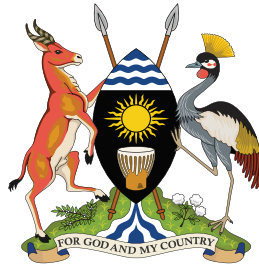THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

NATIONAL HEALTH COMMUNICATION STRATEGY

December 2021

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

NATIONAL HEALTH COMMUNICATION STRATEGY

December 2021

TABLE OF CONTENTS

PREFACE

Communication is a necessary component of any effort to achieve positive health outcomes. The Ministry of Health is mandated to provide accurate health information in a way that encourages audiences to take action, follow advice and guidance to achieve good health.

The purpose of the National Health Communication Strategy (NHCS) is to facilitate coordination and harmonization of health promotion and communication strategies across the Health Sector.

There are numerous disease and program specific communication strategies in the health sector, some originating from within the Ministry of Health and some developed or sponsored by other stakeholders including the ministry's government counterparts, development partners, and implementing organizations.

This strategy therefore, has been developed in an interactive and participatory manner involving all stakeholders in health and is a reference and guiding document for anyone undertaking health promotion or Social and Behaviour Change Communication (SBCC) in Uganda.

Having a harmonized communication strategy will help to address the quadruple burden of communicable diseases, non-communicable diseases, trauma related conditions and maternal and neonatal problems. Health communication catalyzes behavioral changes on a societal level; it galvanizes entire communities into action, prompting them to live a healthy lifestyle by taking the necessary measures to prevent disease and to protect, maintain and improve their own health, such as good nutrition, regular exercise, responsible sexual behavior, eschewing destructive behaviors such as cigarette smoking, drug abuse etc.

Hon. Dr. Jane Ruth Aceng Ocero (MP)

MINISTER

FOREWORD

Behavior change at individual and community levels can be complex to affect and measure. Using evidence-based health communication strategies and best practices can streamline and often improve behavior change initiatives for public health.

The ultimate aim of the National Health Communication Strategy is not only to reduce mortality and morbidity rates but also to build a nation of individuals who have the knowledge, skills and motivation to make healthy choices and strengthen the health and well-being of communities across the country.

Improving communication in healthcare will not only help to ensure the best level of care is provided to patients and clinical outcomes are improved, effective and efficient communication helps to drive down the cost of healthcare provision. Death due to preventable diseases in Uganda stands at 75% and this can be prevented through access to the right information. To avert this, there is need to develop communication strategies that enhance access to basic health information among the public for promotion of health and prevention of diseases at individual and community levels.

Health promotion through health literacy, empowers individual citizens and enables their engagement in collective actions that advance health.

Health communication is vital to public health programs that address disease prevention, health promotion, and quality of life. It can make important contributions to promoting and improving the health of individuals, communities, and society at large. In addition to increasing awareness about a health issue or solution, it can also shift social norms by influencing attitudes. For example, health communication campaigns have helped to reduce the stigma around HIV and AIDS, making it easier to convince people to get tested.

Therefore, the National Health Sector Communication strategy has been developed to ensure that the population is reached with essential information and skills to develop positive healthy behaviors.

Dr. Henry. G. Mwebesa

DIRECTOR GENERAL HEALTH SERVICES

ACKNOWLEDGMENT

The Ministry of Health (MoH) would like to thank all individuals and institutions that supported the development of the National Health Communication Strategy. Effective communication is key in ensuring integrated and better coordination of sector activities and linkages between various multi-sectoral players and levels of health care. The technical input from the various players will lead to better implementation of strategies geared towards prevention of diseases and promotion of good health among individuals in communities.

The development of this strategy was a highly interactive and consultative process and therefore, the MoH extends its gratitude to all those who participated in its development.

We would like to appreciate the Minister of Health and the Permanent Secretary for their visionary leadership of and for birthing this idea and ensuring it is developed and implemented.

The MoH acknowledges with gratitude the contribution and support from the REAL group, financial support provided by UNICEF, the technical guidance from WHO, technical support and guidance provided by SBCA, all other stakeholders and the technical teams from the Ministry that contributed to the development of this National Health Communication Strategy.

We hope this strategy will provide guidance to the MoH and all strategic partners in the improvement of communication within the health sector to empower the public to practice and adopt of the desired healthy behaviors.

Dr. Richard Kabanda

Ag. COMMISSIONER HEALTH SERVICES

HEALTH PROMOTION, EDUCATION & HEALTH COMMUNICATION

ACRONYMS

ACAO-Health	Assistant Chief Administrative Officer
ADHO	Assistant District Health Officer
ADHOMCH	Assistant District Health Officer-Maternal And Child Health
CAO	Chief Administrative Officer
CDC	Center For Disease Control
CHC	Communication For Healthy Communities
CHEWS	Community Health Extension Workers
CLA	Collaboration, Learning and Adaptation
CSO	Civil Society Organisations
DHE	District Health Educator
DHO	District Health Officer
HEPC	Health Promotion, Education And Strategic Communication Department
NHCH	National Health Communication Handbook
NHCP	National Health Communication Policy
HPAC	Health Policy Advisory Committee
HSD	Health Sub Districts
HSDP	Health Sector Development Plan
IEC	Information Education Communication
KPIs	Key Performance Indicators
LC5	Local Council 5 Chairman
M&E	Monitoring And Evaluation
MDA	Ministries, Departments, Agencies
MoES	Ministry Of Education And Sports
MoFPED	Ministry Of Finance, Planning And Economic Development
MoGLSD	Ministry Of Gender, Labour And Social Development
MoH	Ministry Of Health
MOLG	Ministry Of Local Government
MoPS	Ministry Of Public Service
NDA	National Drug Authority
NDP II	Second National Development Plan
NGO	Non-Governmental Organization
NHP II	Second National Health Policy
NMHCP	National Minimum Health Care Package
NMS	National Medical Stores
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Center
RDC,	Resident District Commissioner
SACCOs	Savings And Credit Cooperative Society
SBCA	Social Behavior Change Activity
SBCC	Social Behavior Change Communication
SMC	Senior Management Committee
SOP	Standard Operating Procedures
STMC	Senior Top Management Committee
SWAP	Sector Wide Approach

