Advocacy in the Health and Education Sectors in Uganda – A Situational Analysis

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ADVOCACY IN THE HEALTH AND EDUCATION SECTORS IN UGANDA

A SITUATIONAL ANALYSIS

Prepared for
United States Agency for International Development (USAID/Uganda)

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Acronyms and Abbreviations

ACCODE	Advocates Coalition for Development and Environment
ACFODE	Action for Development
AMREF	African Medical and Research Foundation
CBMES	Community-Based Monitoring and Evaluation System
CBO	Community-based Organization
CDD	Community-Driven Development
CDO	Community Development Office
CPA	Concerned Parents Association
CSF	Civil Society Fund
CSO	Civil Society Organization
DANIDA-HUGGO	Danish International Development Program, Human Rights and Good Governance Program
DENIVA	Development Network of Indigenous Voluntary Organizations
DEO	District Education Officers
DFID	Department for International Development (UK)
DGF	Democracy and Governance Facility
DHO	District Health Officer
DRT	Development Research and Training
EU	European Union
HEPS	Coalition for Health Promotion and Social Development
HSSP III	Health Sector Strategic Plan III
IPPF	International Planned Parenthood Federation
KANCA	Kabarole NGOs/CBOs Association
KRC	Kabarole Research and Resource Center
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MWAPA	Mubende Women Agro Processing Association
NDNSP	National District Networks Support Program
NGO	Nongovernmental Organization
NGOF	NGO Forum
NMES	National Integrated Monitoring and Evaluation System
NMS	National Medical Stores
NUMAT	Northern Uganda Malaria AIDS and TB Programme
PACONET	Pallisa Civil Society Organization Network
PAF	Poverty Action Fund
PEAP	Poverty Eradication Action Plan
PPEM	Participatory Public Expenditure Monitoring
PRMT	Poverty Resource Monitoring and Tracking

PTA	Parent-Teacher Association
QuAM	Quality Assurance Mechanism for NGOs
RAC	Rwenzori Anti-Corruption Coalition
RANNET	Rwenzori Association of NGO Networks
RHU	Reproductive Health Uganda
SIDA	Swedish International Development Cooperation Agency
SO	Strategic Objective
SPAN	Support Programme for Advocacy Networks
SRH	Sexual and Reproductive Health
STAR EC	Strengthening Tuberculosis and AIDS Response
STRIDES	Strides for Family Health
TMG	The Mitchell Group
UDN	Uganda Debt Network
UGX	Uganda Shillings
UMEMS	Uganda Monitoring and Evaluation Management Services
UNFPA	United Nations Fund for Population Activities
UNHCO	Uganda National Health Consumers Organization
UNICEF	United Nations Children's Fund
UPE	Universal Primary Education
USAID	United State Agency for International Development
USE	Universal Secondary Education
UWEZO	Swahili word meaning capability – assessment of educational achievement of primary school children
WHO	World Health Organization

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I. Executive Summary

In order to improve the health and education status of Ugandans, USAID/Uganda has pursued a range of approaches, including support for providing quality services, capacity building of indigenous organizations and strengthening of health systems. However, advocacy to promote demand for more and high-quality social services has been a missing piece. Therefore, USAID/Uganda contracted The Mitchell Group (TMG) to assemble a consultant team to conduct a detailed assessment of advocacy efforts in the health and education sectors in Uganda, and to develop a conceptual framework for advocacy that could help guide future programming initiatives.

The assessment team relied on both primary and secondary sources of data. Secondary sources were consulted through a review of literature in selected areas and primary data was collected through 80 interviews with key informants as well as with community members, at the national level and at the local level through field work in five districts: Kabarole, Mubende, Kamuli, Pader, and Gulu. The interviews focused primarily on non-state actors, particularly civil society organizations (CSOs) and community-based organizations (CBOs), but the assessment team also interviewed representatives of the international donor community and government officials at the national and district levels.

The assessment team defined advocacy as "a process whereby stakeholders at different levels raise issues of concern, participate in decision making, hold decision-makers accountable for their actions, and work for resolutions to their problems through changes in policy, laws, regulations or practices." Drawing upon a previous conceptual framework, the team adapted three essential and interrelated dimensions of advocacy as potential results of advocacy in support of improved social services: citizen empowerment to demand social services; the strengthening of civil society's ability to represent citizens' demand for critical social services; and influence on policies related to delivery and quality of social services. These results were then used to develop an illustrative framework outlining outcomes, outputs and indicators, which are presented in Annex 2.

Summary of Findings

The team reached a series of findings from its interviews with civil society organizations, community-based organizations, international donors and government officials. Key findings are listed below.

Civil Society Organizations (CSOs)

- Non-profit NGOs (both domestic and international) are the most active and consistent players on advocacy within the broader civil society.
- Civil society organizations (CSOs) and CSO networks are proliferating, and more are becoming involved in advocacy.
- Gender equity of representation within the leadership of CSOs is moderate at the national level, and low among CSOs at the district and local levels.
- A substantial number of CSOs are involved in monitoring government delivery of health and education services at the local level.
- Some CSOs have gained greater opportunity to participate in government decision making.

- CSOs are highly donor-dependent.
- Some CSOs have a narrow membership base and weak links to their constituencies.
- Many CSOs and CSO networks have fragile institutional foundations in areas such as governance, strategic planning, human resource management and financial management.
- Capacity for effective advocacy is often limited.

Community-Based Organizations (CBOs)

- The capacity and motivation of local CBOs to engage with government appears to vary considerably, but is mostly low.
- Some communities look more to NGOs for provision of essential social services than to local governments.
- Community radio is a major mode of communication with local communities.
- The Community-Driven Development program has opened opportunities for greater community self-organization and mobilization.

Governments

- Many government officials question the legitimacy of CSOs.
- Government authorities are often dismissive of the contributions that CSO advocates can make, and do not consider them serious and effective players in decision-making.
- Many technical government officials at the district level continue to see CSOs primarily as service providers, and are not always receptive to CSOs involved in advocacy or monitoring activities.
- At the local level, the District Community Development Office is the primary venue for ensuring the community benefits from government programs and services.

International Donors

- Donors provide limited support for core funding for CSOs involved in advocacy.
- Thematic basket funds can reduce undue influence by individual donors.
- Donor support for CSO advocacy risks creating tensions with the government.
- Donors engage in advocacy with the government.

Summary of Analysis of Gaps in Advocacy Strength and Effectiveness

Based on these findings, the assessment team identified the following gaps, which need to be addressed if the goal of advocacy in support of greater government accountability to citizens in Uganda is to be realized:

- Restrictions on political operating environment, especially legal restrictions on nongovernmental organizations and on the media, and imbalances in the separation of powers between different branches of government, should be addressed before CSOs and citizens can fully exercise power to organize on their own behalf and shape policy debates and decisions.

- Empowerment of citizens at the local community level is greatly needed, given the weakness of self-organization by communities for purposes beyond accessing resources.
- The set of civil society advocates could be broadened to include more active participation by faith-based institutions, professional associations, and trade unions.
- Umbrella networks, coalitions and alliances should be strengthened to take the lead on advocacy.
- CSOs' and networks' institutional foundations should be strengthened in the areas of governance structures, strategic planning, human resource and financial management, with special attention paid to representation of, and communication with, their members.
- CSOs' and networks' capacity for advocacy should be particularly strengthened in the areas of: 1) research, policy analysis, and policy formulation; and 2) planning and executing focused advocacy strategies.
- Approaches to community monitoring of public services could be standardized and scaled up, and outcomes better documented and evaluated, to increase their impact.
- Government officials should give greater recognition to CSOs' and communities' roles as advocates, rather than simply as service providers.
- Donors could provide more long-term core support for advocacy.
- Donors could coordinate more closely with CSO advocates in their policy dialogues with governments.

Summary of Recommendations

Based on USAID's existing programs, geographical focus, and expressed interests, the assessment team suggests that USAID consider establishing the following priorities for future programming:

1) Prioritize providing support to networks or coalitions, either issue-based or geographically-based, to lead advocacy efforts on behalf of their members, especially those most closely aligned with USAID's strategic priorities, or located in districts where USAID programs are concentrated.

2) Give primary emphasis to strengthening the advocacy capacity of community-based organizations and CSOs at the district level and below, given the greater need for engagement of poor citizens most affected by poor government performance on service delivery. Support select CSOs to strengthen their capacity to engage in advocacy, especially existing USAID partners delivering services that are well-positioned to expand into advocacy

3) Prioritize giving support to community-based initiatives that monitor the delivery of services and bring results to the attention of local officials, as an advocacy approach directly related to improving government accountability for delivery of quality services.

Use policy dialogue with government to promote CSOs' roles as advocates.

II. Introduction

Team interviews CSO Council in Kamuli

Uganda's poverty and underdevelopment is manifested in a series of poor health and education indicators, including a primary school completion rate of 47 percent, life expectancy of 52 years, and a population growth rate of 3.2 percent. In response, one of USAID/Uganda's Strategic Objectives (SO) is to improve the health and education status of Ugandans. USAID SO8 has used a number of approaches to achieve this objective, including support for the provision of high-quality services, capacity building of indigenous organizations, and strengthening of health systems. However, advocacy to promote demand for more and high-quality social services has been a missing piece.

1) In light of this gap, in mid-2010 USAID requested that The Mitchell Group assemble a consultant team to investigate the advocacy circumstances in Uganda. Specifically, the consultants were requested to perform the following tasks:

2) Conduct a detailed assessment of advocacy efforts in the health and education sectors in Uganda and prepare a comprehensive situation analysis with specific recommendations for future USAID programming

3) Develop a conceptual framework for advocacy that includes a common working definition of advocacy, evidence-based approaches where available, quality standards and operational performance indicators.

The team consisted of two senior consultants – one expatriate Team Leader, Ms. Kathleen A. Selvaggio, and one Ugandan consultant, Mr. Zie Gariyo – and one research assistant, Mr. Patrick Oloya. The team began its assessment November 1, 2010, and completed its field investigations in early December.

III. Methodology

The assessment team collected information in two principal ways:

1) A review of literature and documents in two areas: a) conceptual and evaluation frameworks for civil society advocacy, and b) a political and economic context for civil society advocacy in Uganda, including a history of recent civil society advocacy; and

2) More than 80 interviews with key informants and group interviews with community members, 25 of which took place at the national level and the remainder at the district and community levels.

The team conducted field investigations in five districts in Uganda: Kabarole, Mubende, Kamuli, Pader, and Gulu. It spent at least three days in each district. In selecting these districts, the team took into consideration geographic diversity, the concentration of USAID projects in health, education and HIV/AIDS, and the level of investment by government, donors, and international development agencies and NGOs. The two districts in the Northern Uganda region (Gulu and Pader) were chosen because they were post-conflict areas with extensive USAID interventions. In addition, one member of the assessment team attended the annual meeting of the National District Network Support Program in Kampala on November 15-16, 2010, and thus was able to obtain interviews with district NGO networks located outside the five districts selected for field investigation.

The interviews focused primarily on non-state actors, particularly civil society organizations (CSOs), primarily those that were known to be engaged in advocacy, and community-based organizations (CBOs). CSOs were viewed as organizations with a more formal institutional governance structure, registered with the state, guided by an explicitly stated mission, and generally with dedicated funding and staff (though staff might be volunteers). CBOs, on the other hand, were loosely constituted, usually not formalized through registration, and operating at the most local level. CSOs were broadly construed to include not only nongovernmental organizations but faith-based organizations, professional associations and trade unions. However, it is important to note that the team made no attempt to be comprehensive in selecting CSOs involved in advocacy for interviews or to select a scientifically representative sample.

The team also interviewed representatives of bilateral donor agencies in Uganda and international implementing project partners of USAID to gather information on their support for, and perspective on, civil society advocacy in Uganda. In addition, the team interviewed government officials at the national and district levels to learn their perceptions and degree of interaction with advocates from civil society. At the district level, the team conducted key informant interviews with district local government officials, particularly the District Health Officer, District Education Officers, the District Community Development Officer, and in some cases, the focal person for HIV/AIDS, and the District Planner.

The full list of organizations, community groups, donor agencies and government officials interviewed appears in Annex 1.

The team experienced several challenges in its efforts to schedule interviews. Political campaigns were taking place at that time in Uganda, which interfered with obtaining interviews in Kampala and districts, particularly with government officials and CSO staff who were involved in the campaigns. In the field research, the team relied heavily on the district-level NGO forum in each district to obtain interviews, but in some cases it was not possible to meet as many locally based civil society organizations or government officials as planned due to their travel or work schedules during the team's field visits. What's more, the NGO Forum coordinators for Mubende and Gulu were both standing for election, and thus had no time to meet with the team. In addition, field travel during weekends limited the team's ability to meet with government officials or civil society organizations during those days. During meetings with community-based organizations, limitations of time and language barriers prevented

segregation of the groups either by sex or by their experience with health, education, or HIV/AIDS issues, as the team had initially planned.

Although the team met with numerous district-level government officials, it was unable to obtain more than two meetings with government officials at the national level. Similarly, the team was unable to obtain more than two meetings with representatives of professional associations or trade unions. Despite these limitations, the team believes it obtained a fairly representative sample of the perceptions and advocacy experiences of various stakeholders in Uganda.

IV. Advocacy: Definition and Conceptual Framework

The assessment team offers the following definition of advocacy, adapted from the Advocacy Toolbox:

> *Advocacy is a process whereby stakeholders at different levels raise issues of concern, participate in decision-making, hold decision-makers accountable for their actions, and work for resolutions to their problems through changes in policy, laws, regulations or practices.*

To operationalize this definition, the assessment team has drawn heavily on "Advocacy Strategies for Civil Society: A Conceptual Framework and Practitioner's Guide," by Leslie Fox and Priya Helwig, a resource produced for USAID more than 10 years ago, but one that the team found to be very relevant to today's circumstances. This conceptual framework lays out three essential and interrelated dimensions of advocacy: citizen empowerment, strengthening civil society, and influencing policy. In brief, citizens are empowered to make informed decisions about personal as well as collective interests that are affected by public decision-making. Civil society provides unorganized citizens with an intermediating set of organizations so that their collective voice is heard and acted on. And through this collective voice and action, the concerned group acquires skills and strategies to influence the decisions of those with power to produce a desired policy outcome. As the paper notes, "programs of policy influence are embedded in a more comprehensive strategy of strong civil society and broadened citizen participation to sustain and effective political change and reform."1

In light of the emphasis in the current exercise on advocacy to create demand for social services and enhance government responsiveness through greater accountability for delivery of quality services, the team has adapted the definitions of the three dimensions to reflect these specific goals and rephrased them as end results of an advocacy framework. Thus the three interrelated results to achieve the overall goal of advocacy are as follows:

1) ***Citizen Empowerment to Demand Social Services.*** **Result:** Marginalized or disadvantaged groups or communities organize on their own by gaining the capacity to prioritize their needs for social

[1] Leslie Fox and Priya Helwig, "Advocacy Strategies for Civil Society: A Conceptual Framework and Practitioner's Guide," World Learning and Associates in Rural Development, developed under USAID Contract. August 31, 1997, p. 8.

services, and then act to demand access to, and improved quality of, the social services to which they are entitled.

2) ***Strengthening Civil Society's Ability to Represent Citizen Demand for Critical Social Services.*** **Result:** Citizens organize themselves collectively to alter the existing power relations by providing themselves with a formal and lasting organizational capacity to identify, articulate and act on their needs for access to social services and improve the quality of services , including the ability to achieve specific and well-defined policy outcomes

3) ***Influence on Policies Related to Delivery and Quality of Social Services.*** **Result:** A civil society or community-based group applies a set of skills and techniques to influence decision-making on the delivery and quality of social services, in order to achieve a well-defined social, economic or political policy goal or reform.

The working assumption is that empowering citizens, improving their organization and representation through formal civil society structure(s), and enhancing their ability to influence decisions by those in power will lead to greater accountability by service providers, civil servants, and elected leaders for carrying out their roles and responsibilities in delivering social services to citizens.

Taking into account these three intermediate results, and drawing upon the discussion in the original paper, the assessment team has developed a generic operational framework for advocacy programming directed toward improved delivery and quality of social services. The framework, presented in Annex 2, outlines a broad range of illustrative outcomes, outputs and indicators, which can be selected or adapted for any given advocacy program initiative, depending on its specific objective. However, it is likely that the most successful advocacy initiatives would score highly on most of the following indicators under the three results:

Citizen Empowerment to Demand Social Services

- Percentage of community members who demonstrate a concrete understanding of their rights under current laws, policies or regulations
- Number of events or instances where communities or their representative speak out on their own behalf about their needs and rights to essential social services
- Extent to which communities are assessed to engage decision-makers successfully to address their needs for social services and propose concrete solutions to increasing access and improving the quality of services

Strengthening Civil Society's Ability to Represent Citizen Demand for Critical Social Services

- CSO is assessed to govern in a transparent and representative manner, with leadership democratically selected by the membership, and makes decisions in a participatory manner
- Civil society organization is assessed to have sufficient ability to manage and sustain its financial, human and information resources for an advocacy program

- Number of CSO coalitions or networks assessed to be functioning effectively and collaboratively to represent the interests and priorities of their members

Influence on Policies Related to Delivery and Quality of Social Services

- CSO is assessed to produce high-quality policy analysis, with clear and focused policy recommendations, and to present analysis in a persuasive form
- CSO is assessed to have advocacy strategy with clear objectives, timeline and actions, reflecting policy analysis, power analysis, and membership roles
- Advocacy campaign demonstrates wide base of support from individuals and/or organizations
- CSO is assessed to successfully engage decision-makers to address concerns, present evidence and analysis, and propose policy solutions to increase access and improve quality of services.

V. Political, Economic and Social Context for Advocacy in Uganda

Before presenting the findings of the assessment, it is important to take into account the larger political, economic and social context for advocacy in Uganda, particularly advocacy to demand improved provision and quality of social services. The team identified a number of factors that either foster or, in most cases, inhibit advocacy for this purpose.

1) **Legal and policy framework.** Some provisions in the legal and policy framework facilitate CSOs' ability to participate and advocate while others present obstacles. A number of legal and policy provisions provide an enabling environment for NGO operations. The 1995 Constitution provides for the participation of citizens in influencing policies of government through civic organizations and spells out the duty of citizens "to combat corruption, misuse and abuse of public office." It also protects the right of citizens to access state information, except when it would compromise national security. The 1997 Local Government Amendment Act mandates the District Council to consult lower-level local governments and administrative units in their respective areas of jurisdiction during preparation of the district development program and plans, incorporating the concerns about the plans of the lower local government and administrative units at the sub-county and parish levels. In addition the Ministry of Local Government has issued guidelines for participatory planning by local governments that require that parishes be consulted during the preparation of the local government plans. At the national level, a draft NGO policy has yet to be approved and adopted.

   On the other hand, certain provisions of the 2006 Non-Governmental Organization Registration Amendment Act, particularly the registration requirements and the composition of the NGO registration board, are seen as potential threats to CSOs' freedom of association and freedom of speech. Specifically, several security officials sit on the NGO registration board, suggesting that part of its purpose is to control NGOs. The two public representatives on the board are appointed (not elected), without specific criteria for their appointment, and therefore do not necessarily represent civil society interests. Furthermore, the requirement that NGOs renew their permit with the registration board every year, and the denial of permits to organizations that espouse objectives

that contradict government policy, is intimidating to CSOs that may want to engage in advocacy, especially on controversial issues.

CSOs have challenged the law in the constitutional court. The NGO Amendment Act is accordingly on hold until the court determines whether the act contravenes provisions of the constitution and therefore will be nullified.

In general, however, most informants suggested that the overall legal and policy framework was broadly conducive to the exercise of citizen's democratic rights, as well as to the promotion of social and economic development. Yet many also pointed to a significant gap between the formal legal and policy framework and the actual practice. Enforcement of laws is often lacking because of inadequate political will and insufficient capacity of administrative and judicial authorities.

2) **Local government's budget restrictions.** Local governments are heavily dependent on central government transfers to finance their programs and services. For example, in Pader, the assessment team learned that 82 percent of the district government's revenue came from the central government, 15 percent from donors, and only 3 percent from local revenue. Yet despite the fact that local governments deliver most services to communities, the bulk of central government spending is not passed along to local governments; local governments receive less than 30 percent of the central government's total budget resources.[2] Furthermore, most of the financial resources that local governments receive from central government are in the form of conditional grants, or "earmarked" for specific sector allocations in education, infrastructure, public administration, health and other areas, restricting local government's ability to allocate funds according to local needs. Local governments are permitted a limited reallocation of conditional grant funding within the same sector - no more than 10 percent of conditional grant funding – with permission from the Ministry of Local Government and the Ministry of Finance.

