International Community of Women Living with HIV & AIDS Eastern Africa

Organization Name:	International Community of Women Living with HIV eastern Africa (ICWEA)
Name of reporting Person:	Kanyeihamba Robinah
Position:	Volunteer
Date:	23rd- 25th /05/ 2016
Country:	Uganda
Specific location/ Place of activity:	Eight Winx Hotel Ntinda
Specific Meeting attended:	Training on Budget Literacy, Advocacy, Accountability Mechanisms and Governance

Introduction

According to the Global Monitoring Report 2013, Uganda was one of the countries in the Eastern African region that registered poorest health indicators with MDG 4, 5 & 6 lagging behind; e.g. 16 mothers die every day while giving birth, infant mortality is at 54 per 1,000 live births, under 5 mortality is at 90 per 1000 live births, contraceptive prevalence rate is at 30%, unmet FP need is at 34% and a rise in HIV prevalence from 6.4% in 2009 to 7.3% in 2011 with eMTCT below the target. This could be a reflection of declining health financing by government which was at 8.7% in 2013/14 down from 2010/11 at 9.1% & below the Abuja Target of 15% of the national budget.

The health sector in Uganda receives budget support from the Government of Uganda through the Ministry of Finance, Planning and Economic Development; from the district level locally generated revenue; and with development partners supporting specific interventions. Whereas the government of Uganda makes proposals on the year's expenditure, the health sector and its beneficiaries have an opportunity to make input into the national and local government budget processes; as this would give the citizenry a chance to propose and make demands to the government for inclusion into the FY budget. This is possible because the budget processes at national and local government have space for CSOs (representing their constituencies) to make suggestions in the FY budget. The budget process in Uganda starts from October and end in April when the final drafts are sent to the Ministry of Finance and eventually the final budget is read on the National Budget Day (currently read in June for all the Eastern African Countries)

While the last two decades registered improved CSOs' engagement in decision making processes in Uganda, their potential (especially for CSOs of WLHIV) have been undermined by limited skills in sector budget planning, policy & budget analysis; management, leadership & governance; advocacy, monitoring and evaluation; resource mobilization and financial management; documentation; utilization of governance, accountability & advocacy tools (community score cards) to feed into all levels of planning & budgeting. Majority of the WLHIV CSOs have limited mobilization skills, lack sufficient information to mobilize & mount effective advocacy campaigns to engage government & hold it accountable to live to its commitment of providing at least 15% of its annual budget towards the health sector.

ICWEA with support from the Common Wealth Foundation proposed to equip WLHIV CSOs with knowledge & skills in sector budget planning, policy & budget analysis; management, leadership & governance; advocacy, monitoring & evaluation; resource mobilization & financial management; documentation; utilization of governance, accountability & advocacy tools (community score cards) to feed into all levels of planning & budgeting. The Capacity development would be through a combinational strategy comprising of didactic teaching; mentoring; exchange visits & on-going technical support supervision. An organizational assessment exercise for each of the 42 WLHIV CSOs was conducted prior to capacity building to identify unique capacity needs.

With this back ground information, ICWEA conducted a-three day training on advocacy, budget literacy, accountability mechanisms and governance. This training targeted CSO representatives from 14 districts of Kampala, Wakiso, Mukono, Gulu, Lira, Iganga, Busia, Tororo, Masaka, Mubende, Mityana, Sheema, Kanungu and Kasese to enhance their capacities in advocacy, budget literacy, accountability mechanisms and governance; hence help them improve on the identified gaps for better service delivery. ICWEA selected 3 organizations per district and one representative from each organization was picked and trained in Advocacy, Budget Literacy, Accountability mechanisms and Governance. The three days' training started on 23rd May 2016 and end on 25th May, 2016 at EIGHT WINX Hotel in Kampala.

Objectives of the training included;

- To equip participants with knowledge and skills on public budget processes and opportunities for engagement
- To enhance the capacity of CSO representatives on the use of social accountability mechanisms to monitor the quality of health service delivery in their respective districts
- To equip the participant with practical skills on promoting good governance and advocacy

Target population for this project

The training participants were reminded that the project is targeting Women Living with HIV, Policy makers (MPs, District Authorities), Policy implementers including MoH (including ACP); Ministry of Finance, Planning and Economic Development; District health Officials, UAC and CSOs (including those involved in advocacy and those representing women living with HIV).

