



SELF CARE TRAILBLAZER GROUP-UGANDA CHAPTER

Advocacy Strategy | 2022- 2025

ABBREVIATIONS AND ACRONYMS

AOGU	Association of Obstetrician and Gynaecologists
AWG	Advocacy Working Group
CEHURD	Centre for Health, Human Right and Development
CIF	Children’s Investment Foundation
CSO	Civil Society Organisation
ELWG	Evidence and Learning Working Group
FY	Financial Year
ICT	Information Communication and Technology
IEC	Information, Education and Communications
KPI	Key Performance Indicators
LG	Local Government
M&E	Monitoring and Evaluation
MoH	Ministry of Health
PHC	Primary Health Care
SBCC	Social Behavioural Communications Change
SCEG	Self Care Expert Group
SC	Self Care
SCTG	Self Care Trail Blazer Group
SCTG-UG	Self Care Trail Blazer Group- Uganda Chapter
UHC	Universal Health Coverage
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UNEPI	United Nations Expanded Program on Immunisation
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
WHO	World Health Organisation

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This advocacy strategy is a product of team effort of the staff of Center for Health, Human Rights and Development (CEHURD). The strategy is a product of the contributions from; Mr Eceru Peter, Ms Fatia Kiyange, Ms Nakibuuka Noor Musisi, Ms Dorothy Amuron, Ms Kyomugisha Miriam, Ms Grace Kenganzi and Ms Kukundakwe Annah. CEHURD further appreciates the SCTG Uganda movement for enriching discussions and shaping the narrative of self-care within the Ugandan context and validating this advocacy strategy.

We hope that this Advocacy strategy will be helpful to those persons and organisations advocating for self-care in Uganda and beyond.

1.0 INTRODUCTION AND BACKGROUND

1.1 About Self Care

The World Health Organization (WHO) defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider¹.

The scope of self-care as described in this definition includes health promotion; disease prevention and control; providing care to dependent persons; seeking hospital/specialist care if necessary; and rehabilitation including palliative care. Inherent in the concept is the recognition that whatever factors and processes may determine behaviour, and whether or not self-care is effective and interfaces appropriately with professional care, it is the individual person who acts (or does not act) to preserve health or respond to symptoms. Individuals choose self-care interventions for a range of reasons including convenience, confidentiality, and cost. People can also choose self-care interventions to avoid health systems if they anticipate that they may face stigma and discrimination.

Recent advances in medical and digital technology combined with changing consumer expectations provides an opportunity to refocus attention on this important and evolving approach. Self-care interventions, particularly in the realm of Sexual and Reproductive Health and Rights (SRHR), have transformative potential to increase individuals' autonomy in making decisions about their own care, strengthen countries' health systems, and ultimately pave the way towards Universal Health Coverage (UHC)². Selfcare offers particular promise for helping to reach vulnerable populations, including the 270 million women and girls in the developing world who have an unmet need for contraception, the 7.1 million individuals living with HIV who are unaware of their status, the 84% of cervical cancer cases that reside in the developing world, and including those living in humanitarian contexts. On 24 June 2019 the World Health Organization (WHO) released the consolidated Guidelines for Self-Care interventions for Health which includes people-centred, evidence-based recommendations for key self-care interventions for SRHR, and calls for the adoption of national self-care policies. The COVID-19 crisis has created an even greater urgency to advance self-care work in order to offer continuity of SRH services in low physical touch environments

1.2 About Self Care Trailblazer Group

The Self Care Trailblazer Group (SCTG) is a global coalition of partners dedicated to advancing evidence, practice, learning and policy landscape of self-care for sexual and

1. World Health Organisation consolidated guidelines on self-care interventions for Health: Sexual and Reproductive Health and Rights.

2. Self-Care in the context of Primary Health Care: Report of the regional Consultation Bangkok, Thailand 7-9 January, 2009

reproductive Health and rights³. Since its inception in 2018, the SCTG has worked to increase Self Care by coordinating its members and partners in evidence generation, global communication, Advocacy and shared learning.

The goal of SCTG to harness the current momentum to support governments in institutionalizing self-care in sexual and reproductive health (SRH) policy and practice. It also aims at co-developing and implementing country-specific advocacy strategies, based on the local context (opportunities and barriers) to advance self-care policy and practice.

The Group is currently composed of members including development partners, implementers, advocates, researchers across the world. The SCTG governance and operations consists of four different structures which include;

Secretariat: is responsible for providing administrative support for the SCTG, including managing the work plan, budget and communications under the oversight of the Steering Committee.