   In addition, the elimination of the graduated tax in 2005 severely restricted local government's ability to raise local revenue, which would give them flexibility to allocate funds according to the immediate needs of the community. Local revenues could, for example, finance village action plans that are prioritized by the village but omitted from the sub-county and District Development Programme and Plan. Taken together, all of these factors severely hamper local government's autonomy over the size and distribution of their budgets, and funding for community-driven development

3) **Imbalance in political power.** There is considerable imbalance in political power in favor of the executive branch, and particularly the President and the ruling party. This imbalance in power manifests itself in numerous ways to inhibit the political space and ability of CSOs and other interest groups to engage in advocacy. For example, in Parliament, a very high percentage of policy and legislative initiatives originate with the executive branch, leaving little room for even Parliament

[2] Daniel Lukwago, Research Fellow, "Budget Architecture and Resource Allocation at the District Level" Power Point Presentation, Advocates Coalition for Environment and Development, November 2010.

itself, much less civil society organizations, to initiate and promote policy proposals through elected representatives. In addition, according to Ministry of Finance officials, Parliament has a minimal role in budget allocations because it is not allowed to re-allocate or cut the budget. Furthermore, members of Parliament from the ruling party reportedly demonstrate a strong aversion to criticizing (even constructively) initiatives by the President or the executive branch, leaving only members of the opposition parties to do so. This easily politicizes policy debates and severely restricts the consideration of policy responses or alternative proposals that do not originate within the ruling party.

In addition, the assessment team was informed that the executive branch often moves forward with policies and programs without approval by Parliament, and that it may only seek legislative authority years later (UPE was used as an example). This skewed power relationship between the executive and legislative branches is further complicated by the predominant role of the Presidency within the executive branch. For example, the team was informed that the President sometimes undertakes initiatives without consulting his own executive branch (such as the recent announcement of free USE during the election campaigns), and establishes initiatives within his office that more rightly belong to a government ministry, or even to independent institutions within civil society or the media. For example, the President established a new Medicines and Health Service Delivery Monitoring Unit outside the Ministry of Health. CSOs spoke about the inability to even publicly raise issues that might be interpreted as a criticism of government leadership – the stock-out of essential medicines or condoms, for example. This results in de facto restrictions on essential freedoms for civil society initiatives.

4) **Attacks on Press Freedom**. The growth of an independent media is critical for empowerment of civil society and, for purposes of this assessment, communicating key messages to communities about their rights, entitlements, and available public services. It also plays an essential role as a watchdog regarding the policies and actions of government. But the relationship between the media and government in Uganda is frosty; most media houses have tended to play it safe in the face of Government arrests and prosecution of journalists. Some broadcasting stations were closed by the government in late 2009 due to perceived hostility to individuals in government and only recently reopened, one year later, after issuing a public apology. Some radio stations are reported to have denied the opposition the opportunity to air their views during the political campaigns. The detention of journalists in police cells without being charged with a crime serves to intimidate journalists into not making critical statements. Finally, some key informants noted that the capacity of the media to engage in rigorous investigative journalism is weak. For example, though the media might periodically uncover important stories related to social, economic or political developments, they rarely provide critical analysis or follow a story through to its logical conclusion.

5) **Other potential legal threats**. CSOs report that laws are being considered to curb activities regarded by the government as critical of individuals in government and that are intended to galvanize citizens into action. These include the Public Order and Management Bill now before Parliament, which would limit an assembly of more than 25 people without police permission and

regulate the content of public meetings. In addition, in early 2010, the government introduced a Press and Journalism Act Amendment Bill that would grant the executive branch much greater control over the media by according absolute power to the executive branch to appoint members of a media council responsible for registering and licensing media, and to revoke licenses to media organizations that publish material deemed to be "prejudicial to national security, stability and unity" or to cause "economic sabotage." In addition, the proposed bill would reduce representation of the media and the broader public on the council.

6) **Social and cultural constraints.** Social and cultural norms in Uganda might mitigate against challenges to government through advocacy. Prevailing norms tend to emphasize respect for authority, and years of authoritarianism and repression might have subdued most tendencies for protest or political activism. One extensive assessment of civil society in Uganda found that 84 percent of community respondents had never taken part in non-partisan political action such as writing a letter to a newspaper, signing a petition or attending a demonstration.[3] Moreover, patriarchal systems and gender norms that discriminate against women – from lower education and literacy levels, to women's burden of household responsibilities and considerably longer work days, to cultural practices such as early marriage -- generally discourage them from playing a more active role in public life, particularly in rural areas. Men tend to be in control of decisions as heads of clans and households, while women are expected to be subordinate to their husbands, brothers and fathers.

VI. Key Findings

A. Civil Society

Common Issues and Trends

The team found a number of common issues and trends among CSOs involved in advocacy, as outlined below.

1) **Non-profit NGOs (both domestic and international) are the most active and consistent players on development-related advocacy within civil society.** The assessment team found that although other institutions in the larger spectrum of CSOs, such as faith-based organizations and professional associations and trade unions, have become involved to a limited extent in larger public policy advocacy on issues related to health, education and social services, an array of NGOs (both international and domestic) are the most active players, though advocacy still takes a second seat to Ugandan NGOs' primary role in service delivery. This finding was also broadly confirmed in an assessment of CSOs that DENIVA conducted in 2006.[4] Although faith-based organizations and religious leaders have been strong voices on advocacy issues concerning human rights, peace, and democracy, they have tended to focus on delivery of health and education services rather than

[3] DENIVA, "Civil Society in Uganda: At the Crossroads?" Civicus Civil Society Index Project, June 2006, p. 26.
[4] DENIVA, Ibid, p. 65-68.

advocating for improved services. Professional associations give primary emphasis to issues of immediate self-interest to their members such as wages or income, working conditions, and professional development.

Yet there are certainly important examples of engagement by these groups on broader public policy issues, and such organizations can provide legitimacy and credibility as a result of their broad membership base (in the case of professional associations) or their high moral authority in society and with decision-makers (in the case of faith-based organizations). For example, the Inter-Religious Council of Uganda and Caritas Uganda have both organized respected religious leaders to engage with the national government and to be public spokespersons on HIV/AIDS issues, while the Uganda National Teachers Union has been active on efforts to address HIV/AIDS and to promote gender equality in school settings.

2) **There is a proliferation of civil society organizations and CSO networks, and more are becoming involved in advocacy.** The number of civil society organizations in Uganda has grown steadily over the past 10-15 years. As one indicator, the membership of the National NGO Forum – which includes international NGOs, national NGOs, district-based NGOs, and other umbrella networks –reached 405 organizations in 2010, up from 50 members in 2001, and the rise has been particularly dramatic in the last four years. Similarly, the number of umbrella networks and coalitions has also multiplied, with some based on issues, others on member professions or identity, and still others on geographic location. In an earlier assessment of civil society, the growth in networks and coalitions was found to be an indication of the need for greater collaboration among CSOs, especially around advocacy and lobbying.[5]

Yet some of the CSOs and networks have overlapping functions and mandates. For example, Action for Development (ACFODE), a pioneer women's organization founded in 1985, has given rise to other spin-off organizations such as Forum for Women and Democracy and the recently created Center for Women in Governance, though the mandates of the organizations are quite similar. Other examples are the Rwenzori Association of NGO Networks (RANNET), a network of networks based in the seven districts that form the Rwenzori Region; and the Rwenzori Anti-Corruption Coalition (RAC), which also operates in the same districts with much the same membership. There appears to be a degree of fragmentation among CSOs and networks, with groups frequently breaking off to start a new CSO or a new network, when conflicts or disagreements are not resolved.

This also reflects weak coordination among networks. Several informants reported that some networks, unable to sustain operations on the basis of membership fees, seek donor funding alongside their members, and sometimes receive funding to carry out operational work similar to that of their members. This blurs the distinction between networks and their members and places them in direct competition with one another, undermining the networks' ability to coordinate and serve their member organizations.

[5] DENIVA, Ibid, p. 35.

A 2008 survey of CSO advocacy in the health sector conducted by the African Medical and Research Foundation Uganda found that CSOs carry out their advocacy activities independently, with little communication or coordination, agreement on an advocacy agenda, and scant sharing of information.[6] For example, CSO representation at meetings between the Ministry of Health and its development partners is determined on the basis of existing relationships, which excludes many CSOs from the discussions. With some exceptions, there does not appear to be much specialization of advocacy functions between CSOs (e.g., research and policy analysis, communication/media functions, lobbying, etc.). Instead, most CSOs try to "do it all," likely at some cost to their effectiveness.

3) **The equity of gender representation within the leadership of CSOs is moderate at the national level, and low among civil society groups at the district and local levels.** Although the assessment team did not intentionally examine the relative representation of women and men in leadership positions within CSOs, it observed that women were moderately well represented in CSO leadership structures at the national level -- aside from the considerable number of CSOs specifically dedicated to the mission of gender equality and women's empowerment, where women tended to hold all of the leadership positions. At the district and community level, however, women tended to be noticeably underrepresented in leadership structures, again with the exception of CSOs specifically focused on women's empowerment and gender equity. An assessment by DENIVA in 2006 found that 75 percent of NGO leaders were men, and that a majority of survey respondents thought that women were underrepresented in CSO leadership.[7] The lack of gender-equitable balance in CSO leadership structures might result in an under emphasis on gender disparities in policy analyses and policy and program proposals.

4) **A substantial number of CSOs are involved in monitoring government delivery of health and education services at the local level.** A broad range of civil society organizations report that they support social accountability initiatives related to delivery of health and education services, mostly at the local level -- reviewing budgets and public expenditures, monitoring the supplies of medicines and services at public health centers or classroom conditions at schools, and engaging government officials in dialogue about quantity and quality of services, corrupt practices, and other accountability issues. This appears to be a common approach among CSOs at the district level, perhaps stemming from successful efforts spearheaded in the early 2000s by the Uganda Debt Network (UDN) and other organizations to track the use of funds under the Poverty Eradication Action Plan (PEAP).

   Organizations employ a range of tools and methods to monitor delivery of services. These include the following:

[6] Larry Adupa Romano. "Harmonizing and Strengthening Participation of Civil Society in Implementation of Health Sector Strategic Plan: Report on Proposed Coordination Mechanism for Civil Society in Health Sector in Uganda." Submitted to AMFREF. August 12, 2009

[7] DENIVA, Ibid. p. 61-62.

- ***Participatory Public Expenditure Monitoring (PPEM)***. The PPEM approach was developed in 2005, initially with the encouragement of the World Bank through the Ministry of Finance, but eventually with CSO leadership and direction. Under PPEM, trained monitors trace the flow of public resources for the provision of public goods or services to their destination to detect bottlenecks, inefficiencies and/or corruption in the transfer of public goods and resources. Two organizations – Kabarole Research and Resource Center and the Gulu NGO Forum – have used these tools to conduct monitoring in the health and education sector and have drawn upon the results for advocacy in the Acholi and Rwenzori regions. Based on their success, the National NGO Forum is now working to refine the PPEM tools and adapt them to other sectors, in the hope they will become an extensive national monitoring and independent feedback mechanism that could operate on a large scale.

- ***Community-Based Monitoring and Evaluation System (CBMES)*** has been implemented by Uganda Debt Network (UDN) since 2000, and now is being carried out in 13 districts. It involves grassroots efforts to measure the performance and the quality of services delivered, especially in the health and education sectors, followed by open dialogues with responsible government officials. The process applies a rights-based approach that promotes a better understanding among community members about their rights and entitlements. Altogether, UDN has trained 6,386 community monitors in 55 sub-counties in 13 districts in the use of the tools and the monitoring process. (See Annex 3: Best Practice Case Study 1.)

- ***Poverty Resource Monitoring and Tracking (PRMT),*** a tool and process developed by the Kabarole Research and Resource Center (DRC), and modeled after the CBMES, is also used to measure the quantity and quality of services delivered. KRC has established 47 PRMT committees in 9 sub-counties in four districts in Western Uganda. The PRMT approach is also being used by the Gulu NGO Forum.

- ***Citizen Voice and Action*** is an approach that is being piloted in 10 districts by World Vision Uganda, with the intention of strengthening dialogue and collaboration between citizens, local government officials, and service providers to improve the performance of public services, particularly around UPE. The approach emphasizes the mutual responsibility of government, on the one hand, and parents, students and communities, on the other, to promote high-quality education.

- ***Development Pacts,*** a mechanism led by Transparency International, obtains pledges in writing by local governments and communities on transparency and cooperation regarding delivery of services. For example, in October 2010, the community and local government leadership in Kyebe Sub-county, Rakai District, signed a "Development Pact for Improving Health Service Delivery." In the pact, the sub-county chief pledged to make available and explain bills of quantity before contracts begin, to increase the quantity of medicines available in the local health center, and to construct placenta pits at three health centers. The officer in charge of a local health center separately pledged to make information available on the quantity of drugs

received, and to allow community members to be present when the drugs and supplies are delivered.

- ***Local Government Scorecards***. Advocates Coalition for Development and Environment (ACCODE) is leading an effort to use scorecards to rate District Councils as a whole as well as individual Council members in five categories, one of which is "service delivery in priority program areas." The scorecards are being piloted in 10 districts in 2010 and will be expanded to more districts in 2011.

- ***Complaints Mechanisms*.** The Coalition for Health Promotion and Social Development (HEPS) has established a mechanism to address violation of the rights of health consumers by installing complaints and suggestions boxes at participating health units. HEPS follows up on the complaints by providing counseling services, constructive dialogues and mediation between the aggrieved consumers and the accused health facility, and shares information with stakeholders. On a separate level, HEPS has also worked with the Uganda Human Rights Commission to establish a complaints desk to handle violations of health rights.

Such methods have made a significant contribution to raising awareness and empowering local communities to monitor government service delivery, demand good performance and hold government accountable to its obligations. Several, such as the complaints mechanism and the citizen-government dialogues employed in CBMES, PRMT and Citizen Voice and Action, also provide citizens with a direct channel for voicing their experience and concerns regarding service delivery to government administrators and elected officials. However, CSOs at a local level often pointed to the need for basic logistical support for community volunteer monitors to carry out their monitoring activities – e.g., bicycles or motorbikes for travel to service delivery sites, office equipment for recording data and reports, as well as more thorough training.

The effectiveness of CSOs in bringing about changes in policies and practices through these social accountability approaches is difficult to assess because there is little systematic monitoring and evaluation of the initiatives. Significantly, however, the World Bank supported a randomized field research intervention on community-based monitoring of health services in 50 rural communities in nine districts in Uganda. The results, published in 2007, found clear evidence of a positive impact on health outcomes in those communities where monitoring took place compared with control communities, including significant weight gain among infants, markedly lower child mortality, increased use of antenatal care and family planning services, and a higher percentage of births at treatment facilities.[8] However, the researchers noted that in order to achieve these results, two conditions were necessary: 1) ensuring that monitors had access to reliable information about the

[8] Martina Bjorkman and Jacob Svensson, "Power to the People: Evidence from a Randomized Field Experiment of Community-Based Monitoring Project in Uganda," World Bank Policy Research Working Paper 4268, June 2007.

current status of service delivery and entitlements; and 2) enhancing local organizational capacity for monitoring.

In contrast to this empirical research, the organizations interviewed by the assessment team tended to offer anecdotal evidence and examples of success at the district and community level. For example, as a result of UDN's monitoring of a primary school in Bugiri district, teachers were reshuffled after monitors found poor school performance; all 10 teachers were absent most of the time and sometimes as few as three teachers were available to teach all 14 classes. The school's performance improved after the reshuffle. In addition, through public expenditure monitoring supported by Kabarole Research and Resource Center, communities monitored school construction and the construction of sources of water by a private company. The communities found that the well was not constructed according to the required standards and the contractors had kept some of the construction materials. The community together with the leaders demanded that the work be re-done and the project was improved because of the community's vigilance. Other successful examples by district NGO networks are presented in Best Practice Case Study 2 (Annex 4).

Although most of the success stories refer to achievements at the local level, the monitoring exercise seems to have produced some government responses on a national level. In 2007, the government of Uganda introduced the Public Service Client Charter as a tool for to ensure that government institutions were accountable to local communities. UDN recently signed a Memorandum of Understanding (MOU) with the Ministry of Public Service to oversee compliance and implementation of the charter by government departments. And as a result of a two-year campaign on health services by the Anti-Corruption Coalition and its regional affiliates, the Government of Uganda agreed in 2009 to brand public health service drugs distributed through the National Medical Stores to prevent them from being sold to private clinics. In yet another example, the Ministry of Health recently adopted a Patient's Charter as a formal policy following a concerted advocacy campaign led by the Uganda National Health Consumers Organization (UNHCO) over nearly a decade. The charter spells out the rights and responsibilities of patients and health workers in accessing and providing high-quality health services, respectively.

Yet again, the extent to which these responses are genuinely improving government accountability to citizens is unclear. As one CSO observed, "Civil society capacity to hold government accountable is still very low. We talk too much, but there is little action. Ministers are fond of telling us that they know where the problems lie and therefore CSOs are not saying anything new. They try to disarm us by acknowledging that there is a problem in the system but no action is taken after that. CSOs have yet to sharpen their approaches to focus on government inaction or action. These include policies where government is building so many structures but which are not delivering services."

5) **Some CSOs have gained more opportunity to participate in decision-making**, either by sitting on sectoral and technical planning committees or by establishing joint government-CSO monitoring committees. In several of districts the assessment team visited, the district NGO forum was represented on the planning committee, the HIV-AIDS committee, or health and education sector committees. The Katakwi District Development Actors Network and the Masinidi NGO forum both

established joint monitoring committees with local government officials to oversee government projects and make those responsible for poor performance or misuse of funds accountable. At the national level, the National NGO Forum is a member of the National Task Force for the National Development Plan, led by the National Planning Authority, and is part of the "expanded" board of the National Planning Authority (the expanded board includes non-state actors). In the health sector, civil society organizations are represented on structures established for consultation and dialogue between government and development partners, including the Health Policy Advisory Committee, Joint Review Mission, National Health Assembly, Technical Review meetings, the Uganda AIDS Commission Partnership Committee, and the Country Coordination Mechanism for the Global Fund.

Some CSO monitoring activities appear to have influenced the government to create new structures or processes to improve the quality of service delivery. For example, under the National Integrated Monitoring and Evaluation System, the Government of Uganda in 2009 introduced *Barazas* (open dialogue meetings) at the sub-county level to be held every quarter and attended by communities and local officials and duty bearers to discuss performance and delivery of public services. The *Barazas* are similar to many civil society-organized dialogue meetings where citizens engage with service providers to assess and critique service delivery systems and performance. The recommendations of *Barazas* are expected to inform local government actions to improve service delivery. As mentioned earlier, the President recently established a new Medicines and Health Service Delivery Monitoring Unit, in response to the numerous incidents that civil society groups discovered of theft of drugs, ghost health centers, and absentee health workers.

Yet, once again, how well CSOs use these structures and opportunities to effectively champion civil society concerns appears to be mixed. On the one hand, some CSOs seemed to be satisfied with merely being "at the table" in technical committees, and had difficulty citing specific ways they had helped to advance their policy agenda. A donor representative observed that the CSO representatives in national health sector policy fora often seemed to represent their individual views rather than collective views of CSOs, and that they tended to be quiet and passive in the meetings. And a CSO representative active on many of the national health structures commented, "Most CSOs on the various committees do not attend the meetings of the committee when invited. Those who attend do not have well-informed positions to present in the meetings. At the end of the day, we have not contributed adequately and in a manner that would influence decisions. Others are interested in their own narrow agenda . . . rather than CSOs' agenda. We have no agreed position on most issues as CSOs."

On the other hand, the assessment team was informed about a number of examples where CSO participation in government structures seemed to have made a meaningful difference. At the national level, a family planning and reproductive health service provider reported that its regular dialogue with the Ministry of Health through the Family Planning Revitalization Group and directly with the Reproductive Health Department had led to a much better exchange of information, appreciation for one another's experiences, and participation in designing policy solutions and

guidelines. As a result of the CSO participation in the Medicines and Supplies Group in the Ministry of Health, the national drugs distribution policy was changed to channel all the money for purchase and distribution of medicines to health facilities directly to National Medical Stores (NMS), rather than through the Ministry of Health. This has reportedly led to some improvement in the availability of medicines at health centers. And as a result of intensive lobbying by CSOs, "Client Satisfaction Indicators" used to test the community response to health care service delivery systems were included in the design of the Health Sector Strategic Plan III (HSSP III).

