plan to prevent or minimise what could go wrong

Everyone needs to follow up on the activities that they have volunteered to do.

Take their contacts and let them know that you will be following them up. Agree on when you will return to begin Step Four of PCA.

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Step 4: Preparing for Action

PCA Step Four Training covers the following modules:

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 delivery (role play)

Module 15: Improving the messages

Module 16: Monitoring the advocacy plan

Checklist for PCA Step 4: Preparing for Action

1. Community Advocates Workbooks
2. Flipcharts
3. Markers
4. Masking tape
5. Clean venue with seating organised in a semi-circle or full circle
6. Refreshments for tea break and lunch
7. Flipcharts on what government says about our problem (policies, laws, strategies, plans)
8. Flipchart with advocacy statement
9. Messages for the different audiences
10. Confirmation that allies were invited for Day 3 of the training and that they accepted the invite. If there were any regrets, extend the invitations to other allies.

Welcome Back to PCA Training!

Getting Settled

Welcome the community advocates back from data collection! Start with a fun ice breaker.

GROUP EXERCISE 23: FEEDBACK REPORTS

Ask the participants to sit in a circle. Let CAs for each health centre present their feedback reports. Discuss these in detail. Collect feedback from the community on:

1. The advocacy messages: Are community members excited about the messages? Did any secondary audiences comment on the messages? Is there any change since the messages were shared with the community?
2. The allies selected: Did community members mention other allies that the group can work with? Did any community members offer to help meet secondary or primary duty-bearers?



Remind the CAs that allies will be attending Day Three of the training.

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

Background for Officers

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)?

Explain that once we have our messages, we then need to plan how to deliver them. The table on page 68 helps us plan for the advocacy campaign.

GROUP EXERCISE 24: DRAWING THE ADVOCACY PLAN MATRIX

Ask the CAs to join six flipcharts together and draw columns like on the table on page 66. The CAs will first work according to their health centres to develop plans on how to deliver messages to their allies. This is because they know the allies identified from their own respective communities, and can more fully appreciate the spaces and channels that are relevant to them, along with issues of timing of engagement. They should also decide who will coordinate the exercise of reaching out to allies from their health centre team.

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 encourage the CAs to be creative. Spaces can include school sporting events or end-of-term days, church services, audience offices, etc.

COLUMN 4: How will they get the message?

Examples include letters, speeches, petitions, children's play, etc. The CAs 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?

CAs should provide clear dates. Do not just write "one month" or "next week." Be specific. Also, share the presentations on the use of formal and informal spaces with the CAs. The presentation is in Dropbox. 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?

CAs should look to the resources they have, which include their contacts and the allies. For the allies, be clear about the kind of support we expect from them. (For example, do we expect them to help set up the meeting, give us 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 we deliver a letter, our 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.

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

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									

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

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

Background for Officers

Purpose

Community advocates establish their own indicators of desired changes (and measurement).

The main purpose is to put community advocates at the forefront of the process of stating what changes are desired and how to measure both the advocacy process and outcomes.

Role of Community Advocates in Monitoring Outcomes

- How will community advocates know that they are on track? Communities have to define what they call success and how they want to measure their progress.
- We monitor at multiple levels. No matter what level, we want to monitor two things:
 1. **Process:** Are the activities planned by constituents actually carried out?
 2. **Outcomes:** Are the activities of constituents leading to changes they desire?
- Communities will monitor their own process and outcomes. It is very important especially for community ownership and sustainability.
- Each advocacy action plan will include details on monitoring.

Monitoring by ACT Health Officers (consortium)

- As a consortium, we shall look at the bigger picture and see how the process of developing action plans and the PCA process is going overall.
- The community monitoring and consortium monitoring must complement each other.
- Just as GOAL designed structured observation tools for Level 1 activities, GOAL has also developed tools for monitoring process and outcomes.
 - GOAL will review good practices in monitoring advocacy, and also explore established monitoring methodologies, to see if they can be adapted.
 - As much as possible, GOAL will lead a consultative thought partnership process to explore best means of monitoring process and outcomes.

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

GROUP EXERCISE 25: WHY IS MONITORING IMPORTANT?