Steering Committee: the executive oversight body for the SCTG, providing guidance, recommendations, long-term vision, policy, project prioritization and review. This group currently constitutes members from several implementing organizations and donors.

Advocacy Working Group (AWG): leads a coordinated communications, outreach and advocacy effort to support the introduction and scale-up of self-care interventions within health systems. This is constituted of members from implementing organizations and donors

Evidence and Learning Working Group (ELWG): works to build the evidence based around self-care interventions while educating others on self-care practices. This purpose of the ELWG is to advance learnings and contribute to building the evidence base to introduce, scale-up, and sustain self-care interventions within health systems.

At National level, a working group known was the Self Care Expert Group (SCEG) was established by the Ministry of Health and is chaired by the Director for Curative Services at the Ministry. Within this group there are task teams which are Quality of Care, Social Behavioural and communications Change (SBCC), Measurement, Medicines and Supplies, Finance and Human Resources. These task teams have terms of reference that define their mandate which includes and not limited to oversee development of specific SOPs/tools/guidance, resource mapping (who pays and does what, both for the design and implementation phases).

From the Civil society front, CEHURD was selected as the national advocacy for self-care and tasked to coordinate self-care advocacy efforts that complement existing self-care work

3. Self-Care Trailblazer Group, 2021-2025 Strategic Plan

and other SRHR related interventions. CEHURD is the secretariat of the National Self-care Trailblazer Group- Uganda Chapter with a membership of up to 20 members comprised of service providers, youth organisations, international organisations among others lead advocacy for Self-care⁴. This movement will work in collaboration with already existing structures on self-care both at the national level and globally.

2.0 PROBLEM STATEMENT

People in Uganda have been practicing self-care for thousands of years using both modern and traditional medicine to treat various sexual and reproductive health conditions⁵ with over 60 per cent of the population using traditional and complementary medicine for primary healthcare.⁶ In a country of over 40.3 million,⁷ with rural populations forced to travel long distances to access health care, even those living in major cities have to endure long waiting periods for care.

Worldwide, an estimated shortage of 18 million health workers is anticipated by 2030 and disease outbreaks are a constant global threat as seen by the Covid-19 pandemic. At least 400 million people worldwide lack access to the most essential health services, and every year 100 million people are plunged into poverty because they have to pay for health care out of their own pockets.⁸ There is an urgent need to find innovative strategies that go beyond the conventional health sector response.

Every year 100 million people are plunged into poverty because they have to pay for health care costs out of their own pockets. In Uganda, 40.4% of health expenditure represents out of pocket expenditure.⁹ According to the World Health Organisation, any expenditure in excess of 20% amounts to catastrophic expenditure. Furthermore, underserved and marginalized populations including in Uganda, often lack access to quality health information, services and products and face stigma and discrimination in healthcare. There is an urgent need to find innovative strategies that go beyond a conventional health sector response to address these challenges in accessing quality healthcare.

Uganda's population growth rate of 3.0% adds over one million people every year to the population, this is straining the already stretched health care system. The increasing client

4. The Self Care Trailblazer Group Uganda chapter, Charter

5. Uganda national self-care guidelines for sexual and reproductive health and rights, Ministry of Health, 2020

6. The Uganda National Policy for Public Private Partnership in Health (2012)

7. Uganda Bureau of Statistics, statistical abstract of 2020

8. WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO

9. African Union and The Global Fund. Africa Scorecard on Domestic Financing for Health, 2019. <https://scorecard.africa/viewcountry/UG>

load requires an expanding infrastructure, health workers, materials, equipment, commodities and other resources, which are in short supply. The public health sector staffing against the approved positions declined to 73% in 2019/2020 from 76% in 2018/2019 and this is against the target of 80%¹⁰. Health worker population ratio currently stands at 1.87 per 1000 population¹¹ which is very much below the World Health Organisation (WHO) ratio of 2.5 per 1,000 population.

The Covid-19 pandemic further stretched the health care system with an unprecedented number of over 125,758 people getting infected with the corona virus and needing health services.¹² With this added burden there was a clear impact of reduced service utilization during the pandemic and many people had to manage their own health with limited interaction with a health care worker. The COVID-19 pandemic has highlighted the unique and critical role that self-care interventions can and have played in mitigating the burden of disease and saving lives through personal self-care actions such as wearing masks and physical distancing, and prioritization at national levels of self-care interventions that people can use during period of lockdown. Self-care actions to promote one's own emotional resilience are also important for the well-being of health workers.