TMC	Top Management Committee
TOR	Terms Of Reference
TWG	Technical Working Group
UAC	Uganda Aids Commission
UBTS	Uganda Blood Transfusion Services
UCI	Uganda Cancer Institute
UHC	Universal Health Coverage
UHI	Uganda Heart Institute
UMDPC	Uganda Medical And Dental Practitioners Council
UNHCO	Uganda National Health Consumers' Organization
UNHRO	Uganda National Health Research Organization
UNICEF	United Nations Children Fund
UPHL	Uganda Public Health Laboratories
USAID	United States Agency For International Development
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
WHO	World Health Organization

EXECUTIVE SUMMARY

Better health is central to good quality of life and well-being. It contributes to economic progress, as healthy populations spend less on healthcare, enjoy longer lives and are more productive. Uganda however is facing a growing disease burden, with more than three quarters of this burden due to preventable causes.

The mandate of the Uganda Ministry of Health is to facilitate the attainment of a good standard of health for all people in Uganda. In this regard, the ministry put in place and has been implementing the Health Sector Development Plan (HSDP) 2015/16 - 2019/20. The HSDP provides the overall strategic and implementation framework for the Health sector and is aimed at contributing towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life.

 The Ministry of Health provides leadership and guidance for the health sector and works with other stakeholders including development and implementing partners to coordinate and implement health care service delivery in the country in line with the HSDP framework.

In order for the health sector to set aspirations in the within the HSDP, there is need to strengthen the national and local government health system including issues of governance, disease prevention, health education and promotion, provision of curative services, rehabilitation services, palliative services and health infrastructure development. This requires well-coordinated communication that will strengthen coordination of stakeholders and ensure a more guided and coordinated approach to health related issues, including emergencies and disease outbreaks.

The situation analysis of communication in the health sector identified weak coordination and limited collaboration among the players involved in delivery of health interventions, posing a challenge to achieving the HSDP objectives. The health communication strategy for the health sector is designed to address this challenge in order to improve the ministry's internal and external communication, with emphasis on issues related to social and behavior change for prevention of diseases and promotion of health.

The strategy is also designed to strengthen the ministry's leadership of the health sector in coordinating communication and collaborations by harmonizing all health communication related activities in the health sector in support of the HSDP. Effective communication is key in ensuring integrated and better coordination of sector activities and linkages between various multi-sectoral players and levels of health care.

The Communication Strategy for the Health Sector is therefore developed to guide the Ministry of Health in managing communication in the sector. The strategy focuses on providing guidance and tools for effective communication to enhance coordination and collaboration of stakeholders involved in to social and behavior change for prevention of diseases and promotion of health in the country.

In addition to the Communication Strategy for the Health Sector, the development of standard guidelines has been incorporated to guide the planning and implementation of health communication interventions related to social and behavior change for prevention of diseases and promotion of health. The guidelines are expected to improve coordination and streamline health communication service delivery in the country. The guidelines will provide a frame of reference for health communication practitioners to ensure a standardized approach and consistency in delivery of health communication services

The development of Uganda's Health Sector Communication Strategy is an initiative of the Ministry of Health with support from UNICEF. The strategy is aligned with key national and sector policies and strategies. It provides a communication framework and guidelines to streamline coordination of stakeholders to ensure effective delivery of integrated and systematic health services in the country.

Vision

A supportive environment to empower the population to make informed decisions about their health and adopt healthy behaviors.

Goal

To improve the delivery of health communication services and to enhance multi-sectoral coordination and collaboration for effective implementation of activities within the HSDP framework.

Objectives

1   To create an enabling environment for coordination among multi-sectoral stakeholders involved in health communication service delivery in line with the HSDP.

2   To improve the flow of information and collaboration among the key sectors and actors involved in the delivery of health communication services.

3   To provide supporting standard operating procedures and guidelines to streamline the coordination of planning and implementation of health communication activities.

Outcomes

1.   Improved flow of information and coordination of health communication in the sector.

2.   Improved collaboration in planning and implementation of health communication programs.

3.   Improved media relations and coverage of health issues.

4.   Improved health knowledge, attitudes, practices and behavior among all population groups.

5.   A functional knowledge management system for health communication established and maintained.

Strategic Interventions

To move towards a streamlined and well-coordinated delivery of integrated health communication services and to achieve the desired health outcomes, the Communication Strategy for the Health Sector addresses the following areas:

1.   Strengthening the coordination and implementation of health communication programs and interventions within the sector and across the country.

2.   Strengthening stakeholder engagement and multi-sectoral collaboration for effective delivery of integrated health communication services.

3.   Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the health sector and health related issues.

4.   Promoting behaviours that individuals in all life stages need to adopt to lead healthy lifestyles and productive lives.

5.   Establishing a comprehensive Health Communication Knowledge Management System to facilitate standardized reporting, information sharing, and access to learning and vital resources.

1. SITUATION ANALYSIS

1.1 Introduction

Uganda is facing a growing disease burden, which has placed constraints on the national health system and resources. More than three quarters of the disease burden is due to preventable causes. This burden of preventable communicable and non-communicable conditions negatively affects the country's productivity due to ill-health, disabilities and premature deaths.