Another example of impact at the district level is the MOU signed between the Gulu District NGO Forum and the District Government, which has flexible arrangement for mutual collaboration. The Gulu NGO Forum collaborated with the government in the formulation of the "Gulu District Education Ordinance 2010," which spells out the responsibilities of stakeholders in the education of children, including parents' responsibility for registering their children at school, providing guidance and psychosocial support to their children's education, and providing food, clothing, shelter, medical and transport to the children.

Key challenges for CSOs

The assessment team also found a series of common challenges confronting CSOs involved in advocacy:

1) **CSOs are highly donor-dependent.** Most CSOs that we interviewed during the course of the assessment indicated that up to 99 percent of their funding is from external donors and very little from their own sources, such as membership fees or income from the sale of products or services. The heavy degree of donor dependency raises questions about the extent to which CSOs' agendas are driven more by donor interests than by demand from their membership, and therefore how much genuine ownership exists over locally defined development initiatives. For example, in one district, the assessment team found that almost all the CSOs were involved in HIV and AIDS program activities of one sort or another, because by distributing condoms they could access HIV/AIDS donor funding. The team also encountered examples of other advocacy initiatives launched simply because of the availability of donor funding, and these activities ended as soon as the funding ran out even though policy engagement and policy influence is a long-term process. Thus, the degree of donor dependency also raises question about their long-term sustainability. It also undermines CSOs' credibility with policy makers, some of whom believe that they do not truly represent communities.

2) **There is a lack of conceptual clarity about advocacy among some national as well as district-based CSOs.** The assessment team found that some key informants do not always have a clear understanding of advocacy, particularly CSOs that were primarily dedicated to service delivery. Some are confused about the difference between advocacy and organizational promotion or marketing for purposes of attracting funding. Others tend to confuse advocacy with sensitization and awareness-raising campaigns around a specific issue or right or with behavior change communication, which are often important elements of a larger advocacy initiative, but do not constitute advocacy in and of themselves.

3) **Some CSOs have a narrow membership base and weak links to constituencies.** Some CSOs, particularly NGOs or networks primarily devoted to advocacy rather than to service delivery, lack a strong, committed base of members who are energized and motivated to work on the issues on a volunteer basis. Some CSOs also have a weak numerical base and thin geographic coverage, with their activities concentrated in Kampala, and little defined membership and limited activities at the grassroots level. Informants from various sectors expressed suspicion that some CSO staff members may be motivated more by self-interest in employment, their personal "profile" and access to donor funding, than by the mission of the organization.

   In addition, some large NGOs with substantial geographic coverage and with well-established advocacy programs at the national level do not regularly involve their district-level program staff in coordinated advocacy. In other cases, national NGOs or networks that have regional or district-based structures tend to operate independently from them, without strong coordination or feedback between advocacy programs at each level. Furthermore, with some exceptions, CSOs lack systematic downward consultation processes to establish their advocacy agenda or advocacy positions.

   Many CSOs across the spectrum expressed concern that their members, as well as government officials at various levels, often demand an allowance in order to participate in functions, attend meetings, or engage in activities. This is another indication of a persistent tendency among some within the CSO sector to pursue individual material interests rather than the public good.

   However, there appears to be a growing effort among national NGOs and networks involved in advocacy to strengthen their presence and activities at the district level. The National District Network Support Program, which has served to strengthen district-level NGO networks over the past five years, is a noteworthy case in point. (See Annex 4, Case Study 2.)

4) **Many CSOs and CSO networks have fragile institutional foundations** in areas such as governance, strategic planning, human resource management and financial management, as well as capacity building in advocacy and other arenas. This is particularly true of district-level CSOs and their networks.

   Most CSOs and networks seem to operate under formal governance structures of annual general meetings of the membership, elected boards that oversee the financial and staff functions of the organizations, and secretariat staff that provide technical input to board decisions. However, it is unclear how well these structures function in practice to direct and guide the organizations. For some CSOs and networks, the organizational or secretariat staff appears to be the major force driving the advocacy agenda rather than the membership. Because the staff is generally responsible for fundraising, they are vulnerable to adhering to donors' preferences rather than those of their membership.

Few national networks provided us with information about a member-driven advocacy agenda or implementation plan. Yet best practices would suggest that members provide leadership for some activities such as policy analysis and research, publicity and communication.

An informant noted that CSOs' institutional weaknesses can undermine their willingness to take on advocacy issues as they arise: "They are overwhelmed with operational and funding constraints, and they fear to take on battles with local government if they don't know if they have salaries for the next few months."

5) **Capacity for effective advocacy is often limited**. The assessment team found that, with the exception of a handful of well-resourced and high capacity NGOs at the national level, few CSOs possess the capacity to effectively engage the state in technical processes, by their own admission. Many pointed to the need to sharpen their skills in various aspects of advocacy -- community empowerment, effective representation of community concerns, research and policy analysis, power mapping, communications and media, outreach and mobilization, and engagement with government officials. The assessment team found there was little evidence of specialization among CSOs in one of these areas, depending on their organizational identity and strength, or division of labor among network partners to take the lead in specific areas, which would promote greater efficiency and cooperation among CSO advocates. Some CSOs and CSO networks tend to focus on multiple issues rather than a single one or a more narrowly defined advocacy agenda, where they might be more effective.

In a 2008 survey by the African Medical and Research Foundation Uganda of health sector CSOs and their advocacy capacity, respondents repeatedly pointed to their lack of capacity to engage in decision-making and conduct effective advocacy, resulting in limited participation of CSOs in policy formulation processes. The survey identified the following skills as particularly weak: understanding the Ugandan health policy context and processes at the district and national levels; analyzing and interpreting government policy documents; packaging and disseminating evidence; interpreting research findings and assessing their relevance for advocacy; and documenting best practices as a basis for advocacy.[9]

The Linkages Program staff described its two-year program to build capacity for advocacy among CSO grantees in 10 districts thus: "We had to build basic capacity in getting local CSOs and others to understand the local government. Year 1 was devoted to education on training on the functions of local government, the entry points, the timing of decisions – e.g. 'Local Government 101.' Year 2 we focused on what and how of advocacy, developed the toolbox, and conducted training. Then we

[9] African Medical and Research Foundation. "Enhancing the capacity of health CSOs to change policies that affect the lives of disadvantaged people in Uganda." 2010.

provided hands-on mentoring, to develop a strategic plan for advocacy, role-playing to develop skills. We also focused on relationship-building between local government and CSOs, by bringing CSOs into trainings for local government."

CSOs as well as donors and government officials regularly identified three areas where advocacy capacity-building was particularly needed: 1) developing and implementing a well-focused advocacy strategy, with attention to decision-making processes, key decision-makers, and timelines; 2) developing skills in policy research, analysis and policy proposals; and 3) strengthening networks for purposes of advocacy. Both government officials and CSOs also pointed to a general lack of capacity in the more technical area of budget analysis, and ability to engage in budget decision-making processes (with the exception of important work being done by women's organizations on gender-based budgeting). Uganda has a small handful of specialist institutions that can provide technical support in the areas identified above, but most of them are based in Kampala, and the cost of accessing their services can often be prohibitive for CSOs. In addition, Uganda lacks policy think tanks with a capacity to engage in cutting edge policy analysis, research and engagement with policy makers.

Nevertheless, the assessment team found several examples of exemplary advocacy efforts led by civil society organizations that demonstrated considerable capacity for citizen mobilization and ability to influence policy, based on a strong institutional foundation. For example, efforts led by Reproductive Health Uganda to ensure an adequate supply of family planning commodities stand out as a best practice. (See Annex 5: Best Practice Case Study 3.) Yet few other CSOs can lay claim to the detailed strategic focus, geographic reach, parliamentary relationships, and use of media that underlie RHU's success.

B. Community-Based Organizations

1) **The capacity and motivation of local community-based organizations (CBOs) to engage with government appears to vary considerably, but is mostly low.** Among a range of key informants interviewed, there is a general agreement that most local communities in Uganda, especially those far from urban centers, are not empowered. They tend to have a limited awareness of rights under existing laws or broader human rights, and initiate few efforts to claim those rights. Indeed, Uganda does not appear to have a strong tradition of political activism. In a 2005 survey of community members in 11 districts carried out by DENIVA, 84 percent said that they had never taken part in a non-partisan political action such as writing letters, signing a petition, or attending a demonstration.[10]

[10] DENIVA, "Civil Society in Uganda: At the Crossroads?" Civicus Civil Society Index Project, June 2006, p. 26.

This finding was corroborated by a 2008 survey of CSOs by the African Medical Research Foundation Uganda, in which CSOs reported a significant lack of demand from poor, rural communities for better health care, due to a strong lack of awareness of the right of beneficiaries to access high-quality health care and other essential conditions for health (e.g., access to safe water, sanitation and health-related information and education), as well as the right to active informed participation in health decision-making processes. As a case in point, many CSOs said that there was almost a total lack of awareness among communities of the government's Village Health Team strategy. In addition, CSOs admitted they lacked the advocacy knowledge and expertise to expand people's awareness of their rights and responsibilities. [11]

> *"We wait for our leaders to bring services nearer to us. We elected them to help us but they ignore us and we don't have voice to air our grievances. They don't come back until election time. We are poor and have no money to visit the health centers, which are far away."*
>
> - **Community in Nsuura Parish, Katebwa Sub-Country, Kabarole District**

In addition to a lack of knowledge, cultural barriers hinder communities' motivation to challenge the government authorities. As one CSO representative put it, community members generally seem reluctant to "criticize the big man or the big lady for not doing well. If you do, they say you are spoilers." This results in a general failure to push government to perform its roles well. Despite the legal requirement to involve communities in identifying priorities for the annual planning and budgeting process, many local communities are not actively encouraged to be involved. In Kabarole, the Community Development Officer reported that Local Council 1 (at the village level) as well as Local Council 3 (at the sub-county level) do not organize meetings to enable communities to identify their priorities that may be included in the parish, sub-county and district development plans. Instead, he said, the chairperson and a few officials may sit, discuss and identify the priorities on behalf of the community. Even when local planners do organize consultation meetings, some key informants report that participation tends to be low.

Some CBOs appear to exist primarily for the purpose of self-help among their members, or might have formed as a requirement in order to receive information or services, but they rarely engage with the government or others in authority to advocate on their own behalf. Others make attempts to engage, but are easily discouraged when they are not invited to community meetings, or when they invite politicians or MPs to meet with them and they do not show up.

However this is not true across the board, especially in cases where district- or national-level CSOs that have deliberately built strong grassroots constituencies. The assessment team discovered

[11] African Medical and Research Foundation, "Enhancing the Capacity of Health CSOs to Change Policies that Affect the Lives of Disadvantaged People in Uganda," 2010, p. 6.

several instances where communities were well organized to advocate for their interests, beyond simply accessing resources or information:

- A Gulu-based CSO, Concerned Parents Association (CPA), organizes parents in support groups down to the parish level and builds their capacities in mobilization, communication and information dissemination. The parent groups have worked with local government on various issues of concern: reducing the school drop-out rate, particularly due to stigma toward children living with HIV; improving teachers' motivation and regular attendance; and passing ordinances that require that parents provide children with a packed lunch for schools. This year, CPA will initiate a process to promote the election of children's representatives to District Local Government Councils.

Unyama community group in Gulu

- The Integrated Women's Development Program, a CSO based in Kabarole and Kyenjojo districts, has engaged local communities in a range of activities to hold local government accountable for delivering services, including establishing human rights clubs at schools educating students about rights and responsibilities, and engaging them in efforts to reform a local education ordinance.

- The Forum for Women in Development, a national CSO with structures in 10 districts, organizes civic education village meetings every two months in the districts of Pader, Gulu, Kitgum, Mubende and Kabale to inform people about their rights and responsibilities as citizens and the importance of women's participation in politics, which is envisaged to lead to increased numbers of women elected in political positions. They also coordinate grassroots fora of women to support them in getting involved in community-based organizing.

Nevertheless, many informants pointed to a high level of complacency and sense of powerlessness among community members, due to their perception that nobody cares about them, a lack of government responsiveness, and a widespread distrust of government.

2) **Some communities look more to NGOs for provision of essential social services than to local governments.** This appears to be particularly true in post-conflict areas, where large NGOs, primarily international NGOs, have played a significant role in providing humanitarian aid and post-conflict recovery assistance through an array of programs and services. In fact, in some of these areas, NGOs seem to have almost supplanted the local governments in the provision of programs and services and, collectively, they might have budgets considerably outstripping those of local governments. In most cases, their programs run parallel to those of the local government rather

than through them. In this case, communities appear to look much more to well-resourced NGOs as service providers rather than the government. The local government, for its part, is relegated to the role of supplicant, seeking access to the NGO resources to finance their own programs. This dynamic undermines efforts for citizen engagement with local government.

In addition, in some communities, there appears to be a deep distrust and cynicism about the willingness of local government to respond to the demands of the community. For example, a community outside Pader cited several instances of police releasing criminals shortly after their arrest upon urging by the community for theft or for incidences of domestic violence. Also, perhaps due to the history of conflict there, in some cases people are reluctant to challenge government authorities for lingering fear of being labeled as "rebel" sympathizers.

Community meeting in Kabarole

3) **Community radio is a major channel of communication with local communities.** Some CSOs are making regular use of radio to bring issues about local government accountability to the citizens. Many district and lower-level CSOs use radio talk shows to promote accountability in government by inviting government officials to discuss the results of service monitoring activities, or to address charges of corruption or misuse of funds. Twenty-three of the 26 participating district NGO networks in the National District Network Support Program (See Case Study 2, Annex 4) run regular programs on local radio, informing the community about different problems and challenges, and inviting government officials to address some of the communities' issues and problems. UDN facilitates four weekly radio programs in the local languages that are presented by community monitors who address their service delivery issues. UDN trains the monitors in media and communication techniques. KRC in Kabarole intends to work with communities to establish community-owned radio stations for the effective sharing of information, which is not in the interest of the current commercial radio networks. In Gulu, the Concerned Parents Association hosts a weekly talk radio show on topical issues of concern to the community, often hosting children's talk shows. However, as with other aspects of community-based monitoring of service delivery, there does not appear to be any systematic effort to monitor or assess the impact of this media strategy on raising public awareness or other desired outcomes of the advocacy initiative.

4) **The Community-Driven Development (CDD) program has opened opportunities for greater community self-organization and mobilization**. The recently launched CDD program, funded by the World Bank and African Development Bank and managed by the Ministry of Local Government through Community Development Officers, appears to provide an incentive for group formation at the community level. The program allocates up to UGX 5 million to village groups for their identified needs, provided they qualify on the basis of the number of participating households and

the village's ability to meet minimum thresholds in areas such as sanitation, education and immunization. The CDD could help ease some of the local government's restrictions on financing needs that the community has prioritized. However, the funding is minimal and can only be provided to a few beneficiaries. Yet some CSOs and community-based organizations we talked to during this assessment were still unaware of the program, while others had not identified an entry point for using the program for their own benefit. It remains to be seen how successful this program will be in stimulating greater community organization for locally defined needs and priorities. In addition, because the CDD is focused on mobilizing communities into groups to access funds, it has limited potential for contributing to the larger goal of empowerment through claiming and exercising rights.

C. Government Response

1) **Many Government officials question the legitimacy of some CSOs**. Government officials frequently charge CSOs with not being transparent about their budgets, personnel, and plans. They accordingly challenge the legitimacy of many CSOs as genuine representatives of citizens' interests. The assessment team was unable to evaluate the validity of these charges beyond noting that many CSOs have narrow membership bases, as earlier noted. However, one international donor said CSOs, especially at the national level, are used to "easy money" and are not transparent about salaries, expenditures, sources of funds, and are not sufficiently held accountable by either their donors or members. Yet many CSOs refute the charges, and point out that their budgets, work plans, annual reports, and other documents must be filed with the national government or with the district government to receive approval for registration. CSOs insist these materials are not shared among government officials due to their own lack of information sharing, yet CSOs believe they are blamed for the problem.

   CSO have put in place a self-regulatory mechanism, the Quality Assurance Mechanism for NGOs (QuAM). The QuAM aims to enhance NGO legitimacy, credibility, accountability, and autonomy, and promote learning and improvement through the adoption of 59 standards for responsible behaviour. While obtaining an NGO Quality Assurance Certificate is not a legal requirement, once issued, the provisions of the certificate is binding on the certified NGO.

2) **Government authorities are often dismissive of the contributions CSO advocates can make, and do not consider them serious and effective players in decision making.** Some government authorities interviewed by the assessment team questioned CSOs' skills and capacity to engage in government decision-making, especially in highly technical areas. As a high-ranking official at the Ministry of Finance commented, "CSOs do not have influence – whom are they representing? Do they have legitimacy? If, however, they were able to do their analysis well, they would contribute to shape the way government allocated resources. Government is open to ideas but CSOs are always late and make general submissions. They have no capacity to critique the allocation criteria used by Government." A parliamentary official agreed that CSOs were not timely with submissions, and tended to intervene too late to influence policy decisions.

Some have suggested that CSOs' policy influence and ability to command respect by government has waned over the years. As the MOF official commented, "CSO coordinated well with Government during the Poverty Eradication Action Plan (PEAP) in 2000 and 2005. CSOs duplicated the government structures and made . . . well-informed inputs into the process. However, this seemed to have a once off." Others attributed a decline in CSOs' edge as advocates to the large influx of aid funds over the past 15 years, which reoriented them toward service delivery. As an official with the Civil Society Fund remarked, "In the early 90s, civil society organizations were very vibrant and driven by commitment and passion. They were at the forefront of the HIV/AIDS campaigns and were well-recognized and respected by government and donors as key actors and partners. But this has been lost in recent years. It would appear that as more money became available from donors, the focus changed from giving voice to the voiceless to service delivery and quick results."

However, CSOs believe their dismissal by government has as much or more to do with their relative lack of power and financial resources as it does with their lack of capacity. A representative of a CSO national network complained, "Policy makers and decision makers do not respect local organizations . . . . They are busy accounting for donor money and do not have the time to discuss operational issues. . . This is very discouraging because the technocrats appear as if they have no time to follow up on our recommendation unless the matter is being pushed by more powerful institutions such as the World Health Organizations (WHO), which have more clout."

Notably, the draft evaluation of the USAID-supported Linkages program found that local government and parliamentary officials changed their perception of CSOs as a result of the Linkages intervention and began recognizing CSOs as resources and partners rather than critics.[12] Yet such an outcome was a result of considerable investment in both the capacity of CSOs and in relationship-building between CSOs and government.

3) **Many technical government officials at the district level continue to see CSOs primarily as service providers, and are not always receptive to CSOs involved in advocacy or monitoring activities.** The government officials value well-resourced CSOs, especially those that can bring financial resources and technical expertise to the table to supplement their budgets and programs. Thus they tend to favor larger NGOs, many of them international, as well as donors with large operational programs and technical expertise, such as UNICEF and donor partner programs, including USAID's Strides and the STAR programs in different regions. They also say such groups are more regularly engaged in dialogues and planning processes, often offering concrete plans and proposals.

Many local government officials interviewed by the assessment team are not necessarily convinced of the value of smaller, local CSOs that might offer knowledge of local realities but do not provide technical expertise or financial resources, including those engaged in monitoring the delivery of

[12] The Consulting House and Center for Justice Studies and Interventions. "Strengthening Democratic Linkages: Program Evaluation." Draft report. September 2010.

services. They have little appreciation that such interventions have worked usefully to change the policy environment. Discussions with most local government technical staff did not reveal any memorable policies initiated at the urging of the CSOs. District government officials tend to see such groups as critics rather than collaborators for better services.

4) **At the local level, the District Community Development Office (CDO) is the primary channel for ensuring community benefits from government programs and services**, generally through a network of sub-county Community Development Officers. They perform a critical role in bringing services to people through community education, community mobilization for immunization drives, and so forth. Yet the outreach and transfer of information is mostly in one direction – top-down – with no regular or formal mechanisms for soliciting community feedback, input, or ideas except through the annual planning process.

   In addition, the CDO generally has the smallest share of the district government's budget, and its power within the district office, relative to offices with much larger budgets, seems to be limited. Furthermore, CDOs report a shortage of staff at the sub-county level.