An over view of Sustainable Development goals & role of CSOs in Sustainable Development Goals' monitoring & implementation

It was mentioned that in September 2015, the UN approved a set of 17 Sustainable Development Goals with 169 targets as "plan of action for people, planet and prosperity". The Sustainable Development Goals include: (i) End poverty in all its forms everywhere; (ii) End hunger, achieve food security and improved nutrition and promote sustainable agriculture; (iii) Ensure healthy lives and promote well-being for all at all ages; (iv) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all; (v) Achieve gender equality and empower all women and girls; (vi) Ensure availability and sustainable management of water and sanitation for all; (vii) Ensure access to affordable, reliable, sustainable and modern energy for all; (viii) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all; (ix) Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation; (x) Reduce inequality within and among countries; (xi) Make cities and human settlements inclusive, safe, resilient and sustainable; (xii) Ensure sustainable consumption and production patterns; (xiii) Take

urgent action to combat climate change and its impacts; (xiv) Conserve and sustainably use the oceans, seas and marine resources for sustainable development; (xv) Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss; (xvi) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels; and (xvii) Strengthen the means of implementation and revitalize the global partnership for sustainable development.

It was further mentioned that it is Goal 3 (Ensure healthy lives and promote well-being for all at all ages) that this project will contribute to. The main targets for this goals are that that by 2030;

- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- Halve the number of global deaths and injuries from road traffic accidents
- End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
- Strengthen the implementation of the WHO Framework/Convention on Tobacco Control in all countries, as appropriate.
- Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and Small Island developing States.
- Strengthen the capacity of all countries in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Role of CSOs in monitoring SDGs

- Participate in policy formulation processes
- Create awareness on the SDGs amongst stakeholders
- Monitoring SDG implementation at national and local level
- Resource mobilisation to supplement government efforts through projects
- Participate in evaluation and feedback on the implementation of SDGs

Health Sector Development Plan (HSDP) 2015/16 - 2019/20

Vision: To have a healthy and productive population that contributes to economic growth and national development.

Mission: To facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life.

Goal: To accelerate movement towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life.

Priorities of HSDP

1. Improved maternal, newborn and child health.
2. Enhanced access to sexual and reproductive health and rights including family planning.
3. Special focus on vulnerable groups including children, the youth, the unemployed, the elderly and people with disabilities.
4. Reduced incidence of communicable diseases (HIV/AIDS, Malaria and TB), NCDs (including mental health) and emerging diseases.
5. Strengthened health systems including health financing.
6. Improved hygiene and sanitation.
7. Improved monitoring and evaluation and quality assurance systems.

Role of the HSDP

- Provides overall strategic direction for health sector stakeholders, outlining their expected roles and responsibilities in attaining this strategic agenda.
- It lays down the implementation framework within which the stakeholders contribute towards improving the health of the population.
- It lays down clear coordination mechanisms for the various stakeholders.

HSDP Objectives

Specific Objective 1: To contribute to the production of a healthy human capital for wealth creation through provision of equitable, safe and sustainable health services.

Strategic Interventions:

- Health promotion across the life course (Reproductive Maternal Neonatal Child and Adolescent Health (RMNCAH) and elderly).
- Provision of Non Communicable Disease Prevention and Control services
- Provision of Communicable Disease Prevention and Control Services

Communicable Disease Prevention and Control: The communicable diseases of major public health importance include the top 20 causes of mortality (HIV/AIDS, malaria, LRIs,

meningitis, TB, neonatal sepsis, diarrheal diseases, syphilis, and measles), plus major causes of public health concern (NTDs, emerging and re-emerging diseases, and conditions of epidemic potential).

HIV/AIDS Control Key interventions include (i)Scale-up access to ART for all with CD4 count 500 cell/ul and below; (ii) Test and treat children (<15 yrs.) and pregnant women, sero-discordant couples, and people with TB/HIV co-infection; (iii) Implement TB/HIV interventions to decrease the burden of HIV among patients with presumptive and diagnosed TB; (iv) Scale-up HIV prevention interventions: HCT, Safe male circumcision, targeted behavioral change communication for risk sexual behaviors, and condom availability and access; and (v) Manage STIs such as syphilis, gonorrhea and others