Ask the CAs to get into pairs and answer the following question: **Why do you think it is important to keep tracking the changes taking place around the advocacy issue?**

After they have spent 5-10 minutes discussing this, have them join together in the larger group to share and discuss their answers.

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 questions below.

Please write the following questions on flipchart paper before the session begins. Hang the flipchart paper in front of the group.

- 1. How shall we know that we are on track with our plan?**
- 2. How shall we monitor or follow-up on commitments made by the target audience?**
- 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)?

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

GROUP EXERCISE 26: MONITORING PLAN

Ask the CAs to join six flipcharts together and draw columns like those in the table on page 71.

They shall fill in the table with guidance from the information box on this page.

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)?

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

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?

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Module 14: Practicing message delivery (role play)

Preparing for Day Three: Inviting Allies

Remind the community advocates that the Allies they invited will be attending the training the following day. Ask the CAs to volunteer to help you lead the following sessions with the allies.

1. Introductions (getting to know allies and CAs)
2. Why are we here? (Refer to notes in Module 1, beginning on page 14.)
3. What is the issue that we have decided to advocate for? (Refer to Module 6, page 43.)

Write the names of the volunteers on flipchart. Encourage the volunteers to prepare for the sessions.

Module 14: Practicing message delivery (role play)

Day with Allies

Invite the CAs to begin the session using the agenda that you developed the previous day. Provide support where needed.

GROUP EXERCISE 27: ROLE PLAY WITH ALLIES

Explain to the allies that they are going to participate in a role play exercise. This means that the group is going to practice delivering the messages to two different types of audiences (the primary and secondary duty-bearers). Separate the allies from the CAs.

Give the CAs 10 minutes to create two smaller groups amongst themselves. One group should prepare how they are going to deliver their message to the allies who will be acting as primary duty-bearers, while the second group should prepare to deliver their messages to the allies acting as secondary duty bearer.

While the CAs are alone preparing for their message deliveries, assign the allies roles as primary or secondary duty-bearers. If the primary duty-bearer is the CAO of the district, for example, then he/she should have a secretary, an office, and many people walking in and out of his office. If the primary duty-bearer is a local councillor, then CAs could visit him at his home or place of business; other allies can play the roles of wife, children, neighbours with cases, etc.

Instruct the allies to make it difficult for the CAs to deliver the message unless the CAs overcome the hurdles that they throw at them. Give thirty minutes for the primary duty-bearers and thirty minutes for the secondary duty-bearers.

Module 14: Practicing message delivery (role play)

Providing Feedback

Once the role play is done, have everyone sit in a big circle. Begin to provide feedback to each other.

1. What did the CAs do well?
2. What didn't they do well?
3. What areas did they struggle with?
4. How were they able to overcome challenges?
5. How did they organise themselves to deliver the messages?
6. How similar is the role play to real life? What lessons can they draw from the role play session?

Feedback from the allies on the message:

1. What was/is the problem?
2. How serious is the situation? How bad is it?
3. What was the solution?
4. What did the CAs want the duty bearers to do?

Document all the feedback.

Module 15: Improving the messages

Incorporating Feedback

Gather all the feedback on the messages from the community, the role play, and the ACT Health team. Make sure all feedback is available in a form that is accessible to the CAs (preferably written out on paper or a flipchart).

GROUP EXERCISE 28: IMPROVING THE MESSAGES

Give the CAs the feedback they received and ask them to work together to improve the messages and the message delivery plans.

Provide support where needed.

Each group should present the changes to whole group.

Discuss and finalise the messages and the plan.

Community Feedback Session

GROUP EXERCISE 29: PROVIDING COMMUNITY MEMBERS WITH FEEDBACK

Ask everyone to sit in a circle. Agree on what feedback the CAs will be presenting to the community. Come up with an agenda of 2-3 key highlights from this week’s training.

Let the CAs work in groups and agree on who will give feedback at which community forum. They should also fill in the risk management and mitigation table above.

Community Forum	Person responsible for feedback	When will feedback be given?	What could go wrong?	Plan to prevent or minimise what could go wrong

Everyone needs to follow up on the activities that they have volunteered to do. Take their contacts and let them know that you will be following them up.

After completing the table, give the CAs five to ten minutes to fill in the community advocacy workbook.

