

Strengthening engagement between communities and duty bearers to improve NCD service delivery in Kamuli district, Uganda

1. Relevance of the intervention

The overall impact aimed at in this project, is **to improve health of citizens in Kamuli district, Uganda.**

The project's development objective is to **"Promote access to NCD health services in Kamuli district, by August 2020".**¹

Three of UN's Sustainable Development Goals are supported by the project:

SDG 3: Good health and wellbeing: Ensure healthy lives and promote well-being for all at all ages.

SDG 16: Peace, justice and strong institutions: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

SDG 17: Partnerships for the goals: Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Objectives of the intervention

The project's specific objectives:

1. To promote awareness of a healthy life style which can prevent NCDs and promote awareness of citizens' rights
2. To strengthen the capacity of 33 Neighborhood Assemblies (NAs) and Kanengo in self-sustainability.
3. To strengthen the engagement between communities and duty bearers for improved NCD service delivery in Kamuli district.

There is a great need to improve prevention, detection and treatment of Non-Communicable Diseases (NCDs) in Kamuli district.

The major problems were identified by the partners in a joint workshop in 2017, they continue to be the case:

- Inadequate knowledge at community level about NCDs.
- Inadequate knowledge and skills at community level to change to a healthier livelihood behaviour.
- NCDs are not yet a funded priority for the local government nor the national government.
- The communities have limited awareness about their rights to demand services from their leaders.

¹ *Non-communicable diseases (NCDs) will be defined as only lifestyle diseases such as:*

- Chronic cardiovascular diseases: heart attack, hypertension, stroke
- Chronic lung diseases: asthma, chronic obstructive lung disease
- Cancer: all kinds of cancers
- Diabetes

NCD Risk factors are:

- Lack of exercise, drug abuse e.g. alcohol, smoking, poor/unbalanced diet.

- Weak Neighborhood Assemblies (NAs). An NA is a peoples' democratically elected parliament operating at local community level.
- Decisions directly affecting the citizens are made at the central government level, leading to a situation of inadequate medicine. The approved amount of medicine does not always arrive from the National Medical Stores.

The project is based on experiences collected from the projects *CISU 15-1644-MP-apr: Strengthening the capacity at community level to prevent, detect and treat NCDs in 5 sub-counties in Kamuli district, Uganda*, and *17-2070-MI-jun Promoting awareness, capacity, advocacy and accountability for NCDs in 7 sub-counties in Kamuli district, Uganda*

Aspects of the context in which the intervention is to take place.

The proposed project focuses on Kamuli district in Busoga region in Eastern Uganda. Health service delivery at community level is still poor. Several factors account for this situation, including inadequate financial funds and leakages of resources, due to weak internal controls and corruption. There is also a weak capacity of local communities and citizens to monitor the implementation of service delivery in the community, much less a coordinated data collection and reporting across the Kamuli district. Furthermore, there is a lack of forums for citizens and their leaders to engage each other on effective service delivery.

Even though the two projects mentioned above have improved the status in the target communities, there are generally a low level of awareness about basic health issues, such as personal health and hygiene, preventive measures for life style disease conditions, and generally low accessibility to modern medical services.

The communities are not well sensitized and mobilized on how they can access better medical services. These activities are expected to be the responsibility of the local authorities, but in most districts in Uganda they are not functioning. Alternative structures like Neighbourhood Assemblies are instead seen as more active and relevant in complementing the responsibilities of local government.

Nationally, non-Communicable Diseases (NCDs) have been recognized as a "silent killer", currently responsible for more than 35% of all deaths in low and middle-income countries. A high prevalence of NCD risk factors has been documented in Uganda. A connection between obesity, hypertension, and risk of type 2 diabetes was found in a study among women, of whom nearly 80% were overweight. The STEPS survey in Kasese (a semi urban area) has demonstrated that chronic non-communicable diseases and their risk factors constitute a public health problem. The majority of people with high blood pressure did not know that they had such medical problem. Only 3.7% of people found with high blood pressure were under treatment.

