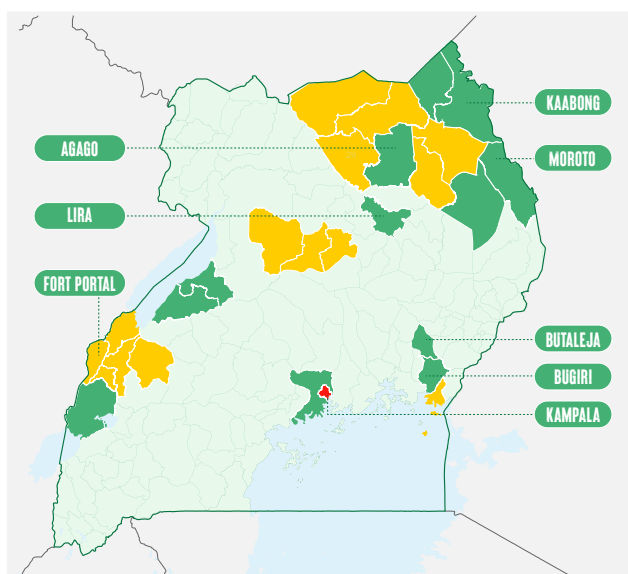


GOAL UGANDA RESILIENT HEALTH

GOAL Uganda has been operational since 1979 and currently has a head office in Kampala, six field offices and a team of approximately 120 personnel. We implement programmes that build community resilience and support socio-economic development with a focus on strengthening Health, WASH and Agricultural market systems.

GOAL Uganda's current health strategy has evolved based on the learning from our health programming since 2014, evidence from a detailed context analysis of the Reproductive, Maternal, Newborn, Child Health and Nutrition (RMNCHN) system in Uganda in 2022, along with evidence from nutrition research conducted with Tufts University. The strategy is aligned with goal 2 of GOAL's Global Strategy, People Have Resilient Health. ([GOAL's Strategy 2025>>](#))



Health Programme Evolution

From 2014 to 2018 DFID funded GOAL Uganda's Accountability Can Transform (ACT) Health project to test at scale the World Bank funded social accountability project - [Power to the People](#). ACT Health was a governance programme for the health sector that aimed to increase the responsibility of the community, the responsiveness of the health providers and the relationship between them. In Phase I GOAL, with local partners, replicated the original study at scale across 281 government health facilities in 18 districts with an [RCT](#), while Phase II focused on providing citizens with negotiation skills to advocate with district and national level providers on the continued gaps in providing quality health care using [People Centred Advocacy \(PCA\)](#) approach.

The RCT provided evidence of improvement in treatment quality and patient satisfaction however the exclusion of district health providers in the original design prevented bottom up accountability, as communities could not advocate beyond the local level for change. This was addressed in Phase II, which proved the untapped potential in the role community members can play in providing duty-bearers with up-to-date information that can cause change in how services are delivered at local level.

Based on the learnings from the DFID project, in 2019 GOAL Uganda designed the ACT Health Forward project and tested the combined effect of demand side and supply side engagements with social behavior change communication interventions. An external evaluation of this project in 2022 indicated that overall, the project had initiated changes in health-seeking behaviour and improved quality and delivery of RMNCH services in Agago district.



OUR AREAS OF EXPERTISE



GOAL Uganda's health and nutrition portfolio works with health services and the communities they serve to bring about systemic changes in the quality, accessibility, and utilisation of health and nutrition services - with a particular focus on reproductive, maternal, newborn, and child health and nutrition. Bringing about this change requires intervention at household, community and health service levels and GOAL uses three integrated approaches:

1 Social & Behaviour Change (SBC): Increased capacity of communities to take positive steps to improve their own health.

GOAL uses evidence-based approaches to support individuals and communities to have the aptitude (knowledge, skills and self-efficacy) to overcome the barriers to adopting and sustaining positive individual behaviours and influence social change that has long lasting impact on health outcomes. GOAL utilises a combination of interpersonal communication through community-centred and peer education behaviour change approaches coupled with multi-media messaging.

