Strengthening sub-national CSOs to scale up Advocacy and Accountability for Improved Women, Children and Adolescent Health in Kasese District
Uganda has made great improvements in the health of its population. However, the maternal mortality ratio has stagnated over the last decade. Between 2006 and 2011, despite increases in the share of (i) skilled birth attendance (from 42 percent to 58 percent) and (ii) mothers receiving postnatal care (from 27 percent to 33 percent), the maternal mortality ratio remains unchanged at 435-438 per 100,000 live births. Nutrition is a major challenge with (i) 33 percent of stunting among children. Malnutrition as the underlying cause of nearly 60 and 25 percent of infant and maternal deaths, respectively.

A key constraint in RMNCAH services delivery as outlined in the Sharpened Plan Investment Case is first inadequate resources for the health sector to respond to the service delivery challenges. Second, pronounced capacity constraints, especially at the frontline has rendered the majority of districts unable to deliver services as mandated. Third, while the policy and institutional framework for service delivery is sound, compliance is poor and accountability is generally low.

GFF operations in Uganda focus largely on results-based financing (RBF) which calls for functional structures at different levels, especially at the service point. However, at the service point, several challenges arise:

- Health unit management committees (HUMCs), and some Expanded District Health Management Teams (EDHMT) have limited capacity to ensure availability of quality health services for women, children and adolescents
- The relationship between service providers and clients has gaps; and
- The awareness of the rights and responsibilities of the different actors (District Health Officer, Inspector, DHE, Nutritionist, Environmentalist, biostatistician, MCH focal persons, representative of the VHTs, CSOs representatives, Members of parliament LCV chairperson, RDCs, District Councilors).

For these challenges at the lower level and in the broader environment to be overcome, there needs to be strengthened accountability at the sub national level.

Despite these challenges, advocacy at the sub national level needs to be strengthened. In this case study, we consider Kasese District, located on South Western Uganda. Kasese District was among the first districts to benefit from the Results Based Financing (RBF). Kasese district being a neighbor community with Kamwenge district refugees camps, is unique in the sense that they host thousands of refugees especially those fleeing war in the Democratic Republic of Congo. This means there is more pressure on an already pressed health care system. The refugee host communities both utilize the same service points and so this project will focus on strengthening accountability in such a unique context through strengthening of civil society engagement at this level and finally linking it to

OVERVIEW

KASESE DISTRICT
the broader CSO community through the Uganda RMNCAH+N Platform.

In 2019, Rwenzori Center for Research and Advocacy (RCRA) in partnership with PAI sought to strengthen capacity of local organizations in Rwenzori region particularly in Kasese District to support implementation and monitoring of Women Children and Adolescent advocacy. This is an important opportunity to strengthen the capacity of local level civil society organisations to generate evidence and also improve their advocacy capacity.

This partnership was seen as a great opportunity to support sub national organisations to come together with common positions, strategies and messages and acting together through joint efforts to demand better accountability and action especially in the implementation of the Global Financing Facility commitments at country level in Uganda. A total of 30,000USD was provided with the following objectives:

Objective 1: To enhance the capacities of CSOs representatives in Kasese Districts to fulfill their mandate in ensuring effective service delivery in health sector.

Objective 2: To track GFF implementation through development of bi-annual district score cards.

Objective 3: To build one RMNCAH+N district Coalition to support advocacy.

The project was tailored to empowering the citizens to hold leaders accountable in relation to GFF service desirables. In addition, the project targeted hard to reach areas who are basically underserved communities. The activities include conducting needs assessment, trainings on GFF processes and workshops and dialogues with local leaders for the rural Kasese communities have their voices heard through media.
RCRA looks to expand this work to other districts in the Rwenzori region to ensure that civil society is enabled to maximize its voice and impact in advocating for greater results for women and children. This work was made possible through the support of PAI.

**EXPECTED OUTCOMES**

**Outcome 1**
- Increased evidence on the impact of GFF funds on the quality of services for women, children and adolescents.

**Outcome 2**
- Strengthened capacity of CSOs, technical and political leaders and advocate for improved health services for women, children, and adolescents.

**Outcome 3**
- Strengthened linkages with other RMNCAH partners working in the Kasese district communities.

- As a result of this work, a number of advocacy successes have been scored including
  - The development of a district level coalition to support the monitoring and advocacy around GFF related activities in Kasese District
  - Capacity building of more than 40 CSO representatives specifically in budget monitoring and advocacy
  - Development of a district report and scorecard on WCAH and CSO involvement in the implementation of WCAH related advocacy in the district
  - District wide community engagements on WCAH related activities
  - Creation of a joint advocacy strategy for the newly created Kasese District RMNCAH CSO coalition