   Overall, there appears to be limited buy-in from district government structures to community involvement and mobilization through the CDO. In fact, one Community Development Officer noted that "all departments have funding for community mobilization but they tend to ignore our department during the course of implementing their activities. Since community mobilization is under our mandate, we have to urge them to involve the community services department." He went on to observe that "sometimes the Community Services Department is incorporated when the project has already started and when things seem to go wrong. This might explain why there are a lot of unsustainable projects."

D. International Donors

1) **Donors provide limited support for core funding for CSOs involved in advocacy.** A large number of CSOs interviewed for this assessment complained about the paucity of support from donors for core funding to support staff, the development and implementation of strategic plans, and institutional development, such as improving governance and management structures and financial systems. When queried, CSOs and CSO networks generally reported that they receive less than 20 percent of their external funding in the form of core support, if they receive any at all. As one civil society representative noted, "donors prefer to be associated with 'their' projects, rather than with an institution." CSOs also complained that donors tended to fund projects or initiatives on relatively short time frames (possibly due to donors' own short funding cycles), while advocacy often requires considerable time to yield results. In addition, the lack of core support undermines the ability of CSOs to retain staff paid through project funding. As one health rights organization observed, "Since [our] formation, we have only implemented projects. This means that we recruit people, train them and when the projects end, they go away to other organizations. This limits our effectiveness."

However, it should be noted that some bilateral donors, such as the Danish International Development Assistance program (DANIDA), the UK Department for International Development (DFID) and the Swedish International Development Cooperation Agency (SIDA) as well as the multi-donor Civil Society Fund, have provided a significant share of financial support to civil society organizations in the form of core funding, and these donors emphasized that civil society organizations are better placed to determine their priorities than donors are.

2) **Thematic basket funds can reduce undue influence by individual donors.** International donors, particularly European bilateral donors, have channeled financial support to civil society through thematic basket funds, which generally pool funds from various donors and operate under an agreement among the participating donors. Examples of basket funds include the Civil Society Fund (with a focus on HIV/AIDS), the Deepening Democracy Programme (with a focus on governance and electoral processes), and the Independent Development Fund (with a focus on human rights). An advantage of basket funds is that no single donor's agenda can dominate, and thus recipients are less subject to donor influence.

3) **Donor support for CSO advocacy risks creating tensions with government**. Some donors expressed concern that the government might view as political interference their support for civil society advocacy to hold the government accountable, or to develop a political platform directed at politicians running for office. In the area of HIV, donors and CSOs report that government officials suspect that the issue is being used by donors as a vehicle to address issues that are not culturally appropriate, such as gay rights and the rights of sex workers, even though both are illegal in Uganda.

4) **Donors are also advocates.** Through its interviews, the team found that donors engage in a lot of direct advocacy themselves through their policy dialogue with the government, although they tend to be cautious in this role. It is widely acknowledged that due to their considerable financial largesse, donors wield considerable influence over government policy and program decisions, a pattern evident from the national to the district level, and from bilateral and multilateral donor agencies to international NGOs. Yet the assessment team heard little from donors or CSOs about intentional efforts by donors to use their power to facilitate access by local CSOs to government decision-makers, or to coordinate advocacy agendas, messages or strategies vis-à-vis the government with their CSO grantees (although it is important to note that this was not an explicit focus of the assessment).

VII. Analysis of Gaps and Possible Responses

Based on the foregoing findings presented, a series of gaps emerge that need to be addressed if the goal of advocacy in support of greater government accountability to citizens in Uganda is to be realized. Below, we identify the major gaps and potential responses to these gaps through programs, funding support, and policy dialogue.

1) **Restrictions in the political operating environment should be relaxed**. Regardless of their skill and capacity for advocacy, CSOs and citizens cannot fully exercise their power to organize on their own behalf and shape policy debates and decisions until restrictions in the political environment are eased. Despite the formal move toward multi-party democracy in 2006, there are many ongoing and potential threats to the exercise of free speech, freedom of association, and respect for human rights, and worrisome signs that the situation is worsening, rather than improving, particularly in the lead-up to the general elections. Of primary concern to civil society advocates are the registration procedures under the NGO law and the two legislative proposals currently pending in Parliament – the Public Order and Management Bill and the Press and Journalism Act Amendment Bill – both of which could curtail freedoms of assembly and speech that are essential to a well-functioning advocacy effort. Perhaps even more troubling is the political climate that constricts open criticism of the ruling party, particularly of the Presidency, and that readily politicizes policy debates. Therefore, support for civil society advocacy to improve government performance and accountability calls for a parallel effort to promote greater respect for democratic freedoms and human rights in Uganda.

2) **There is considerable need for empowerment of citizens at the local community level**. Although there appears to be a growing trend to shift advocacy away from Kampala toward districts and local communities, advocacy is still heavily concentrated at the national level. With important exceptions, citizens at the community level do not demonstrate much ability to self-organize, particularly for purposes beyond accessing resources. Overcoming this challenge will require widespread community outreach and awareness raising, with a major focus on civic education on rights and responsibilities, as an essential foundation for building demand for government services and holding government accountable for fulfilling its duties. This calls for a sustained effort in community organization, mobilization, and development of local leadership, with particular attention to promoting leadership and participation of women. It might also be necessary to address social and cultural norms that reinforce attitudes and behaviors preventing citizens from speaking out for their interests, claiming rights, or challenging authority.

   In community outreach and mobilization, it is important to strike an appropriate balance between rights and responsibilities, by reinforcing communities' obligations to contribute to their own development. Some initiatives have gone far in that direction, but others have focused primarily on rights, without concomitant emphasis on responsibilities, which might result in unrealistic demands on local governments. For example, it will be important to encourage families and communities to support their children's attendance at schools through various means (providing school lunches, accommodation for teachers, and so forth), or to encourage regular community involvement in monitoring activities and annual planning processes.

   Some CSOs at the national and district level appear to be working quite well at the community level through structures they have been established and supported over time, as described earlier in the case of CSOs active in Gulu, Kabarole and other districts (p. 28); in these cases, efforts should be

both replicated and scaled up. In addition, the important role of community radio as a vehicle for education, awareness-raising, and communication should be fully exploited.

3) **The base of civil society advocates should be broadened**. As noted above, development-related advocacy is dominated by non-profit, nongovernmental organizations. Other entities within civil society, such as faith-based institutions, professional associations, and trade unions, are involved in advocacy in a more limited way. Yet there might be untapped potential to engage such organizations more fully in advocacy on larger public policy issues and to build stronger linkages between these sectors.

   Although trade unions and professional associations are sometimes dismissed as concerned only with their member's self-interest related to wages and working conditions, some are also quite active on larger issues concerning government programs, e.g., the HIV situation in school settings or girl's access to education. Given the large number of members such organizations have (for example, there are over 256,000 primary school teachers), there is potential for successful advocacy if the issues are framed in a more inclusive way that takes into account the interests of the larger public good and if they collaborate closely with issue-based networks. Both issue-based NGO networks and trade unions or professional associations stand to benefit from finding common cause on issues of mutual concern, particularly as they affect the quality of service delivery. However, a move in this direction is likely to require an investment in relationship-building between the two sectors, and in negotiation on positions of agreement and disagreement.

   In addition, although some large CSOs have successfully used their service delivery programs as an entry point into advocacy, other CSOs that primarily provide services are well-positioned to move more strongly into advocacy on social service delivery issues, especially at the grassroots level. Faith-based social service organizations such as Caritas Uganda, the social service arm of the Catholic Church, hold considerable moral authority with decision-makers as well as with the general public. Caritas has been involved in advocacy primarily by engaging the Catholic Church hierarchy in pastoral pronouncements and in dialogue with decision-makers on social issues, ranging from HIV/AIDS to peace in Northern Uganda to governance and electoral processes. It participates in advocacy coalitions at the national level. However, it has not tended to mobilize its considerable grassroots base at the parish and village levels for purposes of advocacy, particularly around access to health and education services. Yet they have indicated an interest in moving more intentionally in this direction and should be encouraged and supported to do so.

   Furthermore, some service delivery CSOs have a wealth of knowledge of the realities and needs on the ground and already participate informally in policy-related advocacy with national as well as district and local government officials. Because of this experience, they tend to have credibility with government officials. They also regularly collect data that can be used for evidence-based policy analysis and policy proposals. And they often have strong communication and awareness-raising programs in local communities, which might easily be employed for purposes of education on rights and responsibilities and for mobilization to influence local decision-makers. Yet they have few financial and human resources to develop a more intentional advocacy program rather than

mainstreaming it across their programs, which often results in the advocacy effort receiving short shrift. Such service delivery CSOs could be more actively supported to expand their programs into advocacy. Care should be taken, however, to ensure that their close relationship with governments – and often with international donors -- does not unduly compromise their independence.

4) **Umbrella networks, coalitions and alliances should be strengthened to take the lead on advocacy**. Ideally, umbrella networks and issue-based coalitions are best positioned to lead advocacy initiatives as a result of their strength in numbers from their combined membership base, diversity of interests and expertise, and potential for a multi-pronged strategy to undertake advocacy initiatives. Strong networks can also protect individual CSOs against "divide and rule" tactics by powerful interests they are trying to influence. But some networks in Uganda do not appear to function at close to this level of potential. This calls for considerable efforts to strengthen cohesion and leadership in networks and ownership among member organizations, and to clearly delineate roles and responsibilities between networks and the members in order to reduce the potential for overlap and competition. It also calls for incentives for CSOs to genuinely cooperate through networks rather than compete, and to play an active role in the network's advocacy initiatives rather than rely only on secretariat staff.

   The need to strengthen networks is particularly acute at the district level. The NDNSP program of the National NGO Forum (see Annex 4, Case Study 2) has made considerable headway in addressing this need among its participating district networks through financial and technical support for organizational development, learning opportunities, and fundraising opportunities. Yet this successful experience must be considerably scaled up to better meet the much larger need.

5) **CSOs' and networks' institutional foundations should be strengthened**. With the exception of a handful of high-capacity CSOs and networks, many CSOs need considerably strengthened organizational development, especially in the areas of governance structures (including gender equity in representation), strategic planning, human resource management and financial management. In particular, many CSOs need to strengthen representation and consultation with their base of members, in order to ensure that they act as conduits between citizens on the one hand and local and national governments on the other. Some Ugandan organizations provide technical assistance, training, coaching and mentoring support to address organizational development needs, and their programs should be expanded and made more accessible to CSOs and CSO networks, particularly those outside urban centers. At the same time, such support should be targeted to CSOs and networks that demonstrate evidence of an engaged base of members (or considerable potential for such engagement), open and transparent governance structures and accountability, and commitment to democratic decision-making. In addition, the support provided should include clear performance benchmarks for institutional development and should incorporate careful monitoring and evaluation. In all cases, CSOs should be encouraged to adopt the self-regulatory Quality Assurance Mechanism for NGOs (QuAM), and demonstrate adherence to its transparency and accountability standards.

6) **Capacity for advocacy should be built.** CSOs and umbrella networks repeatedly pointed to the need to strengthen their advocacy capacities, particularly in the areas of: 1) research, policy analysis, and policy formulation; and 2) planning and executing advocacy strategies closely tailored to key decision-making processes. The Linkages Program offers insight into the long-term investment needed for building CSOs' skills and capacity for advocacy planning and implementation. To meet this need, as well as the need for institutional development, donors should consider replicating models such as the NDPSP "process facilitators," where staff from more experienced and larger CSOs (including international NGOs) or from institutions specialized in organizational development, provide support and mentoring for weaker, local CSOs on an ongoing basis. (See Case Study 2, Annex 2.) Such a program could identify experienced leaders to provide training, technical assistance, mentoring, coaching and accompaniment across a range of advocacy functions, including planning and implementing advocacy strategies, skills strengthening in specific areas, and monitoring and evaluation support, drawing upon individual experts or institutions (for example, universities and research institutions), as needed. The program could also include documenting examples of best practices in advocacy and support activities to foster learning across CSOs.

7) **Approaches to community monitoring of public services could be standardized and scaled up and outcomes could be better documented.** The relatively common approach to monitoring the delivery and quality of public services at the local level is a striking and unique feature of Ugandan civil society engagement in development-related advocacy. It is also an approach that can be taken up by citizens at the community level who do not have extensive policy knowledge or advocacy skills, provided they receive sufficient training and other support. But at present the wide variety of monitoring methods and the lack of systematic documentation of experiences and results limits the larger impact of this approach. CSOs that are promoting community monitoring should be encouraged to collectively review the various methods and tools for such monitoring and reach a consensus on a method and tool(s) that could be applied in a more standardized manner on a larger scale. Equally important, CSOs involved in community monitoring should be encouraged to establish a common system for documenting outcomes. Such systems can be used for periodic monitoring and evaluation for local level monitoring initiatives and aggregated across localities for use in national advocacy with line ministries or other relevant policy decision-makers. Finally, as noted from the results of the World Bank empirical research intervention cited earlier, it is essential to ensure that communities have both the organizational capacity and resources to carry out the monitoring and access to reliable information about the current status of service delivery and entitlements.

8) **Government officials should give greater recognition to CSOs' and communities' roles as advocates**. There appears to be a substantial need to legitimize CSOs' roles as voices for citizens, instead of simply as service providers, with government officials at different levels. Although this depends to a significant degree on ensuring that CSOs genuinely represent their members' interests, it is also important to change the attitudes and mindset of government officials toward CSO advocates. This calls for considerable relationship building between CSO advocates and the

government in order to establish trust and mutual appreciation for one another's roles. One approach might be to involve international NGOs or donor implementing partners engaged in service delivery that have solid working relationships with government officials to help facilitate relationships between the government and its local CSO partners active in advocacy, in order to foster greater acceptance by government.

In addition, the central government should be encouraged to expand the role of the Community Development Department within local government structures, not only by giving them adequate resources to fulfill their existing duties for community outreach and mobilization, but also by mandating them to establish mechanisms for regular community feedback and input into local government programs beyond the annual planning and budgeting process, and to integrate this feedback and input into implementation of programs and services.

9) **Donors should provide more long-term, core support for advocacy.** The assessment pointed to the clear need for donors to provide longer-term funding to support civil society advocacy, with a greater share in the form of core funding to strengthen CSOs' and networks' institutional capacities. As noted earlier, such support should be provided to CSOs and networks that can demonstrate evidence of an engaged base of members, open and transparent governance structures and accountability, and commitment to democratic decision-making. However, in making such a selection, care should be taken that such criteria do not end up limiting support primarily to those CSOs or networks that already exhibit high capacity, overlooking CSOs with greater capacity needs but with considerable potential for successful advocacy, particularly those outside urban centers. In addition, donors should take steps to mitigate problems of donor dependence by CSOS by identifying local sources of funding or cost-efficent ways for CSOs to reorganize. Donors should also take steps to reduce their influence over CSOs' advocacy agendas, for example by channeling their financial support through basket funds, and by supporting the design and implementation of an advocacy strategy without determining the specific content of that strategy.

10) **Donors could coordinate more closely with CSO advocates in their policy dialogues with governments**. In their policy dialogues with government, it could be helpful for donors to ensure that there are strong civil society champions for the issues they raise, to demonstrate local ownership of these concerns and to guard against the charge of donor political interference or imposition of external agendas. In addition, through their support for civil society advocacy initiatives, donors can strategize with their CSO partners on the issues to raise and messages to communicate in their dialogues, including issues that promote an enabling political environment for CSO functioning. Perhaps even more important, donors can involve CSO partners in policy dialogues, as appropriate, to help legitimize their role as advocates and watchdogs over government performance in the face of sometimes dismissive or skeptical government decision-makers.

VIII. Specific Health and Education Sector Issues

In light of USAID's interest in addressing citizen demand for health and education services and holding government accountable for the delivery of high-quality services, the assessment team paid particular attention to the nature of health and education advocacy initiatives in the course of its investigation. Below are a few issues specific to each sector that emerged from the investigation.

A. Education

CSOs and networks engaged in education-related advocacy cited the well-known range of concerns about the poor quality of education throughout much of the UPE system: inadequate supply of educational materials, substandard school infrastructure, absenteeism among teachers, poor student academic performance, high drop-out rates, and inadequate supervision by education inspectors. Most of these issues are being addressed in different ways through advocacy initiatives. However, two other issues also surfaced repeatedly in the interviews that warrant particular mention:

Lack of school lunches has made many children to drop out of UPE school in Lira Palwo in Pader

- Miscommunication by politicians about "free" UPE has led to false expectations by parents that they should pay no costs for their children's education, although in reality, they are supposed to cover the cost of uniforms, instructional materials, provide meals, and contribute labor and materials for the construction of teachers' houses. This has led to a refusal by parents to shoulder any costs for their children, with the result that children ultimately suffer from a lack of resources.
- Informants at various levels widely expressed concern about parents' failure to support their children's education. The lack of parental support goes beyond financial or material support to include general failure to encourage their children's continued school attendance and good performance, and to build relations with their teachers and school decision-makers. This lack of support contributes to a high student drop-out rate and poor student performance. The problem is particularly acute for girls, who tend to discontinue school attendance at higher rates for various reasons such as concerns about their safety and security, expectations about their roles at home, and the practice of early marriage.

However, neither of these issues requires changes in policy per se. Instead they point to the need for widespread communication, awareness-raising and attitude/behavior change. Some of the CSOs interviewed are working to increase parental responsibility and involvement in supporting their children's education through outreach and awareness-raising initiatives. Yet, advocates could endeavor

to hold politicians and leaders at the national and local level accountable for misleading statements about free education and could try to enlist them in efforts to promote greater parental involvement in their children's education.

A substantial number of CSOs interviewed identified improving the quality of education as a priority in their advocacy agenda. Interestingly, despite considerable evidence in Uganda of higher school drop-out rates for girls than for boys, significantly lower secondary school enrollment rates for girls than for boys, and sexual harassment and violation of girls in school, only a small handful of CSOs (primarily international NGOs) focus on addressing these gender equality issues.

B. Health

Similarly, the assessment team heard repeatedly from community groups and CSOs at the district level about the well-documented range of problems regarding the availability and quality of health care services: insufficient staff and lack of adequately trained staff at health centers, "ghost" health centers, drug stock-outs, theft of drugs and their sale to private clinics, lack of supply of other commodities, fees for health care services that should be free, and referrals to private clinics where patients are charged fees for services. However, two additional issues also surfaced that deserve mention:

- Some CSOs and district government officials told the assessment team there is an unmet demand for family planning commodities, particularly for injection and longer-term methods of contraception. Underlying this unsatisfied need are an inadequate supply of commodities, restrictions on the number of health staff who are authorized to administer implants and other long-term contraceptive methods, and more fundamentally, inadequate political commitment to family planning as a priority for funding and programs. However, an even larger problem cited was the lack of acceptance among many women and men for limiting family size due to cultural attitudes that favor large families. This will present an obstacle to efforts to reduce population growth, even if problems with the supply of contraceptives are resolved.
- In addition to persistent problems of drug stock-outs, the assessment team learned about the "dumping" of medicines by the National Medical Stores on local health clinics, possibly because stocks of medicines were to expire soon. Local health clinics complained of receiving quantities of drugs far in excess of their needs, or drugs that they did not order, while they continue to face shortages of essential medicines.

Unmet demand for family planning services calls for expanded advocacy by family planning and reproductive health groups to ensure adequate funding and supply of commodities, to bring about changes in policies and procedures that restrict the availability of family planning commodities and, most of all, to build stronger political commitment to the larger goal of reducing population growth. In addition, the lack of acceptance of family planning among segments of the population calls primarily for widespread behavior change communication strategies, but these efforts could be enhanced by a more public commitment by politicians and government leaders to family planning. Furthermore, the problem of dumping of medicines is a concern that has received insufficient attention among decision-makers or civil society advocates.

IX. Recommendations

The preceding analysis of gaps and potential responses identified a range of possibilities for future USAID support to civil society to promote advocacy for improved service delivery. The identification of specific areas for USAID programming will depend on further discussion of options regarding USAID's strategic priorities and its comparative advantage in supporting advocacy vis-à-vis other donors.