GOAL's **Nutrition Impact through Positive Practices (NIPP)**, approach is a interpersonal approach that aims to tackle the underlying causes of malnutrition, with the potential to both cure and prevent child malnutrition and improve maternal, infant and overall household nutrition. The approach uses groups (NIPP circles) led by trained community volunteers that meet 2-3 times per week for 12

weeks to provide the knowledge and skills to both female and male caregivers from each household. The NIPP approach has been found to be effective at managing acute malnutrition in both children under the age of five and pregnant and lactating women. Findings from M&E data across five of GOAL's countries indicates that 94% of children under five and 68% of pregnant and lactating women in NIPP circles who began their journey with moderate acute malnutrition (MAM) graduated non-MAM. In collaboration with Tufts University, CIMMYT and Cornell, GOAL Uganda implemented a recent cluster-randomized trial aimed to test and compare the impact of GOAL's NIPP approach, against a NIPP+ approach in 1,200 households across five sub-counties in Agago District.

Community Conversations is a gender transformative approach that provides a platform where a cross -section of the community, including leaders, woman and men can discuss and address the social and gender norms that are barriers to woman and children accessing health care and prevent woman and families adopting positive health behaviours such as family planning. CC can empower women to participate in influencing healthcare service delivery in their communities to bring about equity and equality at community and household level. A 2019 GOAL Uganda study showed that the number of households where woman had equal say in household decision making increased from 40% to 71% and the number of pregnant woman who had increased nutritional intake during pregnancy increased by 25%.



2 Building Health System Resilience - District and Health Centre staff use resources effectively and provide quality care in line with Uganda's Minimum Health Care Package, even in times of shock/crisis:

GOAL Uganda facilitates health system strengthening of District Health Management Teams (DHMTs) and health facilities to enable improved quality of health and nutrition services, including strengthening supervision and maintenance of standards, skills training for healthcare staff, minor equipment improvements and facilitating discussions with district & sub county level Nutrition Coordination Committees (NCCs) on integration of nutrition services. This is complemented with the use of Citizen Report Cards to make publicly available the data on Health Centre performance to stimulate community and Health Centre identification of priorities, action planning and development of social contracts. Along with Interface Dialogues between Health Centres and their communities, the approach helps to strengthen trust and resolution of issues identified.

GOAL Uganda has key expertise in building health system resilience to shocks such as disease outbreaks e.g., Ebola Virus Disease (EVD), Cholera and COVID-19. GOAL offers capacity for emergency preparedness and response to disease outbreaks and public health emergencies, that aims to support MOH to prevent, prepare for and respond, while maintaining continuity of essential RMNCH and Nutrition services. Prevention focuses mainly on supporting positive health seeking and positive health, nutrition and WASH behaviours. Preparation includes disease surveillance and health information system strengthening, anticipatory action, emergency preparedness planning at district, health facility and community level and strengthening early warning systems. Key disease outbreak response capacity includes supporting MOH on risk communication

& community engagement (RCCE); strengthening infection prevention & control (IPC); and other actions depending on gaps in national/district emergency coordination and response pillars. In 2019 as part of EVD preparedness efforts, GOAL Uganda designed the IPC mentoring approach, for sustained behaviour change. GOAL supports MOH in rolling out the IPC standards to healthcare workers to prevent healthcare associated infections. The healthcare workers trained on IPC standards are then linked to the IPC mentoring approach.