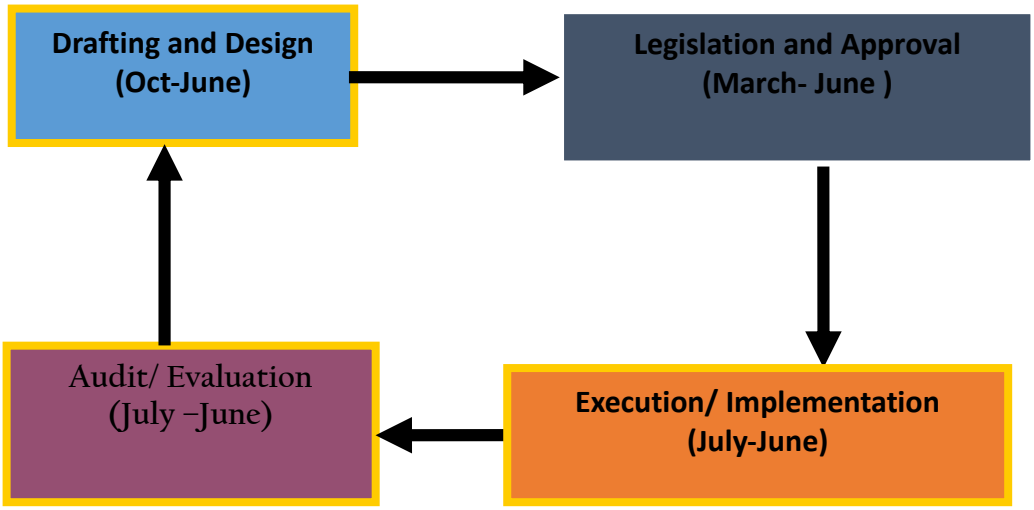
Roles and responsibilities of CSOs/NGOs

1. Provide complementary health services in underserved areas with large indigent populations in line with the sector standards and guidelines
2. Report on service delivery
3. Advocacy
4. Support implementation of non-facility based health service priorities in line with the sector standards and guidelines.
5. Provide a link between health services and households in articulating health issues of importance
6. Participate in joint sector monitoring

The National Budget Process

Budgeting is done through a series of meetings and events usually called the budget cycle. The Budget cycle includes stages in making decisions about the budget, implementing and assessing those decisions. The Budget cycle involves four stages: Drafting/ Design by technocrats; Legislation/Approval by councillors; Execution/ Implementation by sectors e.g. education; and Audit / Evaluation by auditors.

Stages of the Budget Cycle



Drafting/Design phase: Oct – June

Key Activities include; Budget Consultative Conference; Sector Working Groups discuss and prepare sector budget framework papers; Budget Consultative Meeting with local governments; Inter-ministerial consultations (MFPED & other Ministries) on Budget Framework Papers; Preparation & Presentation of the Budget Framework Paper to Cabinet for Approval; Submission of macroeconomic plan and indicative budget framework to Parliament by 1st April; Government presents National Budget before 15th June; Ministerial Policy Statements finalized; and the Public Investment Plan finalized.

Legislative Phase: March- June

Key Activities include; Discussion and Approval of the budget by the Budget Committee; Budget Scrutiny of Ministerial Policy Statements by Parliamentary committees; Compilation of report by the Committee on Budget; Presentation of Budget Committee report to the August house; and Approval by the entire house by 30th Aug

Implementation: July – June

Key Activities include; Vote on Account (before approval of the budget); Releases of funds to MDAs by MFPED, Usually done on quarterly basis.

Auditing: July – June

Done by the Office of Auditor General; they include audits expenditure for all MDAs & LGs. The reports are produced and presented to Parliament. Parliament committee discuss and provide recommendations to the Executive for action. The audits include; Financial Audits, Special Audits and Value for Money Audits.

Uganda's Budget Calendar

S/N	Activity	Proposed New Deadline
	Issue the first draft budget call circular	By 15th October
	Consultations with Local Government	October to November
	Sector Working Groups Consultations	September – November
	Submission of Sectoral Budget Framework Papers and Detailed budget Estimates by Accounting Officers to the Minister of Finance, Planning and Economic Development	By 15th November
	Submission of the National Budget Framework Paper to Cabinet	By End December
	Submission of the National Budget Framework Paper with the Preliminary Detailed Estimates of Parliament	By 15th January
	Submission of Semi-annual Performance Reports by MDAs to MOFPED	By End of January
	Approval of the National Budget Framework Paper by Parliament	By 20th February
	Parliamentary Comments into the Budget framework Paper	N/A
	Submission of the Final Detailed Budget Estimates by MDAs to MOFPED	By End of February
	Submission of the Detailed Draft Budget Estimates to Parliament	By 15th March
	Submission of Ministerial Policy Statements to Parliament	By 1st April
	Presentation of the budget Speech in Parliament	By 15th June

Uganda's Budget Calendar - Key stages for CSOs engagement

Stage	Process	Opportunity for CSOs
2.	Sectors consult LGs and communicate budget issues to consider during budget	prioritization in LG budgets
3.	Sector working group consultations	Advocacy for increased allocation could be done here
4.	Compilation of sector budget framework paper reports	Work plans and budgets incorporated into national budget
12.	Final budgets presented for approval	Influencing the approval process in Parliament

Role of various Actors in the Budget Process

1. Cabinet: Cause MFPED to prepare NBFP
2. Parliament: Debate the BFPs, Approve budget and Monitor allocated funds
3. Ministries, Department and Agencies: Prepare BFP, Prepare Ministerial Policy Statement and Implement budgets & government programs.
4. Civil Society Organizations: Alternative budget proposals and Monitor Budget and government program implementations
5. Communities: Participate in LG budget processes, Monitor the implementation of government programs in the communities; citizen report card, community scorecard, social audit, and project expenditure tracking

People Centred Advocacy

This session was opened with an inspiring quote by Former UN secretary General - Kofi Annan"When you see something that's wrong, no matter how big the problem is, think- Who else would like to change this". How can we work together?