The Health Sector Development Plan (HSDP) is the key Ministry of Health document that provides the guiding framework for the detailed planning and implementation of health sector activities. The HSDP was developed within the National Health Policy (NHP) and National Development Plan (NDP II) for the period 2015/16 – 2019/2020 and is aimed at contributing towards Universal Health Coverage with essential health and related services needed for promotion of a healthy and productive life.

The HSDP provides overall strategic direction for the stakeholders in health, together with outlining their expected roles and responsibilities in attaining this strategic agenda. It in addition lays down the implementation framework within which the stakeholders contribute towards improving the health of the population. Furthermore, the HSDP lays down the coordination mechanisms for the various stakeholders. The Ministry of Health in collaboration with all key stakeholders and health development partners collaborate in implementation of the HSDP.

1.2 Uganda's Health Sector

The health care system in Uganda is organized under a decentralized system with both the public and private sectors playing an important role in supporting delivery of health care services. Within the public sector, there exists multiple players including ministries of Health, Local Government, Defense, Internal Affairs, Gender, Labour and Social Development and other government agencies and departments which play a role in various aspects of health. At the top is the Ministry of Health, which provides overall stewardship of the health sector responsible for policy formulation and strategic guidance.

The main administrative levels for the health system are at the national (central government) level and at the district (and city) level (local governments). The ministry manages and supervises activities at the national, regional and district headquarters. The districts and local governments are responsible for coordinating all health care service delivery. The districts are further divided into health sub districts (HSDs), which is made up of health centres and village health teams. The HSD is the primary provider of Primary Health Care (PHC) in Uganda. PHC is delivered through a National Minimum Health Care Package (NMHCP) within the hierarchy of health facilities in the HSD.

The delivery of health care service is done by public, private-not-for-profit, and private-for-profit health care providers as well as traditional and complementary practitioners. The national and regional referral hospitals report to the central government while general hospitals and health centres (II—IV) report to the local governments.

In executing its mandate, the Ministry has delegated some functions to national autonomous institutions but support PHC service delivery including Uganda Blood Transfusion Services (UBTS), the National Medical Stores (NMS), Uganda Aids Commission (UAC); Uganda Cancer Institute (UCI); Uganda Heart Institute (UHI) and the Uganda Public Health Laboratories (UPHL). Regulation of services in the health system is carried out by several bodies, including the professional councils, the National Drug Authority (NDA) and other bodies.

Research activities are handled by various research institutions and coordinated by the Uganda National Health Research Organisation (UNHRO). Development and implementing partners provide the ministry with financial and technical support in health care delivery programs

Uganda Health Care Service Delivery System
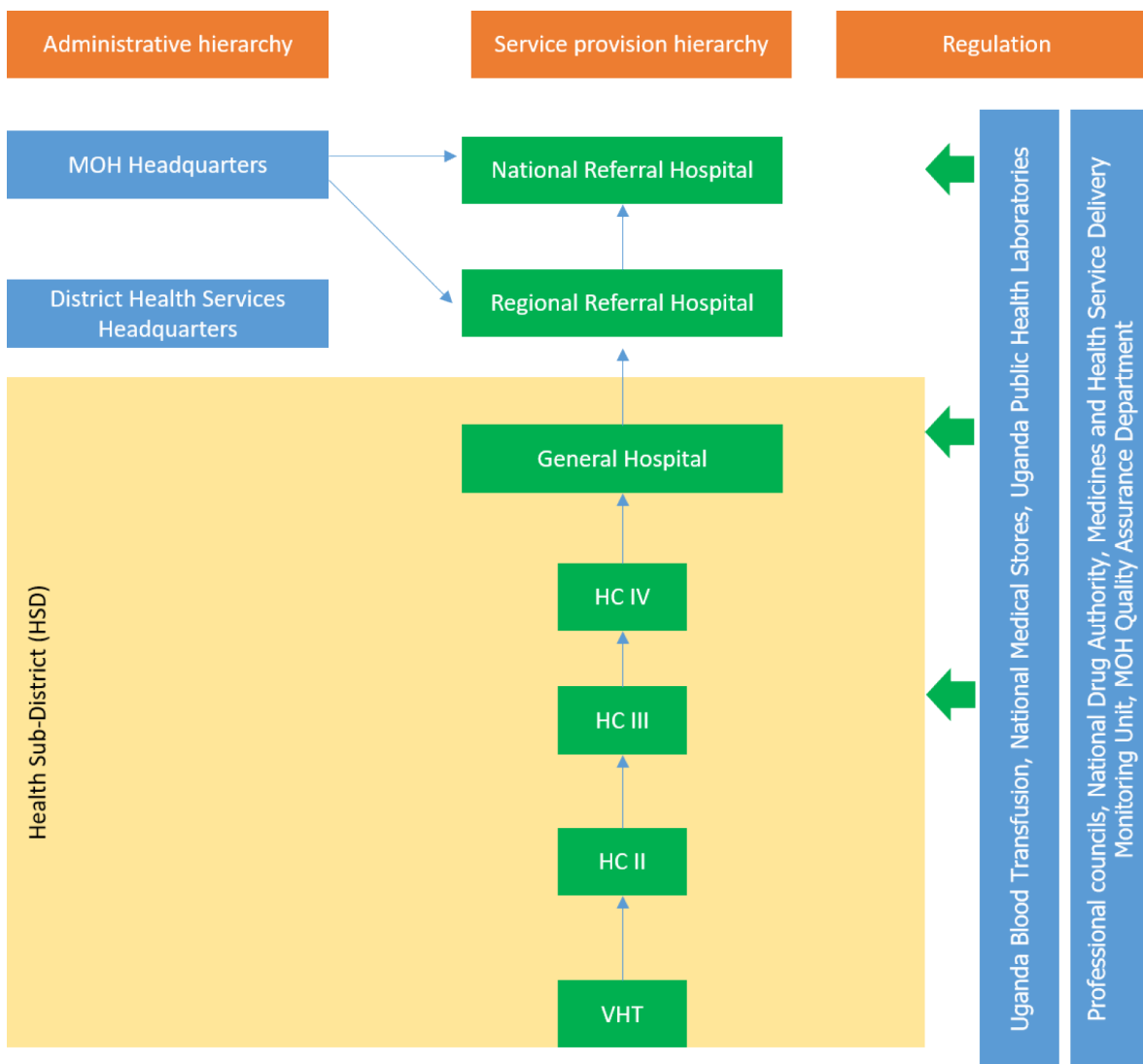
The Ministry of Health in collaboration with all key stakeholders and health development partners implement their activities guided by the Health Sector Development Plan (HSDP), a key document that provides the guiding framework for the detailed planning and implementation of health sector activities. The HSDP was developed and approved as the Health Sector planning framework within the National Health Policy and National Development Plan II for the period 2015/16 – 2019/2020. The HSDP provides the overall strategic and implementation framework for the Health sector and is aimed at contributing towards Universal Health Coverage and overall development goal of the country in regard to accelerating economic growth and transformation as the country moves towards middle income status. The overall goal of the HSDP is "to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life".

