

PARTNERS IN COMMUNITY **TRANSFORMATION** (PICOT)

Volume Two



EEFONGA News Letter

2017
EDITION



Inspiring Communities to Transform Lives



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SUCCESS STORY

TABLE OF ACRONYMS

PICOT	Partners in Community Transformation
IDF	Independent Development Fund
LCV	Local Council Five
CAO	Chief Administrative Officer
RDC	Resident District Commissioner
DHO	District Health Officer
H/A	Health Assistant
VHTs	Village Health Teams
HCIII	Health Center Three
LCIII	Local Council Three
HUMC	Health Unit Management Committee
ECOPAGA	Enhancing Community Participation in Governance and Accountability in Health Service delivery

...I hereby present to you the second edition of the Newsletter for the IDF funded project:

Enhancing Community Participation in Governance and Accountability in Health service delivery in Maracha and Koboko districts (ECOPAGA). The projects ultimate goal is to improve health service delivery leading to better health outcomes in Koboko and Maracha Districts by 2017. It creates a forum were citizen's contribute in quality health service delivery through involvement and engagement of communities and their leaders to dialogue on their development challenges.

The national objectives and principles on democratic principles bring out visibly the centrality of community empowerment and active participation in realizing overall national development goals. PICOT therefore through the ECOPAGA project is creating the platform for the empowerment program in Koboko and Maracha districts where women, youth and children (final beneficiaries of health services) and duty bearers forms the target groups.

We trust that the themes and stories captured herein the Newsletter will not only deepen your understanding about the project or PICOT, but will also clarify the roles that each citizen and duty bearers plays in improving the quality of health services delivered in health facilities and take actions for the promotion of the common good for improved services in Uganda as a whole



P H O T O

**Executive Director
Mrs. Ropani Sauda**

PAGE

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Inspiring
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to Transform Lives



P H O T O

Project officer

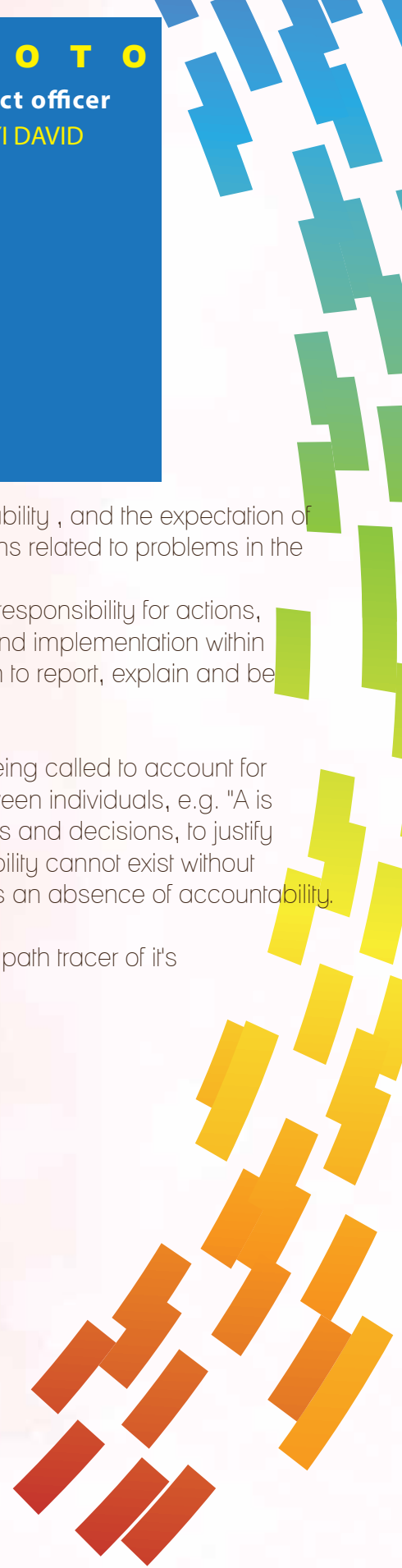
WAYI DAVID

In ethics and governance , accountability is answerability, blameworthiness, liability , and the expectation of account-giving. As an aspect of governance , it has been central to discussions related to problems in the public sector, nonprofit and private (corporate) and individual contexts.