Promotion of self-care needs policy direction and professional support; budget allocation and it is best pursued within the social and cultural context of the community. Promotion of self-care is an educational and empowering process that ensures that people with the right information can make the right decision as far as their own health is concerned. Self-care has to be seen as an integral part of promotive, preventive, curative and rehabilitative care. The role of community health workers and community volunteers is crucial for people to implement self-care. Health information may need to be demystified to make self-care easily understood by all people. On the other hand, health is an industry within which health-related goods and services are being marketed. People also receive information through the media and have difficulty to choose the right information.

In spite of the benefits, deepening of self-care has been affected by a number of constraints. This makes it impossible to effectively plan for, and provide resources to promoted care. A legal mapping conducted by CEHURD indicated that the current legal framework does not expressly provide for self-care. The laws and policies don't explicitly recognize Self Care as a key health intervention and to bridge the gap discussed above.

To promote selfcare, government needs to devote resources for provision of information and build the capacity of health workers to effectively support the process of provision of requisite services. It is also worth noting that a stakeholder mapping exercise demonstrate

10. Ministry of Health: Annual Health Sector Performance report 2019-20 pg. 48

11. Ibid.

12. <https://www.health.go.ug/covid/#> last visited on 23rd October 2021

knowledge gaps among key stakeholders¹³. This advocacy strategy is designed to respond to the challenges that impede the deepening of self-care. The strategy will guide advocates and partners as they work towards improving the legal environment, and resourcing for self-care across the country.

3.0 OPERATING CONTEXT

Health systems around the world are over stretched and burdened. The World Health Organisation estimated that half of the world's population are unable to access basic health services¹⁴. And each year, large numbers of households are being pushed into poverty because they must pay for health care from their pockets. About 800 million people spend 10% of their household budgets on health care for themselves, a sick child or other family member¹⁵. For almost 100 million people, these expenses are high enough to push them below the poverty line or in case of those already below the poverty line, deeper into poverty. The situation is even worse in Sub Saharan Africa and inequalities also exist within countries. The use of national averages can mask low levels of health service coverage for the disadvantaged categories.

In 2019, the United Nations General Assembly (UNGA) adopted a resolution that commits to, progressively cover one billion additional people with quality essential health services and quality, safe, affordable, and essential medicines, vaccines, diagnostics and health technologies by 2023, with a view to cover all people by 2030. These commitments to UHC present a unique opportunity to advance self-care now.

This situation has been worsened by the COVID-019 pandemic. Containment measures taken by the governments across the world have negatively affected access to health facilities for the most vulnerable groups. While self-care is not a new concept, it has received greater attention during the COVID pandemic as an innovative approach to reduce pressure on the strained health systems. To respond to this, the World Health Organisation developed guidelines for self-care during the pandemic.

At the continental level, the Sexual and reproductive health and rights situation continues to be a challenge. For example, the unmet need for Family Planning remains too high with more than 47 million women in Africa who are willing to stop or delay child bearing but are not using any form of contraceptive with sub-Saharan Africa having the highest unmet need¹⁶. In

13. Center for Health, Human rights and Development: Stakeholder Mapping and Analysis Report on Selfcare in Uganda, 2021.

14. World Health Organization: World Health Statistics, 2021, Monitoring Health of SDGs.

15. World Bank and WHO. Tracking Universal Health Coverage: 2017 Global Monitoring Report.

16. Jumaine Gahungu et al. The unmet needs for modern family planning methods among postpartum women in sub-Saharan Africa: A systematic review of the literature.

this context, innovative approaches including self-care interventions are needed to maintain continuity of care and assure women, girls and others of access to the services.

At national level, Uganda has a relatively robust legal and policy context to enable it to deliver on healthy rights. Key among these are: The Constitution of the Republic of Uganda (1995), the Public Health Act and regulations thereunder, National Health Policy (1999); National AIDS Policy (2003); Reproductive Health Policy (2001); Family Planning Costed Implementation Plan (2015-2020); Gender Policy (2007); Uganda National Expanded Program on Immunization (UNEPI); the National self-care guidelines for SRHR,2020; The Standards and Guidelines on Reducing Morbidity and Mortality from Unsafe Abortion in Uganda (S&Gs) and the National Development Plan III that commits to ensure healthy lives and promote well-being for all age groups. While Uganda has a robust legal framework governing health.

Proportionally, in Uganda the population of adolescents/ young people is high¹⁷. There are several risk behaviours affecting adolescent health – early pregnancy, unwanted pregnancy, exposure to tobacco, alcohol and substance abuse, risky and rash behaviour pre-disposing people to injuries and violence; early initiation of sex; unsafe sex. Self-care therefore offers unique opportunities for health promotion, disease prevention and for staying healthy.