In order to achieve this, the HSDP addresses four major strategic objectives:

1) To provide inclusive and quality health care services through policy formulation and providing strategic direction, planning and coordination of health care provision in Uganda.

2) To address the key determinants of health through strengthening of inter-sectoral collaborations and partnerships.

3) To enhance the health sector competitiveness in the region and globally; and

4) To increase financial risk protection of households against impoverishment due to health expenditures.

Under each of the strategic objectives, broad interventions and programs to be implemented and their targets are set over the five-year period. The ministry of health collaboration with responsible MDAs, private sector, CSOs development partners, the community and other stakeholders in the sector implement the interventions prescribed in the HSDP needed to ensure good health for productivity of the people of Uganda.

1.3 Health promotion in Uganda

The Ministry of Health recognizes the importance of health promotion in achieving the aspirations set in HSDP. As a result, health promotion is regarded as a key component and fundamental aspect of the Primary Health Care (PHC) strategy that contributes to the delivery of universal health care in the country. Therefore, the ministry has placed special emphasis on addressing, within this communication strategy, the communication gaps in social and behavior change for prevention of diseases and promotion of health in the country. Health promotion in Uganda enjoys top-level government support and good political will with the president on the forefront of promoting the use of health promotion and disease prevention approaches to curb the high burden of preventable diseases in order to ensure a healthy and productive population.

Health promotion has over the years proven to be a viable tool for achieving national health objectives and is key in enabling people to increase control over their health and to make healthy choices. Despite the fact that health promotion has been fairly successful in combating the burden of diseases such as malaria, HIV/AIDs and various preventable diseases, the health care system is mainly focused on delivery of curative services. Without sustained focus on health promotion, the significant achievements in health indices achieved in areas such as infant, child and maternal mortality could be threatened by the growing burden of preventable non-communicable diseases and other emerging diseases.

Health promotion in Uganda is spearheaded by the Ministry of Health, with support from several partners working at national and local levels and is often delivered as a planned set of activities within the design of an intervention, a project or a program. The ministry's Health Promotion, Education and Strategic Communication Department (HEPC) is the focal point for coordinating stakeholders in the planning and implementation of health promotion programs in the country. This department coordinates multi-sectoral players including partners and focal persons at national and local level tasked with planning and implementation of health promotion interventions.

 Development and implementing partners provide the ministry with financial and technical support in the implementation of health promotion programs. In line with decentralization policy, the implementation

of health programs is coordinated through the Ministry of Local Government from the district through to the community level.

Health promotion is multi-sectoral in nature with more players in health than was the case before and many of them are to be found outside the health sector. Health promotion is an integrating platform to mobilize actors across sectors in addressing diverse factors that influence people's health. These factors commonly referred to as the "determinants of health," include biological, socioeconomic, environmental, and behavioral elements that exert either a positive or negative impact on people's health. Health promotion has proven to be effective in enhancing collaboration between different players in the implementation of comprehensive responses that simultaneously address the determinants of health within and outside the health domain.

1.4 Summary and Recommendations from the Situation Analysis

Summary

A Situation analysis was conducted prior to the development of the health sector communication strategy. The analysis identified weak coordination and collaboration of the players in the sector, which was attributed to communication gaps as the main challenge of coordinating the sector. Delivery of health interventions is multi-sectoral and complex in nature, involving a large number of players both at the national and local levels. Most of the players involved are largely independent, which poses a communication and coordination challenge for the Ministry of Health. This has often resulted in ineffective and inconsistent delivery of health communication interventions.

Despite the fact that the Ministry of Health plays the overall central role of spearheading the sector's programs, the mechanisms for coordinating and sharing communication and information are weak. This is complicated further by the fact that the coordination of health activities goes beyond the health sector as a many of the determinants of health lie outside the health sector. Coordination of health interventions therefore cuts across various ministries and sectors, including the private sector.

The coordination challenge is complicated further by the lack of guidelines and standards to guide delivery of health communication interventions. A number of partners have developed and implemented health programs using ad hoc frameworks and guidelines. This has led to coordination issues manifested in various ways including:

- Weak collaboration of partners in implementation of health communication interventions.

- Weak reporting linkages between the Ministry of Health at the national level and the Ministry of Local Government that delivers services at the local levels.