The term "Advocacy" in full and according to the training facilitators

A	Action orientated activities
D	Different strategies aimed at decision makers
V	Voices speaking on behalf of others
O	Others are involved to make a difference
C	Changing policies, positions and programs
A	Answers and solutions
C	Communication, lobbying, social marketing, info
Y	You and I

Advocacy is both a Science and an Art

Science: Most effective when it is planned systematically, each step requires distinct knowledge and skills.

Art: Articulate issues in ways that inspire people and move them to action. Involves negotiating and consensus building, incorporating creativity, style and even humour

Panel Concept

P **Participation** (community involvement in planning, implementation and M&E)
A **Accountability** (provide feedback to beneficiaries and be transparent)
N **Non-discrimination (**Target beneficiaries on basis of vulnerability and not on social, economic or political status
E **Empowerment** (Communities have capacity to find their own solutions if empowered and capacity is built)
L **Linking (**Relate advocacy with policy provisions not to conflict with them)

What is advocacy?

Advocacy is a set of targeted actions directed at decision makers in support of a specific policy issue.

Why do we advocate?

- To build support for a cause
- To encourage others to support it
- To influence or reform legislation that affects it
- To make a difference in peoples' lives.

What is a policy issue?

A policy issue is a problem or situation that requires a policy solution

Nine (9) steps to develop an advocacy strategy include (i) Identify the issues; (ii) Select goal and Objectives; (iii) Identify target Audiences; (iv) Shape messages; (v) Build support; (vi) Design plan; (vii) Fundraise; (viii) Implementing strategy; and (ix) Evaluate the strategy

What is an Advocacy Issue?

An advocacy issue is the problem or situation an advocacy group seeks to rectify.

- The problem can be solved with a policy action
- Advocacy issue + policy issue =policy solution

Checklist for Advocacy Issue Selection was identified as; (i) Widely felt; (ii) Have broad support; (iii) Be supported by sound data; (iv) Be easily understood; (v) Result in

improvement in people's lives; (vi) Be achievable; (vii) Help build alliances with other groups; (viii)Be consistent with the" advocacy group" values and mission; and (ix) Respond to the communities expressed needs?

Advocacy Goal

An advocacy goal is the long-term result (5- 10 years) that the advocacy network is seeking. One should consider how the policy environment will be changed as a result of his/her advocacy efforts.

Advocacy Objective: It is what you want to achieve, by how much, by whom and by when (1-2 years). It is an end point not a process and objectives should be SMART.

Criteria for selecting an advocacy objective

- The objective must be easy to understand
- The objective must be achievable even with opposition
- Ensure qualitative or quantitative data exist to show that the objective will improve the situation
- Ensure that the objective will gain the support of many people
- People should care about the objective deeply enough to take action
- Clearly identify the target decision makers. What are their names and positions?
- The advocacy objective must have clear time frame that is realistic

Target audiences;

- Each objective must have its own unique target audience
- It is important to analyze the knowledge, attitudes and beliefs of your specific target audience about your issue

Steps to Developing a fundraising strategy;

- Develop a budget
- Set goals by identifying your target audience including who will you approach for funding
- Develop strategy and determine the best medium to use
- Think about donations in kind/cash from individuals, corporate bodies, institutions
- Hold special functions such as dinners, picnics , raffle draws
- Selling merchandise such as crafts, skills, services etc
- Sell advertising space in newsletters/ publications

How do we measure success?

Various indicators including policy champions identified and strengthened; policy change and resources mobilized among others

The "Baraza" as a Government of Uganda Social accountability approach

What are Barazas?