The non-scientific analysis executed as part of the partners' first NCD project in Kamuli, supports these findings:

- 1000 citizens, 20 years old or more, were measured for diabetes and blood pressure by VHWs in the 5 sub counties. 13% had diabetes and 22% high blood pressure.
- 89% of the people measured to have diabetes, were not treated for their illness, and 59% of the people measured to have high pressure, did not receive treatment.

The health units at community level are lacking clinical staff, medical equipment, medical supplies and facilitation that can ably respond to the huge medical needs.

Uganda's Ministry of Health has only recently started to recognize NCDs. The Uganda NCD Alliance (UNCDA) has lobbied for government's commitment to NCDs.

A recent nationwide research study about the capacity of higher level public sector health facilities in Uganda to provide NCD services demonstrated the need for Uganda to scale-up low cost, high impact NCD interventions and strengthen the capacity of health personnel to reduce NCD-related disability and death.²

The project intends to use the capabilities of UNCDA. The outcomes of the project and data collected by KANENGO will be shared with UNCDA, and used for national lobbying and advocacy about NCD.

Neighbourhood Assemblies

The core instruments in this project are the Neighbourhood Assemblies in Kamuli district and their Village Health Workers. A Neighborhood Assembly (NA) is non-governmental, a peoples' democratically elected parliament operating at local community level. Fundamentally, an NA is based on voluntariness, and the purpose is active citizenship, i.e. finding ways to make citizens take active responsibility for their own lives. A Neighborhood Assembly is organized like the real Parliament of Uganda. An NA is made-up of ministers of sectors (Education, Agriculture, Health etc.), just like key sectors at national level. The NA is governed under the leadership of a speaker, elected by the ministers. Below the ministers, there are sector working committees, which are made up of members representing geographical zones. The members are elected by the people from 5-7 villages, usually forming a parish.

According to DENIVA (a national network of NGOs and CBOs in Uganda, with over 700 members), NAs help to build peoples' knowledge and capacities, which any community, region or country needs in order to challenge or question what their leaders do and how they represent the community interests and concerns. There are NAs in several parts of the country and Moses Kyewalyanga, coordinator in KANENGO, has been appointed national NA facilitator by Deniva. KANENGO supervise, monitor and guide the NAs on their activities. It is in fact the major task for the KANENGO staff.

Outcomes from the two NCD projects

The first NCD project focused on NAs' and their Village Health Workers' capacity to create awareness about and to detect NCDs. Secondly, to encourage the NAs to advocate for policy change and improved service delivery in regards to NCDs.

The second project focused on strengthening both NAs' and KANENGO's capacity in advocacy and self-governance, in order to keep advocating duty bearers to prioritize NCDs and hold them accountable for their plans and promises. The links to Health Centers and local government stakeholders at Sub-county and District level have been strengthened.

First NCD project results:

- From a situation on ground where 2.4% were able to mention three NCDs correctly and only 0.7% able to mention three risk factors leading to NCDs in the five sub-counties, the awareness level of NCDs in the five sub-counties has increased to 51.3% who were able to mention three NCDs correctly and 21% were able to mention three risk factors as a direct result of the project.

² "Capacity of Ugandan public sector health facilities to prevent and control non-communicable diseases: an assessment based upon WHO-PEN standards", by Hilary E. RogersAnn R. AkitengGerald MutungiAdrienne S. EttingerJeremy I. Schwartz. *BMC Health Services Research*, December 2018

- At the end of the project the majority of the VHWs from the involved NAs were able to correctly measure blood pressure (100%) and blood sugar (87,5%). The VHW referred patients with high blood pressure and blood sugar to a health center
- Families from the primary target group made changes in their diet as a result of the advice from VHWs.
- The 8 involved NAs were able to advocate for change at Sub-county level. Half of the NAs showed very good results and visibly improved NCD service delivery in their local Sub-county. Sub-county officials are aware of the NCD project and NCDs have been on the agenda.
- In 2016 Kanengo was invited to become an official member of the District Planning Committee and the Technical Planning Committee. District officials are aware of the NCD project and have taken steps to improve service delivery.

