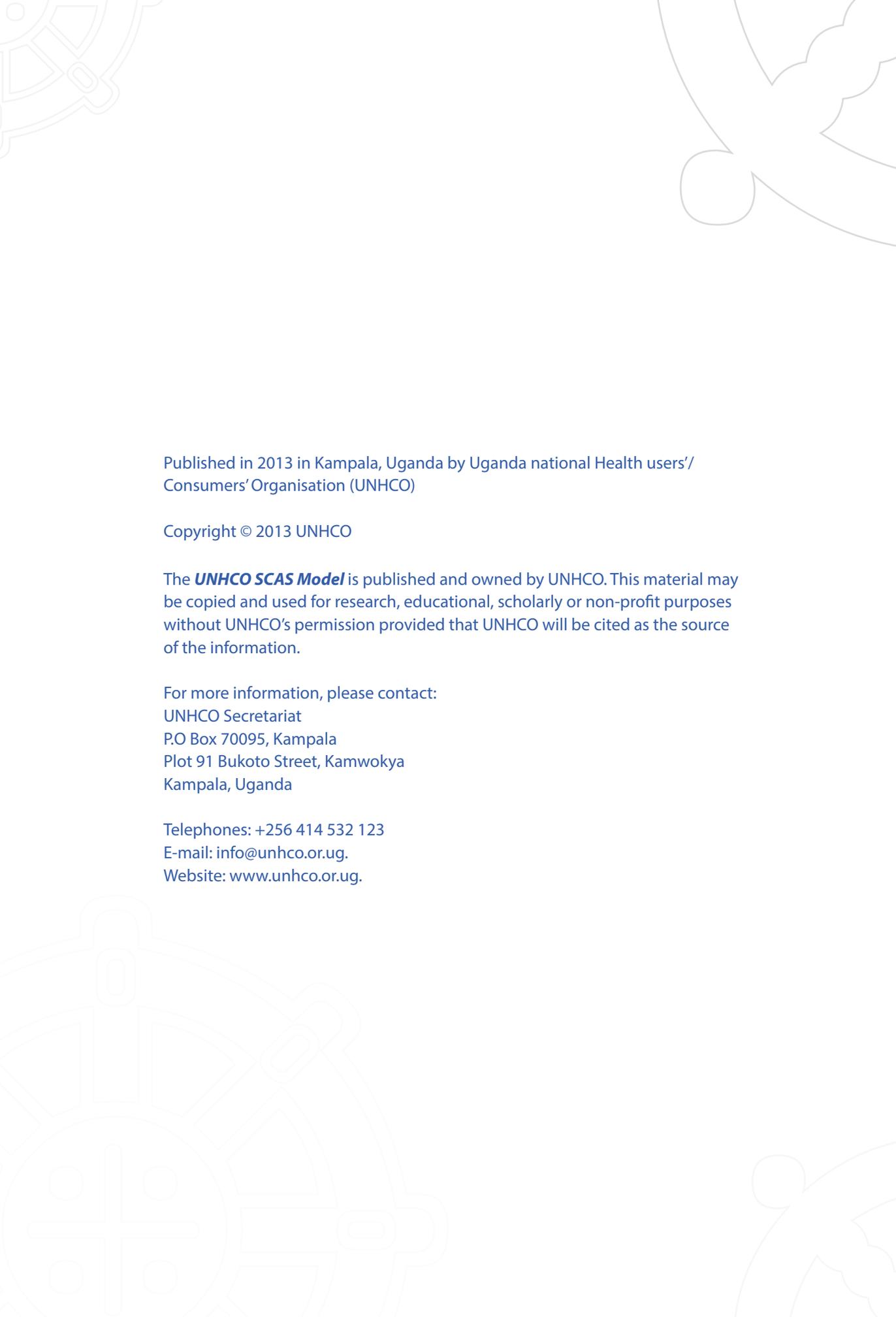# UNHCO

The right to speak out

Uganda National Health Users'/
Consumers' Organisation

The
UNHCO SCAS
Model

Health may not be everything but everything is nothing without heath!

Contents

Health may not be everything but everything is nothing without health!

About UNHCO

Uganda National Health Consumers Organization (UNHCO) is a membership not-for-profit Non-Governmental Organisation (NGO) registered with the National NGO Board to operate in all parts of Uganda. It was founded in 1999 by a group of Ugandans drawn from various backgrounds. UNHCO advocates for the right to health in Uganda.

Our Vision

We look forward to "A Uganda where the healthcare system guarantees full enjoyment of the right to health by all people."

Our Mission

We exist to: "To promote full integration and implementation of the rights based approach in Uganda's health sector through meaningful citizen-duty bearer engagement in healthcare planning and delivery."