However, based on USAID's existing programs, geographical focus, and expressed interests, the assessment team suggests that USAID consider the following priorities for future programming:

1) **Prioritize support for networks or coalitions, either issue-based or geographically-based, to lead advocacy efforts on behalf of their members.** USAID should support the development of well-functioning networks (or those with considerable potential to be well-functioning) to take the lead in advocacy on behalf of their members, given the multiple benefits inherent in a coordinated approach. The selection of issue-based networks should align with USAID's strategic priorities, and geographically with districts or regions with the greatest concentration of existing and potentially future USAID programs. USAID should also encourage individual CSOs, particularly service delivery CSO partners with which it already works, to feed their experiences and evidence through networks, and even provide incentives for CSOs to do so. It should further encourage networks to build as broad a base of organizational members as possible, including professional associations, trade unions and faith-based organizations, and to strictly adhere to the QuAM self-regulatory mechanism.

   Where necessary, USAID should provide support to the network to develop a thorough multi-year advocacy strategic plan, and to establish systems for implementation of that plan, through the active participation of its membership. Such support should be in the form of ongoing technical assistance, leadership development, coaching and mentoring, rather than one-off training. After an advocacy strategy is adopted, USAID could provide support to individual members of the network to carry out their specifically defined roles and responsibilities for the strategy. To the extent possible, USAID should provide relatively long-term and core funding support for this purpose, and should avoid influencing the content of the advocacy agenda as much as possible.

2) **Give primary emphasis to strengthening the advocacy capacity of community-based organizations and CSO networks at the district level and below,** given the great need for engagement of citizens most affected by poor service delivery. As suggested above, this will require sustained and long-term investment in community organization, mobilization, and development of local leadership, with particular attention to promoting leadership and participation of women and other marginalized social groups. USAID should prioritize those districts and regions where its health and education programs are already concentrated, and foster close coordination between USAID service delivery projects and advocates at the district and lower levels. Advocacy programming approaches might draw upon the CSO capacity-building approaches and lessons learned from the Linkages program and apply them in a broader number of districts. As mentioned above, another promising model for capacity building is the NDPSP "process facilitators" approach, where staff from

more experienced and larger CSOs (including international NGOs) or institutions specialized in organizational development or advocacy provide support, training and mentoring to weaker local CSOs and networks on an ongoing basis, and in response to an explicit need identified by the local CSO or network.

Although support for advocacy should be primarily focused on the development of networks, there is room for strategically supporting individual CSOs that can make a major contribution to the goal of increasing government accountability for service delivery. In particular, USAID should give emphasis to its existing CSO partners delivering services that are well-positioned to expand into advocacy, due to considerable on-the-ground experience, innovative approaches and ideas, collection of data and evidence that could be tapped for advocacy purposes, and strong relationships with government officials, especially at the district level or below. Such CSOs should be able to represent their interests and should identify advocacy capacity-building as a priority. In addition, such CSOs should be encouraged to establish a specific advocacy program and to employ dedicated staff for advocacy, rather than simply mainstreaming advocacy across all programs, where it is more likely to get lost among service delivery priorities. Finally, organizations engaged in USAID service delivery should use their relationships with local government officials to broker positive interactions between government and local CSOs and CBOs engaged in advocacy, where possible.

3) **Prioritize support for community-based initiatives to monitor the delivery of services and bring results to the attention of local officials**, as an advocacy approach directly related to improving government accountability for delivery of high-quality services. As noted earlier, although this approach is already widely employed, it falls short of its considerable potential due to the multiplicity of approaches, the relatively small scale of most initiatives, lack of evaluation, and insufficient resources and capacity for carrying out monitoring activities. Thus, making community-based monitoring initiatives more effective will entail strengthening and expanding already tested methods by standardizing an approach that can be applied on a large scale, incorporating monitoring and evaluation, and aggregating information and results across communities and districts for use in national-level advocacy. Even more fundamentally, it will require a sustained effort in community outreach, civic and rights-based education, and organizational capacity, which will yield benefits that extend well beyond the more immediate goal of improved service delivery. However, as noted earlier, ensuring reliable information about the status of service delivery and entitlements as well as adequate capacity and resources for monitoring is essential. USAID might enter into discussions with the National NGO Forum about convening leading organizations involved in community-based monitoring to develop a forward-looking strategy for expanding and improving these approaches.

4) **Use policy dialogue with government to promote CSOs' role as advocates.** USAID should deliberately and strategically use its power and relationships with government at both the national and local levels to promote a better enabling environment for civil society. It should voice concerns about human rights abuses, encourage government to expand the political opportunity for excluded

groups, and legitimize the role of civil society advocate partners in consultative groups, sector working groups, and more informal settings. It should further encourage governments to elevate government structures designed to reach out and mobilize communities, such as the Community Development Department.

X. Upcoming Opportunities for Advocacy

Finally, international donors and CSOs in Uganda identified several major upcoming initiatives that are likely to shape advocacy among civil society organizations in the near future, with particular attention to the health and education sectors and to social accountability approaches. We suggest that USAID examine these opportunities in relation to its own program and funding priorities, to see where there might be possible synergies.

1) **The Democracy and Governance Facility (DGF),** a basket fund with support from seven to eight European bilateral donors that is expected to be launched in mid-2011, is likely be a major vehicle for donor support to civil society advocacy in the future. The DGF is supported by the bilateral aid agencies of the UK, Ireland, the Netherlands, Denmark, Sweden, Norway, Austria, and perhaps the EU. It will replace donor-funded programs such as the DANIDA Human Rights and Governance Program. It is likely to be funded at a level roughly estimated to reach US $100 million over five years. The facility will have four funding windows, including one on "voice and accountability" and another on "strategic networks"; both will likely support advocacy initiatives. The overall rationale for the DGF is to foster popular demand for democratic rule, observance of human rights, and government accountability to its citizens.

2) **Second phase of the National District Network Support Program (NDNSP)**. Over the past five years, the NDNSP has been an innovative initiative for strengthening district-level CSO networks' capacity in advocacy, among other areas (outlined in greater detail in Annex 4, Case Study 2). As the program completed its first phase at the end of 2010, NDNSP was poised to consider its directions for the future. Although the first phase focused on putting systems in place for better functioning networks, NDNSP is considering a stronger focus on advocacy in certain sectors or content areas in the future or specific approaches, such as local government scorecards, to systematize the network's technical skills in certain areas and increase the possibility of cross-district learning and alliances. The NDNSP plans to change its name to SPAN (Support Programme for Advocacy Networks) and is in discussion with donors about sources of funding for its future strategic plan.

3) **Voices for Health Rights, Advocacy on Maternal Health and Reproductive Health**. In 2011, Voices for Health Rights, a coalition of 14 NGOs in the health sector, will launch a new advocacy-oriented project focused on maternal health and reproductive health, with support from SIDA. The project aims to empower communities to demand high-quality maternal health and sexual and reproductive health (SRH) services; to promote increased access to SRH services and commodities; and to increase the capacity of communities to monitor and hold key providers accountable for delivery of maternal health and SRH services. Participating CSOs will work in the 18 districts where they already

conduct programs, expanding their activities to address maternal and reproductive health. The project will strengthen the institutional capacity of the participating NGOs to be able to effectively carry out these objectives through advocacy as well as issue-based training and will incorporate a strong M&E component through baseline measurements and joint tools for measuring progress. Importantly, in the lead-up to the project, members of the network have worked together to define their respective roles and specialization. In addition, SIDA has carefully vetted members of the network to ensure they have adequate financial management systems before it provides funding.

4) **UWEZO educational assessment.** UWEZO (a Swahili word meaning capability) is a civil society- led exercise being carried out in Uganda, Tanzania and Kenya to assess and promote learning outcomes for primary school children. In Uganda, the National NGO Forum is leading the UWEZO effort by assessing the performance of 34,752 children in 27 districts, 1,620 villages, and 16,200 households in simple P2 numeracy and literacy. This makes UWEZO the largest civil society-led assessment in Uganda. The assessment will expand to 51 districts in 2011. In late 2010, the initiative launched assessment reports in several districts and will continue the process in 2011, , accompanied by extensive community-level discussions about the results of the survey and in particular, what parents can do. The dissemination of the assessment report is being guided by an elaborate communication strategy to conduct district dialogue meetings, and involve groups such as the Parent-Teacher Associations. The reports are being produced and circulated in a popular format. The NGO Forum anticipates that a more specific advocacy agenda at both the district level and the Ministry of Education will take shape on the basis of the dialogues.

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Annex 1: Key Informant Interviews

National Level

- **Donors**
  - UNAIDS
  - UNFPA
  - DANIDA HUGGO
  - SIDA
  - DFID
  - USAID projects/partners;
    - STRIDES
    - NUMAT
    - UNITY
    - Civil Society Fund
    - Linkages Program
- **National CSOs and CSO Networks**
  - National NGO Forum
  - National District Networks Support Program (NDNSP)
  - Forum for Education NGOs in Uganda (FENU)
  - Uganda National AIDS Services Organizations (UNASO)
  - Uganda Debt Network (UDN)
  - Development Network of Indigenous Voluntary Associations (DENIVA)
  - Family Health International (FHI)
  - Marie Stopes
  - Reproductive Health Uganda (RHU)
  - Anti-Corruption Coalition (ACCU)
  - Transparency International (TI)
  - Caritas Uganda
  - Inter Religious Council Uganda (ICRU)
  - Uganda National Association of Teachers Union (UNATU)
  - Uganda Medical Association (UMA)
- **Government officials**
  - Ministry of Finance
  - Social Service Committee, Parliament

Kabarole District

- **Government officials**
  - District Education Officer
  - District HIV Focal Person
  - District Community Development Officer
  - District Planner
- **CSOs , CSO Networks and CBOs**
  - Kabarole NGOs/CBOs Association
  - Rwenzori Anti-Corruption Coalition
  - Parents Concerned for Young People
  - Christ Aid
  - Integrated Women's Development Program
  - Kabarole Research and Resource Center
  - Rwenzori Association of NGO Networks (RANNET)

Mubende District

- **Government officials**
  - District Education Officer
  - District Health Officer
  - District HIV Focal Person

- District Community Development Officer
- District Planner

- **CSOs , CSO Networks and CBOs**
  - Mubende NGO Forum
  - Children and Wives of Disabled Soldiers Association (CAWODISA)
  - Mubende Women Agro-Processors Association (MWAPA)
  - Uganda Community Based Association for Children (UCOBAC)
  - Kangulumira Community
  - Nsozinga PHA Group

Kamuli District

- **Government officials**
  - District Education Officer
  - District Health Officer
  - District HIV Focal Person
  - District Community Development Officer
  - District Planner
- **CSOs , CSO Networks and CBOs**
  - Kamuli District NGO Council
  - Civil Society Meeting with 9 member organizations
  - Nawigulu Sub-County Community
  - Clinical Officer, Nabirumba Health Centre III Visit, NAIWAGULU Sub-County

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Pader District

- **Government officials**
  - District Education Officer
  - District Health Officer
  - District HIV Focal Person
  - District Planner
- **INGOs, CSOs , CSO Networks and CBOs**
  - Concern Worldwide Pader
  - World Vision Pader
  - Friends of Orphans
  - Lira Palwo Community Groups
  - Pader Town Council CBOs

Gulu District

- **Government officials**
  - Senior Education Officer
  - District HIV Focal Person
  - Senior District Community Development Officer
  - District Planner
- **INGOs, CSOs , CSO Networks and CBOs**
  - Gulu District NGO Forum
  - Concerned Parents Association,
  - ACORD Gulu
  - Comboni Samaritan of Gulu
  - MAP International
  - Health Alert Uganda
  - EPPOVHA,
  - Acholi Education Initiative
  - Human Rights Focus
  - Unyama Sub-County CBO
  - Layibi Division Kirombe cell

Annex 2: Results-Based Framework for Advocacy for Social Services

1. ***Citizen empowerment.*** **Result:** Marginalized or disadvantaged groups or communities organize on their own behalf by gaining the capacity to prioritize their needs for social services, and then act to demand access to an improved quality of services to which they are entitled.

Illustrative Outcomes	Illustrative Outputs	Illustrative Indicators
Communities or groups gain a greater sense of awareness and knowledge of their own needs for social services, and reach a common agreement on their priority needs	▪ Community members educated on problem identification and prioritization ▪ Community members acquire skills to resolve differences and build consensus	*Output* ▪ Percentage of individuals in a community or group who participate in the needs identification and prioritization process (disaggregated by sex, age, ethnic group or other factors, if relevant) *Outcome* ▪ Percentage of local communities or groups in project area that have reached a consensus to identify and prioritize concrete social service needs among community members
Communities or groups change knowledge, attitudes, values or beliefs that might contribute to their marginalization or disadvantaged status	▪ Community address harmful attitudes, beliefs, or values that impede resolution of the problem ▪ Local leaders, religious authorities or other moral authorities engaged to speak out against harmful attitudes, beliefs or values	*Output* ▪ Percentage of community members who engage in community discussion about social attitudes, norms, beliefs (disaggregated by sex, age, ethnic group or other factors, if relevant) ▪ Percentage of local leaders or moral authorities engaged to speak out on the issue *Outcome* ▪ Changes in knowledge attitudes, values or beliefs that reduce marginalization among target population
Communities or groups gain a greater awareness of their economic and social rights, including existing laws policies and regulations that protect these rights, as well as an awareness of their rights and duties as citizens	• Community-level groups educated about their rights and duties • Communities provided with legal aid or other support/advice to defend their rights in cases of violation	*Output* ▪ Number of information/education materials produced and disseminated or communication activities carried out on citizen's rights and duties • Quality of information/education materials or communication activities (effective messages and appropriate communication medium) *Outcome* ▪ Percentage of community members who demonstrate a concrete understanding of their rights under current laws, policies or regulations (disaggregated as necessary)
Communities or groups gain basic knowledge of the	• Development and dissemination of basic	*Output* ▪ Number of information/education

structure and process of decision- or policy-making related to the provision and quality of social services	information materials or communication activities (radio, role-plays, etc.) to educate community-level groups about decision-making structures and processes in their community related to provision of critical social services.	materials produced and disseminated or communication activities carried out on decision-making structures and processes • Quality of information/education materials or communication activities (effective messages and appropriate communication medium) *Outcome* ▪ Percentage of community members that demonstrate a concrete understanding of decision-making structures and processes relevant to the provision and quality of social services (disaggregated as necessary)
Communities publicly raise their voice to speak to their problems and concerns, or to claim their basic rights for access to key social services and improved quality, timeliness, reliability or equity of services, either directly or through leader(s) democratically selected	▪ Increased confidence to speak up, especially among most marginalized populations ▪ Improved communication skills through appropriate means (radio, drama, press conferences, public meetings, etc.)	*Output* ▪ Percentage of community members participating in confidence-building activities (disaggregated by sex, age, ethnic group or other factors, if relevant) ▪ Percentage of people trained in communication skills (disaggregated as necessary) *Outcome* ▪ Number of events or instances where communities or their representative speak out on their own behalf about their needs and rights to essential social services ▪ Extent of public awareness raised about the needs and rights for critical social services
Communities take deliberate and planned action to demand access to social services and improved quality of services, either directly or through a leader democratically selected, to address their issues with decision-makers, and propose solution(s) to the problem	▪ Community members gain skills in action planning and community mobilization ▪ Community members gain skills in lobbying, negotiation and other forms of engagement with decision-makers ▪ Community members gain skills in formulating policy or program solution	*Output* ▪ Action plans to pressure or engage decision-makers completed ▪ Concrete policy or program solution formulated *Outcome* ▪ Extent to which communities are assessed to engage decision-makers successfully to address their needs for social services and propose concrete solutions to increase access and improve quality of services

2. ***Strengthening Civil Society.*** **Result:** Citizens organize themselves collectively to alter the existing power relationships by providing themselves with a formal and lasting organizational capacity to identify, articulate, and act on their needs for access to social services and improving the quality of services, including the ability to achieve specific and well-defined policy outcomes.

Illustrative Outcomes	Illustrative Outputs	Illustrative Indicators
Civil society organization operates according to a vision and mission that includes citizen representation and civic action	• Consultation and participation of board, staff and membership or constituency on vision and mission statement, and their feedback integrated • Vision and mission statements developed, with attention to citizen representation and civic action	*Output* • Percentage of board, staff and membership consulted on mission statement and degree to which their feedback was taken into account (disaggregated as relevant) • Progress toward adoption of vision and mission statement that includes citizen representation and civic action *Outcome* • Percentage of CSO staff and organizational members assessed who demonstrate an understanding of and commitment to organization's vision and mission, including the civic action component.
Civil society organization puts in place a governance structure that promotes participatory and transparent decision-making and leadership selection	• Establishment of internal democratic decision-making structures, including a board or decision-making body which represents interests of membership or constituency • Development and implementation of internal democratic and transparent operating practices	*Output* • Assessment of how well internal democratic structure and processes for making decisions and selecting leadership are operating and institutionalized • Board or decision-making bodies include representatives from membership or constituency *Outcome* • CSOs assessed to govern in a transparent and representative manner, with leadership democratically selected by the membership, and makes decisions in a participatory way
Civil society organization develops strong linkages to and regular consultation with communities or constituencies, including on priority advocacy issues and strategies,	• Key staff acquire skills in approaches and techniques to community organization, with attention to gender, ethnic, religious or other social differences • Development of systems for outreach, communication and education with constituencies, and incorporating feedback	*Output* • Percentage of key CSO staff assessed to possess and apply skills for community organization • Assessment of how well systems for outreach, communication and education with constituencies function *Outcome* • Percentage of constituents or members who are regularly consulted on advocacy issues and strategies

	from constituencies into decisions and planning	• Extent to which the concerns and suggestions of communities and members are reflected in decisions on advocacy issues and strategies • Percentage of membership who receive regular information and feedback from CSOs on relevant advocacy issues and developments.
Civil society organization mobilizes and manages resources (financial, human, information) in a sustainable manner for conducting advocacy	Development of systems and capacity for: • financial resource mobilization and development • human resource development and management • information resources development and management	*Output* • Financial resource mobilization approaches and systems established • Human resource development and management systems established • Information resource systems established *Outcome* • Civil society organization assessed to have sufficient ability to manage and sustain their financial, human and information resources for advocacy program.
Civil society organization build and maintain alliances with other organizations through networks, coalitions, federations or other formation that work collaboratively	• Capacity for coalition or network formation, management, and decision-making structures developed • Capacity for conflict resolution and consensus-building among coalition membership developed	*Output* • Network(s) established assessed to have diverse membership that regularly participates in deliberations • Members of the network(s) assessed to resolve conflicts and reach consensus effectively. *Outcome* • Number of CSO coalitions or networks assessed to be functioning effectively and collaboratively to represent the interests and priorities of their members

3. ***Influencing Policies Related to Delivery and Quality of Social Services.*** **Result:** A civil society or community-based group is able to apply a set of skills and techniques for the purpose of influencing decision-making on the delivery and quality of social services, in order to achieve a well-defined social, economic or political policy goal or reform.