In leadership roles, accountability is the acknowledgment and assumption of responsibility for actions, products , decisions, and policies including the administration , governance, and implementation within the scope of the role or employment position and encompassing the obligation to report, explain and be answerable for resulting consequences.

In governance, accountability has expanded beyond the basic definition of "being called to account for one's actions". It is frequently described as an account-giving relationship between individuals, e.g. "A is accountable to B when A is obliged to inform B about A's (past or future) actions and decisions, to justify them, and to suffer punishment in the case of eventual misconduct". Accountability cannot exist without proper accounting practices; in other words, an absence of accounting means an absence of accountability.

With pleasure PICOT presents to you the second edition of the news letter as a path tracer of it's interventions. Enjoy as you read



WHO WE ARE, WHAT WE DO AND HOW WE DO IT.

Partners in Community Transformation (PICOT) is a non-profit making local Non-Governmental Organization registered with National NGO Board (registration number 10147) on the 20th day of September 2013, PICOT was formerly known as Koboko Youth in Development (KOYID) established on 25th May 2005 as a Community Based Organization registered with Ministry of Gender, Labour and Social Development in Koboko District. It was brought into being in existence in 2005 by a group of progressive youth who felt concerned about the development needs and challenges affecting the youth, women and the wider community of Koboko district. Among the challenges noted with concern to be addressed include but not limited to, Health challenges majorly HIV/AIDS, poverty, low education attainment, poor governance, youth unemployment and environmental degradation.

VISION STATEMENT

Holistically Transformed Communities

MISSION STATEMENT

Working with communities and development partners to identify, mobilize and utilize the available resources for integral development

MOTTO

Inspiring Communities to Transform Lives

CORE VALUE, PRINCIPLES AND BELIEFS

Voluntarism,
Team work,
Inclusiveness,
Accountability,
Transparency,
Participation
Partnerships.

CORE OPERATIONAL AREAS

PICOT focuses on six core thematic areas with the aim of enabling the organization to realize its overriding vision, mission and objectives. These core mandate areas include;

Holistic Health promotion.
Holistic Educational promotion.
Community Governance.
Environmental conservation campaigns.
Economic empowerment.
Organizational capacity development.

ABOUT THE ENHANCING COMMUNITY PARTICIPATION IN GOVERNANCE AND ACCOUNTABILITY IN HEALTH SERVICE DELIVERY PROJECT (E C O P A G A)

Partners in Community Transformation (PICOT) with financial support from independent Development Fund (IDF) is implementing the above mentioned project in two West Nile districts of Koboko and Maracha. In Koboko district, we are in Midia Sub County (Dricile HCIII), Lobule Sub County (Lobule HCIII) and Dranya Sub County (Dranya HCIII), while in Maracha district we are at Oleba Sub County (Oleba HCIII) and Yivu Sub County (Wadra HCIII). The project is an eighteen months program (July 2016 – December 2017) and aims at contributing to improved health services delivery leading to better health outcomes in Koboko and Maracha districts.

It has the following Key Objectives:

- To increase participation and engagement between local communities and duty bearers to improve transparency and accountabilities in health service delivery in Koboko and Maracha Districts by December 2017.
- To strengthen the structures that Monitors the performance and delivery of quality health services in Maracha and Koboko districts by December 2017.
- To strengthen the Institutional capacity of PICOT to effectively implement the project by December 2017.

So far, PICOT is Eleven months down the road meaning seven months to project conclusion. As earlier cited, this document serves to provide key project information for the third quarter basically to enlist the level of achievement and provide general field information for improved health service delivery in the two districts.



PHOTO: Project team (Form Left Ms. Ceyo Lydia Documentation and Learning Officer, Project Officer - Mr. Wayi David and Juan Liliias - an Intern.

A baseline study was conducted by PICOT from the initial stages of the project to find accurate information to establish community attitudes on Governance and Accountability, participation in activities of the health facilities and consultation on management of the health units. Out of the 226 households surveyed, results indicated only 13.4% felt that the community is consulted on the management of the health facilities, while only 35% reported that them or one of the household members have participated in activities of the health facility.

This low level of community involvement and participation in health service delivery has a bearing in the quality of health services. The core issue here is on how to increase community participation in the governance of health programs. Engagement of citizens in discussion of public issues for the purpose of making informed decisions, resolving conflicts, seeking common grounds and affirming their own rights and responsibilities in service delivery forms a fundamental part of our programs.