- Limited synergy of existing communication strategies and frameworks.

- Duplication of efforts due to uncoordinated strategies and plans.

- Irregular forums for feedback and information sharing.

- Poor visibility or awareness of health communication interventions implemented at local levels.

- Interventions implemented without the participation of local authorities.

- Limited information on which players are involved in health communication, in which locations, and the kind of interventions engaged in.

- Unauthorized use of Ministry of Health endorsement.

- Limited community participation in planning and evaluating health communication interventions.

1.4.1 SWOT Analysis

The situation identified several factors that contribute to the strength and weakness in the delivery of health communication and promotion in the country as well as elements that present opportunities and threats to successful coordination of the sector. These are highlighted in the table below.

Strength	Weaknesses
- Strong functional MoH structure and senior-level leadership and support - HSDP and other multi-year plans and relevant strategies exist. - Existence of department of HEPC dedicated to coordinating the health sectors interventions - Availability of health information systems for reliable information database on health and its determinants - Allocation of health promotion funds in the PHC package - Engagement of communication focal persons in high disease burden areas	- Prioritization of curative over health promotion - Inadequate resource allocation - Poor participation or involvement of communities - Lack of framework or guidelines governing health promotion interventions - Lack of KPIs for health promotion - Inadequate mechanisms and irregular forums for feedback and information sharing - Weak reporting linkage between MOH and District Local Governments - Programme based interventions - Poor inter sectoral coordination - Limited staff capacity to implement health promotion programs - Lack of a standard reporting system for health promotion

Opportunities

- Top-level government ownership and leadership
- Support and commitment from development and implementing partners
- Application of international experience and good practice
- Decentralized service delivery allows decision-making to be close to the communities, providing an opportunity for participation at this level.
- Multi-sectoral cooperation strengthened during Covid-19 interventions

Threats

- Budget reduction and instability in financing health promotion
- Limited appreciation of health promotion by the public
- Diverse interests of partners
- Lack of a culture of information hoarding – lack of transparency
- Poor perception and attitudes toward health promotion
- Demoralized health educators
- Narrow approach to health promotion – mainly focused on health education and over emphasis on IEC tools and strategies
- Limited synergy of existing communication strategies and frameworks
- Limited collaboration between stakeholders.
- Limited incomes (resources)
- Limited male participation
- Limited participation of urban population
- Poor visibility of MOH in health promotion
- Conflicting messaging from leaders

1.4.2   Recommendations on strategic interventions

a) Establish mechanisms to strengthen the coordination and implementation of health communication programs and interventions in the health sector.

Strong leadership by the Ministry of Health is key in coordinating communication and collaborations in the health sector as well as in streamlining health communication interventions in implementing the HSDP. In order for the Ministry to strengthen its stewardship of the sector and effectively execute its mandate and achieve the aspirations set in HSDP, there is need to put in place mechanisms to improve coordination as well as the ministry's communication with its internal and external audiences.

Effective coordination is key in strengthening multi-sectoral collaborations and partnerships involved in health communication interventions, and consequently effective planning and implementation of these programs. These mechanisms are expected to improve coordination of health communication as well as information flow in the sector.

In particular, a multi-sectoral Health Communication Technical Working Group (HC TWG) has been proposed to assume the functions of, and replace, the current Behavior Change Communication Working Group (BCC WG). The HC TWG will incorporate the membership and mandate of the BCC WG as both may be modified in line with the objectives of this strategy.

b) Establish mechanisms to strengthen stakeholder engagement and multi-sectoral collaboration to ensure effective delivery of integrated health communication services.

In order to enhance coordination and strengthen collaborations of multi-sectoral involved in health communication interventions, there is need to put in place mechanisms for the ministry to regularly engage the stakeholders in the sector.

These mechanisms will ensure that there is good flow of information in the sector which addresses the gaps identified in relation to weak information sharing and feedback. Through stakeholder engagement, the ministry will be well informed of all stakeholder activities in health communication and be in a position to mobilize the stakeholders to ensure harmonization and synergies in the interventions.

The stakeholder engagement mechanisms should be designed to enhance multi-sectoral collaborations in planning and implementation of health communication programs

c) Building strong relations with the media and proactively engage journalists to effectively report on the health sector

The media plays a critical role in health communication especially in shaping public opinions. There is need to strengthen partnerships with the media by ensuring mechanisms where the media can regularly access information in order to competently and accurately report on health related issues and stories.

It is expected that improved media relations and coverage of health issues will create an enabling environment for large-scale social and behaviour change for prevention of diseases and promotion of health.

d) Develop interventions to promote adoption of healthy behaviours and lifestyles to ensure individuals lead healthy and productive lives

The vision of the health sector is to see a healthy and productive population that contributes to economic growth and national development. Health communication plays a significant role in achieving this vision with interventions aimed at empowering individuals and communities to take responsibility and control of their own actions in relation to their health. Interventions should be put in place to enhance changes in knowledge, attitudes and practices and pproactively educate the population about healthy behaviours, lifestyle choices and access to health care in order lead healthy lifestyles and productive live.

e) Establish a comprehensive Health Communication Knowledge Management System to facilitate standardized reporting and information sharing.

As established from the situation analysis there is a lack of standardized reporting and guidelines as well as a lack of performance indicators for health communication interventions. This has resulted in poor feedback especially in sharing learning among the stakeholders. Knowledge management and documentation of health communication best practices and lessons learnt is key in enriching planning and implementation of health communication in the country.

This system will help the Ministry and other stakeholders in being informed of all health communication interventions, the partners involved, communication tools and materials used and any other relevant information. The system will serve as a common access depository for health communication information which is expected to contribute to streamlining and coordinating health communication activities in the sector

f) Establish guidelines and standard operating procedures for delivery of health communication interventions.