Illustrative Outcomes	Illustrative Outputs	Illustrative Indicators
Civil society organization prioritizes a concrete social service delivery or quality issue affecting their members or community that requires policy advocacy, in consultation with their members or constituents	• Key staff acquire skills to identify issues • Key staff acquire skills for conducting consultative processes and incorporating input into decision-making	*Output* • Key civil society staff assessed to consult members effectively • Percentage of members consulted in selection of a concrete issue • Extent to which members' priorities are reflected in the issue selection *Outcome* • Focused and concrete issue relevant to quality and demand for services for advocacy clearly identified which is assessed to have ownership from the organization's members.
Civil society organization conducts research or collecting data to provide evidence on the nature and extent of the problem of social service delivery or quality	• Key staff trained in techniques for research and evidence gathering, through means appropriate to the group (reviews of documents or budgets, surveys, informant interviews, photo/video documentation, etc.)	*Output* • Key staff assessed to apply skills in research and evidence-gathering approaches and techniques *Outcome* • Level of CSO's capability to collect high-quality and credible evidence and data relevant to policies on service delivery and quality
Civil society organization analyzes policy issues in detail, including the specific laws, policies or practices that exist to address the social services problem, proposes policy solutions to address the issue, and communicates its analysis and recommendations	• Key staff develop skills for policy/legal analysis, establishing systems for peer review of analysis, and writing reports or making other presentations for a policy audience	*Output* • Number of key staff demonstrating skills in policy analysis. • Systems for peer review of analysis established and implemented • Number of key staff demonstrating skills in communication and presentation *Outcome* • CSO is assessed to produce high-quality policy analysis, with clear and focused policy recommendations • CSO is assessed to present the

		analysis in a persuasive form
Civil society organization maps the various stakeholders with an interest in the social services issue, and analyze their relative power to address the problem	• Key staff develop skills in power mapping and power analysis	*Output* • Number of key staff capable of carrying out a power mapping and power analysis *Outcome* • CSO is assessed to produce analysis of relative power of key stakeholders in the decision-making process.
Civil society organization develops an appropriate advocacy strategy to address the issue of social services delivery or quality and with clear policy objectives , timeline, activities and indicators	• Key staff develop skills for planning advocacy strategies, drawing upon the power analysis, and with attention to timing of decision-making, constituent action, direct lobbying, use of media and communication	*Output* • Key CSO staff assessed to possess and apply skills for advocacy strategic planning *Outcome* • CSO is assessed to have advocacy strategy with clear objectives, timeline and actions, reflecting policy analysis, power analysis, and membership roles
Civil society organization mobilizes support for the advocacy campaign or initiative from their own members as well as from allied organizations	• Key staff acquire skills in conducting outreach strategies to individuals as well as organizations	*Output* • Number of key staff assessed to apply skills in outreach strategy *Outcome* • Advocacy campaign demonstrates a wide base of support from individuals and/or organizations
Civil society organization communicates its concerns and advocacy objectives to key stakeholders and the broader public	▪ Key staff acquire skills in message development and communication through appropriate means (mass media, press conferences, electronic media, etc.)	*Output* • Number of key staff assessed to apply skills in message development and communication *Outcome* ▪ Extent of public awareness raised about the policy concern and advocacy proposal
Civil society organization engages decision makers to address their concerns about delivery or quality of social services, present their analysis, and promote policy solutions	▪ Key staff acquire skills in lobbying, negotiation and other forms of engagement with decision-makers	*Output* ▪ Number of actions taken by CSO to pressure or engage decision-makers *Outcome* • Extent to which CSO is assessed to successfully engage decision-makers to address concerns, present evidence and analysis, and propose policy solutions to increase access and improve quality of services

Annex 3: BEST PRACTICE CASE STUDY 1 - Uganda Debt Network

Uganda Debt Network (UDN) is a national network of CSOs and individuals. Since its formation in 1996 to campaign for international debt relief for Uganda, UDN has grown from a single-issue campaigning organization to a leading advocacy organization in Uganda.

In 1998, Uganda became one of the first poor and highly indebted countries eligible for debt relief under the Highly Indebted Poor Countries (HIPC) Initiative of the World Bank. The Ugandan Government established a Poverty Action Fund (PAF) to mobilize resources saved through debt relief and additional donor aid and redirected these funds for spending on education, health, water, rural roads and agriculture extension services.

To hold the government accountable for directing PAF funds to poverty-reducing sectors, UDN pioneered the Community Based Monitoring and Evaluation System (CBMES), an initiative that mobilizes people at the grassroots to monitor the delivery and quality of the poverty-reduction programs and the performance of service providers. The CBMES is the flagship program of the organization and has been implemented since 2000, first as a pilot in four districts and now in 13 districts. By June 2010, UDN had trained and deployed 6,386 community monitors in 55 sub-counties in 13 districts.

Under the CBMES, local communities select as monitors individuals who reside within the community, are judged to be of high integrity and are willing to work voluntarily. UDN trains them in skills in participatory monitoring and evaluation, leadership, report writing, and public presentation to carry out regular monitoring of service delivery facilities. The reports they submit serve as the basis of dialogues between local communities, local leaders and service providers to share information and identify actions to rectify any problems.

The monitors also discuss their findings on delivery and quality of services through the public media and four local FM radio stations that broadcast weekly programs in local languages. Some district governments have also started their own radio programs to respond to some of the information presented by community monitors. In some cases, local government officials and District Council Chairpersons are compelled to provide factual information to counter allegations of poor performance or “shoddy” work provided in schools, health centers and other public facilities. This has demonstrated to the local communities that they have the power to demand accountability from local government officials and to influence decisions by local government institutions.

Although it is implemented under different names by various CSOs, the CBMES initiative has been adapted by organizations and development agencies and replicated in many other districts. These include Kabarole Research Centre (KRC) in Rwenzori Region of Western Uganda, Care International in West Nile Region, and Gulu NGO Forum in the districts of Gulu, Amuru and Nwoya.

In addition to its community-based monitoring work, UDN has established itself as a leading civil society organization involved in national planning and policy formulation, with primary attention to budget policies and budget formulation processes. Each year UDN reviews and analyses the national budget to

assess whether budgets are pro-poor and focused on national priorities. It produces an analytical report and disseminates it among officials in the Budget Office in the Ministry of Finance, the Parliamentary Budget Office and the broader public. In addition, UDN launched the Civil Society Budget Group with 20 other CSOs to regularly engage in the budget formulation process. UDN also partners with the International Budget Partnership to conduct a biannual Open Budget Survey, a tool to assess the extent to which governments worldwide make budget information available to citizens. Every two years, the partnership publishes the Open Budget Index ranking countries on a scale of 1-100. According to the index, Uganda has achieved rankings of 31 (2006), 51 (2008) and 55 (2010), placing it above the mean score of 42, but it still found that Uganda denies vital budget information to the citizens.

UDN also pioneered with other CSOs the formation of the Anti-Corruption Coalition in 1999 to fight corruption in public office and ensure accountability, openness and transparency in decision-making processes. Uganda is always ranked among the top 10 most corrupt countries. UDN organizes activities in the community to create awareness and mobilize citizens to demand accountability and fight corruption. UDN and other CSOs cooperated with official anti-corruption agencies such as Inspectorate General of Government (Uganda's ombudsman), the Auditor General, and the Directorate of Ethics and Integrity in the formulation of the Anti-Corruption Act and in demanding its implementation. The Prevention of Corruption Act 2009 was enacted by Parliament, but its effectiveness has not yet been realized. UDN and other anti-corruption organizations have not yet developed a campaign strategy to lobby central and local government to influence the implementation of the law.

UDN lobbied Parliament in 2008 to ensure the accountability of the Constituency Development Fund (CDF), which distributes UGX 10 million, or about US $5,000, to each Member of Parliament every year to enable them to undertake development projects in their constituencies. But Parliament had not put in place guidelines for the use of the money and most MPs misused the money. According to the House's chief internal auditor, a Parliamentary official reported that of the 219 MPs who had received the funds, only three had submitted satisfactory accountability reports. As a result of UDN's petitions, Parliament formulated and adopted guidelines to compel MPs to use the money for clear development purposes and account for it.

At the same time, it is not clear how UDN's achievements through the CBMES at the local level have been integrated into its advocacy at the national level. UDN lacks the human and financial resources to aggregate findings from the grassroots and use them strategically in its national budget and anti-corruption advocacy. And an official at the Ministry of Finance said CSOs are not influential in the budget process largely because they lack technical skill and strategic direction to interpret and analyze budget information and present alternative proposals. UDN also cites challenges in sustaining campaigns over the long term rather than focusing on short-term achievements.

Annex 4: BEST PRACTICE CASE STUDY 2 - National District Networks Support Program

The National District Networks Support Program (NDNSP) is an innovative program designed to strengthen the capacity of civil society networks at the district level to better link, coordinate and service their members, and to represent them in advocacy with local governments.

NDNSP was launched in 2006 with funding from DANIDA-HUGGO and completed its five-year funding cycle in December 2010. The concept for the network grew out of the recognition that the ability of some national civil society organizations and networks in Uganda to organize and represent citizens was sometimes questionable, and the capacity of civil society networks at the district and community level was quite weak. This served to undermine the credibility of the national CSOs networks to represent the interests of citizens.

Although NDNSP is hosted by the National NGO Forum in Kampala, 10 Ugandan national networks joined together to design and oversee the program through a steering committee. NDNSP has provided financial and technical support to 25 district CSO networks since its inception, but due to the division of many districts, the number of districts has now reached 51, representing 424 sub-counties, 3,065 member organizations and a population of about 10.2 million. The districts are spread across the western, central, eastern, northern, West Nile and Karamoja regions. NDSP contributes an average of half the budget of participating district networks.

NDNSP has three objectives in its assistance to district networks:

- Strengthen the governance and management structures of district networks, through annual general meetings of the membership, creating well-functioning boards and executive committees, outlining clear divisions of responsibilities between the board, network staff and member organizations, and adopting proper accounting and audit procedures;
- Assist district networks to better service their member organizations by linking them with development partners, and providing information and contacts for potential sources of funding; and
- Promote learning across district networks through regular reflection meetings, learning visits, and documentation and sharing of best practices.

Although monitoring the delivery of local government services to communities was not an explicit objective of the network, the NDNSP membership decided at its 2008 Convention to actively engage in monitoring of service delivery as a learning approach. The participating district networks document evidence of problems through written as well as various audiovisual tools, and then engage local government leaders in trying to resolve the problems. In many cases, these efforts have borne some important results. Below are examples of district network success in holding local governments accountable for service delivery in the health and education sectors:

- In 2008, the Lira NGO Forum conducted a baseline survey of the quality of primary education in four sub-counties, and discovered high student drop-out and absenteeism rates, low teacher-student ratios, shortage of instructional materials, corruption, and other problems that negatively affected student performance. The Lira NGO Forum disseminated its results in community meetings, a press conference, and a one-day conference, where concrete actions for addressing the problems were presented. Local government decision-makers were invited to appear on a phone-in radio program to comment on the report. As a result of these efforts, district decision makers increased the budget for education by 14 percent, recruited 500 new teachers, and established and trained new management committees for many primary schools.
- After a cholera outbreak in 2008, the Pallisa Civil Society Organization Network (PACONET) petitioned the District Local Council for a response, leading to increased resources for providing safe water to the hardest hit communities. In a separate action, PACONET successfully pressured the local government through the town council to address the build-up of garbage, which was causing environmental and health problems to local communities, and to improve sanitation and hygiene conditions overall.
- As a result of its activities to track public expenditures, monitor the delivery of key government services and engage with local government officials, Masindi NGO Forum witnessed a number of improvements in service delivery: an ambulance was repaired, the number of staff at a local health center was increased from three to six, some contractors were blacklisted, a "ghost" health center at the district health department was eliminated, some officials involved in corruption were demoted, funds allocated but not yet released for HIV/AIDS programs were disbursed, and the budget for women and youth projects was increased.

Twenty-three of the participating district networks run regular programs on local radio, informing the community about different problems and challenges, and inviting government officials to address some of the communities' issues and problems.

> *"During the four years of [NDNSP] support, we have learned that involving local government leaders in dialogue meetings enhances joint understanding of key aspects and makes it easy to come up with tangible and practical way forward with specifically agreed responsibilities."*
>
> - ***Kabarole NGOs/CBOs Association (KANCA)***

In order to build capacity among district networks, members of the national networks participating in NDNSP's steering committee act as "process facilitators," guiding district networks in their organizational development. The facilitators provide assistance in areas such as constitutional development, information management, resource mobilization, leadership and governance, human rights and good governance, policy and strategy development, and monitoring public policies based on a needs assessment of a network's member organizations. They use a variety of methods – training, workshops, exchange visits, mentoring, and "shadowing" the networks in their internal meetings and deliberations, for example.

Yet challenges in building capacity for advocacy remain. In many cases, district networks have not been able to mobilize a critical mass of citizens to project a strong voice for their advocacy efforts. The participation of NGOs and CBOs in sub-county and district planning and budget processes – although a legal requirement – is still inadequate. Some have difficulty obtaining and presenting accurate information, or developing clear messages that appeal to their members. A few have been subjected to intimidation or threats as a result of their advocacy. And many of their organization members are highly donor-dependent, and as a result, driven by donor priorities. In addition, NDNSP's support has generated high expectations by district networks for financial support.

Annex 5: BEST PRACTICE CASE STUDY 3 - Reproductive Health Uganda

Established 53 years ago as the national affiliate of the International Planned Parenthood Federation, Reproductive Health Uganda (RHU) is one of the premier institutions providing family planning and reproductive health services and commodities in the country. It also runs a sophisticated advocacy operation.

Advocacy is well-articulated in RHU's 10-year strategic framework (2009-2018), where it is one of the organization's five strategic priorities, together with a focus on adolescents, AIDS, access to sexual and reproductive health information, and abortion and post-abortion care (together referred to as the "5 As"). A more detailed five-year Advocacy Strategy for 2009-2012 sets out three goals, which were determined through a process that included literature review (primarily drawing on the Demographic and Health Surveys), staff deliberation, and consultation with government, donor, and CSO stakeholders. The three goals, each of which elaborates specific objectives, activities, expected outcomes, and indicators, are:

1. Ensuring an adequate supply of family planning and reproductive health commodities
2. Promoting family planning as a higher priority in national and district policies and commitments of funds
3. Creating an enabling environment for youth to access sexual and reproductive health (SRH) information and services

RHU works to achieve these goals through a network of some 4,000 volunteers in 17 sub-regions and nearly every district throughout the country. The volunteers are a mix of professionals in the health, education, and other fields, and Members of Parliament who are committed to RHU's goals. At the district level, RHU works with volunteers to establish Reproductive Health Task Forces to analyze the specific situation with regard to family planning commodities and to engage in government planning and monitoring processes.

Advocacy that is undertaken at the community level depends on the needs of the districts, but is not done in all districts. In one example of RHU's community-level advocacy, the district-level volunteers in Arua, Hoima and Bushenyi targeted sub-county leadership to address young men's sexual and reproductive health issues by providing space and funds to young men's clubs for income-generating activities, which integrate education and information on SRH issues.

RHU can point to several examples of success in influencing policy. At the national level, it has established the Reproductive Health Supplies Network, which brings together a diverse group of representatives from CSOs, the media, Members of Parliament and others to advocate on the common goal of increasing the supply of reproductive health commodities. Many of the network's members specialize in different areas (e.g., research, lobbying, monitoring performance at the district level, and so forth) and the network allows them to pool their specialized functions. Recently the network was

instrumental in persuading Parliament to demand that 63 percent of a $30 million World Bank loan earmarked for maternal health be used to procure and distribute family planning and reproductive health supplies. In fact, when the loan was brought to Parliament for approval, some Members opposed it because they wanted an even larger percentage of the loan to go toward family planning. After several years of advocacy, the same network also succeeded in persuading the Ministry of Finance to frontload funds for contraceptive supplies to National Medical Stores to make bulk purchases, which carry lower unit costs, rather than disbursing the funds piecemeal to the Ministry of Health for transfer to the National Medical Stores, which had led to delays and inefficiencies.

RHU has also been quite successful in conducting mass media campaigns as part of its efforts to influence the policy debate in favor of giving greater priority to family planning. For example, RHU contracted firms to develop, pretest, and disseminate messages through radio jingles, interactive talk shows, bill boards, and flyers, with technical oversight from RHU staff. A recent evaluation found that the messages were acceptable, relevant, and reached most of the targeted audiences. RHU also works closely with journalists to generate press coverage on the unmet demand for family planning services and commodities.

The main donors to RHU's advocacy program are International Planned Parenthood Federation (IPPF), the UK Department for International Development (DFID), the European Union (EU), and United Nations Fund for Population Activities (UNFPA), although many more donors, including USAID, contribute to its service delivery programs. With greater resources, RHU says it would expand its advocacy efforts to include more consistent follow-through, particularly with Parliament, and to develop high-level advocacy to persuade the President and his immediate advisors to adopt family planning as a key priority. RHU says that is would also strengthen its capacity for research, data collection, data analysis, and budget monitoring, in order to produce evidence-based policy briefs. Finally, RH says it would strengthen its focus on sexual and reproductive rights, in addition to access to adequate information and services – though it notes that some issues, such as abortion (which is illegal) and rights of sexual minorities are very difficult to promote in the current political climate.

There are many reasons for RHU's robust capacity and demonstrated success in advocacy: focused objectives and a detailed strategic plan, strong coalitions and a network with a clear division of labor and complementary contributions from members, vertical structures extending from the national to the district level and occasionally to the sub-county level, and a strong use of media and communications. RHU stands out as a high-capacity advocacy organization in Uganda.

Annex 6: Civil Society Organizations Interviewed

Contact Information, Membership Base, Geographical Coverage, and Advocacy Agenda

Organization Contact Information	Membership Base and Geographical Cove rage	Focus Areas/Advocacy Agenda
Acholi Education Initiative Alobo Suzan Tolith, Executive Director Tel: 0782318887	Christian-based local organization supported by a foreign foundation. 7 salaried staff and 3 volunteers. AEI works in 9 schools in Acholi sub-region in the districts of Gulu and Kitgum, (6 schools in Gulu and 3 in Kitgum)	Advocacy focus is on formally abducted children and other people who were directly affected by the northern war. Key advocacy priorities : ✓ Contribute and support government initiative to ensure that children are in schools. ✓ Improved living conditions of children in northern Uganda, especially girl child. ✓ Increasing government spending on health and education and improving the quality of services delivered
Action Aid Uganda (AAU) Plot 2514/2515 Ggaba Road P.O Box 676 Kampala Tel: +256-41-4510363/ 39-220002/3 E-mail: sophie.kyagulanyi@actionaid.org Website: www.actionaid-org Sophie Kyagulanyi Just and Democratic Governance Coordinator Tel: 256-77-594640	International NGO 78 full-time staff, with programs in 10 districts in Uganda. Works with 75 local partners who include national and CSOs, CBOs, rights holder groups, community clubs, "reflect" and "star circles"	Mission: "*To work with poor and excluded persons to eradicate poverty by overcoming the injustices and inequality that causes it*." Program and advocacy agenda: ✓ Right to a life of dignity in the face of HIV/AIDS (with focus on right to health care, access to ARVs, voluntary counseling and testing and rights of people with HIV and AIDS) ✓ Right to food (focus on food insecurity and rising food prices) ✓ Right to education (focus on reducing the drop-out rate for girls in primary school) ✓ Rights to just and democratic governance (focus on access to services for security, safety, reduction of crime and dispute resolution) ✓ Women's rights (focus on violence against women and vulnerability to HIV/AIDS, women's land rights, maternal health) ✓ The right to human security in conflict and emergency Strategic advocacy framework: ✓ National level: supports national partners to engage at different policy centers (focused on National Development