Results from the second NCD project:

These are conclusions from the evaluation meeting in December 2018. (The quantitative results are not yet available, as the project ends 28.02.2019)

- Drama has proved to be a very good tool to create awareness about NCDs and their risk factors.
- At outreaches in December alone 170 participated. Of 149 tested for blood pressure 59 were tested positive. 37 were tested for diabetes, and 2 were found positive. They were all referred to the local health centers.
- The Confidence level of the VHWs has grown. The citizens acknowledge their knowledge and capacity in NCDs. Even traditional healers and local leaders are requesting to be tested for NCD by the VHWs. But only VHWs from the first NCD project can test properly. The new VHWs from NCD2 still have low capacity.
- At least one sub-county chief has together with the NAs and KANENGO advocated for more NCD services during the District dialogue meeting.
- “As NAs we have learned how to approach different leaders, e.g. how politicians differ from planners. The planners are more technical. We are now referred to as development partners. So we are regarded as partners sharing issues”.

The learnings from the two projects are that citizens’ awareness of NCDs and their awareness of their citizen rights have an influence on the political agenda, relating to health. That local partner capacity building is important and that involvement of volunteers and improvement of their skills is important for sustainability. We also learned that an impact on national level is needed for real political change, and that the structure of Neighbourhood Assemblies are fragile and needs to be strengthened to see substantial improvement in political focus on NCDs and citizens' rights and awareness of NCD

2. Partnership and partners

Hope Danmark and KANENGO have worked together for more than 4 years, and the cooperation confirms that we share the same general vision and values. In December 2014 the two organizations signed a partnership agreement. During the projects there have been challenges, they have been discussed openly, and actions have been taken to solve the problems. The boards of both partners have been involved and have jointly agreed to the changes made. Like in the second project, when some financial issues were identified, the boards agreed to form a team, which should investigate the issues thoroughly and suggest actions. The two boards discussed

and agreed on the actions, which were then carried out by KANENGO, assisted by Hope Danmark and Anja Christiansen as consultant.

The partnership has until now shown good results, through Hope Danmark's expertise in health, organisational development and financial control, and KANENGO's long experience in civil society development "on ground".

KANENGO has a strong network in Kamuli District, good relationships with local leaders, and its coordinator has excellent lobbying skills. KANENGO still need to improve in its aim to become more self-sustainable, as well as improve their assistance to the the NAs to become sustainable. This requires better coaching capabilities of KANENGO's community change agents. The change agents are volunteers in the KANENGO organization.

In the project KANENGO will be responsible for the implementation of project activities, as well as monitoring and evaluation of the project activities carried out by Neighbourhood Assemblies (NAs), and their Village Health Workers (VHWs). KANENGO will together with the board explore how it as an NGO can improve its self-sustainability, and how the knowledge and practices can be used by the NAs. KANENGO will work with Ugandan NCD Alliance (UNCDA), using their expertise and experience in training and advocacy related to Non-communicable Diseases at national level.

Hope Danmark has the overall project responsibility of ensuring that the project is implemented within the guidelines of CISU. Hope DK will contribute with its expertise in working with donors in Denmark and will use its extensive networks and experiences in both Denmark and Uganda. Locally, Hope Danmark have established contacts to several companies and organizations to provide expertise and training. Hope Danmark's volunteers based in Jinja, Uganda, are intensely involved in training, guidance and supervision, both as medical expert (General practitioner), IT, finance, etc.

Hope Danmark's local organization in Kamuli, Hope Danmark Ltd. (UG), will provide technical support to its partner in financial accountability, e.g. its Administrator will perform monthly accountability checks of the project. At the end of the project the Administrator will assist in the end project audit.

Hope Danmark's financial controller in Denmark will have the overall financial responsibility of the project.

The project will be implemented in partnership. Coordination meetings to review progress will be held. The project, through monitoring and evaluation, will assess how the partnership have been functioning and any gaps and constraints will be identified and appropriate amendments taken.