Community Support Plan for Officers

Congratulations, ACT Health Officer!

You have successfully supported your CAs to complete the four-step training for PCA. They have identified an advocacy issue, collected evidence to support the issue, identified duty bearers, developed messages for the different audiences, and drawn up implementation and monitoring plans. Now it is time for them to carry out the advocacy. Before they embark on this journey, you need to develop a plan to support them. This is what the ACT Health program refers to as the Community Support Plan.

The Community Support Plan is derived from the community advocates' implementation and monitoring plans. Work with your Program Manager to ensure that you provide the support needed by the CAs. Make sure you factor in monthly feedback and review meeting with the CAs, as well.

The template for the community support plan can be found on page 78. Make sure that you fill this in no later than three days after the Step 4 PCA training concludes. Any delays will affect the implementation of the CAs' plan.

Community Support Plan

Template for Community Support Plan

Name of Partner Organisation: _____
Period: _____

1. What actions do you intend to carry out with the community advocates based on feedback from the last engagement?

Planned commun- ity actions	Planned time of execut- ion for commun- ity	Support actions to prepare commun- ity	Timing of support action	Who is responsib le?	Expected results for our support	Resource required for the support	Cost project- ions	Are costs covered in your current budget?

Community Support Plan

Template for Community Support Plan

(continued)

2. What support actions will you undertake to ensure that the community advocates implement their delivery plan and monitoring plan effectively?

Follow-up actions with community	Timing of support action	Who is responsible	Expenditure results?	Resources required for the support	Cost projections	Are costs covered in your current budget?

Commitment Log

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

- 1. Feedback on the messages:** Feedback will include questions that the CAs 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 PCA plan. The officer should also update the support plan to include what he or she will be doing to support the CAs to address or use feedback constructively.
- 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 the CAs and officers to follow up on the commitments made by the various audiences. The commitment log will also be used as a data set for monitoring overall progress of the PCA plan during Participatory Data Analysis (PDA) sessions. These are explained on page 79.

Commitment Log

Template for the Commitment Log

Commitment Log (CL)

PURPOSE	<i>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.</i>		
DISTRICT			
ADVOCACY ISSUE(S):			
NAME OF OFFICER UPDATING COMMITMENT LOG:		DATE OF REVIEW	

Commitment Log

Template for the Commitment Log

(continued)

Date	Location	Action taken	Target audience	Type of audience (primary, secondary, allies)	Advocacy space used	Type of space (formal, informal)	Channel or medium used	Commitment/pledge made	Time-frame for commitment	What shall we do to follow up this commitment / pledge?	When shall we follow up?	Who will follow up ?	Status of commitment (achieved, not achieved, partially achieved)

Note: The community advocates will only be collecting some of this data within their commitment log. (Such data will include: date, commitment made, who made the commitment? what shall we do to follow up this commitment? when shall we follow up? who shall follow up? status of commitment.) It will be your responsibility to work with the advocates during the review meetings to complete this table. See Commitment Log on page 96 of the Community Advocate’s Workbook.

Advocacy Feedback Meetings

One of the officer's activities in the advocacy support plan will be to hold periodic meetings (at least once a month) with all the CAs. This meeting should take place in the community as close to the CAs as possible. The purpose of this meeting will be to evaluate progress made by CAs as they implement their PCA plans. During this time:

1. Each CA or group of CAs will give a report of progress on activities that they are responsible for carrying out.
2. The CAs will report on feedback from their community feedback meetings.
3. The CAs will also present their workbooks for review by other CAs as a way to encourage accurate documentation PCA activities.
4. During these meetings, ACT Health officers will review feedback from the various audiences and act on it. For example:
 - If a duty bearer asks for evidence of a particular kind, it is during the feedback meeting that officers and CAs 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 the officer and CAs should study the new guidelines and amend their messages to suit the new provisions.
5. The CAs will also review their commitments logs to assess whether they are making any progress. They will need to come up with solutions in situations where duty-bearers or allies are not responding in the manner that the group wants them to.
6. Finally, the CAs will then amend the advocacy implementation 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

Template for the Contact Log

The contact log is designed to measure the amount and nature of support that officers will provide to the CAs. The contact log is a summary of the reporting format of the officer’s PCA support plan. The template for the full narrative report of the support plan is available in the ACT Health dropbox.