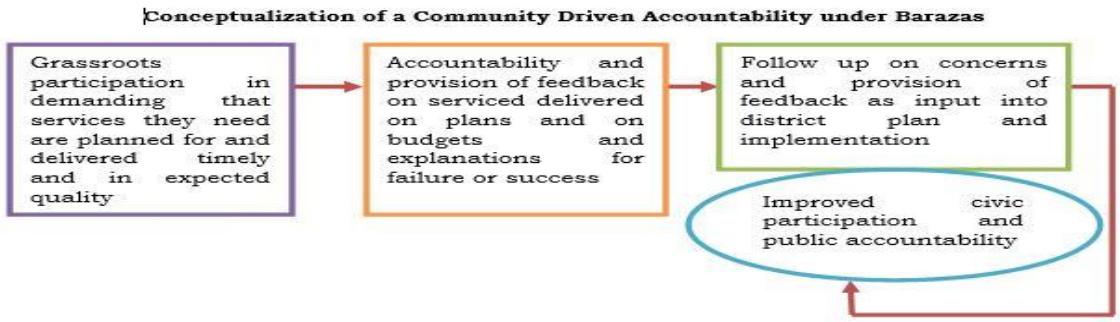
The Barazas are a Presidential initiative adopted in 2009 to create space as citizens' advocacy mechanisms. These are conducted twice a year at the sub-county level and are spearheaded by the Office of the Resident District Commissioner (RDC) in the respective districts.

Objectives of Barazas

- To facilitate the empowerment of the communities and citizens to demand for better service delivery, accountability and transparency from their leaders
- To improve information sharing, education and communication about Government programs and projects.
- To point-out policy and program implementation weaknesses and challenges that feed into the Government performance management system.
- To provide meaningful recommendations to Government on measures to improve service delivery and reactivate the supervision and monitoring functions of RDCs.
- The fora bring together stakeholders from all three sectors: Government (central and local governments) who are the policy makers; public service providers – who are policy implementers; and the public - the users of services.

Importance of Baraza's

- The fora provides an opportunity for interface between the local communities and their leaders on sharing of public information with focus on effective monitoring of public service provision (on the part of leaders) and demand for the accountability and transparency (on the part of the local population).



Critical questions during discussions at Barazas

- What services were planned to be delivered in the community?
- What was actually delivered and in what quantity and quality?
- What is the accountability and feedback from communities on what was planned to be spent and what was actually spent on different locations?
- What issues and challenges have emerged and what is the way forward?

Sectors where the Baraza Approach has been applied in Uganda include
Agriculture (NAADS), Education, Water and sanitation, Health and Roads

Lastly the entire process of Social Accountability improves civic participation, public accountability and good governance. These are key ingredients for poverty eradication and fostering development.

Participants during an interactive session on Budget Literacy.

Group Discussions

List 5 issues that affect HIV/AIDS service delivery in your areas?	How do they affect the quality of service delivery for WLHIV?	What are your Policy recommendations?
Group 1		
• Stigma. • Little funding. • Inadequate counselling. • Distance/ Proximity from Health Centre. • Capacity among health worker.	• Accessibility of service as result of stigma. • Poor adherence on ART. • High chances of transmissions from positive mothers to born opportunistic infection.	• Dissemination of stigma index report and intensity sensitization. • Involvement of WLHIV • Support income generating activities. • Capacity building for health workers. • Sustainability approach where CSOs focus onto generating

• Monitoring and supporting supervision. • Information sharing and dissemination. • Late reporting • Poverty	• Inadequate equipment in H/C machines, gloves, mama kits among others	income from the community other than waiting for donors. • Advocate for HIV/ AIDS mainstreaming i.e. advocate for bigger percentages in the budgets.
Group 2		
• Drug stock out • Inadequate staffing at the health centres. • Inadequate funding • Inaccessibility of medical facilities(long distance) • Inadequate information about the availability of HIV service	• Lead to poor adherence • Increase in MTCT of HIV and other new infection. • Poor quality service delivery • Fewer women will access the services. • Limited essential service will be available for women. • Compromise quality services due to lack of research. • Some women will fail to access the services and this will lead to death. • Increased stigma. • Increased death rates. • Increased HIV/AIDS transmission.	• The government should ensure consistence supply. • Government should recruit more qualified staff. • Increased funding for HIV / AIDS service. • Equipped HCII to offer HIV /AIDS Comprehensive service. • Increased awareness creation on availability of HIV /AIDS service through community outreaches.
Group 3		
• Inadequate staffing in health facilities. • Shortage of drugs (drug stock out).	• Violation of Women's right to health /easy access to treatment. • Drug stock outs.	• Increase Budget allocation for HIV service. • Recruit and Retain health workers in HIV health service delivery.

• Limited skill of Health workers in HIV service. • Stigma. • Increase of clientele load	• Poor adherence which leads to increased drug resistance. • Poor quality service delivery.	• Women friendly corners should be established. • Male involvement. • Timely drug supply (revisit the push system)
Group 4		
• Poor attitude of health workers towards the clients. • Inadequate knowledge of Health workers on issues of HIV/AIDS. • Stigma and Discrimination • Under staffing of Health workers. • Myths and misconceptions from the community. • HIV /AIDS Control ACT.	• Poor adherence • Low up take of HIV/AIDS Services • Long waiting hour at the ART Clinic. • Self-medication.	• Orienting Health workers on issues of HIV and SRHR. • Continuously do community sensitization on HIV related issues. • Recruitment of more Health workers including Counsellors. • Motivation of health worker. • Improving infrastructures. • Accreditation of nearby Health centres. • Empower WHLHIV economically. • Improve on the pull and push system of drug supply or procurement approaches.