Uganda through the relevant Ministry of Health opted for a two-pronged approach of contextualizing the WHO's Consolidated Guideline on Self-Care Interventions for Health so as to develop the **National Guideline for Self-Care Interventions for SRHR**. Uganda is one of those countries that has progressed in adopting of the WHO guidelines and contextualizing these to our context. These approaches under taken by the Ministry include the **Guideline Development Stage** – This involved formation of the Self-Care Expert Group (SCEG) and draft national self-care guidelines (August 2020 – January 2021); and we are still at this stage and **Implementation Stage** which is aimed at implementing the guideline within the existing healthcare system, collate learnings and update and finalize guideline for approval and launch (February 2021 - December 2021).

4.0 STRENGTHS, WEAKNESS, OPPORTUNITIES AND THREATS

This section provides a framework for analysing SCTG-UG Strengths inherent to the organisation, organisational weaknesses, opportunities that the environment provides and threats the faced in the execution of the advocacy mandate.

17. National Population Council, State of Uganda Population Report 2018; Good Governance: A prerequisite to harness the Demographic Dividend for Sustainable Development

Strengths

The membership of the SCTG-UG and CEHURD have a strong working partnership with Key government Ministries, Departments, health care regulating entities, health workers associations and Agencies including the Ministry of Health, Uganda Medical and Dental Practitioners Council, Uganda Medical Association, Association of Gynaecologists of Uganda (AOGU). SCTG-UG will leverage on this to advance the agenda of the movement

SCTG-Uganda movement comprises membership with varied skill sets, areas of expertise and connections with powerful relations within the global health community. In terms of expertise, SCTG-UG comprises service providers, researchers, academia, donors, policy and professional associations. This mix in skills and expertise is important in ensuring successful advocacy.

SCTG conducted a legal and policy mapping which clearly demonstrated the gaps in policy and law . We also conducted a mapping of key stakeholders and this also exposed the knowledge and perception about SC among key stakeholders. This background knowledge is critical in planning and shaping the advocacy engagement.

Weaknesses

Limited knowledge about self-care: Selfcare is a relatively new concept in Uganda. A partners mapping conducted earlier indicated that a number of key stakeholders have limited knowledge about self-care. This poses a danger of opposition.

The Secretariat has limited manpower and resources to implement and coordinate all SCTG-UG activities country wide Without necessary Secretariat support, the SCTG-UG will not be able to successfully oversee and manage the full scope of the activities.

Opportunities

Political will from government demonstrated through the contextualisation of self-care in Uganda through development of national guidelines and development of national E health policy. The development of the

Threats

The narrowing civil society space is a threat to health rights advocacy. The narrowing space has potential of limiting available resources for advocacy yet advocacy is a resource intense undertaking.

SC guidelines provides an opportunity to exploit to deepen self-care.

Political will from government demonstrated through the contextualisation of self-care in Uganda through development of national guidelines and development of national E health policy. The development of the SC guidelines provides an opportunity to exploit to deepen self-care.

Government commitment to enhancing Primary Health Care as a means to achieving Universal Health Coverage. Uganda has made a number of commitments internationally that seek to promote Primary Health Care.

The COVID-19 pandemic provided a learning opportunity for Uganda as a country demonstrating the important role that SC can play in promoting Health.

Unfavourable legal and policy environment for self-care in both national laws and policies and regional and international instruments. Many of these are ambiguous about self –care.

5.0 SCTG-UG ADVOCACY GOAL, OBJECTIVES AND OUTCOMES

5.1 Goal of SCTG Advocacy Strategy

The Goal of this Advocacy strategy is to have “Selfcare institutionalised into Uganda’s national legal and policy framework and resourced”

5.2 Specific Objectives

1. To advocate for the institutionalization of self-care into national programming for sexual and reproductive health and rights through the establishment of enabling policy environment and resourcing.
2. To strengthen the national movement for self-care in the country through improved collaboration, networking capacity amongst all stakeholders working on self-care interventions
3. Strengthen accountability of the duty bearers in the roll out of Self-care across the country.

5.3 Key Outcomes of the Advocacy Strategy

1. Existence of a progressive legal framework including the strategies, policies and plans that promotes self-care with adequate resources to promote self-care
2. A coordinated diverse and influential self-care movement is mobilized around common goals and messaging to advance self-care.
3. Increased awareness for self-care among national and sub national self-care implementers, policy makers and mapped out potential opposition

6.0 KEY STAKEHOLDERS

A mapping exercise was conducted to establish the key stakeholders and their knowledge levels about Self-care. To be able to achieve the objective of the advocacy agenda, SCTG-UG will involve as many stakeholders as necessary in Advocacy processes and stakeholders will be categorised depending on what role they are anticipated to play and this will either be allies, opponents. Arising from the mapping, SCTG will maintain a stakeholder's matrix which will be updated from time to time. Some of the broad categories of the target audience envisaged under this strategy are elaborated below.