3. Description of the intervention

In December 2018 KANENGO and Hope Denmark had a joint project planning workshop. Board members from Hope DK and KANENGO, KANENGO staff and volunteers participated together with representatives from the target group, NA members and Village Health Workers. The project consultant Anja Christiansen also participated. The workshop used Logical Framework Approach as a guideline, the results are described below and the findings incorporated in this project proposal.

Based on the outcomes of the previous two projects, and the fact that funding for NCD medicine and equipment is decided on district level, it was decided to direct advocacy for more funds at the district's duty bearers. As sub-county officials are increasingly aware of NCDs, NAs and KANENGO will try as much as possible involve the whole district. Both in raising awareness about

NCDs across the district, by joining forces with the local officials and aligning the advocacy strategy with the yearly budget cycle.

As both awareness raising and substantial budget changes demand long lasting intervention, KANENGO will together with NAs discuss, plan and initiate activities for the organizations' self-sustainability.

Target groups

Primary target groups are defined to be:

- 33 Neighbourhood Assemblies in the 13 sub-counties, i.e. the 21 NAs in the 7 sub-counties from the 2017 NCD project and 12 new NAs, to represent the remaining 6 sub-counties. The 33 NAs will have 1650 members (50*33).
129 Village Health Workers: 105 existing VHWs from the 21 NAs involved in 2017 NCD project plus 24 new VHWs (2 in each new NA)

Secondary target groups are the duty bearers at sub-county level and district level:

- Duty bearers at sub-county level: Sub-county chiefs, person in charge of Health Center 3 and 4s, chairperson of Local Council 3 and 1.
- Duty bearers at district level: District health officers, chief administrative officer, District Community Development Officer, District planner, speakers, Chairperson of Local Council 5, Secretary of Health.
- The National Commissioner for NCDs.

The project's strategy

The first two projects carried out by the partners have shown that focused information about NCDs to individuals and duty bearers has resulted in greatly improved NCD awareness. This project aims at reaching as many citizens as possible in Kamuli district with "the NCD message". This requires other communication media, like radio broadcasts, newspaper articles and social media, to supplement the communication tools, which have proved to work well: drama groups and peer groups. Videos of drama, NCD experts and testimonials will be used for training, at outreaches and in dialogue meetings with duty bearers.

These activities are expected to greatly increase the demand for NCD services. These are not available at the health units, and particularly missing at health centers in the sub-counties. The evaluation of the second NCD project made it very clear that advocacy for NCD at sub-county level does not help much, because the NCD budget is only planned at district and national level. Therefore, the project plans to involve all the district's sub-counties, and hope they will join forces with the NAs in advocating for NCD services. Two NAs will be formed in the sub-counties currently without NAs.

The NAs within sub-counties and even across sub-counties need to work more closely together to exchange data about NCDs and to coordinate the messages conveyed to the authorities. The well-known and effective, dialogue-based advocacy strategy, which KANENGO and NAs are already using, will continue to be used. The strategy is used by NAs at sub-county level and KANENGO at district level.

- First, a positioning paper is developed, listing necessary improvement and actions to be taken, using the information collected and analyzed. For NAs, the positioning paper is presented, discussed and approved at an NA meeting.
- Next, the positioning paper is sent to the relevant duty bearers at sub-county or district level.

- Then an interface meeting is held between NA/KANENGO and the respective duty bearers. The interface meeting is a forerunner for a Dialogue meeting.
- Finally, a dialogue meeting is held at sub-county level or district level. At sub-county level the leadership from the NAs meets with the government executives + sub-county chief and/or sub-county administrative officer. At district level KANENGO and involved NAs meet with the district executives, district councilors, sub-county chiefs, and village chairpersons.
- After the dialogue meeting Kanengo and NAs will follow up on decisions made. If possible a social contract will be made between the duty bearers and the NAs. The second project has shown that follow up after the Dialogue meetings is essential for good project results.
- Once a year the NAs arrange Manifesto days at sub-county level, with drama, demonstration, band in the streets, drinks, banners, etc. The purpose is to provide space for dialogue between the general community and Local Government. The day before the Manifesto day, Kanengo host a radio show.