The guidelines will be key in addressing inconsistencies in delivery of health communication interventions, a key component of universal health care strategy. The standard guidelines will improve coordination and help streamline planning and implementation of health communication interventions. The guidelines will provide a frame of reference for health communication practitioners to ensure a standardized approach and consistency in delivery of health communication.

1.4.3 Recommendations on enabling mechanisms

Additional challenges identified that hinder effective planning and implementation of health communication interventions included inadequacies in human and financial resource capacities. In addition to establishing mechanisms to improve the ministry's communication in the sector, the following need to be addressed to ensure improvement in health sector communication.

a) **Establish mechanisms to strengthening human resource capacity in managing health communication.**

Capacity strengthening of human resource involved health communication is crucial to the successful implementation of the interventions. There is need for re-orientation and training health service providers in appropriate skills to enhance the implementation of health communication interventions that address the high burden of preventable diseases. A national audit of human resources should be conducted to identify gaps and to provide recommendations for capacity building.

A review of the job descriptions of those involved in health education is needed to give a broader perceptive of health communication interventions. There is also need to review and realign the health communication structures at both national and local levels to ensure effective coordination of health communication interventions.

Mechanisms should also be put in place to strengthen capacity in research, monitoring and evaluation to enhance delivery of evidence-based interventions. Systems should be put in place to standardize routine monitoring of health interventions and expansion evidence-based best practices.

b) **Establish mechanisms to enhance efficient use of financial resources for health communication interventions.**

To ensure that the allocated resources in PHC package for health promotion are well utilized, there is need to put in place guidelines for their utilization and continuous evaluation to establish what works (best practices). Reporting mechanisms should be strengthened to ensure that the allocated funds are used for the intended purposes.

1.4.4 Recommendations on harmonisation

There are numerous disease- and program-specific communication strategies in the health sector, some originating from within the MoH and some developed or sponsored by other stakeholders including the ministry's government counterparts, development partners, and implementing organizations. These include:

- Nutrition Advocacy and Communication Strategy II and Action Plan 2020-2025
- National Risk Communication and Community Engagement Strategy- COVID-19
- National Family Planning Advocacy Strategy and Costed Implementation Plan (2020/21-2024/25)

- EPI Communication Guidelines for Promotion of Routine Immunisation (2019-2023)

- National Human Papillomavirus Vaccination Communication Strategy (2019-2022)

- National Communication and Advocacy Strategy for Integrated Early Childhood Development (2017/18-2020/21)

- National One Health Risk Communication Strategy (June 2020)

- Nutrition Advocacy and Communication Strategy II and Action Plan 2020-2025 (July 2020)

- The Multi-Sectoral Communication for Development Strategy for Adolescent Girls (2017)

- National Human Papillomavirus Vaccination Communication Strategy (2019-2022)

The Health Sector Communication Strategy (HSCS) provides a mechanism for coordination as well as collaboration, learning, and adaptation (CLA) across all these strategies and among the stakeholders responsible for their implementation. Presently, there is no formal mechanism for a structured process of sharing information, comparing notes, harnessing each other's experiences, and peer learning about best practices in strategy development, implementation, and evaluation.

In addition, there is no common foundational framework that guides implementers and stakeholders in planning and designing health communication programmes (including specific strategies and interventions) in response to the MOH policies, plans, and strategies for the health sector and how health communication fits into the overall picture. Without clear and consistent policy direction on how health communication is to be approached, planned, implemented, and evaluated, opportunities to create synergies for stronger intervention-based results, better program-specific outcomes, and greater cumulative impacts on the national level are never realized.

The HSCS is therefore intended to address the two gaps identified in terms of CLA and policy direction. In response to these particular gaps the strategy proposes, among other interventions such as the HC TWG, the formulation of a National Health Communication Policy (NHCP) to provide the necessary policy direction and the development of a National Health Communication Handbook (NHCH) under Strategic Intervention 1.

The NHCP will distill, interpret, and articulate the health communication implications in the provisions of the various national health sector policies, plans, strategies, and guidelines listed below, among others, in order to come up with the overarching principles and policy direction for health communication in Uganda:

- Health Sector Development Plan 2015/16 - 2019/20

- National Health Policy

- Local Government Planning Guidelines for the Health Sector 2019

- Community Health Extension Workers National Strategy (2018- 2022)

- Uganda One Health Strategic Plan 2018-2022

- National Action Plan for Health Security 2019 – 2023

- National eHealth Policy November 2016

- Uganda National Tuberculosis and Leprosy Strategic Plan 2015/16 – 2019/20

- The Uganda Malaria Reduction Strategic Plan 2014-2020

- Presidential Initiative On Healthy Eating & Healthy Lifestyle

- National Policy for Disaster Preparedness and Management

The NHCH will serve as a decision maker's reference point, program implementer's guide, practitioner's resource, and stakeholder's introduction to what is on the ground. It will synthesize, summarize, and consolidate all health communication strategies into a single reference resource to facilitate CLA. For instance, users will refer to the handbook as a one-stop center for information about, and a bird's eye view of, the communication strategies being implemented in the health sector with regard to such specifics as:

- Disease, program or thematic area addressed

- Evidence based

- Stakeholder analysis undertaken

- Geographical coverage

- Audiences or populations targeted

- Channels and media used

- Interventions planned and/or implemented

- M&E approaches, tools, indicators and results

- Conceptual/theoretical underpinnings or models applied

- Sponsors or funders

- Funding sources and budgets

- Implementation timelines

- Key resource persons involved

2. COMMUNICATION STRATEGY

2.1 Scope of the Strategy

There is need for the Ministry of Health to improve communication to its internal and external audiences in order to enhance multi-sectoral collaborations in the implementation and the attainment of the objectives of the Health Sector Strategic Plan. The emphasis of this communication strategy is on interventions related to social and behavior change for prevention of diseases and promotion of health.