6.1 National Political leaders

At National Level, emphasis will be placed on Parliament, the executive and the legislature. Parliament is key for its oversight, budget appropriation and Legislative functions. At the Parliamentary Level, specific Committees (Health and Budget) and Parliamentary fora that are of relevance to the advocacy agenda will be engaged. Political heads of relevant ministries will also be engaged for their political oversight responsibility and policy agenda setting. The executive will be targeted for its executive functions including policy formulation, implementation and strategic direction function. The legislature will majorly be targeted for legislative function especially the relevance toward strategic litigation

6.2 Local Governments

To ensure that SC is spread across the country, deliberate action will be taken to reach out to local government political and technical leadership. These stakeholders are of specific importance because of the decentralised nature of Uganda's Health System. At the District level, we will reach out to the political leadership including the Sub County Chairpersons, District Chairperson, Local Government Councils and Committees of council, Health Unit Management Committees, secretaries for Health and the Village Health Teams. Local Governments (LG) are critical because they are responsible for implementation of decentralised services. In the exercise of their legislative functions, Local Governments are also responsible for formulation and implementation of Bye Laws and Ordinances within their areas of jurisdiction. Like Parliament, Local Government Councils are also responsible for oversight and budget formulation. Because of these key responsibilities we will actively engage Local Governments in Advocacy engagements.

6.3 Ministries, Departments and Agencies (MDAs)

In the implementation of this Advocacy strategy technical heads of Ministries, Departments and Agencies of government will be targeted. This category is responsible for policy origination and policy implementation. At national level, Permanent secretaries and technocrats at the responsible ministries will be targeted. At District level, Chief Administrative Officers and heads of Departments will be engaged. The government's policy and commitment are a prerequisite for promotion of self-care as an integral part of PHC on the national scale. Its promotion on a large scale has to be planned and implemented systematically.

6.4 Media

The movement will work closely with the media as a tool of both sensitisation but also for advocacy purposes at different levels. As part of ensuring regular contact with communities on matters relating to Self-Care, the media will be central. Media will be critical in amplifying the advocacy messages, sensitisation, experience sharing. To be able to interest the media and build their capacity in Self Care, we will provide support- both logistical and capacity building to enhance their knowledge of health and human rights. We will engage both local, national and international media houses. Through the media, we will influence key public discourse on specific issues through opinion columns, exposure visits for the media, outdoor broadcasts, press conferences, press releases among others.

6.5 Target communities

In the Spirit of Human Rights Based Approach, active involvement of local communities in their advocacy engagements both as a target but also as partners. This will involve the identification of key Self Care Advocacy Issues, sharing of experiences about SC and ensure their presence in key advocacy platforms. We cherish the principle of "Advocacy with" and will as such engage the beneficiaries of Advocacy in the entire cycle of Advocacy. Primary Health Care (PHC) encompasses four principles, key of which includes community participation. Self-care embraces community involvement as a key ingredient for its success. Building friendly relationships/trust with patients and listening to their experiences regarding self-care are important features of such learning.

6.6 Health care Professional and health care workers

To be effectively implemented, Self-Care needs active involvement of the health professionals and other health care workers including community care workers. The role of community health workers and community volunteers is crucial for people to implement self-care. Health information may need to be demystified to make self-care easily understood by all people. Not all available information is the right information for effective self-care, therefore it is the duty of health professionals to help people to be able to choose and select the right information in that situation.

6.7 Civil Society Organisations

CSO's are instrumental in the process of deepening Self Care. This will include, professional associations, Community based Organisation, Faith Based Organisations and regulatory bodies among others. They bring on board unique skill sets and knowledge to boost any advocacy engagement. SCTG-UG will seek the participation of different categories of CSOs including local and international partners, academia and those involved in generation of new knowledge.

6.8 Private sector

We acknowledge the important role that the private sector can play in promotion of Self-care. They are primary beneficiaries of a favourable legal and policy environment and are critical in Lobbying and advocacy processes. Advancement in information and communication technology (ICT), if properly harnessed, can also greatly contribute to efficiency and effectiveness of self-care promotion.

6.9 The Global Selfcare Movement

THE SCTG-UG taps into their knowledge and expertise in Self Care globally. This will be through exchange learnings, reliance on publications on best practices and engagement of learning conferences among others.