Our Core Values

In pursuing its mission and vision, UNHCO will be guided by the following core TILT values.

i.   Team work for excellence: UNHCO believes in collaboration, learning and mutual support among staff for effective implementation of its programs.

ii. Integrity: to protect and promote our image, UNHCO will uphold the highest level of honesty in all our actions and dealings with stakeholders.

iii. Learning: We believe in sharing, learning and innovation for continuous growth and improvement of health services.

iv. Time management: We will work towards ensuring timely identification and response to citizens' health related concerns.

Background

1.1 Introduction

For the first eight years from its founding, UNHCO employed predominantly the feedback mechanism and redress processes model which heavily focused on patient-provider and policy maker engagement. Feedback mechanisms and redress process refer to the systems through which information flows from the health facilities to the communities and vice-versa, and the subsequent follow-up actions taken to accommodate citizens' input. Functional feedback and redress mechanisms provide a forum/platform through which participatory planning and evaluation promote accountability and good governance.

At the beginning of 2007, with the social accountability movement taking ground all over the world, UNHCO started gradually taking on social accountability approaches and tools. During this period UNHCO applied the Citizen's Report Card as the first tool in 8 initial districts. Progressively, taking on other tools like the Community Score Card, the Quantitative Service Delivery Survey (QSDS), Public Expenditure Tracking Surveys (PETS) among other tools. This fully evolved into an integrated social accountability model in 2010 and rolled out in all UNHCO's areas of implementation. In its strategic plan 2012/2017, UNHCO has set the direction to continue to provide leadership of the achievement of the right to health.

This document amalgamates all the various aspects of UNHCO approaches that have been developed over the years into one model for uniform application in its programming and learning by other actors who are interested in social accountability approaches in Uganda. It is a UNHCO hybrid model which expands the traditional feedback and redress approach to embrace social mobilization, advocacy, social accountability and capacity building.

For this purpose, it is named SCAS (Social mobilization, Capacity building, Advocacy and Social accountability) a defining unique identity that tags it to UNHCO.

This SCAS model highlights UNHCO's key program delivery approaches and processes as well as how these contribute to the desired societal change for the right to health. The main intent is to provide a harmonized programme delivery approach for UNHCO and its stakeholders.

1.2 Laying a foundation for the SCAS Model

This model has two interrelated ends linked together by a set of process. On one extreme end are the healthcare needs; and on the other the desired end which seeks to achieve the right to health at a global level and the realisation of the minimum health care package, a basic package of both preventive and curative services at national level. UNHCO's mission responds to the needs and processes while the desired end fits with UNHCO's vision. The feedback mechanisms and redress, follow-up and review processes are the interface among the four components. This is illustrated in figure 1 below;
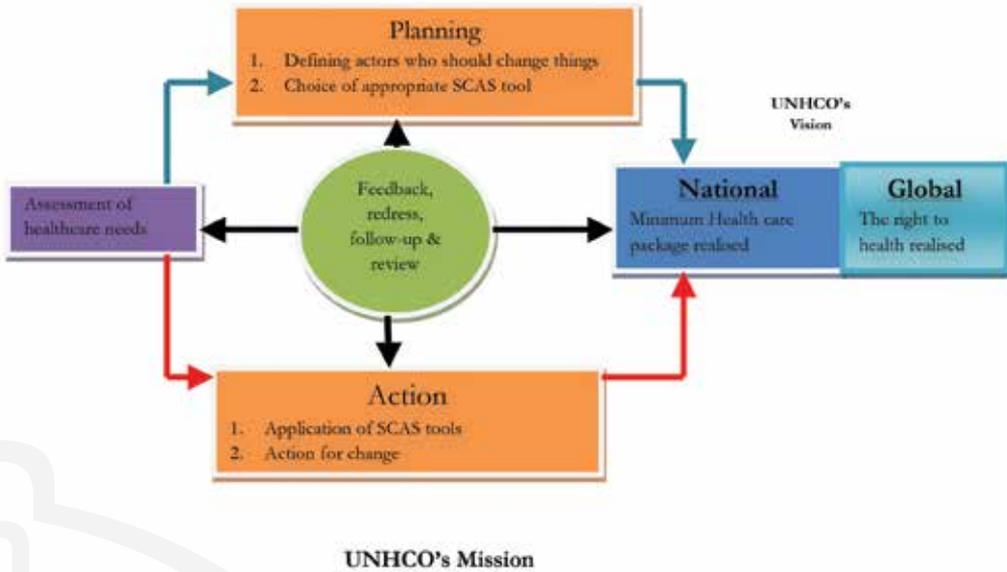
Figure 1: Conceptual Frame work of the UNHCO's SCAS Model

UNHCO's SCAS model is about ensuring that the bottlenecks that hinder the realisation of the right to health in Uganda are correctly identified and effectively addressed. The needs are identified, actions are planned and action taken to cause change towards the desired societal change. The processes are keenly monitored through feedback, redress, follow-up and review.