The Communication Strategy for the Health Sector is therefore designed to guide the Ministry of Health in managing communication in the sector. The strategy focuses on providing guidance and tools for effective communication to enhance coordination and collaboration of stakeholders involved in social and behavior change for prevention of diseases and promotion of health in the country.

This strategy directly supports the health sector vision of a healthy and productive population that contributes to socio-economic growth and national development by empowering Ugandans to take charge of their health. In so doing, the strategy therefore aims to keep the sector stakeholders well-informed, actively engaged and committed to achieving the health sector's goals in support of the realization of the HSDP objectives.

Vision

A supportive environment to empower the population to make informed decisions about their health and adopt healthy behaviors.

Goal

To improve the delivery of health communication services and to enhance multi-sectoral coordination and collaboration for effective implementation of activities within the HSDP framework.

Objectives

The strategy provides communication frameworks and guidelines aimed at improving the availability and flow of information, enhancing coordination in the delivery of health communication services, and enabling collaboration among multi-sectoral players at all levels.

1. To create an enabling environment for coordination among multi-sectoral stakeholders involved in health communication service delivery in line with the HSDP.

2. To improve the flow of information and collaboration among the key sectors and actors involved in the delivery of health communication services.

3. To provide supporting standard operating procedures and guidelines to streamline the coordination of planning and implementation of health communication activities.

2.2 Outcome and Strategic Interventions

To move towards a streamlined and well-coordinated delivery of integrated health communication services and to achieve the desired health outcomes, the Communication Strategy for the Health Sector addresses the following areas:

Outcome 1:	Improved flow of information and coordination of health communication in the sector.
Strategic Intervention 1:	Strengthening the coordination and implementation of health communication programs and interventions within the sector and across the country.

Delivery of health interventions is multi-sectoral and complex in nature, involving a large number of players both at the national and local levels. The presence of the determinants of health outside the health sector implies that the coordination of health sector activities cuts across various ministries and sectors. Effective coordination is key in strengthening multi-sectoral collaborations and partnerships involved in health communication interventions, and consequently effective planning and implementation of these programs.

Key issues to be addressed that emerged from the situation analysis were:

a) Limited collaboration and coordination of partners and stakeholders in implementation of health communication.

b) Inadequate coordination of health communication interventions.

c) Weak reporting linkages between Ministry of Health and Ministry of local government.

d) Limited synergy of existing communication strategies and frameworks.

Key strategic activities to strengthen the ministry's communication mechanisms to enhance coordination of the sector include:

- Strengthen leadership and coordination of health communication within the MOH and across the sector.

- Establish a multi-sectoral Health Communication Technical Working Group (HC-TWG).

- Develop consolidated standards and guidelines to facilitate the implementation of health communication programmes and interventions across the country.

- Enable the technical and professional staff of the MOH to participate more actively in the sector's public health communication outreach efforts.

- Create a mechanism for coordination between the HPEC Department and the Public Relations Office to harmonize public health communication plans, activities, and messaging.

Outcome 2:	Improved collaboration in planning and implementation of health communication programs.
Strategic Intervention 2:	Strengthening stakeholder engagement and multi-sectoral collaboration for effective delivery of integrated health communication services.

Mobilization of different partners and stakeholders providing health communication programs and different levels is key to ensure coordination and coherence, of programming that will support and drive the achievement of the health sector priorities. Through this strategy, mechanisms are provided to enhance collaboration in planning and implementation of health communication activities.

Key issues to be addressed that emerged from the situation analysis were:

a)   Weak feedback and information sharing mechanisms.

b)   Limited awareness of health communication interventions implemented at local level.

c)   Limited information on which players are involved in health communication intervention, in which locations and the kind of interventions engaged in.

d)   Limited synergy of existing communication strategies and frameworks.

Key strategic activities to strengthen stakeholder engagement and multi-sectoral collaboration include:

- Establish inter-sectoral collaboration mechanisms and linkages among counterpart ministries to foster effective implementation of health communication programmes at the national level and in the districts.

- Establish intra- and inter-sectoral stakeholder engagement mechanisms to enhance collaboration, learning and adaptation in health communication.

Outcome 3:	Improved media relations and coverage of health issues.
Strategic Intervention 3:	Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the health sector and health related issues.

Media coverage of the health sector is disproportionately negative creating the perception of a sector that is unresponsive to their needs and concerns of the public. This is mainly driven by the fact that media relations and interactions and mainly reactive, with the health communicators always finding themselves on the defensive as they respond to issues raised by the media. This situation is also partly a by-product of the lack of regular and accessible mechanisms for media to provide well informed new report. This strategy seeks to create forums where the ministry can proactively engage with the media

Key issues to be addressed that emerged from the situation analysis were:

a)   Negative media coverage of health sector

b)   Poor visibility of MOH in health communication

Key strategic activities to build constructive media relations include:

- Support journalists to efficiently access information so they can competently report on the health sector and issues.

- Advocate through the media to strengthen the enabling environment for large-scale social and behaviour change for prevention of diseases and promotion of health.

Outcome 4:	Improved health knowledge, attitudes, practices and behavior among all population groups.
Strategic Intervention 4:	Promoting behaviours that individuals in all life stages need to adopt to lead healthy lifestyles and productive lives.

The ultimate goal of health communication interventions is to empower individuals and communities to take responsibility and control of their own actions in relation to their health. The strategy seeks to enhance changes in knowledge, attitudes and practices and pproactively educate the population about healthy behaviours, lifestyle choices and access to health care in order lead healthy lifestyles and productive live.