7.0 ADVOCACY STRATEGIES

7.1 Strategies

We will use a number of strategies in the course of the advocacy work for self-care. The choice of strategy will be dependent on suitability and ability to achieve the intended results. Similarly, to be able to achieve results, more than one advocacy strategy may need to be employed.

7.2 Documentation and Research

As indicated earlier, Self-Care is a new concept in Uganda and therefore documentation is key. It is imperative to conduct research on the extent of self-care practice in Uganda, basic facts on self-care, documentation and sharing of the best practices both within the country and beyond. Further, a number of researches and studies will be conducted to ensure that Advocacy engagements are based on scientific and evidence-based information.

The research may take the form of scientific research, assessments, reviews, baselines etc aimed at highlighting key challenges and trends among others. The reports will make clear recommendations based on evidence available to address specific issues raised by the research. To enhance credibility and ownership of the Advocacy engagement, SCTG-UG will seek to partner with Government agencies and reputable research institutions or firms for this purpose. From the research, simplified versions of the reports will be developed for easy reading and understanding by different categories of stakeholders, producing factsheets and other related IEC materials. To further maximise impact, dissemination meetings for

the findings of the research will be held. The dissemination meetings will involve relevant government Ministries, Departments and Agencies, Civil Society organisations, media and representatives of target communities. For research to achieve impact, we will put in place a robust follow up plan for the recommendations made with duty bearers and other stakeholders.

7.3 Stakeholder engagement

The movement will mobilise partners and stakeholders working in the area of self-care to actively participate in Advocacy Processes and engagements. In the mobilisation process, emphasis will be placed on ensuring participation of community beneficiaries and often marginalised/discriminated against sections of our community. These stakeholders will be at community, Local Government Level, National and International levels. At community Level, we will mobilise religious leaders, opinion leaders, local Government, medical professionals and community health care workers, Political and Technical leadership and target communities. At National Level we will engage with the Members of the various coalitions, professional bodies and other key stakeholders to spearhead advocacy. At International, we will mobilise local and international partners on share of best practices, learnings and sharing of available knowledge products on Self Care. The different stakeholders as seen in the stakeholder matrix will be engaged through different activities that will include but not limited to;

1. **Dialogue meetings:** Key to the implementation of this advocacy strategy will be dialogue as a means of engagement. We will organise and participate in various local, national and international platforms to advance the self-care agenda. Besides working through the Coalitions, we will partner with Academic institutions, national and international organisations and partner institutions. Emphasis will be placed on constructive dialogues with the Government with mutual respect. The dialogues will be designed to influence policies, laws, practices and budgetary allocations to address key development issues.
2. **Lobby and side meetings:** Lobbying meetings will be held with targeted duty bearers largely in the Ministries, Departments and Agencies to influence policy, law and actions in favour of the organisations target beneficiaries. The Lobby meetings will be both formal and informal. These will be critical for building political will and enhanced constructive partnerships. Lobby and side meetings will be held with Political and technical leadership both nationally and at local government level. To promote accountability in her Advocacy work, we will organise feedback meetings to transmit results of Advocacy engagements to partners especially the beneficiaries. This encourages ownership to future initiatives and credibility of process.
3. **Conduct Review Meetings:** We will conduct review meetings with key stakeholders to review the performance of self-care both in terms of policy but also practice, establish challenges and agreed on mechanisms for addressing the challenges. The review meeting at the local and health facility level will inform the national level engagements.

4. **National Conference on SC:** The conference will provide an opportunity for sharing best practices and key learnings on Self Care. The conference will determine the strategies/ approaches in enhancing self-care in the country, understand the drawbacks in existing policies and practices. The consultation will further determine the way forward in strengthening self-care in the country.
5. **Budget Advocacy:** One of the greatest challenges for Primary Health Care service delivery is limited resources and poor prioritisation during the budget process. We will mobilise partners and stakeholders to engage in the budget process at both national and local levels to advocate for increased resources for the promotion of Self-care. This will be advocated from the lowest level budget processes.

7.4 Media Engagements

We will creatively use the media to reach out to the target audience to ignite and shape discussion on key advocacy issues. Advancement in information and communication technology (ICT), if properly harnessed, can also greatly contribute to efficiency and effectiveness of self-care promotion. To successfully advocate for self-care, it is imperative to be able to communicate regularly with the public on the relevance and need for revitalization.

In making a choice on which media to use, reliance will be placed on the target audience, timing and listenership. The media will also be used to carry out the general sensitization of all stakeholders including the beneficiary community, decision makers etc. To leverage the benefits of media, the organisation will organise exposure visits for the media, provide platforms for engagement between the rights holders and Duty bearers. We will utilise the following media platforms.