P H O T O

Mrs. Akulia Zainabu a community member voicing her concerns on limited midwives at the health center to duty bearers during an engagement meeting at Dranya Sub County

In the plight of working with communities in the realization of these fundamental values we realized several impediments among them are the issues of high financial expectation from service providers by communities and lack of ownership of community development initiatives.

It is a common phenomenon that when communities are mobilized for an activity, the first thing they ask is “whether there will be sitting allowance?” or something to eat? Essentially this means that, communities demand for pay or incentives from service providers for engaging them in doing what they should have done as defined by law (their rights). This however explains the challenges the HUMCs are facing in mobilizing communities for their own programs.

The HUMC chairperson of Lobule HCIII Mr. Ajila Christopher commented on the situation as follows: “we have several flops in our community outreach programs simply because they expect a lot of incentives from us and as a result they don’t turn up,” while the HUMC chairperson of Oleba HCIII also lamented on the situation as follows: “Communities have negative attitude towards meetings, had it been that you came without a public address system no one would have come over here,” he made this statement after a successful community engagement meeting organized at the Health facility by PICOT.



P H O T O

A resident of Anyivu parish Yivu Sub County contending the drug shortage issue which is "a challenge for the weak & poor."

As an organization, PICOT considered these as challenges that the ECOPAGA project should contribute to overcome by December 2017 in the two districts of Koboko and Maracha. The project uses the community leaders (existing structures) as entry points to communities (mobilizers), adopted the use of public address system, community voicing, engagement meetings, community score card, radio programs in increasing the participation of the citizens in health service delivery.

As such, PICOT is registering an increasing participation of communities in demanding quality health service delivery and improvement in the performance of the HUMCs in ensuring quality service management in the five HCIIIs. In the quarter, so many issues were raised by communities, increasing number of citizens participating in our programs; 410 people in 3rd quarter against 298 in the second and increasing responsiveness of duty bearers on issues of health.





THE ROLE OF MEDIA AND SOCIAL MEDIA

P L A T F O R M S

The Twenty first (21st) century is marked by its outstanding scientific and technological advancements which forms both solutions and problems to its generation. Telecommunications and Radio waves forms the most outstanding achievements of the century, where it has billions of subscribers placed at every corner of the globe. It then follows that, the role of the media or social media platforms can't be underestimated in mobilization and passing information to its consumers who constitute the larger communities in West Nile sub region. Some of the commonly used social media platforms in Koboko, Maracha or West Nile sub region include; Facebook, Whatsap, Twitter and the FM radio stations.

Community radio programing is one of the core activities of the project and this is aimed at creating platforms that connect duty bearers and communities far and wide in discussing intricate health issues and getting instant responses on concerns raised. PICOT gets issues from the communities through other project activities such as the community score card, engagement meetings, joint monitoring, and then, identifies key community leaders relevant to issues raised and engage them for a radio talk show to account, sensitize, inform and clarify issues raised by communities.

During the third quarter, a total of 3 (three) radio programs were conducted at Home Net Ltd (104.5 Spirit FM Koboko) and (6) six distinguished guests to provide feedback on community health concerns were engaged. Through the organization and Home Net's social media platforms like Facebook and Whatsapp where community concerns are shared, we realized over 100 people were able to react and follow the discussions on social media and 10 people phone called directly during the community radio programs and made their contributions. Some of these issues raised and discussed over the radio programs and social media platforms include: the issues of understaffing in some HCIIIs, poor weekend services, poor staff attitude, punctuality,



P H O T O
Program Manager PICOT (left), **Mr. Alioni Sunday** In charge of Oleba HCIII (second from right), Project Officer **Mr. Wayi David** (right) during a community radio program at Spirit FM (Home Net) Koboko.



PHOTO

Project Officer (left), Secretary Social Services and Incharge Lobule HCIII (Fore right) responding to community concerns at Spirit FM (Home Net) Koboko.

Why there are low births at HCIIIs in West Nile, community roles and responsibilities in service delivery, drug shortage and the issues of poor hygiene and sanitation in some HCIIIs.

Based on the community's respond to the radio proگرامing and on the role of the above mentioned social media platforms in engaging communities and in information dissemination, PICOT is committed to using these platforms in empowering communities to actively participate in health service delivery.