The role of the ACT Health team in Kampala will be to analyse these reports to learn more about the implementation of PCA activities in order to better understand the nature and quantity of support required by the CAs, taking into consideration the unique attributes of each group.

Date	Type of contact (menu)	Audience (menu)	Specific position	Level of operation (menu)	Location	Purpose of contact	Advocacy message developed for the contact	Outcome of contact / way forward	Other people involved during engagement	Follow-up date

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.*

Participatory Data Analysis

Participatory Data Analysis (PDA) sessions will take place twice a year. They will be animated by the Monitoring, Evaluation and Learning (MEL) Officer. The data collected will include (but is not limited to):

Community Advocates	Officers
<ul style="list-style-type: none">• Community Advocates Workbooks• PCA activity plans• Commitment logs• Reports of feedback meetings• Letters from audiences• Minutes of meetings with audiences• Most significant change (MSC) stories	<ul style="list-style-type: none">• Support plan• Contact log• Contact reports• Monthly support narrative reports

The PDA sessions will allow CAs and stakeholders to take a step back and assess the effectiveness of their advocacy campaigns.

Most Significant Change

The most significant change (MSC) technique is a form of participatory monitoring and/or evaluation.

- **Participatory** – It is participatory because many programme stakeholders are involved both in deciding the type of changes to be recorded and in analysing the data.
- **Monitoring** – It is a form of monitoring because it occurs throughout the programme cycle and provides information to help people manage the programme.
- **Evaluation** – It contributes to evaluation because it provides examples and explanations of programme effectiveness that can be used to help assess the performance of the programme as a whole.

The MSC Process Involves A Few Simple Steps:

1. Collecting stories of significant changes from HC catchment areas
2. Sharing and analysis of stories among implementation teams
3. Selection of significant stories
4. Sharing stories and feedback from the process

Most Significant Change

Most Significant Change: It's in the name!

Most	... makes someone think about words or phrases like highest, implies a process of identifying the highest ; maybe ranking, comparison, choice and reason for any choice made.
Significant	... communicates that something is important to someone.
Change	... implies the existence of a “before” state and an “after” state for a person or situation. Many times it also communicates a theory (i.e. when..... then.....) of cause and effect. A shift from one situation to another, as a result of an experience, event or action. Changes can be positive or negative.
Story	... a systematic recollection of event(s) narrated by a specific person (usually the one who experienced it). It can be written or spoken. This gives a voice to the person who experienced the positive or negative change.

Most Significant Change

Why use MSC in People-Centred Advocacy?

Community advocates would use MSC to better understand:

- 1) The various health priorities of other individuals in their communities
 - 2) Whether the issues for which the CAs want to advocate actually align with the interests of other people in their communities
 - 3) Whether the stories and testimonials offered by friends, neighbours, and acquaintances can be used as data, or evidence, for advocacy itself
- **Involve** community advocates directly in the documentation of the changes in their lives and communities
 - **Gather information** about what is happening (positive and negative)
 - **Document explanations** about why these things are happening
 - **Track** unexpected outcomes from the programme implementation
 - **Ensure** that CAs are documenting their own stories of personal change, growth, or struggle

PCA Templates in the ACT Health Dropbox

Download the following templates from the ACT Health dropbox:

1. Sample workshop schedules for each PCA Step training
2. Officer reporting templates for the PCA Step training
3. PCA training attendance sheets
4. Contact logs
5. Officer support plans
6. Commitment logs
7. Key health policy documents (please note that you will also have to do your own research)
8. Officer's agenda for the PCA feedback meeting
9. Officer's reporting template for the PCA feedback reporting template.

Glossary of ACT Health Key Terms

Many programmes or projects have their own “language,” and ACT Health is not an exception. To ensure that all colleagues in the ACT Health consortium are using the same language, please refer to the definitions of our key terms in the ACT Health programme. In case of any questions, please discuss with a Manager or Mentor.

Absenteeism – Absenteeism is the term generally used to refer to unscheduled health worker absences from the workplace/health facility during operational hours.

Accountability – This is when someone has an obligation to meet certain commitments or standards and there are consequences to face if it is found that these have not been met.