Health may not be everything but everything is nothing without health!
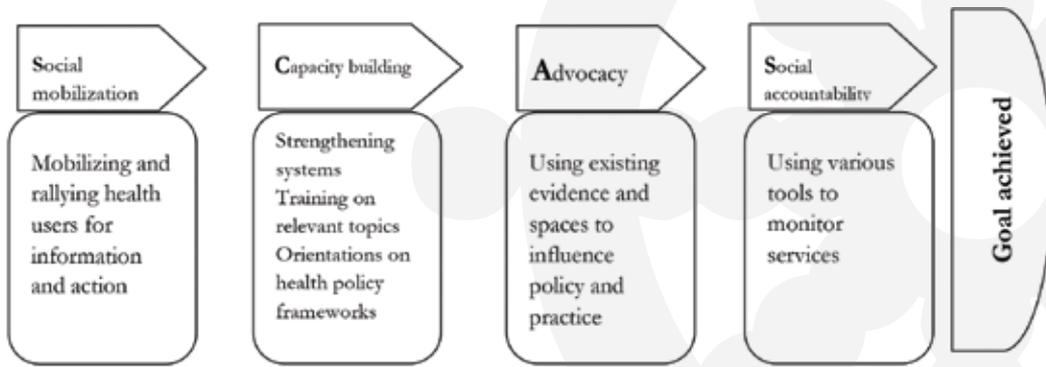
Figure 2: The action phases in the SCAS Model

1.3 Rationale

Overtime, UNHCO's programme delivery has been guided by our intervention model written down in different documents. This has limited consistent application of the model within UNHCO and among its stakeholder in Uganda and beyond. It has thus become increasingly necessary to bring all the different components to generate a harmonized approach. This model is consistent with UNHCO's growth and its civil society leadership role in the health sector. The SCAS model will therefore strengthen uniformity of approach across programs; improve institutional memory and replication by other actors.

1.4 UNHCO's Desired Societal Changes

UNHCO exists to contribute to creating a Uganda where the health care system guarantees full enjoyment of the right to health by all people. The primary focus is on the Uganda National Minimum Healthcare Package (UNMHCP) which defines the right to health.
UNHCO periodically defines its desired changes in its five-year goals outlined in its strategic plans. In the period 2012-2017, UNHCO is focusing on the attainment of the following changes within the health sector:

1. Uganda's legislative and policy framework guarantees the right to health of all citizens.
2. Increased transparency and accountability in the delivery of quality health services.
3. Increased adoption of measures that prevent ill-health and mortality by the target beneficiaries.
4. UNHCO's institutional capacity to deliver its mandate strengthened.

To bring about the above changes, UNHCO will address key bottlenecks that hinder the realization of right to health in Uganda (limited civic engagement, poor accountability, low funding of health sector etc). Our contribution to the realization of health rights of all Ugandans will lead to improved quality of life of the poor and increased productivity of the workforce and consequently poverty reduction. It will also reduce on family and national expenditure on health and empower communities to own health services and define their future.
UNHCO recognizes that the attainment of the above societal changes require a combination of appropriate approaches and techniques at different levels.

2.0 The Overall Programme Delivery Framework- the Human Rights Based Approach

The overarching programme delivery framework for UNHCO is the Rights Based Approach (RBA). At the centre of the approach is a focus on holding duty bearers (government institutions such as District Local Governments, Ministry of Health, and Parliament, health facilities etc) accountable and empowering heath users to claim their health rights.

Specifically, UNHCO empowers health users on their health rights and responsibilities as enshrined in the patients' charter. UNHCO's priority is also to increase health consumers' understanding of the policy framework that governs health standards, guidelines, systems, structures and actors in the health sector at different levels of care. These interventions are designed to empower health users and their structures to view healthcare as a right they should demand. The community structures are empowered to monitor service delivery and hold duty bearers accountable. This helps to balance power relations and create an environment for constructive engagement between duty bearers and rights holders.

UNHCO empowers duty bearers to appreciate and conform to the RBA. UNHCO establishes mechanisms for bridging the gap between duty bearers and rights holders. This is provided through training support and information to health workers and policy.

2.1 UNHCO's SCAS Approaches

UNHCO uses a combination of different approaches and processes to achieve the above desired changes. These are applied concurrently or selectively in a step by step process depending on the intervention.