		Plan and budget priorities, especially for women farmers) ✓ District level: supports district networks to engage with local councils in the formulation of policies and strategies, including planning and budgeting policies. ✓ Sub-county level: supports district networks to mobilize communities to generate issues that feed into the local government policy processes and national-level policy formulation processes
Action Group for Health, Human Rights and HIV/AIDS (AGHA) Plot 68 Kanjokya Street PO Box 24667, Kampala, Uganda Tel: +256-41-4348491 E-mail: skiapi@aghauganda.org/ maliamaks@gamil.com Web: www.aghauganda.org Sandra Jacklyn Kiapi, Executive Director Tel: +256-75-2774597	National advocacy organization with membership of over 500 individuals, the majority of whom are health workers 7 staff Operates in 9 districts – Mukono, Luwero, Lyantonde, Rakai, Nushenyi, Sorot, Palisa, Kitum, Tororo.	Mission: "*To promote and advance health, HIV/AIDS and human rights in Uganda through research, education and advocacy.*" Focus areas include: ✓ Inclusion of right to health in new Health Sector Strategic Investment Plan (HSSIP III) ✓ Educating health care providers and the communities they serve on the relationship between health and human rights; ✓ Reduce stigma and discrimination in dealing with people infected or affected by HIV/AIDS through advocacy and media campaigns; ✓ Campaign to increase the health budget by 15% in conformity with Abuja Declaration, ✓ Campaign on Health Workforce Advisory Forum ✓ Training medical students on human rights and health workers in the districts of Mbarara, Lyantonde and Rakai on human rights ✓ Tracking off-budget funding (donors funds earmarked for project funding in health)
Action for Development (ACFODE) **P.O Box 16729** **Kampala, Uganda** **Tel: +256 (0) 41 -4 531812** **E-mail:** acfode@utl.co.ug	National NGO based in Kampala 7 staff core staff and 7 volunteers Membership of over 200 individuals, including founding members, affiliate members and full members Operates outreach programs in the districts of Kasese, Arua and Tororo	The mission: "*To promote women's empowerment, gender equality and equity in Uganda through advocacy, networking and capacity building of both women and men*" ACFODE's strategic objectives are: ✓ Increasing women's effective participation in politics and decision making through building capacity of potential female leaders at all levels. ✓ Promote good governance and democracy at national, district and local levels through democracy monitoring and civic education. ✓ Defend and protect women's rights through elimination of

www.acfode.org Regina Bafaki, Executive Director Tel: 078251 6004 E-mail: bregis2001@yahoo.com		gender-based violence and any of form of discrimination (past work with Parliament on Violence against Women and Female Genital Mutilation legislation). ✓ Promote formulation and implementation of gender-responsive political and economic and social policies as well as programs. ✓ Mobilizing women at the grassroots to participate in the Citizen Manifesto activities, aimed at influencing the on-going political processes and during the post-election period.
ACORD Uganda Plot 1272 Kansanga-Ggaba Road Block 15, Nsambya P.O Box 280 Kampala Uganda Tel: +256 414 267667/266596 E-mail: acorduganda@acord.or.ug Jacinta Akwero, Team Leader and HIV Focal Person, ACORD Gulu Tel: 0772858689 E-mail: acordgulu@yahoo.com	International NGO established in Uganda in 1979 Based in Kampala, with field offices in Northern Uganda, West Nile, and Southwestern Uganda In Northern Uganda, field offices in Adjumani, Kitgum and Gulu where it implements its program activities in all the sub counties ACORD Gulu branch has 13 staff	Mission: "*to work in common cause with people who are poor and those who have been denied their rights to obtain social justice and development and be part of locally rooted citizen movement.*" Advocacy focus: ✓ Strengthening capacities of PHAs to demand services and make their voices heard. ✓ Supported community to develop advocacy strategies, e.g., to challenge inconsistency in supply of ARVs from National Medical Stores and abrupt end of food aid to PHAs by World Food Programme.
Anti-Corruption Coalition Uganda (ACCU) Plot 243 Tufnell Drive Kamwokya, Kampala, Uganda Tel: +256-0414-535-659 Mobile: +256-772-628-129 E-mail: kagabac@accu.or.ug info@accu.or.ug Web: www.accu.or.ug Cissy Kagaba, Executive Director	National coalition of 28 national CSOs, national networks and district networks as well as individuals, religious leaders, academicians, media practitioners 4 program staff at national secretariat Works with 9 regional anti-corruption coalitions throughout the country (Teso, Rwenzori, Eastern Uganda, Central Uganda, Mid-Western Uganda Northern Uganda, West Nile, APAC, Ankole)	Overall objective: "*To ensure that misuse of entrusted powers by political leaders, public servants, private sector, religious authorities and civil society is eradicated*" ✓ ACCU volunteer budget monitors in each regional coalitions look at health, education, water, procurement, and access to information. ✓ Organizes annual Anti-Corruption Week as a national event, which focuses annually on a different theme (education in 2006, essential medicines in 2007-2008). ✓ In 2008-2009, advocated for slight increase in the pay of health care workers. ✓ At local level, the regional coalitions sign partnership agreements, or social contracts, between people and government service providers in the respective sector,

		promising not to pay or receive bribes, and other changes in actions, behavior
Bugiri NGO Forum Kalende Hassan Chair, Bugiri NGO Forum Network and Program Director Human Rural Development Institute +256-782-554-883 bugiri_ngoforum@yahoo.com	District-level NGO network, 32 Member organizations, mostly CBOs who are registered at the sub-county or district level 7 staff members 34 community-based monitors (2 for each of 17 sub-counties)	✓ Developed district level monitoring tools to monitor the delivery of health, education and roads in 17 sub-counties in the districts. ✓ Through the monitors, we have produced a series of reports on the following issues: rural development and agricultural support program, health services throughout the district; education. Follow-up reports with face-to-face meeting with district officials.
Caritas Uganda Catholic Peace Commission Nsambya P.O Box Kampala, Uganda Vincent Edoku, Policy Officer, Tel: 0772461113	Caritas Uganda is social service arm of the Catholic Church of Uganda Caritas Uganda in Kampala is the main national structure, coordinates and oversees Caritas social service programs in 19 dioceses and 500 parishes throughout the country	Vision: *"Live life to its fullness" John 10:10*. Fostering community initiative that promotes integral development, material benefits and spiritual healing. Strategic goals: ✓ Improving livelihood of community ✓ Responding to relief and emergency situations ✓ Strengthening organizational development ✓ Promoting forum for dialogue and cooperation with decision makers in communities ✓ Enhancing good governance with community involvement. ✓ Now it is in advocacy for reasons of ensuring good governance to promote development. It is focused more on issues of promoting peace in community. Advocacy agenda: ✓ Collaborates with Uganda Civil Society Budgetary Group and the Uganda Government Monitoring Platform, a consortium of 13 networks to advance the cause of human rights in society. ✓ Involves communities in collection of advocacy information on governance and service delivery mechanisms related to

		livelihood activities, HIV issues, education of children. ✓ Collaborates with government on health issues, e.g. gave HIV drugs to government when it experienced drugstock-out and joined the rest of civil society to advocate for restocking of drugs by the government.
Children and Women of Disabled Soldiers Association (COWADISA) P.O Box 234, Mubende Mubende District, Uganda Tel: 046 – 4444420 E-mail: cawodisa@hotmail.com Mary Achilles Namatovu, Team Leader, Administrative secretary tel: 0772688559(234) 0464-444-420	District-level CSO About 12 staff, including volunteers Membership of about 3,000 families of disabled soldiers in Mubende	Mission: "*To restore hope and confidence in the families of disabled soldiers and to prepare their way to a positive future*." CAWODISA is primarily a services organization providing a range of services for wives and children of disabled soldiers: home-based care for PHA; HIV prevention; support for children living with HIV, loans for women's micro businesses, etc. As a result of its service programs, CAWODISA works with District government to address may issues: ✓ testing of children for HIV, the stock-outs of drugs for PHAs and condoms in the health centers; ✓ participates in the District AIDS Committee (DAC) and District OVC committee ✓ demand quality education in the schools and encourage parents to support their children's schooling CAWODISA led the UWEZO initiative to assess educational quality and achievement among children in 60 villages in the Mubende district
Coalition for Health Promotion and Social Development (HEPS- Uganda) Plot 351 A, Balintuma Road P.O Box 2436 Kampala, Uganda Tel: **256 (0) 41 -420970** E-mail: heps@utlonline.co.ug Web: www.heps.or.ug Rosette Mutambi, Executive Director, Tel: +256-2782371401	National coalition of about 70 members, including health consumers, health advocates and health practitioners, CSOs, CBOs 15 staff Works in 10 districts and 22 sub-counties	Mission: "*To work towards increased access to affordable, quality essential medicines by all Ugandans especially the poor and marginalized*." HEPS advocacy strategic areas: ✓ consumer-friendly health laws, policies at district, national and international levels, including through the anti-counterfeiting bill and the AIDS Prevention and Control Bill; ✓ Participation in Health Sector Working Group in the Ministry of Health and deliberation on Health Sector Strategic Investment Plan, the Pharmaceutical Strategic Plan, and National Health Insurance Policy; ✓ Outreach program to empowering health consumers at the community level, especially the poor and vulnerable, with the information they need to demand their health rights and exercise their health responsibilities;.

E-mail: rosemutambi@gmail.com		✓ Health complaints and counseling desk: an independent mechanism to address violation of health rights of consumers through installation and use of suggestions boxes at participating public health units, documentation of health complaints, counseling services, constructive dialogues and mediation between the aggrieved consumers and the accused health facility, and information sharing with stakeholders.
Concern Worldwide Pader Concern Worldwide Uganda P.O. Box 98, Pader, Uganda Tel: +256-392-766-391 John Okello, Livelihoods Coordinator Mobile: +256-774-351-279 E-mail: concern.pader.livelihood@iwayafrica.com or ojatyema@gmail.com	International NGO based in Dublin, Ireland Pader District office has 16 staff	Program areas include: 1) food security; 2) water and sanitation; and 3) livelihoods. Gender equality, HIV/AIDS, and disaster risk reduction mainstreamed throughout these programs. Advocacy priorities are mostly set at the national level. Current advocacy agenda: ✓ Land use and land rights, particularly for people returning to their land after the war ✓ Gender-based violence ✓ On HIV-AIDS, change the existing regulations on those who claim to have found herbal cures for HIV, and who persuade HIV-positive people to discontinue their ARVs.
Concerned Parents' Association P.O. Box 357 Gulu, Uganda Tel: 0774884859, 0775081616 Denis Obita, District Coordinator	District-based NGO focused on children, established in 1996 Main office in Lira for both Acholi and Lango sub regions. Operates in seven districts, namely; Kitgum, Pader, Lira, Apac, Oyam, Gulu, Amuru and has a liaison office in Kampala. CPA - Gulu Branch covers the geographical area of Acholi sub-region. 16 salaried staff with 2 volunteers	Main objective in policy advocacy is to contribute towards peace building, recovery and development of children and their families in Northern Uganda. ✓ Advocacy agenda has focused on education issues, psychosocial issues affecting children, transitional justice, child protection from crime against children ✓ Annual commemoration of Aboke Girls who were abducted by Kony in 1996; each year has a different theme and has policy message. This year's annual event focused on girl's education and led Amuru district to draw an education ordinance on the enrollment of girls in schools. ✓ Organizes parents in support groups to parish level and builds their capacities to carry on CPA activities through mobilization, communication and information dissemination on topical issues that affect society. ✓ Identified school drop-outs by HIV-infected children due to stigma and discrimination; developed advocacy campaign in response.

Development Network of Indigenous Voluntary Organizations (DENIVA) Plot 490 Makerere Road, Kagugube Zone P.O Box 11224 Kampala Tel: +256-41531236 www.deniva.or.ug Prof. Jassy Kwesiga, Executive Director Tel: +256-71-2113213 E-mail: jbk@deniva.or.ug	National network of indigenous and community based organization (NGOs/CBOs). Membership of over 650 members located in all the districts of Uganda	Mission: "*to be a network of indigenous voluntary association that influence poverty reduction and good governance processes and strategies through mobilizing diverse experiences, knowledge and skills of CSOs in Uganda into a common platform of action*." The advocacy objectives include the following: ✓ Influencing decision makers at national and district level ✓ Advocacy for pro-citizen policies including, pro-poor budgets, access to information ✓ Campaigns against abuse and misuse of public property (anti-corruption activities at district level) ✓ Improved funding for UPE and improved quality of education ✓ Citizens engagement with decision makers and service providers on policy planning Activities include: ✓ Mobilization of communities to participate in policy planning at local level, consultative dialogues between communities and with decision makers ✓ Building capacity of citizens to to track expenditure and service delivery Participation in fora to promote enabling legal/regulatory environment for NGOs
Education for Peace, Prevention of Violence and HIV/ AIDS (EPPOVHA) P.O. Box 200 Gulu, Uganda Tel: 0774190640/ 0772880034/047135532 E-mail: eppovha@yahoo.com Andrew Olweny, Programme Coordinator	District-based NGO operating in Gulu since 1997 5 staff (2 technical staff in advocacy and the other in agriculture/livelihoods) 30 members	Mission: *to educate people how to live in peace to resolve any conflict non violently and eradicate HIV/AIDS* Advocacy objectives include: ✓ To contribute to improvement on quality of education of children in primary schools in Gulu ✓ More infrastructural development in schools ✓ Empowering community on grass root advocacy ✓ Support to lower level councilors to educate community on policy issues ✓ Scaling up use of media and IEC material to support advocacy initiatives
Family Health International (FHI) Plot 15 Kitante Close P.O. Box 5768, Kampala Tel: +256-23266406	International NGO Activities are carried out in 10 districts (Luwero, Wakiso, Nakasongola, Mubende, Busia, Tororo, Mayuge Kabale, Kanungiu, and	FHI does not undertake advocacy. FHI and does not work either with NGO or CBOs. ✓ At the district level, it works directly with district councils and district governments to carry out reproductive health activities. FHI has worked with districts to identify

Dr. Angela Akol, Country Director Tel: +256-71-2466296	Bugiri)	champions to provide leadership on reproductive health issues. ✓ At national level, it has carried out policy research and influenced the change in policy to allow the Village Health Teams to give contraception by injections
Forum for Education NGOs in Uganda (FENU) Plot 58 Ggaba Road, Kansanga, Kampala, Uganda Tel: +256-31-2262154/ +256-41-4543344 E-Mail: forumeducation@gmail.com Fredrick Mwesigye, National Coordinator	National network of 100 members throughout all over the 112 districts of Uganda. Staff of 2 core employees, 2 interns, and 1 consultant	Mission: *FENU works to influence lasting change in the education sector in order to ensure improve quality, access, equity and sustainability of education for all*. The strategic advocacy objectives of FENU are: ✓ To influence government and donor priority areas and actions towards improving access and quality of education for all in Uganda ✓ To promote innovative and practical approaches of achieving gender parity and equitable education at all levels in Uganda ✓ To initiate and support policy actions and interventions that promote lifelong learning for youth and reduce adult illiteracy ✓ To influence government to prioritize and commit to the expansion of early childhood education and development in Uganda ✓ To support planning and implementation of innovative policies and programs that respond to HIV/AIDS , emergencies and Environment as they affect education in Uganda FENU is a member of the Education Sector Consultative Committee, which meets bi-monthly to review education policies and plans, and in annual national Education Sector Review meeting.
Forum for Women in Democracy (FOWODE) **P.O Box 7176** **Kampala, Uganda**	National NGO with membership of 120 organizations and individuals 16 full-time staff Activities are carried out in 10 districts (Pader, Gulu, Kitgum, Mubende, Kabale, Luwero, Kibaale, Palisa, Kiboga and Tororo)	The mission: "*To promote gender equality in all spheres of decision making though advocacy, training, research and publications.*" Advocacy agenda: ✓ The Gender Budget Programme (GBP) promotes equitable distribution of budget resources between women and men, girls and boys in national and district budgets and for transparent and participatory budget decision making processes.

Tel: +256 (0) 41 -4 286063/4286029 **E-mail:** fowode@utlonline.co.ug Julius Mukunda, Senior Programme Director Tel: 070-1345845 E-mail: mukundajulius@yahoo.co.uk/ juilius.mukunda@utlonline.co.ug		✓ FOWODE coordinates the Eastern Africa Gender Budget network (EAGBN), a coalition of organizations in the Eastern Africa sub-region of Kenya, Tanzania, Rwanda, Eritrea, Ethiopia, Burundi and Uganda. ✓ Women and Decision-Making Programme (WDMP), whose goal is "to increase the number of visibility and impact of women in policy-making through parliament, local government and public service."
Gulu District NGO Forum P.O Box 1 Gulu, Uganda Tel: 0471-432323 e-mail: gulingo_forum@yahoo.com Eunice Labeja, Acting Coordinator Tel: 077231334 E-mail: lawino_eunice@yahoo.com	Umbrella district-level NGO network 69 members drawn from the greater Gulu District now comprising of the districts of Gulu, Nwoya, Amuru districts 9 staff (7 full-time and 2 volunteers)	Mission: *"to represent and build capacities of civil society organizations through coordination, networking, lobbying and advocacy and training and interfacing with other stakeholders for improved quality of life in Gulu District."* Represents members through: ✓ Coordination, advocacy and capacity building ✓ Mobilization, networking and interface ✓ Participates in the following collaborative activities: o the UWEZO education assessment study and in the citizen manifesto with National NGO Forum; o DENIVA needs assessment for strengthening CSO capacity; o With local government to assess the health facilities and services study in Gulu and Amuru.
Health Alert Uganda P.O. Box 160, Gulu School Road Place Tel: 0772614661	Regional NGO registered in 2009 Operating in the districts of Kitgum, Gulu and Oyam in Acholi sub-region	Mission: *To support children's health thus pediatric HIV and AIDS care and support, nutrition management, and education.* Main advocacy activities include: ✓ Policy analysis and research on local issues for national-level for advocacy conducted by UNASO and NAFOPHANU. ✓ Policy dialogues with local government decision makers through the budget conference and other meetings with political leaders and parents on support OVCs, pediatric HIV, ARVs for children
Human Rights Focus	Regional NGO with 62 members	Vision: *"People are aware on their human rights in Gulu."* Objectives: To promote protection and respect of IDP till they

Francis Odongo, Advocacy Officer Nyeko Paulino, Chairman/ founder member Tel: 0772649642/ 0777362408/ 0772441841	Operating in 7 districts in the Acholi sub-region 17 staff and 604 volunteers	return home. Identification of issues ✓ Torture, domestic violence, forced labor by military, land conflict due to mishandling of land cases at various levels. ✓ Need for increased government spending on health and improvement of quality of services – adequate stock of medicines and doctors in all health facilities.
Integrated Women's Development Program (IWDP) P.O. Box 870, Fort Portal Kabarole, Uganda E-mail: Iwdp_iwdp@yahoo.com Web: www.iwdpug.org Sam Rukidi, Coordinator Tel: 0772463522 Stella Kemugisa, Program Officer Human Rights Tel: 0772905570	Regional NGO registered in 2000 Operates in Kabarole, Kyenjojo now including Kamwenge and Kyegegwa districts of Western Uganda. In total, it operates in 25 sub-counties in the 4 districts 8 staff, 2 volunteers and 60 monitors based at community level	✓ Meets with MPs at district level and expects them to channel the issues in parliament. ✓ Training parish-based associations to promote transparency and public accountability in their local communities. ✓ Training community process facilitators and monitors who work to ensure that local government leaders deliver better services and to improve dialogue between communities and the local government. Organizes pressure group at lower level, e.g. Human Rights Ambassadors in 3 sub-counties who counsel and mediate people in conflict, domestic violence and community sensitization on human rights, children's rights
Inter Religious Council of Uganda (IRCU) Plot 884 Centenary Road, Namirembe Hill P.O Box 7502 Kampala, Uganda Tel: +256-41-4342877 www.ircu.or.ug Joshua Kitakule, Secretary General Tel: 078-2551108 E-mail: kitakule@ircu.or.ug	National faith-based federation composed of the six religious institutions whose membership constitutes 97% of the Uganda Population (Anglican 36.5%; Catholic 41%; Orthodox 1%, Muslim 12%; Adventists 15%; Pentecostals 5%) 45 staff at the national secretariat.	Mission: *"To promote peaceful co-existence, moral, spiritual integrity, socio-economic welfare and collaborative action through the sharing of knowledge."* ✓ Conducts campaigns on domestic violence, and HIV among couples and religious leaders. ✓ Empower religious leaders, women leaders, youth, on maternal health, HIV, human rights, governance, etc. ✓ Urges government for institutional support from the national budget since religious institutions are engaged in substantial share of health and education services ✓ Electoral reforms ✓ Mobilized partners within civil society under an Umbrella Coalition of CICC to influence Government establish dual track financing under Global Fund ✓ Represents faith-based organizations on the Partnership Committee of the Uganda AIDS Commission, emphasizing