- **Print media:** The print media which involves newspaper and magazines shall be used to produce newspaper articles, opinion pieces, mobilise for activities and popularize issues and research findings. Posters, leaflets, fact sheets, info-sheets and booklets with advocacy messages will be produced and distributed and displayed in public places.
- **Radio:** We will utilise radio for dissemination of findings of research, community sensitisation, feedback and seeking community opinions and experience with self-care. Emphasis will be placed on the use of Community radios for the sole purpose of compatibility with the target communities in terms of language of communication and accessibility.
- **Television:** This will be used to air out TV programmes, talk shows, people's parliament shows, and adverts to disseminate information, sensitize communities, and mobilize project beneficiaries and duty bearers to take action on specific Self Care advocacy issues. The different TV programmes and publications will be intended to ignite and shape public debate and opinion on different issues affecting the sector.

- **d). Social media:** As being one of the most recent communication channels, social media will also be used to relay information, mobilize stakeholders to the platform's activities, and disseminate information. To further the reach of social media, we will rally the support of social media influencers to shape social media discussions. WhatsApp, mass google groups mailing, twitter, Facebook etc. will be used to ease communication.

7.5 Collaboration and partnership:

We will organize and conduct networking and collaboration meetings with both state and non-state actors with organisation- local and international with the aim of promoting self-care. We will exploit spaces created by partners both in government and civil society to advance the self-care advocacy agenda. These spaces will include working groups, committees of government entities among others. The collaborative partnership will tap in the strength of both service providers and advocacy organisations

7.6 Community sensitizations and barazas

SCTG-UG will conduct community sensitisations in selected communities in Uganda to increase awareness about SC. This is based on the important role that communities play in promoting self-care. Community sensitisation will attract the participation of Village Health Teams, religious leaders, cultural leaders, health workers among others.

7.7 people's parliament

Peoples Parliament will be held to provide a platform for engagement between communities and duty bearers on matters that relate to Selfcare. This will provide an opportunity to communities to share best practices but also [provide an opportunity to hold key duty bearers accountable for commitments relating to promoting Self Care.

7.8 Sports, Music, dance and drama approaches

Music, sports, dance and drama will be used to promote the use of promote selfcare in the communities. These will be used not just as a mobilisation tool but also a means of passing information about self-care.

8.0 RESOURCING THE STRATEGY

The implementation of this Advocacy strategy is a collective responsibility of the SCTG-UG and is informed by the lessons learnt from previous engagements and emerging issues. To facilitate the implementation of the Advocacy Strategy, SCTG membership will mobilise resources through their programs to implement key SC advocacy interventions.

9.0 IMPLEMENTATION FRAMEWORK

The overall implementation of this strategy rests on the entire membership of the SCTG-UG. Each member will take personal responsibility in terms of planning and implementation to ensure that the objectives of this advocacy strategy are achieved while remaining accountable to the entire members. This will specifically be important for the documentation, monitoring and evaluation of this Advocacy Strategy. The Implementation of this strategy will however be coordinated by the Secretariat. The Secretariat will rely on the membership to carry out advocacy activities including outreach, engagement, communications, and sharing advocacy messages. The SCTG Secretariat will oversee these activities but does not have the capacity to implement all activities on its own.

Advocacy Technical Working Group will be created and constituted by the membership to oversee the day to day implementation of this strategy.

10.0 MONITORING AND EVALUATION

To ensure that members are able to establish the progress being made in the implementation of this strategy, continuous monitoring will be conducted. The Secretariat will lead and support the partners in the monitoring and evaluation of this Advocacy strategy and plans established hereunder. An M&E framework will be put in place to enable the SCTG monitor and continuously improve the Advocacy for a favourable environment for SC. The framework will enable SCTG-UG and partners to assess performance of projects and programmes that the organisation will implement in the fulfilment of this strategic plan.

SCTG-UG will develop key performance indicators (KPIs) to help in measuring progress of implementation and achievement of results (outputs, outcomes and impact). This shall also include setting performance targets and milestones.

Progress reports will be generated by member organisations implementing the SC advocacy activity and follow the general organisation reporting processes. Where circumstances warrant, the reports shall be shared with partners and other stakeholders through email and meetings.