2.1.1 Research

UNHCO undertakes periodic studies on topical health issues in order to generate relevant evidence to inform advocacy. In addition, UNHCO carries out periodic review of selected health policies and programs to detect existing gaps as a basis for evidence-based advocacy. Previously UNHCO undertook studies on Patients' Rights, 2002; health worker absenteeism 2009; Maternal Health Situation in Uganda (2011); client satisfaction, Medicines availability and citizens' empowerment (2013) among others. These studies generated good evidence that not only informed design of UNHCO's interventions and provided evidence for advocacy.

2.1.2 Capacity building

UNHCO carries out targeted capacity building for structures and key actors through, training on relevant topics depending on the program, orientations on health policy frameworks, systems strengthening especially grass root structures including; health workers, Health Unit Management Committees (HUMCs), Village Health Teams (VHT) and Community Based Organizations [CBOs] with a focus on health and rights issues.

The purpose is to enlighten actors in local health institutions, political and civic local leaders to understand and appreciate key health rights of citizens, underlying health related policies

and standards as well as the patients' feedback and redress system. This helps the structures to fulfil their respective mandates effectively.

This approach not only strengthens the responsiveness of the local leaders and actors in health sector to provide better health services to citizens but it also ensures sustainability of UNHCO's development interventions in the local communities – because these institutions and actors are locally based and deal with day-to-day issues that affect the communities. Lastly, it lays a good foundation for UNHCO's health related advocacy due to changed mindsets of local health actors and leaders.

2.1.3 Empowerment

UNHCO works to promote citizens' assets and capabilities through; increasing access to information, inclusion, participation and strengthening local organisational capacity so that they can hold duty bearers accountable. It raises awareness on rights, responsibilities and entitlements to empower citizens to demand. Citizens are facilitated to participate in healthcare planning and delivery, monitoring services and raising issues at all stages. Community structures are equipped with knowledge on their roles and guiding frameworks to enable them appropriately fulfil their mandate.

2.1.4 Mass Mobilization

Through existing structures like resource persons, CSO partners and grass root community structures UNHCO mobilizes and rallies health users for information and action. This is done through Information Education and Communication (IEC), Behaviour Change Communication (BCC), media campaigns, match pasts and meetings. Mass mobilization is targeted to specific groups of people among duty bearers and citizens to take the required action(s) to address the identified need(s). UNHCO uses the International Human Rights Day (IHRD) to sensitize the public to understand and demand for their right to health and general improvement in healthcare delivery.

In all, these public awareness campaigns enable heath users to know and demand for their health rights. It also increases general public support for UNHCO's advocacy initiatives in the country.

2.1.5 Social Accountability

Social accountability aims to develop a framework of how citizens demand and enforce accountability from those in power. It is an approach towards building accountability that relies on civic engagement whereby ordinary citizens and/or civil society organizations participate directly or indirectly in exacting accountability.

On the demand side, social accountability requires that citizens understand and put in practice their rights and responsibilities with respect to access and use of public services. On the supply side, it requires duty bearers to apply mechanisms and procedures to take account of citizens' demand to respond with appropriate policies and solutions.

It involves the use of various tools (Community Score Card, Citizen Report Card, Public Expenditure Tracking Survey, Quantitative Service Delivery Survey and Social Audits) to monitor services. These tools are described in annex 1 below. These tools are used interchangeably and the choice of tool is guided by the intervention. Facilitators are trained and mentored to apply the tool as appropriate. Some tools can be applied by community monitors while others require higher competencies.

2.1.6 Constructive Engagement

UNHCO uses a 3 'P' model which involves bringing together Patients, Providers and Policy makers for a common cause
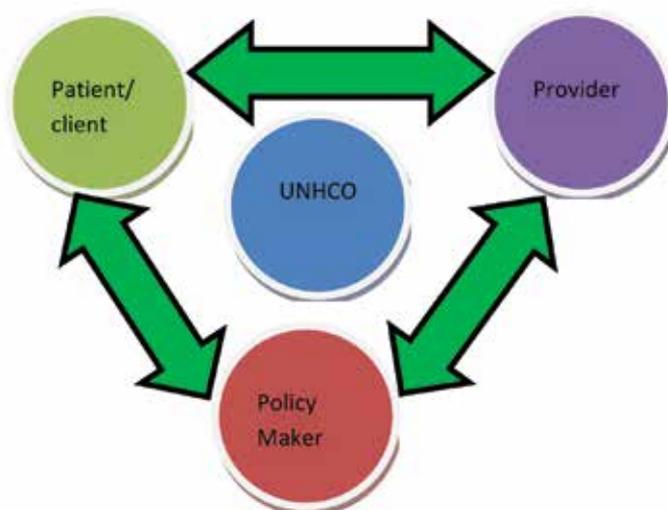
Figure 3: The 3 P model

– quality health care for all. It starts with identification of a need that affects majority of the people and initiating discussion around it with a view of finding a shared solution. All actors are part of the process for ownership and action.