Key outputs

- 42 CSO representatives were trained in advocacy, budget literacy and governance
- 14 districts were represented in the training
- 14 district coalitions were formed after the training
- 14 group leaders to coordinate the project activities at the district level

Key challenges

Four key subjects were covered during the training i.e. advocacy, budget literacy, accountability mechanisms and governance in three days. However, information from the trainers and trainees indicate that three days were insufficient for the four key subjects.

Action points

1. Develop district specific work plans
2. Form district level advocacy coalitions
3. Actively engage the district authorities to ensure that priorities and needs of women living with HIV and AIDS are given due attention

Up-coming/planned activities;

- Facilitate 44 WLHIV to participate in budget and planning reviews at the district and National level
- Hold district dialogue meetings with at least 30 people from the respective districts.
- Hold bi-annual policy dialogue meeting attended by MPs CSOs, MOH, UAC, and WLHIV.
- Develop press releases
- Host 3 National press conference
- Facilitate knowledge and learning exchange visits.
- Facilitate 42 WLHIV to participate in calendar invents such as WAD, WTB and IWD

Appendix 1: Programme for budget literacy, social accountability governance and advocacy

Objectives:

- To equip participants with knowledge and skills on public budget process and opportunities for engagement
- To enhance the capacity of participants on the use of social accountability to monitor the quality of health service delivery
- To equip the participants with practical skills on promoting good governance and advocacy

Training program

Day 1: Monday 23-5-2016			
Time	Activity	Training Method	Responsible person (s)
12:00-12:30pm	✓ Registration of Participants		ICWEA
12:30-1:30pm	Lunch break		Hotel mgt
1:30-2:00pm	✓ Pre evaluation and introductions		Facilitator
2:00-2:20 pm	✓ Expectations from the workshop		Participants
2:20-2:30pm	✓ Workshop objectives		ICWEA
2:30 –2:40pm	✓ Official Opening the training		ICWEA
2:40-3:00pm	✓ Introduction to ICWEA		
3:00-3:20pm	✓ Background to the project and objectives		
3:20-3:40pm	✓ Feed back to the participants on the needs assessment exercise		
3:40-5:00pm	An overview of the global and national planning frame works - Sustainable development goals - Vision 2040 - National development plan II - Health sector development plan - National HIV& AIDS strategic plan - District development plans	Slide Presentation	Facilitator
5:00pm	Closure and tea break		
Day Two: Tuesday(24-5-2016)			
8:00-8:30am	Day 1 recap		Facilitator
8:30-9:00am	Introduction to budget analysis • Highlight key actors in budget analysis	Slide Presentation	Participants
9:00-10:00am	-Steps of budget analysis -Types of budget analysis?	Plenary	Facilitator

10:30am	Coffee break		
10:30am-1:00pm	✓ Small Group Exercise (roles of various players in budget process) ✓ Presentations to the larger group	Plenary	Participants
1:00-2:00pm Lunch break			
2:00-4:00pm	Introduction to Social accountability - An overview of selected SA tools (Citizen Report Card, Baraza, Social Audit, Community Score Card)	Presentations	Facilitators
	Application of Social Accountability tools		Facilitator
	✓ Health Care Service Delivery systems in Uganda		
4:00-5:000	✓ Group work on application of selected social accountability tools	Plenary	Participants
5:00pm	Closure and tea break		
Day 3: Wednesday 25-5-2016			
8.00 – 8.30am	Day 2 recap	Plenary	
8.30– 10.00 am	An overview of the national patients charter -discussions Introduction to governance	Slide Presentation	Facilitator
10:00-10:30 am	Coffee Break		
10.00-11.00pm	The role of Advocacy in promoting service delivery - Advocacy tools and techniques	Presentations	Facilitators
11:00am-13:00pm	The role of media in advocacy and media tools - Action planning	Slide presentation	Facilitator
12:30-1:00pm	Post evaluation, Wrap up and Official closure	All	ICWEA
1.00 – 2.00pm	Lunch and departure		

Appendix 2: Expected Outcomes of the project

The training participants were also reminded of the expected project outcomes;

- **Long-term Outcome**: Better health for women living with HIV.
- **Intermediate outcome**; Plans and budget at District and National level take into account and include priorities and needs of WLHIV following advocacy efforts.
- **Expected Short out comes**;
    - Improved ability and competence of WLHIV CSOs to advocate for inclusion of priorities and issues.
    - Enhance competences and Confidences of CSOs of WLHIV.
    - Increased awareness and consciousness of priorities.