WORKING WITH THE POLICY / DECISION MAKERS AND STAKEHOLDERS

Improving quality of service delivery requires working with various actors both at sub counties, district, national and even at community levels; meaning both service providers and consumers should be involved in this decisive process. Partners in Community Transformation as earlier discussed, works in close collaboration with the various community structures in Koboko and Maracha district Local Governments in addressing some of the key community driven development challenges. The ECOPAGA project among many other projects have a special level of engagement with various stakeholders in its programming to ensure that no one is left out and does his or her work very well for improved health service delivery in above mentioned program areas. Some of the key platforms created by the project for increased stakeholder's responsiveness on issues of health service delivery includes: the Bi-annual Meeting, Joint Monitoring of HUMC roles and quality of services, and the community engagement meetings between communities and duty bearers in the five health centre IIIs.

Bi – Annual Meeting

The Bi-annual meeting is one of the feedback mechanisms to the stakeholders on the project; it is where project information including progress report is relayed to stakeholders. A total of 25 key stakeholders both from Koboko and Maracha districts including PICOT staff were involved in the meeting (Chairman LCVs, CAOs, RDCs, Secretary Social Services, DHOs, Sub county teams such chairman LCIII, Sub county Chiefs, the HUMC, etc.). Both the district and sub county teams were made clearly to understand the project status and the need for incorporating issues identified by communities in the sub county and district budgets to ensure provision of quality health services.

PHOTO

Deputy CAO Koboko district making an input and urging leaders to display budgets for community members to view during the Bi-Annual meeting.



Through the meeting, the stakeholders got informed about the performance of the HUMCs which stood at 95% (active & doing their job), key lessons learnt, the various health budget lines for the five sub counties and some key recommendations.

From the key issues presented, stakeholder's opinion was sought on the following field findings

- Need to plan contingencies to motivate HUMCs.
- Need to increase health budgets and prioritize on major community concerns, drug shortage.
- Transparency and accountability on health service delivery, to mention briefly.

Stakeholders got triggered by these issues and resolved on them as follows:

- Close supervision and support visits to the HUMCs to ensure 100% performance of their roles.
- Involvement of the HUMCs in sub county level meetings and programs like VHT trainings.
- Observe gender equality in the composition of the HUMCs.
- Display public information to increase transparency and accountability.
- Prioritize key community issues in health budgets
- Continuous dialoguing/sensitization meetings with communities and follow up community action plans.

The feedback given by the stakeholders on these issues during the Bi-annual meeting confirms the greater benefits of working with the policy/decision makers and various key stakeholders in identifying, discussing and resolving service based challenges.

P H O T O

Chairman LCIII of Oleba Sub County clarifying an issue on increasing accountability and transparency during the Bi-Annual Meeting held at Hotel Delambiance Koboko.



COMMUNITY ENGAGEMENT MEETINGS

The community engagement meetings are meant to create an occasion where the community leaders, who are being referred to as key duty bearers with an opportunity once in a while to directly get issues from communities, dialogue and provide instant feedback to them.

Community leaders in our own cultural and traditional perspectives in West Nile are commonly regarded as big people and are untouchable, the subjects in this case the communities are to submit to their wills and commands. Asking them with questions, or demanding accountability and transparency from them was totally unacceptable and was regarded as indiscipline and sometimes punishable. Much as with the increasing shifts in social theories such as liberalism, democracy, rights based approaches, etc., it is still evident that some communities or individuals are not liberated yet from those traditional ways of perceiving reality and this justifies why some parents don't feel happy even in our times (contemporary times) when asked by their children to account to the family. All these explain the need to empower communities on their rights, roles and responsibilities in service delivery to increase their participation. Through the ECOPAGA project, PICOT is therefore striving to bridge this gap by bringing the two parties together (community and their leaders) as stated at the onset to dialogue on how to improve health service delivery.



P H O T O
In charge of Oleba
HCIII responding
to Community
Concerns during an
engagement meeting.

Two community engagement meetings were conducted in the third quarter and about twenty (20) duty bearers were involved and these included the Sub county chiefs, LCIIIs, Health Assistants, Secretary Social Services, Community Development Officers, In-charges, Mid wives (Nurse), Health Unit Management Committee chairpersons, Area councilors and the LC1s of the hosting villages of Dranya and Oleba HCIIIs (Sub counties). One hundred eighty six (186) community members participated (147 females and 39 males) both at Dranya and Oleba sub counties. 18 people were able to raise pertinent issues to the duty bearers, 15 of these key issues raised by community members were addressed/ responded to by duty bearers instantly.