This is illustrated in figure 1 below.

UNHCO stands in a neutral position and facilitates meaningful discussions between duty bearers (providers and policy makers) and patients/clients. The empowerment stage helps all actors to participate in these processes constructively in a non-confrontational manner.

This is done through feedback and redress mechanisms such as; suggestion boxes, dialogues, ICT platforms, Social media, HUMCs, Technology (ICT) platforms, Social media, Health Unit Management Committees

(HUMCs), interface and feedback meetings.

UNHCO defines feedback and redress mechanism "as platforms and processes through which information flows between duty bearers and rights holders where citizens voice their concerns to duty bearers and they are addressed."

In these processes UNHCO takes a facilitative role. These processes result into action areas to be undertaken by each party and followed up through subsequent similar processes.

2.1.7 Documentation and Dissemination

As a learning organization, UNHCO uses various tools to document experiences, lessons learnt, case studies and best practice models from its work. This is disseminated through reports, documentaries, dissemination meetings, online and submission of abstracts at international conferences. It is done on an ongoing basis by implementing teams and periodically produced and shared with like-minded actors in Uganda and beyond.

2.1.8 Advocacy and Lobbying

UNHCO places emphasis on advocacy and lobbying based on credible evidence generated from the grass roots and reviews of existing policies and programs. UNHCO draws support for its advocacy activities from a strong base of over 2000 members spread over 23 districts of Uganda as well as networks and coalitions in which UNHCO is a member. These

include Uganda National NGO Forum, Human Rights Network – Uganda, (HURINET -U), Uganda Contracts Monitoring Coalition (UCMC), Voices for Health Rights (VHR), maternal health coalition; stop stock outs coalition among others.

The advocacy strategy of UNHCO places emphasis on protection of the right to health, increased health budget allocation, accountability, supportive health policies, laws and quality healthcare in Uganda.

UNHCO uses existing evidence and spaces to influence policy and practice. UNHCO participates in health policy formulation and reviews as well as monitoring implementation. Previous UNHCO's advocacy work led to development and adoption of Uganda's Patients' Charter; contributions and improvement of the Health Sector Strategic and Investment Plan (HSSIP) specifically adding a component on measuring client satisfaction and the national health policy, among others.

2.1.9 Strategic alliances and networks

UNHCO identifies relevant actors in the sector and deliberately engage with them to influence policy and practice. These alliances are used as mechanisms for joint advocacy on common issues of interest at all levels to amplify citizen's voices.

UNHCO proactively looks out for spaces and opportunities for providing CSO leadership at all levels including the Health Policy Advocacy Committee (HPAC), Sector Technical working Groups(Maternal and child Health, Supervision Monitoring Evaluation and Research (SMER), Public Private Partnerships for Health (PPPH), National Health Insurance, Quality Improvement (QI), Sector budget working group), CSO platforms (NGO Forum, accountability platform, CS BAG, Transparency Alliance (MeTA), Contracts monitoring group, parliament committees). UNHCO strives to obtain and maintain leadership and representation positions at these spaces.

We subscribe to international networks like Regional AIDS Training Network (RATN), International Alliance of Patients Organisations (IAPO), and Community of Practitioners on Accountability and Social Action in Health (COPASAH) to attract more partnership opportunities learn new innovations and disseminate our work. We also use such platforms to advocate for the right to health.

UNHCO's view of alliances and networks is for partnership, learning, advocacy and dissemination of our work.

2.1.10 Strategic litigation

As a last option, UNHCO resorts to litigation in cases of criminal nature where patients' rights have been abused. This may be due to malpractices, causing death or permanent impairment on a patient. Civil suits, criminal proceedings and constitutional petitions are filed to obtain redress for such extreme cases. Through litigation, UNHCO uses the cases to provide leadership mobilise CSO actors and citizens to rally around issues that will promote the right to health through legislation, budget allocations and viewing health as a right.

3. Summary of the SCAS processes

In summary, the following are the key interrelated steps that UNHCO follows in order to achieve the desired societal

processes who will serve as community monitors; selection of geographical areas for the intervention; and preparation of structures that drive change like; the HUMCs and CBOs.