The advocacy strategy will be closely aligned with the annual Ugandan public budget cycle, in order to be as effective as possible. Kanengo will improve the existing NA manual developed by DENIVA to include more details on best practice methods for dialogue meetings with local leaders and how NA members can influence the local government budget cycle, to mention a few.

Both new and most of the existing NAs need to be trained in efficient data collection, reporting, communication and administration. They will also need constant guidance and follow-up by KANENGO's Community Change Agents, who themselves will receive coaching and follow-up by KANENGO's field officers.

The partners wish to continue working towards making KANENGO and NAs more self-sustainable, so that the advocacy process described above may continue for NCDs, and even in other areas. A self-sustainability plan will be developed by KANENGO. KANENGO will encourage and inspire NAs to adopt VSLA for self-sustainability, using the VSLA organization and structure implemented in the second NCD project.

There is a need to lobby for NCD policy change at national level. Kanengo will work together with the National Commissioner for NCDs and lobby for an increase in funding for NCDs. KANENGO will use its connection to the speaker of Parliament and Sam Okuonzi, who is member of the KANENGO board, a technical advisor for Ministry of Health and a consultant for WHO

Kanengo will collect and analyse data from Kamuli and share with UNCDA. Kanengo will work with UNCDA in advocacy and lobbying at national level.

Expected outputs and activities of the intervention

Objective	Output	Activities
1. To promote awareness of a healthy life style which can prevent	1.1. Increased awareness among citizens in Kamuli district about NCDs	1.1.1. 3 radio talk shows 1.1.2. 1 page newspaper article 1.1.3. Spot messages 1.1.4. Monthly social media articles 1.1.5. Training of 3 drama groups

Objective	Output	Activities
NCDs and promote awareness of citizens' rights		1.1.6. Develop NCD story lines, facilitate and develop drama shows 1.1.7. Training in video editing and production of video about NCDs 1.1.8. Collection, review and dissemination of messages to use on social media, drama, video and radio talk shows
	1.2. Increased skills of 129 VHW to create awareness about NCDs, to prevent, to detect and to refer people with NCDs	1.2.1. Identification of 24 new VHWs from 12 new NAs and training of all 129 VHW in awareness raising, preventing, detecting and referring people with NCDs. 1.2.2. 3 National outreach events (World Health day, World Diabetes day etc.) Participation by drama groups and VHWs 1.2.3. 36 Local and district outreaches (1 outreach in a sub-county every half year, includes follow up and brush-up training for VHW and data collection)
2. To strengthen the capacity of 33 NAs and Kanengo in self-sustainability	2.1. Increased skills in advocacy , management and self-sustainability for NAs	2.1.1. Formation of 12 new NAs in 6 new sub-counties 2.1.2. Training of 12 new NAs by Community Change Agents, in advocacy and management 2.1.3. Quarterly follow-up meetings with new NAs 2.1.4. Encourage and inspire 33 NAs to adopt self-sustainability interventions. 2.1.5. 12 NA exchange visits for mutual inspiration. 2.1.6 Orient local leaders (duty bearers) about the project, NCDs and how they can contribute.
	2.2. Increased capacity by KANENGO in self-sustainability and management	2.2.1. Development of strategic plan for self-sustainability for KANENGO by KANENGO board and staff 2.2.2. 2 day retreat for KANENGO board and senior management to learn about NGO management 2.2.3. Every six months Think-tank discussions meetings for KANENGO staff and resource persons (16 persons) about NGO related topics, like Anti-corruption
3. To strengthen the engagement between communities and duty bearers for improved NCD service delivery in Kamuli district	3.1. One year's practice in aligning annual budget planning and NCD advocacy at sub-county and district level	3.1.1. Train 16 Kanengo staff and Community Change agents in data collection, compilation, analyses and dissemination, 1 day 3.1.2. Train 16 Kanengo staff and Community Change agents in advocacy, NA management, sustainability and VSLA, 3 days 3.1.3. Train 33 Secretaries of Health from NAs in data collection, compilation, analyses and dissemination, 1 day 3.1.4. Train 33 Speakers and 33 Secretaries of Health in advocacy, 1 day (written commitment to handle before attending a training) 3.1.5. Quarterly follow-up of NAs by Change agents, supervised by field officer and quarterly meetings for Change agents. 3.1.6. Support NAs to develop 13 positioning papers 3.1.7. Conduct 13 Sub-county Dialogue meetings by NAs (including preparation)