Appendix 3: List of CSOs that participated in the training

Name of the organization	District of origin
1. Makerere Women's Development Association	Kampala
2. Tusitukirewanu Women's Group	Kampala
3. Together Against Aids Positive Association	Wakiso
4. Kawempe Youth Development Association	Wakiso
5. Sikyomu Development Organisation for PLHIV	Mukono
6. Kyetume Community Based Health Care	Mukono
7. Volset	Mukono
8. ACET Gulu (AIDS Care Education and Training – Gulu)	Gulu
9. Dyere – Tek	Gulu
10. GWED- Gulu (Gulu Women's Economic Development and Globalization)	Gulu
11. Integrated Disabled Women Activities	Iganga
12. United Africa Orphans and Widows Foundation	Iganga
13. Uganda Women and Youth Development Initiatives	Iganga
14. Busia Consortium	Busia
15. Busiime Rural Development Association	Busia
16. Busia Widows and Orphans Association	Busia
17. Sule Integrated Development Organization	Tororo
18. Tororo Widows and Orphans Empowerment programs	Tororo
19. Community Vision Uganda	Tororo
20. Osukuru Parish Development Committee	Tororo
21. Lira District Forum for PLHIV Networks	Lira
22. Kicaarwot- Victory Out Reach Post Test Association	Lira
23. Community Seeking for Better Living	Lira
24. Teacher Anti Aids Group	Mityana
25. Mityana District Forum of PLHIV	Mityana
26. Tamu Sityomu Star Group	Mityana
27. Mend the Broken Hearts Uganda	Kanungu
28. Kihihi Town Council Community of women Living with HIV	Kanungu
29. Kihihi Network of people Living With HIV/AIDS	Kanungu
30. Mubende People Living with HIV /AIDS Networks	Mubende
31. Women in Developmental Concerns Coalition Mubende	Mubende
32. Children and women of disabled soldiers Association	Mubende
33. Luhwahwa Youth Development Foundation	Kasese
34. Give a Goat – Africa	Kasese
35. Good Hope Foundation	Kasese
36. Masaka Association of Persons with Disabilities living with HIV/AIDS	Masaka
37. Masaka HIV/AIDS Consortium	Masaka
38. Fennawamu AIDS Support Organisation	Masaka
39. Giramasiko Post Test Club	Sheema
40. Kyagaju Post Test Club	Sheema

Appendix 4: List of Coalition CSOs from the 14 Districts

Name of Organisation	Name of Members	Coalition Leader
District Busia		
1) Busia Widows and Orphan Association(BWOA) 2) Busime Rural Development Association(BRDA) 3) Busia Consortium	1) Annie Namanyi 2) Malowa Charles 3) Malaba John	Busia Widows and Orphan Association(BWOA) Annie Namanyi busia_bwoa@yahoo.com 0782-014159
District Mukono		
1) Sikyomu Development Group for PHAS 2) Volset Foundation 3) Kyetume Community Based Health Care	1) Zalwango Sarah 2) Nansukusa Lydia 3) Kayondo Sheenah	Sikyomu Development group for PHAS Zalwango Sarah arcu.an2015@gmail.com
Sheema District		
1) Giramatsiko post Test Club 2) Kyagaju Post Test Club	1) Sedridah Tumushabe 2) Jacinta Birungi	Giramatsiko Post Test Club Enid Mbabazi Mbabazienid13@gmail.com 0772687398
District Tororo		
1) Community Vision Uganda 2) Sule Integrated Development Organisation 3) Tororo Widows And Orphans Empowerment Programme 4) Osukuru Parish	1) Akiding Stellah Harriet 2) Apolot Magadelene 3) Omuse Peter 4) Abotti Prisa	Community Vision Uganda Akiding Stellah Harriet harrietaki@yahoo.com 0773338826/0703420409
District Kasese		
1) Good Hope Foundation 2) Give a goat Africa 3) Luhwahwa Youth Development Foundation	1) Thasoma Noorah 2) Atholere Kule 3) Masereka Samuel	Good Hope Foundation Msereka Samuel samuelmasereka@gmail.com 0773013247
District Kanungu		
1) Kihihi Community Of Women Living With HIV(KICWO) 2) Kihihi Network of People Living with HIV(KIHI NET) 3) Mend Broken Hearts Uganda(MBHU)	1) Kabagambe Eunice 2) Yunvukuri Ezra Kasigwa 3) Orikushaba Alex	Kihihi community of women living with HIV(KICWO) Kabagambe Eunice Eunicekk19@gmail.com 0782484769/0701778497
District Mityana		
1) Mityana Forum Of People living with HIV/AIDs(MIFOPLA)	1) Kutesa Victoria 2) SSemuwemba Rose	Mityana forum of people living with HIV/AIDs Nakkazi Aidah Nakka.aidah@gmail.com