Figure 3: The SCAS processes
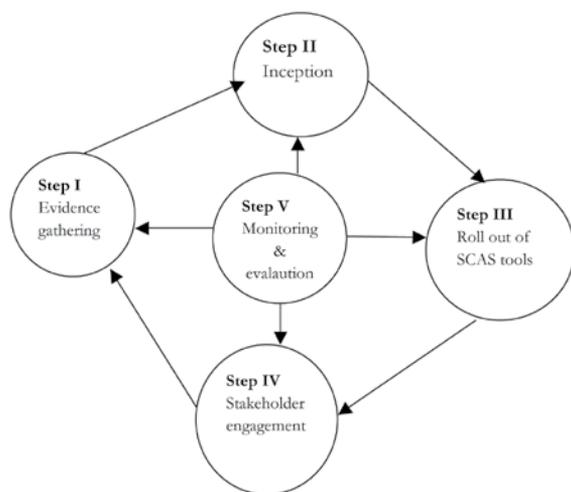
Step III involves rolling out of the SCAS tools. Trained community monitors are equipped with a user manual; logistics like bicycles, safety gears etc, and their roles are clearly defined. This is followed up with a set of interrelated activities; Community mobilisation and sensitisation on; Rights, responsibilities, entitlements, policy framework, Community advocacy, feedback and redress. At this stage a selected tool as relevant to the intervention is applied (see annex 1).

changes.

Step I involves generation of facts to inform the intervention. At this stage the idea is already known but UNHCO moves in to gain hard facts that will be used during the push for change. At this stage strong allies are also identified.

At Step IV, the issues generated through the application of the SCAS tools are brought to platforms for engagement where advocacy, information sharing and litigation. These platforms include, local government councils, technical committees at local government levels (councils, TPCs, DHTs, HUMCs, feedback meetings). At national level, these platforms include; technical committees of MoH, CSO accountability platforms, relevant parliamentary committees and courts of law.

Step II involves initial meetings with the actors who are likely to be involved in the intervention to introduce and orient them about the action; identification and training of resource persons in the SCAS

Step V is the monitoring, evaluation and learning stage. It informs the on-going interventions by providing evidence to use and also provides information that is useful for continuing improvement and learning. UNHCO has an integrated M&E system, it is participatory and structured. A structured tool is used to facilitated participatory processes where beneficiaries, local leaders, decision makers, service providers and district leaders jointly assess progress, agree on the key areas of improvement and draw action plans to change things. These are brought to the table of district and national leaders to take not of and address those that are in their jurisdiction but also supervise their juniors. These are followed up in the subsequent monitoring visits. This is used to empower people and promote joint action.

4. Critical Success Factors

There are a number of underlying factors that contribute to the success of the SCAS model.

These include:

- Proper identification of the issues and the key entry points.
- A positive outlook of the challenges, use of positive contributions rather than criticisms.
- Putting those you advocate for at the forefront. The intervention must be citizen led and based on their needs.
- A strong commitment of UNHCO's governance, top management team and staff to pursuing UNHCO's mission and objectives.
- A strong sense of teamwork among UNHCO's staff and adherences to this model.
- Strong grass root structures which can take firm action or approach the relevant offices.
- It must address the relevant needs and context.
- Adequate financial resources to finance programme delivery and core costs of the organization.
- Maintenance of a strong public reputation and credibility.
- A strong collaboration with the media and other CSO coalitions and networks.
- A supportive legislative and policy framework.

5. Key Principles that have guided implementation of the model

The successful implementation of UNHCO's programme delivery model has been facilitated by a set of interrelated principles and values listed below:

- Accountability and transparency: UNHCO provides a platform for citizens and duty bearers to dialogue; and to provide and receive feedback. In all its dealings, UNHCO prohibits and punishes any form of corruption and encourages and rewards accountable and transparent practices.
- Constructive engagement at all levels: We facilitate honest and non-confrontational engagement between policy makers, health providers and citizens.
- Partnership and networking: We are for collaboration and complementarism as opposed to competition and duplication.
- Equality and Non-Discrimination: We advocate for health services for all without discrimination based on gender, ethnicity, age, language, religion, birth, or geographical area.
- Participation: committed to empowering communities to influence their health priorities and be responsible for their destiny.
- Learning: We believe in sharing, learning and innovation for continuous growth and improvement of health services. UNHCO is a learning organisation growing and adapting to change to improve.
- Consistent on issues on the right to health. We are consistent on the right to health. We also sensitive to the country context and needs in pursuing the right to health for Ugandans.

Annex I SCAS tools.

Tools used by UNHCO in implementing the model

1. Community Score Card;

The community score card process is a community based monitoring tool that combines a hybrid of techniques including social audit, community monitors and citizen reporting. The CSC process exacts social and public accountability and responsiveness from service providers. By including an interface meeting between service providers and the community it allows immediate feedback and facilitates empowerment.