		HIV/AIDS prevention strategies based on abstinence and faithfulness. ✓ Religious leaders are empowered to engage district officials to address the challenges that hinder children and specifically OVC to access education, and mobilize and sensitize communities to access services Partnership with ACCU in which religious leaders are engaged in the fight against corruption.
Kabarole NGOs/CBOs Association (KANCA) P.O. Box 958 Fort Portal, Uganda E-mail: kacbongo@yahoo.com.uk Maate K Joseph, Chairperson Tel: +256-772-374-615 Edward Itoote, Coordinator Tel: +256-782-398-822, edwardadyeei@yahoo.com.uk	District-level NGO network established in 2002 100 member organizations, both NGOs and CBOS 5 staff	Mission: *"To strengthen member organizations to deliver quality services to the community through information sharing, research, documentation, advocacy and networking."* Advocacy is one of four major objectives of the network and comprises about 40% of budget: ✓ Poverty Resource Monitoring and Tracking(PRMT) on areas of health, education, water ; some success at the community level in getting resources to local health center and protecting rights of HIV-infected teachers ✓ Establishing biannual District Development Forum, a meeting between politicians, district technical officer, CSO leaders, and CBO members to discuss various issues.
Kabarole Research and Resource Centre (KRC) Plot 28 Mugurusi Road P. O. Box 382 Fort Portal Kabarole, Uganda Tel: +256-38-2274438 Email: krc@iwayafrica.com www.krc.or.ug Patrick Muzinduki, Head of Research Tel: 0772583938 E-Mail: muzindukipatrick@yahoo.com	Regional NGO research and advocacy center established in 1996 28 full-time staff and 5 volunteers KRC has programs in the seven districts of the Rwenzori region (Kabarole, Kamwengye, Kyenjojo, Kasese, Bundibugyo, Ntoroko, Kyegegwa)	**KRC Mission: "***To strengthen development processes, involving decision and policy makers, practitioners and academia, which enable the entire society to generate relevant ideas, knowledge, skills and resources for equitable and increasingly sustainable livelihoods."* KRC has the following advocacy-related program: ✓ District Leadership Group retreats bringing together 60-80 CSOs, government leaders (LC5, CAOs, and planners), and areas members of parliament from 7 districts of the Renzwori region to strategize for on sector issues such as agricultural, health, education, HIVAIDS, natural resources management and environment, water ✓ Organizes the Regional Stakeholder forum attended by technical staff of all the districts plus CSO leaders to draw action plans for endorsement by the local leaders and commit the technical staff to be more effective ✓ Spearheads Poverty Resources Monitoring Tool (PRMT), a

		community-centered generation of data and information on local level service delivery, utilizing the findings for planning advocacy, resources allocation and implementation. ✓ Partnership for Public Expenditure Monitoring (PPEM) facilitate CSOs and other stakeholders to monitor, review and evaluate performance of government policies, programs and public expenditure in a systematic way, using both quantitative and qualitative methods.
Kamuli District NGO Council E-mail: Kamuli2010@gmail.com Clovis K Tooli, Acting Chairman, and Director of Cordaid (Community Development for Advocacy) Tel: 0782-0754-947227 Paul Kakanga, Program Coordinator Tel: 0772-032-032881 E-mail: kakangapaul@yahoo.com	District NGO network with membership of 54 organizations, both NGOs and CBOs One staff, a volunteer coordinator	✓ Members of the Council understands advocacy as a campaign for a cause, an undertaking to change policies from negative to positive, and also to change people's attitudes. ✓ Works with member CSOs to advocate for policy changes on their behalf, especially those that will benefit the poorest people, and to share information with them. ✓ Some of the members (Cordaid in partnership with Uganda Debt Network) monitor service delivery in the health, education, water, sanitation, and roads sectors, through a network of trained volunteer monitors.
Marie Stopes PO Box 1043 Kampala, Uganda Tel: +256 414 347129 web: www.mariestopes.org Jon Cooper, Country Director E-mail: jon.cooper@mariestopes.or.ug	International service delivery NGO established in Uganda in 1990 Runs a network of 14 private clinics around Uganda, providing RH services. MS works with government health facilities in Kitgum, Lira, Pader MS also accredits, monitors and evaluate 130 private providers for these RH services	✓ There is an advocacy element in a lot of MS's work, but no advocacy manager or officer. Strands of advocacy across the different projects. Clinic managers, regional managers, and outreach managers advocate with district health teams and to government health center managers and to some extent through the public at large. ✓ Senior management team members advocate with Ministry of Health together with development partners on issue like approval of Village Health Teams to provide injectable contraceptives and clinical officers to provide tubal ligations, vasectomies, circumcisions. ✓ Working to establish Ugandan Family Planning Consortium, of large NGOs who are service providers -- PACE, UHMG, Pathfinder, RHU and Marie Stopes – to advocate on issues like getting National Medical Stores to establish separate supply chain for FP and RH supplies ✓ Looking to scale up Reproductive Health Voucher Program

		(providing ante-natal care and safe delivery) to national level ✓ Will hire a senior analyst to use field data compile to present more evidence-based information and to influence policy among MOH, districts, development partners. Will develop an advocacy plan at the beginning of the year.
Mubende Women Agro-Processors Association (MWAPA) P.O. Box 228 Mubende, Uganda Beatrice Katsiguzi, Chairperson	CBO started in 2003 to support women farmers involved in agroprocessing 45 members, but active membership is 26 2 staff and 2 volunteers	✓ MWAPA identified corruption as a big problem among its women members, who were often forced to pay illicit fees in order to receive health services, additional charges in order to market their products, or received very high-cost and poor quality services from the government. ✓ With support from Linkages, MWAPA members received training from ACCU to track public expenditures for health, education, water and other public services in 3 sub-counties of Myanzi, Kiyuni, and Kitenga from May – July 2009. ✓ Documented evidence of corruption or poor quality of services, and disseminates their findings in public meeting in late 2009.
National District Networks Support Program (NDNSP) c/o National NGO Forum P.O. 4636 Kampala, Uganda Tel: +256-414 510 271 E-mail: info@ngoforum.or.ug http://www.ngoforum.or.ug Alfred Nuamanya, Coordinator Tel: +256 702 465 299, 256 782 465 299 E-mail: a.nuamanya@ngoforum.or.ug	Program of National NGO Forum launched in 2006 Provides financial and technical support to 26 district CSO networks, representing 424 sub-counties, 3,065 member organizations and a population of about 10.2 million	Fuller description provided in Case Study 2.
National NGO Forum P.O 4636 Kampala, Uganda Tel: +256-414 510 271 E-mail: info@ngoforum.or.ug	National NGO network of international, national and district NGOs, and other NGO networks and umbrellas. 400 members nationwide Established in 1997	Mission: *"Provide a sharing and reflection platform for NGOs to influence governance and development processes in Uganda, and enhance their operating environment."* About 65 percent of resources devoted to policy advocacy Main objectives in policy advocacy are: ✓ Legislative reform to create an enabling context for NGO

http://www.ngoforum.or.ug Arthur Larok, Program Director Tel: +256-2782385818 E-Mail: av.larok@ngoforum.or.ug larok@hotmail.co.uk	20 Staff	operations ✓ Better service delivery in various sectors ✓ Greater transparency and accountability of the state ✓ Strengthening Institutions Main activities include: ✓ At national level, focus on Governance (transparency and accountability), Freedom of media and civil society, electoral reforms, pro-poor budgets. ✓ Represents civil society in the inter agency bodies such as the National Planning Authority for the development of the National Development Plan and the Africa Peer Review Mechanism National Governing Council ✓ Participate in Uganda Governance and Monitoring Group and CSO Aid and Development Effectiveness Platform ✓ Leading UWEZO research assessing educational performance ✓ At District level (please identify the specific districts): ✓ NDNSP in 25 districts, UWEZO in 27 districts (to expand to 51 next year)
Reproductive Health Uganda (RHU) Plot 2, Katego Road, off Kira Road, P. O. Box 1074, Kampala, Uganda Tel: +256-414-540-665 www.rhu.or.ug Jackson Chekweko, Executive Director, jchekweko@rhu.or.ug or chekwekoj@yahoo.com	National NGO established in 1957 17 branch offices at the sub-regional level, covering 112 districts. Approximately 4,000 volunteers throughout the country,	RHU's mission is to "*promote high-quality, high impact and gender-sensitive sexual and reproductive health and reproductive rights information and services for vulnerable and most at risk populations of young people (15-30 years) in Uganda through capacity building, specialized services delivery, issue-specific advocacy and strategic partnership.*" See Case Study 3 for detailed description of program and advocacy activities.
Rwenzori Anti-Corruption Coalition (RAC) Plot 24 Rubandkia Street P. O. Box 185 , For portal Kabarole, Uganda Telephone: +0483-22935/077-2558383 Email: rac@racug.info Web: www.racug.info	**Regional advocacy network formed in 2005** **Membership of 450 and has 3 partners: Kamwengye Development Centre, Bundibugyo Anti-Corruption Coalition and Karambi Action for Life Improvement (KALI)** **Operates in the 7 Rwenzori Region districts**	**Mission: "***a think tank for policy analysis, lobbies and advocates for good governance and to support locally based anti-corruption groups to work with the people within their communities to fight corruption.*" The specific objectives include: ✓ Sensitize the people on their rights and entitlements and responsibilities with regard to public expenditure. ✓ Obtain reliable information on publicly funded activities

Angela Byangwa, coordinator, Tel: 077-2558363 E-Mail: Byangwasmart@yahoo.co.uk	**of Kabarole, Kasese, Bundibugyo, Ntoroko, Kamwengye, Kyegegwa and Kyenjojo.** **6 staff, trained 15 monitors for each sub-county**	(health, education, water) and enable communities to use the information to monitor their implementation ✓ Support communities to effectively follow up publicly funded activities/projects that are not being properly implemented in order to bring about appropriate action ✓ Gather, share and analyse information on practices that lead to bad governance in the public sector. ✓ Lobby for the formulation and implementation of policies that are aimed at eradicating corruption in government and with the NGO sector itself. ✓ Organises "Integrity Forums" every 3 months, where information about service delivery is shared with the district local government, sector heads
Rwenzori Association of NGO Networks (RANNET) P. O. Box 728, Fort Portal Kabarole, Uganda Gerald Twebaze, Coordinator, Tel: 077-4009953/070-1119955 E-mail: gtwebaze@yahoo.com	**Regional network formed in 2004** **Operates in the 7 districts of Kabarole, Kyenjojo, Kyegegwa, Kamwenge, Kasese, Ntoroko, Bundibugyo** **37 members including NGOs, district networks, and regional networks** **5 staff**	RANNET's main activities are based at the district level and include the following: ✓ Participate in the Regional Leaders Forum organised with KRC ✓ HIV/AIDS mainstreaming at the institutional level and at the level of members organisations ✓ Collaborates with Rwenzori Women Forum to involve women at the grassroots to make their demands to women leaders in Parliament, councils. ✓ RANNET worked with NGO Forum to popularise the CHOGM report and to generate debate around the finding of the report. ✓ Develop petition on issues of maternal and child health with Action for Community Development and Environment and presented it to local loaders for action
Transparency International Uganda Plot 43 Ukoto Street, Kamwokya P.O Box 24335 Kampala, Uganda Email: infor@uganda.org or tiuganda@gmail.com Robert Lugolobi, Executive Director	International NGO focused on research and advocacy Membership organization with 23 members 10 permanent staff, 4 volunteers and 4 consultants	Mission: *"To promote consciousness about corruption and its effects and a society that espouses value systems and principles of transparency and accountability."* ✓ Train members in monitoring corruption using expenditure monitoring tools and in engaging politicians and civil servants once the information is compiled. . ✓ Launched "development pact," or a pledge in writing by local governments and communities on the delivery of services. ✓ Conducted empirical research on access to and quality of

Tel: +256-77-2430043/0701430043		education in 17 districts in four regions , followed by dissemination meetings, and formulation of advocacy strategy ✓ Completing an empirical survey examining the health sector **as pat of Transparency and Integrity in Service Delivery in Africa,** a three-year project (2008-2011) in 8 countries in Africa.
Uganda Community Based Association for Child Welfare (UCOBAC) P.O Box 7449 Kampala, Uganda Tel: 041-4222926 John Ndyanabo, Regional Programme Officer, Mubende /Mityana Tel: 077-2376544 E-mail: katoswa@yahoo.ccom	National NGO established in 1990 Head office in Kampala based but has field offices in different parts of the country – Mubende, Katakwi, Mityana, Kiboga, Hoima, Busia, Soroti, Kumi and Gugiri. Works in 25 districts. Mubende office has 2 staff	Mission: "*To attain improved welfare of vulnerable children in Uganda through capacity building of relevant actors, advocacy and networking using community based initiatives.*" Some of the activities of UCOBAC include: ✓ Increase awareness of the public, NGOs, communities, and individuals about the plight, needs and rights of vulnerable children through production of advocacy materials and networking. ✓ District-based trainings for local NGOs, CBOs, district affiliates leaders and community leaders in the areas of children's rights and needs, laws affecting children, as well as, vocational skills trainings for orphans among others. ✓ Training of community paralegal/CORPS and formation of community support groups such as watch-dog groups; ✓ Community sensitization on women's property rights through community dialogue sessions, drama shows and radio programs
Uganda Debt Network (UDN) P.O. Box 21509 Kampala, Uganda Tel: 041-4533840, 041-4534976 E-mail: info@udn.or.ug Web: www.udn.or.ug Mukotani Rugyendo, Senior Advocacy and Communication Office, Tel: 071-2652962 E-mail: mrugyendo@dn.or.ug	National advocacy NGO Membership of 60 individuals and organizational members 17 taff Operates in 13 districts including: Rakai, Kanungu, Bushenyi, Kamuli, Iganda, Bugiri, Namutumba, Kaliro, Tororo, Kumi, Bukedeea, Amuria, and Katakwi	Mission: "*To promote and advocate for pro-poor policies and full participation of people in influencing poverty focused policies, monitoring the utilization of public resources and ensuring that borrowed and national resources are prudently managed in an open, accountable and transparent manner so as to benefit the people of Uganda*." See Case Study 1 for a more detailed description of advocacy programs.

Uganda Medical Association (UMA) Dr. Margaret Mungherera, President Tel: 0772-434-652 e-mail: mmungherera@yahoo.co.uk	National professional association representing doctors in Uganda, established in 1924 Approximately 1,000 members 1 part-time staff person	Mission of the organization: *"To provide a forum for medical doctors to deliberate on issues which concern their medical profession and practice."* Advocacy-related activities: ✓ Represents doctors with MOH on deliberations of health policies, Health Sector Strategic Investment Plan, Sexual and Reproductive Health ✓ Chair task force on improving salaries for health workers ✓ Opposing reflexology and other alternative medical procedures, to investigate the practitioners who are not licensed or regulated, claiming to cure diseases. ✓ In past, had project on adolescent RH issues, through Population Secretariat and conducted series of trainings on advocacy for doctors
Uganda National Health Users/Consumers Organisation (UNHCO) **Plot 91 Bukoto Street, Kamwokya** **P.O Box 70095** **Kampala, Uganda** **Tel: +256 (0) 41 -4532123** **E-mail:** unhco@utlonline.co.ug Robina Kaitirimba, National Coordinator, Tel: 077-2638451 E-mail: rkitungi@hotmail.com	National advocacy organization established in 1999. 700 members Programs in 5 districts – Bushenyi, Luwero, Mbarara, Iganga and Kamuli 9 staff	The mission: "*Advocate for health consumer rights and responsibilities – a fundamental component of the broader quest for good governance, embracing accountability, integrity, and the promotion of human rights in Uganda."* Advocacy areas include: ✓ Advocacy, policy analysis and research development, including holding forum to guide development and influence health policy and practice, multimedia information and sharing, documentation and publication of best practices and lessons, and contributing to policy development and analysis. ✓ Improving responsiveness of healthcare providers to consumer's rights and needs through consumer feedback and redress mechanisms, ✓ Activities include: a) Participate in joint health review team with officials of the Ministry of Health to monitor performance of health care providers in health centers throughout the country; b) engaged with National Medical Stores to improve the supply of drugs to health centers; c) developed a "Community Score Card" as an independent tool to be implemented in all the health centers to keep track of performance of health systems (yet to be implemented) ✓ One of 4 CSOs on the Health Sector Budget Working Group responsible for budgetary allocations within the health sector

		and the planning process ✓ One of 3 CSOs on the Country Coordinating Mechanism for the Global Fund
Uganda National Association of Teachers Union (UNATU) Teachers' House Plot 28/30Bombo Road Tel: +256-414-346917 www.unatu.org Madame Teopista Birungi Mayanga, General Secretary Tel: 0772-432072 E-mail: Teopista.birungi@unatu.org or biruteo@yahoo.com	National professional association of teachers, established in 2003 from a merger of two teachers' associations. Membership of nearly 80,000 teachers 112 operational branches in each district throughout the country, every district is branch. UNATU is now organizing the district branches into 10 regions, which will each coordinate about 10 districts At the national secretariat, 13 technical staff and several support staff. In the field, about 20 national professional staff	Mission: *"To promote and protect the social, intellectual, economic and professional interests of its members/teachers a pre-requisite to service the education needs of the learner"* Advocacy focus includes: ✓ Organizes annual national Teachers Day events, which are used for lobby events to demand for improved working conditions for teachers in Uganda ✓ Advocating and lobbying for effective and supportive education policy frameworks, adequate resource mobilization, securing sustainable and meaningful citizen participation in education at all levels. ✓ Teacher's response to HIV-AIDS in the education sector through policy engagement, research ✓ Engaging in popularization of the MOES "HIV in the Educational Workplace" policy – produced booklets, popularized through a poster.
Uganda Network of AIDS Service Organizations (UNASO) Plot 190 Old Kiira Road, Ntinda P. O. Box 27346 Kampala, Uganda Telephone: +256-414 274730 Email: unaso@unaso.or.ug Web: www.unaso.or.ug Mr. Bharam Namanya Tel: 077 -2 463143/077-2486507 E-mail: bharam_namanya@yahoo.com Mr. Leonard Okello Tel: 079-2895646/070 -2895646	National network of 1,600 organizational members, including individual NGOs, national and district networks, faith-based organizations. 10 staff Operates in 50 districts	UNASO's mission is "*to provide leadership to ASOs for collective response to HIV and AIDS though effective representation, coordination and enhanced capacities.*" UNASO's advocacy objectives are to: ✓ Promote advocacy and representation of the civil society ASOs with regards to policies and practices affecting their work. ✓ Analyzed the HIV and AIDS bill to identify issues that are of concern to people living with HIV/AIDS. ✓ Presented a petition to the Parliamentary Committee on the HIV and AIDS Bill to raise issue of discrimination against people living with HIV and AIDS
Uganda Women Network	National advocacy and lobby network comprised of 16 women organizations, institutions, 9 individuals and 9 district	The mission: "*To coordinate collective action among the members and other stakeholders through networking, capacity building, policy research and advocacy for effective policy*

(UWONET) **Plot 198 Old Kiira Road, Ntinda** **P.O Box 27991 KAMPALA UGANDA** **Phone: +256 (0) 41 -4286539** **E-MAIL:** info@uwonet.or.ug www.uwonet.or.ug Ms. Rita Aciro, Executive Director Tel: 077-2468041/075-9330002 E-mail: raciro@uwonet.or.ug	networks. Programs in 21 districts in Uganda: Kitgum, Pader, Agago, Abim, Moroto, Kabongo, Tido, Amuria, Katakwi, Oyam, Yumbe, Mubende, Kamuli, Jinja, Iganga, Kanungu, Iganga Buyende, Kaliro, Mayuge, Namutumba	*engagement and sustained gender equality.*" Engages the structures, systems and processes of policy formulation, law making as well as program formulation and implementation to ensure their gender-responsiveness. Areas of advocacy focus include: ✓ A legal and policy framework for Affirmative Action ✓ The establishment of the Equal Opportunities Commission (EOC) ✓ Budgetary allocations to issues of concern to women. ✓ Enactment of the Sexual Offences Bill, Domestic Relations Bill and the Domestic Violence Act ✓ Reduction of gender-based violence ✓ Gender and human rights in the context of HIV/AIDS ✓ Health Rights for women Increasing the role, numbers and influence of women in politics and decision-making at national level
World Vision Pader Office Henry Maandebo Tel: +256-773-968-080 Henry_maandebo@wvi.org Andrew Chimera +256-777-796-476 andrew_chimera@wvi.org	District-level office of World Vision Uganda, operating in Pader since 1998 at the start of the LRA war 60 staff in Pader office (though some manage projects in Kitgum)	WV Pader focuses on the following target groups: 1) children, especially girl children; 2) schools and teachers; 3) the extremely vulnerable (child-headed households, HIV-infected, elderly, etc.) ✓ Two primary advocacy issues are HIV-AIDS and gender equality. ✓ The Pader office has no dedicated staff on advocacy; instead advocacy is supposed to be mainstreamed in the humanitarian and the development programs. ✓ Involved in campaigns and demonstrations to counter stigma and discrimination against people living with HIV, and to ensure that anyone who self-identifies as HIV-positive gets access to services. Similar campaigns related to TB and malaria.
World Vision Uganda	International NGO More than 700 employees country-wide and	Mission: *"An international partnership of Christians whose mission is to follow our Lord and Savior Jesus Christ in working with the poor and oppressed to promote human transformation,*

National Office **Plot 15B, Nakasero Road** **P.O Box 331** **Kampala, Uganda** **Tel: +256-31-226490/1** **Tel: +256-41-4345758/340349** **www.wvi.org** James Kintu, Associate Director, Tel: +256-75-2837324 E-Mail: james_kintu@wvu.org	operates in 10 districts, including: Tororo, Mukono, Palisa, Kabarole, Arua, Pader. Advocacy unit has 9 people based in Kampala	*seek justice and bear witness to the good news of the Kingdom of God."* Main program focus areas include: education, livelihood security, and HIV and AIDS. Advocacy activities include: ✓ Influencing local and national policy on UPE (effective use of UPE funding, contributing to generate demand for UPE, work with communities to provide adequate infrastructure) ✓ Citizen Voice and Action, an approach to increase dialogue between citizens, service providers, and government for improved service delivery being piloted in 10 districts ✓ Vulnerable Children Advocacy, engaging communities, including children's groups in promoting child protection and OVC policies and programs