Citizen’s Report Card (CRC) – A document containing information from households and health centre staff on perceptions of the status of health service delivery and patterns of health behaviour at a particular health centre II or III.

District Health Team (DHT) – A group of government officials that participate in planning, budgeting, monitoring of health services in the district. By Ministry of Health policy, the DHT includes these positions: District Health Officer (DHO), District Biostatistician, District Health inspector (DHI), District Nursing Officer and Maternal New born and Child Health (MNCH) focal People.

Health centre staff – These are medical staff (midwives, clinical officers and enrolled nurses) and non-medical staff (including guard, porters and cleaners) that work at a specific health facility.

Health Unit Management Committee (HUMC) – A community structure for the health sector in Uganda. Members of HUMCs are consumers of health services and are also mandated by the government to play a critical role in community-driven monitoring of health inputs and service delivery standards.

Participation – The result and process of empowering people to analyse the health challenges in their community, prioritise needs, raise identified issues, make action plans and take action to improve their health and health care services.

People-Centred Advocacy – 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.

Glossary of ACT Health Key Terms

Participatory facilitation – Engaging participants in discussion by incorporating their needs and questions, reflection and analysis and focusing on their strategies for change. The facilitator supports the change process by honouring everyone’s contributions and creating an environment that allows people to come to a common understanding.

Quality Assurance (QA) – A set of activities for *ensuring quality in the processes* of people-centred advocacy. QA aims to prevent issues with a focus on the process used to make the ‘product.’ It is a proactive quality process.

Randomized Control Trial (RCT) – A research method (used in ACT Health) in which a number of similar HCs are randomly assigned to one of four procedures (one of which is a control group) to test the effectiveness of ACT Health procedures. The HCs are followed up and *outcomes* are measured at specific times and any difference in response between the groups is analysed statistically.

State – Also known as duty bearer is the institution that has the obligation to meet basic health needs of citizens; these include health centre staff, policy makers and political leaders.

Stock Out – This is when a pharmacy in a medical store or health centre temporarily lacks one or more of the essential/tracer medicines on the shelf (see tracer drugs below).

Tracer Drugs – These are the commonly prescribed drugs for a particular condition based on national guidelines. Uganda has five (5) tracer drugs namely 1st line ACT anti-malarials, measles vaccine, Oral rehydration salts (ORS), cotrimoxazole and depoprovera. The standard GoU requirement is that all six drugs should be available at any one time in all government facilities. If/when MoH updates, implementation teams will be informed.

Village Health Team (VHT) – A Village Health Team (VHT) is a non-political health implementing structure and the equivalent of Health Center 1 (HC 1) who are responsible for monitoring the health of community members at the household level. A VHT is selected on popular vote after sensitization and consensus building of all village members from all households, such as following a community meeting lead by the LC1 discussing the VHT Program to all residents present at this meeting who can later decide who they feel would be good candidates.

Sources of Inspiration

The **ACT Health Advocacy Management Guide** 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. Angela Bailey (GOAL)
4. Elizabeth Allen (GOAL)

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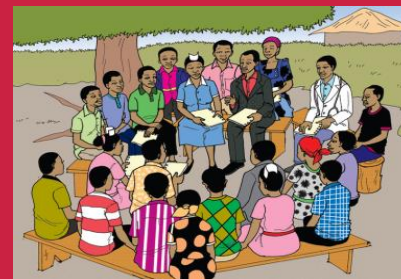
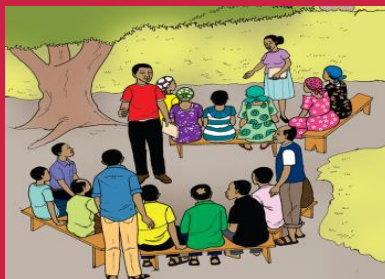
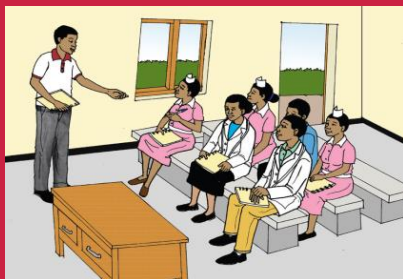
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