Key steps in using the CSC;

· Preparatory Groundwork

· Developing the input tracking scorecard

· Generation of the community performance

· Generation of the self-evaluation score card by facility/project staff

· The interface meeting between community and providers and

· The follow-up process of institutionalization.

2. Citizen Report Card

Citizen report card is a participatory and powerful tool to provide duty bearers systematic feedback from users of health services. By collecting feedback on the quality and adequacy of health services from actual users, CRC provides a rigorous basis and a proactive agenda for communities, CSOs or local governments to engage in a dialogue with service providers to improve the delivery of public services. CRC addresses critical themes in the delivery of health services.
Key steps in using the CRC;

· Identification of scope, actors and purpose

· Design of Questionnaires

· Sampling

· Execution of Survey

· Data Analysis

· Dissemination of Findings

3. Quantitative Service Delivery Survey (QSDS) and (Public Expenditure Tracking Surveys) PETS

QSDS and PETS may be used together as diagnostic tools for assessing service delivery. QSDS are multi-purpose surveys that assess quality and performance in resource usage at the frontline facility level, such as schools, health clinics and hospitals. QSDS collect information on characteristics and activities of service providers and on various agents in the system, on a sample basis, in order to examine the quality, efficiency and equity of service delivery on the frontline. It examines the efficacy of spending, as well as incentives oversight, and the relationship between those who contract for a service and those who deliver it.

Data is collected both through interviews with managers and staff and from the service provider's records. In some cases, beneficiaries are also surveyed. Triangulating the data collection allows cross-validation of information. PETS are conceived to trace the flows of resources (financial, salaries,

in-kind items) through the various levels of government bureaucracies down to service providers.

They collect information at the central level and, on a sample basis, within the public administration and at the frontline level, to determine how much of the original allocations ultimately reach service delivery units (such as clinics and schools), a precondition for providing services and improving outcomes.

Key steps in using the QSDS and PETS;

- · Preparation

- · Preliminary Analysis and Institutional Mapping Report

- · Survey Preparation

- · Survey Implementation

- · Data Analysis, Report Writing and Results Dissemination

Source: Public Expenditure Tracking Surveys (PETS) and Quantitative Service Delivery Survey (QSDS)

Guidebook by: Bernard Gauthier and Zafar Ahmed, 2012.

4. Social Audit

A social audit is an on-going process by which the potential beneficiaries and other stakeholders of an activity or project are involved from the planning to the monitoring and evaluation of that activity or project.

Key steps in using the Social Audit

- · Study the details of the scheme and familiarize oneself with all the provisions and requirements of the scheme and of the Right to Information Act.

- · Identify the various stages of the scheme, especially those where decisions have to be made, beneficiaries identified, sites selected, strategies determined and details specified

- · For each of these stages, identify the vulnerabilities, in terms of what can go wrong, what can be corrupted, what distortions can occur or what biases can creep in.

- · Identify, for each stage, the appropriate measures to be taken to ensure that the identified vulnerabilities are addressed through the relevant social audit mechanisms

- · Identify the functionaries and institutions that would be responsible for ensuring that the social audit is conducted, and conducted properly

- · Call a meeting of the village/community and discuss the principles and method of social auditing in detail with them

- · Ensure that the identified institution and functionary complies with all the requirements of a social audit.

- · Every six months, prepare for a public hearing

Source: http://nrega.nic. in/circular/So_Audit_I.pdf

5. Information, Education and Communication (IEC)

IEC is the process of learning that empowers people to make decisions, modify behaviors and change social conditions. Activities are developed based upon needs assessments, sound educational principles,

and periodic evaluation using a clear set of goals and objectives.

Key steps in using the IEC

· Developing IEC messages. A good message is short, accurate and relevant. It will make, at the most, 3 points. It should be disseminated in the language of the target audience and should use vocabulary appropriate for that audience. The message tone may be humorous, didactic, authoritative, rational or emotionally appealing. It may be intended as a one-time appeal or as repetitive reinforcement. It is often necessary to develop several versions of a message depending on the audience to whom it is directed.

· Pre-testing, by trying out the materials with small groups from your larger target audience, is an essential part of developing messages and educational materials. It is through pre-testing that you will ensure that people understand the message as intended. Pre-testing may need to be repeated frequently until you are sure your information is being conveyed as desired.

· Determine suitable methods and channels of action and communication. Decide which media and combinations of information channels will reach the target group. Both formal and informal groups can be targeted.