Drawing on lessons learnt in Sierra Leone during the EVD epidemic and providing surge support to national RCCE departments during the COVID-19 pandemic, GOAL designed Social Mobilisation based on Research and Training (SMART). This is a systems approach to RCCE, which combines multi-channel and two-directional communication; Social mobilisation of leaders, traditional, religious, women's groups etc, with **Community Led Action (CLA)** to create a responsive and empowering community-centred system that can operate on a national and district scale, capable of rapidly identifying and appropriately responding to the changing face of outbreaks and epidemics. GOAL rolled out the SMART approach in three districts across Uganda in early 2020. Communities and small neighbourhood units were tasked with developing action plans, while health teams were trained in community engagement and social mobilisation. Real-time feedback loops were established using radio, and rumour trackers, while village health teams and district task forces were led through action reviews to improve their response and planning. As a result, 98% of the target population considered that they had access to clear and relevant messaging on COVID-19. The same approach was adapted for EVD response in 2022 in Rubaga and Makindye Divisions in Kampala and in Kyegegwa District.

3 Social Accountability - Positively influencing the responsiveness of providers, patient-centred quality of care, availability of resources, and service access.

GOAL Uganda's ACT Health project shows that when local communities are actively engaged in monitoring and assessing health services, those services will improve, fewer resources will be wasted, and utilization will increase. Building from this evidence, our social accountability approach using **People Centred Advocacy (PCA)**, aims to create a community-led accountability mechanism that pushes for transparency, participation and accountability for better health and nutrition service delivery. GOAL Uganda's People-Centered Advocacy "is a systematic process owned and led by those affected by an issue, using evidence to influence people with power at different levels to make sustainable change in practices, policies, laws, programs, services, social norms and values for the betterment of those affected by the issue". Citizens at district, sub district and national levels are empowered using the

PCA approach to demand services and influence institutional change processes in the health sector benefiting poor and vulnerable groups, especially women. A 2022 evaluation of the GOAL Uganda project indicated notable increase in the targeted communities' abilities to demand and hold their service providers accountable for delivery of quality RMNCHN services, for example, 85% of issues related to human resource gaps or understaffing across health facilities and issues of health worker absenteeism were resolved through district advocacy. The evaluation also found that utilisation of antenatal care had significantly increased from 28% to 65% for an average of four ANC visits. The uptake of family planning services improved among women aged 15-49 from 34% to 57%, and 94% of last deliveries were conducted at the Health Centres. In Sierra Leone, GOAL has adapted the PCA approach for youth centred advocacy for reproductive rights and respectful adolescent sexual and reproductive health (ASRH) services, contributing to reductions in adolescent pregnancy.

GOAL Uganda: Sustainable Water, Sanitation & Hygiene (WASH)

GOAL has been implementing WASH programmes in Uganda since 2003 with a focus on achieving sustainable impacts using a systems approach. GOAL provides safe water points, strengthens operation and maintenance (O&M) of these water points and promotes sanitation and hygiene in the community. Through the Sustainable Water, Sanitation and Hygiene Project (SWASH) funded by charity:water, GOAL has been able to reach out to the communities of Bugiri, Namayingo, Kaabong and Butaleja Districts. Our water supply efforts have driven up water access from approximately 15% to over 60% in Namayingo District and from 45% to over 90% in Bugiri District.

Using the Demand Responsive Approach (DRA), we integrate community led total sanitation with longer-term social behavioural change approaches, sanitation marketing and community savings to ensure a sustainable change in hygiene and sanitation practices. We are actively working to realise the transition from community-based management of water resources to a public utility model, piloting pre-payment systems and structures, and partnering with local businesses and government to build capacity and develop a sustainable structure for rural water operations and maintenance.

GOAL: Leader on Health Resilience for RMNCH and Family Planning

MOMENTUM Integrated Health Resilience [MIHR](#) is a USAID flagship global 5 year project working to enhance access, availability, quality, and the overall **resilience of maternal, newborn, and child health, family planning and reproductive health services** in Fragile and Conflict Affected Contexts including South Sudan, Sudan, Niger, Mali, DRC, Burkina Faso and Tanzania. GOAL is a member of the project implementation consortium which includes CORUS International (consortium lead), JSI and Pathfinder, with GOAL being the Leads on Health Resilience.

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