2) Teachers Against Aids Group	3) Nakanwagi Florence	0705198619
3) Tamu Sityomu Star Group		
District Kampala		
1) Kawempe youth development association(KYDA) 2) Makerere Women Development Association(MWDA) 3) Tusitukirewamu women's group	1) Nassanga Hadijah 2) Nabunya Nulu 3) Masuliya Florence	Makerere women development association Nabunya Nulu nulunabunya@yahoo.co.uk 0772669129/0706989129
District Wakiso		
1) Together Against AIDs Positive Association 2) Tusitukirewamu Group	1) Betty Muhangi 2) Florence Masuliya	Together Against Aids Positive Association Betty Muhangi muhangibetty@gmailyahoo.com 0776979438
District Mubende		
1) Mubende District People Living with HIV/AIDs Network(MUDINET) 2) Women In Developmental Concerns Coalition Mubende(WIDCCOM) 3) Children and Wives Of Disabled Soldiers Association(CAWODISA)	1) Kebirungi Lenny 2) Kwesiga Niclolas 3) Namatovu Mary Achilles	Mubende District People Living With HIV/AIDs Network(MUDINET) Kwesiga Niclolas Kwesiganiclolas@gmail.com 0782374489
District Lira		
1) Lira District Forum of People Living with HIV/AIDs Network(LIDFOPHAN) 2) Community seeking for better Living Lira diocese(COSBEL) 3) Victory outreach ministries kica-Arwot HIV/AIDs(VOM KICA-ARWOT)	1) Opio Morish 2) Olwii Emmanuel 3) Fred Omara	Lira District Forum of People Living With HIV Fred Omara omaramwoch@gmail.com 0783167059
District Gulu		
1) Gulu women's Economic Development and Globalization(GWED-G) 2) AIDs Care Education and Training(ACET) 3) Dyere Tek	1) Abalo Proscovia 2) Otto Godfrey 3) Florence Juma	Gulu Women Economic Development and Globalization(GWED-G) Abalo proscovia Abaloproscovia999@gmail.com 0783758070
District masaka		

1) FFENA WAMU AIDs SUPPORT ASSOCIATION 2) Masaka association of persons with disabilities living with HIV&AIDs(MADIPHA) 3) Masaka HIV and AIDs Consortium	1) Namulondo Margaret 2) Azirawo Paul 3) Musisi Richard	Masaka HIV and AIDs Consortium Azirawo Paul Azirapal15@gmail.com 0704999811
District Iganga		
1) Uganda women and youth development initiative(UWYDI) 2) Integrated disabled women activities(IDIWA) 3) United African orphans and widows foundation(UAOWF)	1) Jonathan Nabuko 2) Kayanga Elizabeth 3) Peter Nsubuga	Uganda women and youth development initiative(UWYDI) Jonathan Nabuko jnabuko@gmail.com 0773392819/0701392819

Appendix 5: Pre-training and post assessment-results

Question	Got it correct				Got it wrong			
	Pre-assessment	%	Post assessment	%	Pre-assessment	%	Post assessment	%
List at least one international level planning framework you know	10	31%	24	67%	22	69%	12	33%
List at least 2 national level planning frameworks in Uganda you know	12	38%	29	81%	20	62%	7	19%
List at least one district level planning framework you know in your district	13	41%	26	72%	19	59%	10	28%
What is the national budget?	11	34%	25	69%	21	66%	11	31%
List 2 components of the of the budget	2	6%	28	78%	30	94%	8	22%
List at least 3 main actors involved in public budgeting	10	31%	28	78%	22	69%	8	22%
What do you understand by the term social accountability?	3	9%	29	81%	29	91&	7	19%
List 2 types of tools you know that are used in social accountability	4	13%	33	92%	28	87%	3	8%
Why is social accountability important in our work?	11	34%	29	81%	21	66%	7	19%
What do you understand by the term advocacy?	13	41%	32	89%	19	59%	4	11%
List at least two advocacy tools you know	8	25%	26	72%	24	75%	19	28%

List two reasons why advocacy is important in our work	14	44%	34	94%	18	86%	2	6%
Total-32 participants who filled forms (pre-assessment) & 36 participants (post assessment)	32		36		32		36	

General remarks: the training was successful in all questions, the understanding of concepts/each question by participants was far above 50 %. This was attributed to appropriate selection of participants, experience of trainers, participatory training approach using contextual and practical examples among others.