These community meetings have greatly improved the relationship between community leaders, service providers and consumers in service provision circle. The Chairman LCIII of Dranya Sub county Mr. Adriko Godfrey attested to this during the engagement meeting at Dranya HCIII in which he thanked PICOT and the donor for the initiative in his sub county which has brought them to the communities; “as Sub County we are sometimes constrained by funds to do some of these things...”

In addition, Dranya community, upon hearing about the persistent land shortage for further expansion in the facility, Mr. Ayume one of the Land Lords informed the gathering as he said: “... I and my elder brother sat down and proposed to give a piece of land enough to put structures such as staff houses etc., We made this proposal during the reign of Mr. Elli who was by then the chairman LCIII, but to our dismay there was no single follow up on that..”

P H O T O

A community member raising a concern during an engagement meeting at Oleba HCIII



Basing on these Dranya stories, it can be seen that community involvement and participation in planning and decision making processes is very important in finding local solutions and remedies to local challenges; and also that, working with the community leaders and the communities increases social cohesion which is so vital in driving development in communities.



P H O T O

One of the Nurses at Dranya HCIII giving feedback to the community on the need for male involvement in antenatal services with their wives during an engagement meeting at the facility.

JOINT MONITORING OF HUMC

R O L E S

Every health facility in Uganda ranging from HCII to HCIV is supposed to have a Health Unit Management Committee (HUMC). The HUMCs act as the board of the health facility and work on behalf of the community and serve the interest of the community as per the HUMC guidelines issued by the Ministry of Health in 2003. This implies that, the performance of public health facilities in delivering quality health services is largely influenced and is in the hands of the Health Unit Management Committees. Since the end to which they were constituted is to ensure the preservation of the common good and interest of the citizens (communities) through provision of quality health services, it then follows that they have an obligation to account to the general will that they serve.

Through the ECOPAGA project, PICOT provided the opportunity through which quality of their services and various roles as stipulated in the above mentioned guideline can be tracked. In this regard, a need to conduct an assessment and monitoring on their roles becomes inevitable in following their performance since they are trained and recognized structures that represent the communities in the management of the health facilities. The joint monitoring study further focused on understanding whether the HUMCs had interacted with the communities through meetings to obtain the views of the communities and also looked into their records (documentation).



P H O T O
District and sub county teams during the joint monitoring at Oleba HCIII - Maracha district.

Seven (7) key duty bearers 3 from Koboko & 4 from Maracha district were directly involved and these included the office of the CAOs, DHOs, Secretary Social Services and the LCV (for Maracha).

A total of fifty two (33 males and 19 females) community members including the HUMCs participated in the study. The joint monitoring serves as one of the tools to carryout quality checks in service delivery to inform decisions and strategies for improved service delivery.

The stakeholders were able to realize with evidence an increasing ability of the HUMCs in executing their mandates for example through lobbying, influencing, planning, management and budgeting of health service priorities in the respective facilities in Koboko and Maracha districts.

For instance in Oleba HCIII, the HUMC were able to make quarterly plans/ annual work plans and shared with the sub county; this influenced the council to allocate resources to renovate the maternity ward and construction of the placenta pit at the facility.

Furthermore, there is increased confidence of the HUMC in executing their duties and as well as in resolving internal issues with in the facility, for instance in Oleba, the HUMC were able to write letters to the district requesting the office of the CAO to transfer one of their security guard due to incompetence of which the request was granted.

The joint monitoring activity brought the key district leadership to evaluate the performance of the HUMC and service delivery in the five (5) health Centre IIIs of project implementation. The Officials were able to appreciate the uptake of the HUMC roles by the members and gave them support on the weak areas, such as documentation, filing and missing documents such as work plans, minutes and activity reports.



PHOTO

Maracha district officials verifying documents of the HUMCs at Oleba HCIII during the joint monitoring.



COMMUNITY SCORE CARD (C S C)

The Community Score Card is one of the monitoring and evaluation tools for the community to participatorily assess the quality of services delivered at the facilities where they are given the opportunity to measure standards against actuals.