Source: http://www.unfpa.org/emergencies/manual/a1.htm

6. Behaviour change communication (BCC)

Process whereby individuals, communities and/or societies to develop communication strategies to promote positive behaviours which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate and sustain positive and desirable behaviour outcomes. This is a strategy involves systematic attempt to modify/influence behaviour, or practices and environmental factors related to that behaviour, which indirectly or directly promote health, prevent illness or protect individuals from harm.

Key steps in using the IEC

· Vulnerability/risk factor of the target group.
· Vulnerability/risk factor of the group which is to be addressed.
· Conflict and obstacles in the way to desired change in Behaviour.
· Types of message and communication media which can best be used to reach the target group.
· Types of resources available and assessment of existing knowledge of the target group about the issue which is going to be dealt with.

7. Litigation

UNHCO uses litigation in cases of criminal nature where patients' rights have been abused may be due to malpractices, causing death or permanent impairment on a patient. Civil suits, criminal proceedings and constitutional petitions are filed to obtain redress for such extreme cases.

Steps in effective ligation

· Plaintiff files complaint and summons

· Defendant files answer

· Fact finding occurs through discovery

· Any and all motions

· Possible judgment, mediation or settlement is entered.

8. Suggestion Boxes

A suggestion box is a device for obtaining additional comments, questions, and requests health service delivery. Users of health services are able to write specific feedback in slips of paper with and insert into the suggestion boxes. The suggestion boxes are opened periodically in meetings of providers and consumers and issues from the suggestion box are also recorded for follow up and action.

Key steps in using the suggestion box

· Community sensitization on use

· Introduction and buy in from health sector

· Recognize and reward good suggestions

· Allocation of responsibilities including opening, recording, issues and feedback to community

· Dialogue meeting

· Follow up.

9. Dialogues Meetings/Interface Meetings

A "dialogue" is a community conversation that can take many forms. It can involve five people around a large civic setting discussing specific issues regarding health service delivery. Dialogues and interface meetings enable immediate feedback from the duty bearers.

Steps in conducting community dialogue

· Access resources the available resources

· Prepare for your dialogue

· Invite participants

· Plan to record your dialogue

· Conducting the dialogue

· Concluding the dialogue and next steps

Source; Community dialogue tool box http://ctb.ku.edu/en/tablecontents/sub_section_main_1052.aspx

Health Unit Management Committee (HUMC) Meetings

Health unit management committee is committees set up by law to supervise health service delivery. The committee consists of about seven members from the sub county with the in charge of the health centre as a secretary.

Steps in using HUMC as feedback and redress mechanism

· Selection of HUMC

· Training of HUMC

· Facilitation of meetings

· Follow up of issues

10. Policy Briefs

A policy brief outlines the rationale for a particular policy alternative or course of action in a current policy debate. A policy debate is the 'market place' for competing policy ideas. The purpose of a policy brief is to convince the target audience of the urgency of the current problem and the

need to adopt the preferred alternative or course of action outlined, and therefore, serve as an impetus for action.

Components of a Policy Brief

· Executive Summary

· Statement of the Issue/ Problem

· Background (of the problem)

· Statement of your organization's interests in the issue

· Pre-existing Policies

· Policy Options

· Advantages and Disadvantages of Each Policy Option

· Your Recommendation

· Sources Consulted or Recommended

Source: http://www.rhsupplies.org/fileadmin/user_upload/toolkit/B_Advocacy_for_RHS/Guidelines_for_Writing_a_Policy_Brief.pdf

11. Petitions

A petition is a request to do something, most commonly addressed to a government official or public entity. A petition is a statement about a local issue, supported by the signatures of local residents or those directly affected

presented to government for action.

Steps in conducting and effective petition

· Set an achievable goal
· Select an effective target
· Show people how your cause impacts them
· Write a clear, concise, and compelling petition summary
· Write an effective letter to send to your target
· Follow up

Sign: http://ctb.ku.edu/en/tablecontents/sub_section_main_1251.aspx

12. Shadow Reports

Shadow reports are a method for NGOs to supplement or present alternative information to the periodic government reports that State parties are required to submit under treaties. The aim of Shadow reporting is to provide the Civil Society Organizations' (CSOs) view on performance of the Health Sector in order to improve health outcomes.

Possible Format for Shadow Reports

· Title page including title, author or NGO name, State party name, and date of the shadow report
· Executive summary
· Table of contents
· Introduction that gives more information about the production of the shadow report
· The main body, organized by Convention article, including recommended actions.
· Concluding remarks
· Appendix (if necessary; can include text of important laws, lists of references or participants in shadow report preparation, media clips, etc.). If you would like to add an extensive appendix, consider publishing it online and provide the link.

Source: http://www1.umn.edu/humanrts/iwraw/proceduralguide-08.html

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