Objective	Output	Activities
		3.1.8. Conduct 26 Interface meetings at sub-county level 3.1.9. Participate in 13 feedback meetings at sub-county level 3.1.10. Develop a revised manual for NAs; include best practice for dialogue meetings, local government budget cycle, positioning paper, data collection and analysis of data, guide to VSLA 3.1.11. Prepare and participate in 1 district dialogue meeting 3.1.12. Prepare and participate in 1 district interface meeting 3.1.13. Participate in 1 district feedback meeting 3.1.14. Arrange 4 Manifesto days in Kamuli district 3.1.15 Collect, analyse and share data for advocacy case 3.1.16 Collect analyse and share data for project baseline and evaluation 3.1.17 Follow-up visit to NAs and duty bearers 3.1.18 Follow-up contact to NAs and duty bearers
	3.2. Presentation at national level of NCD strategy at sub-county and district level	3.2.1. Networking with other NGOs and development partners 3.2.2. Link with Ministry of Health, the Commissioner for NCDs and NCD parliament committee to priorities NCDs in policy and planning

Employed KANENGO staff:

75% Project coordinator/Manager

80% Administration/Accountant

100% Field officer

50% Communications officer

The training and supervision in advocacy, administration, monitoring and evaluation, will be done by Anja C Consult, based in Jinja, Uganda. Anja Christiansen Sakaly has worked closely with KANENGO's coordinator in the second NCD project. She knows the partners, the area and the project's subject very well.

Indicators and Means of verification

Objective	Indicator	Means of verification
1. To promote awareness of a healthy life style which can prevent NCDs and promote awareness of citizens' rights	30% increase of adult 20+ who can mention 3 NCD risk factors	Baseline survey report. End of project survey report.
	100% increase in number of case stories about how to prevent NCDs in Kamuli in 1 newspaper and 3 radio stations	Baseline survey report. End of project survey report
2. To strengthen the capacity of 33 NAs and Kanengo in self-sustainability	50% increase in NAs with self-sustainable interventions	Baseline survey report. End of project survey report
	30% increase in KANENGO income from non-donor sources	Annual accounts for 2019 and 2020

3. To strengthen the engagement between communities and duty bearers for improved NCD service delivery in Kamuli district	10% increase in amount of hypertension and diabetic drugs delivered from NMS to the District	NMS ³ Delivery sheets at District level. Baseline survey report End of project survey report
	10% increase in functional equipment for NCDs at the health centres	Equipment inventory and physical counting for Glucometer, DP machine, Scale and meter. Baseline survey report. End of project survey report.
	10% increased funds released at the district and sub-county levels for NCDs	Budget estimates at district and sub county levels. Accountability reports from the health departments and health centres. Baseline survey report. End of project survey report.

Risk factors and mitigation

Risk	Mitigation
Unresponsive district and Sub-county leaders	Be friendly, support with facilitation, be in touch frequently
Unresponsive Ministry of Health or Central government	Use high level contacts, meet parliamentary committee on health, attend national high level policy meetings on NCDs
Central government are not available for providing inputs about NCD management	Continue to put pressure on government; look for other donors to provide some key inputs

4. Planned intervention-related information work in Denmark

The information work in this project will cover the costs of writing, editing and producing articles and videos to be published at Hope Danmark's Facebook and web-page. Hope Danmark will share the information and links to this material with relevant organizations and institutions in Denmark, which are considered to have an interest in the project's purpose, such as GlobalNyt and Danish NCD Alliance.

Updates, pictures and videos from the project will be shared frequently on Hope Danmark's Facebook page, which will give Hope Danmark's followers a possibility to connect to the project.

Additionally, Hope Danmark plans to apply for funding from CISU's Oplysningspulje. Information about this project's objectives, strategy, results and activities will be included in that intervention.

³ National Medical Store