The concept of Standards is being used to refer to the basic inputs, infrastructure and services defined by the Ministry of Health for HCIIIs and Actual is being used to mean the available or the prevailing status of these basic requirements for HCIIIs. Basically, it sounds insensible to let people who are not knowledgeable of inputs and management information about the facilities to measure the standards against the actuals in the facilities.

Appealing to the rules of logic, it then serves its purpose that the conclusions or resolutions of such body would reasonably be in-accurate; however, it must be noted as justified by the brief baseline information shared at the onset that not all are ignorant.

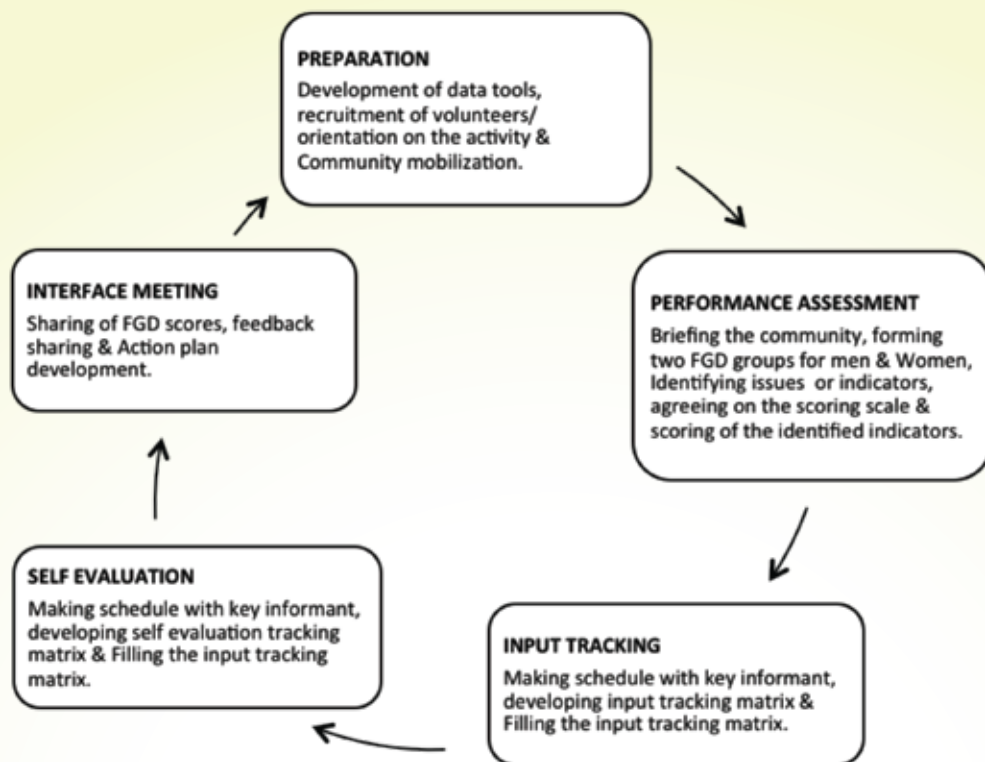
As an organization, we recognize this gap and thus the Enhancing Community Participation in Governance and Accountability in Health service delivery project. PICOT is focusing at bridging this vale of ignorance through empowering communities on various issues of which some include their roles in health service delivery.

P H O T O

One of the Enumerators/ Data Collector conducting the self-assessment tool with one of the Nurses at Oleba HCIII - Maracha district.



THE COMMUNITY SCORE CARD PROCESS (CSC)



P H O T O

Project Officer leading the community interface meeting during the CSC at Lobule HCIII



P H O T O S

(Above) The Women Focus Group Discussing and identifying the various challenges affecting health service delivery at Dranya HCIII - Koboko District

(Below)

A volunteer animating the women FGD at Wadra HCIII Yivu Sub County - Maracha district.



SUCCESS STORY

INFORMATION IS POWER

On 24th March 2017, monitoring and documentation of project activities was conducted at Oleba health centre III to document the HUMC activities.

“ I am able to develop work plans and budgets with the committee members, use it to mobilize resource from the sub county council and district authorities and we now have a new placenta pit constructed and the old one demolished; renovation of the Maternity ward is on-going” said Mr. Ojaku Henry chairman HUMC Oleba Health center III.