Advocacy Issue	Strategy	Stakeholders	Core Message	Target Audience	Organisational Consideration	Activity	Materials Needed	M&E
Limited knowledge about SC	<p>Documentation of SC: Knowledge and Practices, policy and operational studies for strengthening SC</p> <p>Conduct exchange learnings to learn and adopt best practices in the promotion of SC</p> <p>Conduct media engagements targeting the commu-</p>	<p>Allies: PATH</p> <p>World Health Organization</p> <p>UNFPA</p> <p>Members of Parliament from the HIV/AIDS Committee</p> <p>Members of Parliament from the Health Committee</p> <p>Health In charges in various districts</p> <p>Ministry of</p>	Scaling up SC is key for the realisation of UHC	<p>Primary Targets: Ministry of Health, Department of Health Promotion, Education and Health Communication</p> <p>Health workers at district level</p> <p>Civil Society Organisation</p> <p>Legislators</p> <p>Media</p>	<p>Strengths: Strong working relationship with Ministries of health and Education.</p> <p>CEHURD has a running memorandum of understand with Uganda Medical Association Member organisations has strong grassroots presence through the community Health Advocates</p>	<p>Host a message aligning workshop with partners</p> <p>Conduct media engagement to popularise SC</p> <p>Develop information packs for key allies</p> <p>Conducted sensitisation workshops for key decision makers</p> <p>Conduct awareness sessions for</p>	<p>Position paper on SC</p> <p>Factsheets on SC</p> <p>IEC materials on SC</p> <p>Opinion pieces in national media</p>	<p>Long Term: Increase knowledge and acceptance of SC among key stakeholders</p> <p>Short term: # Of IEC materials developed and distributed</p> <p># Of sensitisation sessions conducted</p> <p># Of media engagements conducted</p>

	<p>nity on the relevance of SC and strengthen understanding of the benefits of SC</p>	<p>Health-Department of Pharmacy.</p> <p>Ministry of Health, Department of Health Promotion, Education and Health Communication</p> <p>National Drug Authority Uganda Family Planning Consortium</p> <p>Uganda Key Population Consortium</p> <p>Communities</p> <p>Media</p>			<p>Opportunities:</p> <p>Uganda's commitment to achieving Universal health coverage.</p> <p>The responsiveness of the Ministry of health to new ideas</p> <p>The adoption of the SC Guidelines by Uganda</p> <p>Weaknesses:</p>	<p>key groups at District level</p> <p>Community minded campaign to promote self-care literacy</p> <p>Engage in communications campaign to demonstrate positive impact of self-care</p> <p>Map Health reporters and orient them on Self Care</p>		<p># Of health reported identified and trained on SC</p>
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		Anticipated Opponents Medical Workers/ Health service providers						
Limited funding for selfcare	Lobby Meetings Media engagements Documentation Work with advocates to mobilise equitable and sustainable development funding for self-care	Ministry of Health The Ministry of Finance Parliamentary committee on Health Budget committee of Parliament Health Unit Management Committees International donor community	Increased financing for Self-Care interventions is critical for the promotion of Primary Health Care Sustainable development financing for health is important for achieving national self-care commitments	Ministry of Health The Ministry of Finance Parliamentary committee on Health Budget committee of Parliament World Health Organisation UNFPA International donor agencies		Participate in national level Advocacy for increase funding Selfcare Engage with donor agencies and philanthropic organizations to educate them about the importance of self-care in meeting global goals. Work with advocates to mobilize equitable and	Budget analysis Position papers Leaflets Opinion pieces	Increased financing for Selfcare related financing # of media engagement articles advocating for increased funding for SC #of engagements with parliamentary committees

		Ministry of Health-Department of Pharmacy. UNFPA WHO Local Civil Society Organizations engaged in Health Financing				sustainable development funding for self-care. Coordinate efforts to work with members and donors to increase support for self-care approaches.		
Advocate for an enabling policy and legislative framework for self-care	Lobby Meetings with key duty bearers Media engagement Community level engagement	Ministry of Health World Health Organization United Nations Population Fund Health Committee of Parliament	Include Self Care in PHC and UHC strategies policies and plans	Ministry of Health Health Committee of Parliament National Medical Stores National Drug Authority		Coordinate, collaborate, and engage with duty bearers and strategic advocacy partners to ensure self-care is represented in their advocacy agendas and in major advocacy	Position paper on SC Factsheets on SC IEC materials on SC Opinion pieces in national media Info-sheets	# of policy changes that promote selfcare # of media engagements advocating for legal and policy environment promoting SC

	ments held	National Medical Stores National Drug Authority			opportunities. Engage with technical experts, global bodies, and global decision makers in UHC and PHC to advocate for self-care to be explicitly mentioned in global strategies, technical plans, guidelines, or documents on UHC and/or PHC. Advocate at the highest level for the adoption of UHC resolutions, policies, and global strategies to include specific language related to	# of Lobby meetings conducted # Of community engagements held
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						supporting and advancing evidence-based self-care products and approaches.		
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