Oleba Health Centre three (III) is located in Oleba sub county Maracha district. This is one of the facilities PICOT is implementing the ECOPAGA project in. Oleba health center is one of the busiest facilities in Maracha district and has a wider catchment area and this requires an efficient management in handling the day to day or quarterly activities that enhances the smooth running of the facility. “we thank PICOT for their timely intervention through capacity building on the HUMC roles; the three (3) days training for the HUMC helped us a lot in knowing, understanding and doing our work very well” Said the HUMC chairperson. With this enlightenment, we were very impressed with the HUMC roles and this helped us in doing the various aspects of management such as the planning, budgeting and resource mobilization. The training gave us confidence in handling facility issues through prioritization and joint meetings with staff. We were able to share our work plans with the sub county and lobbied from the council the prioritization of health issues in the sub county plans and budget, as result, we achieved the following: demolished the old Placenta Pit and built a new one, advocated for renovation of the Maternity ward and request was approved and renovation is on-going.

P H O T O

Mr. Ojandu Henry the HUMC chairperson of Oleba HCIII

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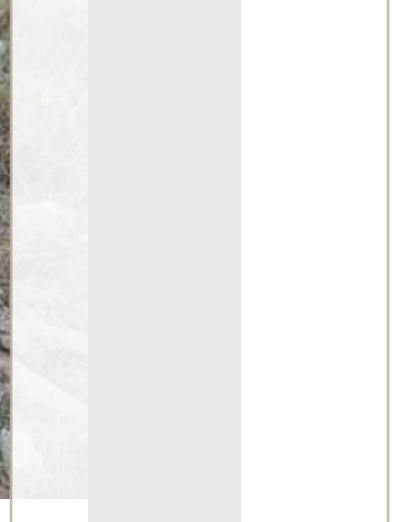
All in all, we feel strengthened in our work by the timely intervention of PICOT with its programs such as the capacity building for the HUMC on their roles and also with other programs like the community engagement meetings with leaders. We want to thank you PICOT and your donors for the initiative in Oleba Sub County. Information provided by HUMC chairperson of Oleba HCIII.



P H O T O

The demolished old placenta pit at Oleba HCIII

MARACHA DISTRICT



P H O T O
The Newly Built Placenta Pit at Oleba HCIII
MARACHA DISTRICT



“There has never been a kitchen in the compound of the facility and our mothers and sisters suffer in preparing food especially during the rainy/windy seasons” said Mr. Aciya Robert Chairman HUMC, Wadra health center III

“There has never been a kitchen in the compound of the facility and our mothers and sisters suffer in preparing food especially during the rainy/windy seasons” Amid this public outcry, we always felt disempowered because of inadequate resources to help us address the challenge, he added.

Much as the struggle of putting up a kitchen started much earlier before PICOT’s intervention in Wadra, we did not do much but we learnt a great deal of knowledge and skills from the capacity building on the HUMC roles organized by PICOT in 2016 that helped us execute our mandate very well.

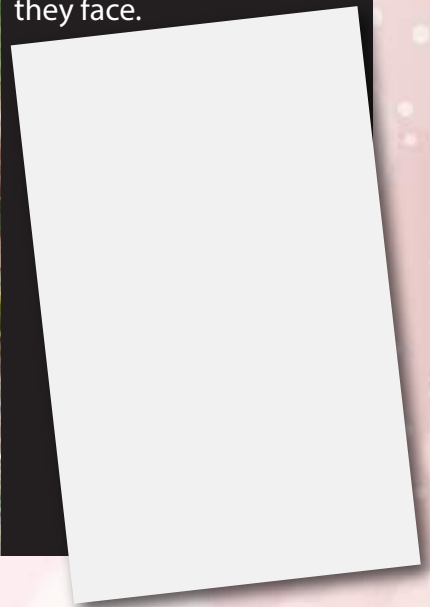
Since then, we were able to plan as HUMC and came up with strategies that focused on community Sensitization; involvement and increasing their participation in ensuring quality service delivery in the facility. As a result of our meetings with the community, we were able to organize the community to lay bricks, raise the wall and some timber for the kitchen project.

Much as it is yet at it’s completion, we appreciate the move and are so hopeful that in three months’ time this project shall be concluded. With pleasure and deep appreciation, we wish to thank PICOT and the Donors who support them in their endeavors in Maracha district; we hope this empowerment shall continue”.



PHOTO

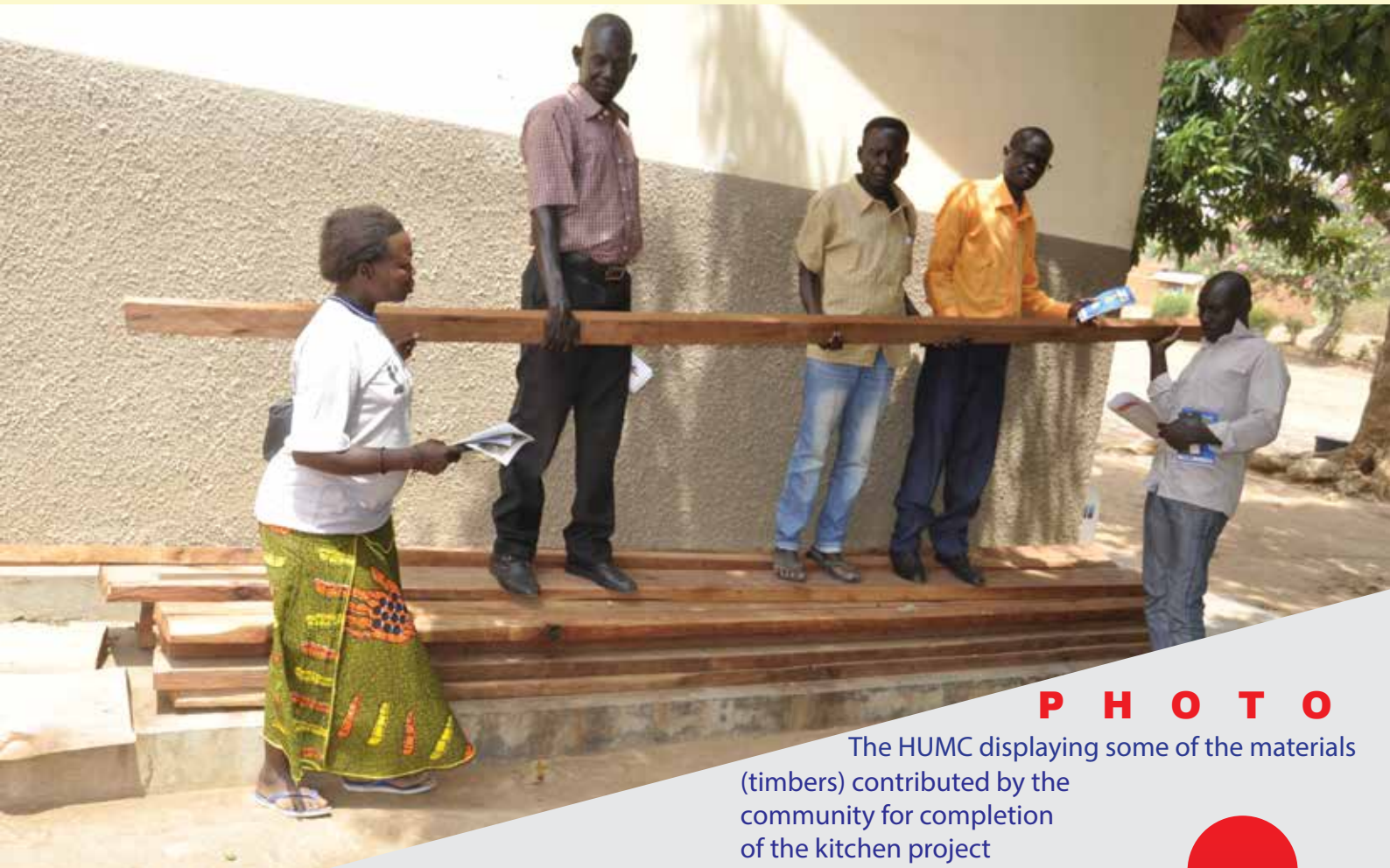
A woman showing where the women prepare meals in the facility and as well explaining the challenges they face.





P H O T O

Mr. Aciya Robert (second from right) with his HUMC members pose for a photo near the on-going kitchen construction at Wadra Health Centre III .



P H O T O

The HUMC displaying some of the materials (timbers) contributed by the community for completion of the kitchen project

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to Transform Lives



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