Key issues to be addressed that emerged from the situation analysis were:

a)   Discrepancies in awareness and knowledge and practice of healthy behaviors.

b)   Limited community participation in health communication interventions.

Key strategic activities to promote healthy lifestyles include:

- Proactively educate the population about healthy behaviours, lifestyle choices and access to health care in order to lead healthy lifestyles and productive lives.

Outcome 5:	A functional knowledge management system for health communication established and maintained.
Strategic Intervention 5:	Establishing a comprehensive health communication knowledge management system to facilitate standardized reporting, information sharing, and access to learning and vital resources.

Knowledge management and documentation of health communication best practices, lessons learnt, success stories and important information to help in planning and implementation of health communication in the country. The situation analysis identified the need for standardize reporting of routine and program based health intervention to help provide feedback for ministry and other stakeholders and ensure that they are well informed of what is happening across the country including the type of intervention,

the partners involved, communication tools and materials used and any other relevant information. The system will also help in establishing key indicators for health communication that are currently lacking.

Key issues to be addressed that emerged from the situation analysis were:

a)   Lack of performance indicators and standard health communication reporting system.

b)   Lack of guidelines and standards to guide delivery of health communication interventions.

Key strategic activities for an integrated health communication knowledge management system include:

- Develop, roll out, and maintain a system (online and mobile) to serve as a common access depository for health communication.

2.3   Strategic Interventions

KEY ACTIONS	AUDIENCES	ACTIVITIES	TOOLS	INDICATORS
OUTCOME 1: Improved flow of information within the sector and coordination of health communication.				
STRATEGY 1: Strengthening the coordination and implementation of health communication programs and interventions within the sector and across the country.				
1.1 **Strengthen leadership and coordination of health communication within the MOH and across the sector.**	**Primary:** • HPEC Department • Public Relations Office • Senior Top Management • Top Management • Senior Management • Technical Working Groups • Heads of Department **Secondary:** • Hospitals and Health Facilities • Health Care Providers • Professional Councils and Associations • Research and Training Institutions • Health Development Partner	• Develop a National Health Communication Policy that sets out the government's vision, strategy, and priorities for health communication in line with the National Health Policy, National Health Sector Development Plan, and Health Sector Strategic Plan. • Designate health communication focal points to serve as the respective contact centres and spokespersons for all disease areas and health programmes within the structures of the MOH. • Position and integrate health communication as a cross-cutting function at all service delivery levels, in all health care settings, and across all sectors.	• Technical edition of the national health communication policy • Popular version of the national health communication policy • Quarterly health communication activity reports • Health communication roundtables	• National health communication policy developed and disseminated • Health communication focal points with assigned TOR appointed for all disease areas and health programmes • # of activity reports • Health communication mainstreamed • # of rapporteur reports

Strategic Action	Responsible	Activities	Outputs	Indicators
1.2 Establish a multi-sectoral Health Communication Technical Working Group (HC-TWG).	**Primary:** • HPEC Department **Secondary:** • Senior Top Management • Top Management • Senior Management • Heads of Department	• Provide technical leadership on all aspects of health communication as they relate to disease prevention, social and behaviour change, governance, coordination, and accountability.	• Health communication roundtables • Quarterly meetings	• Functional TWG in place • # of meetings held
		• Represent the interests of key players and stakeholders in health communication within the MOH, at all service delivery levels, in the various health care settings, and across the health and affiliated sectors.	• Health communication roundtables • Monthly health communication e-newsletter	• # of rapporteur reports • # of e-newsletters • # of e-newsletter recipients
		• Generate and share knowledge to foster and advance the use of research, evidence, data, and technical analysis to guide the practice of health communication.	• Policy briefs • Working papers	• # of policy briefs produced • # of working papers produced
		• Undertake collaborative learning reviews of health communication programmes.	• Learning workshops	• # of rapporteur reports • # of learning workshops
1.3 Develop consolidated standards and guidelines to facilitate the implementation of health communication programmes and interventions across the country.	**Primary:** • HPEC Department • Health Educators • Health Communication Focal Points **Secondary:** • MOH technical and professional staff	• Review and synthesize the various thematic and disease-specific health communication strategies and plans into a comprehensive and consolidated Health Communication Handbook of best practices for programme implementers in Uganda.	• Health Communication Handbook	• Health Communication Handbook in use • User ratings of the utility of the handbook
		• Conduct orientation and refresher learning events for health communication implementers.	• Learning workshops	• # of workshops conducted • Ratings of the utility of the workshops
		• Periodically review, repurpose, and update as necessary the various health communication strategies and plans to sustain their relevance and compliance with the national health communication policy and best practices.	• Biennial reviews of communication strategies • Expert reviews and reports	• # of reviews reports

Strategy	Responsible	Activities	Deliverables	Indicators
I.4 Enable the technical and professional staff of the MOH to participate more actively in the sector's public health communication outreach efforts.	**Primary:** • Technical and professional staff in the MOH and affiliated institutions	• Conduct periodical implementation appraisals of MOH approved health communication strategies and plans.	• Biennial appraisals of communication strategy implementation	• # of reviews reports
		• Train and coach the technical and professional staff in PR, public communication, and media engagement to equip and position them as health communication champions.	• Learning workshops • Health communication handbook	• # of staff trained • Participant ratings of the utility of the training
		• Prepare and provide guidance on PR, public communication and media engagement for health communication.	• PR, public communication, and media engagement guidelines	• PR guidelines developed and disseminated • User ratings of the utility of the guidelines
		• Generate and disseminate content by MOH technical and professional staff to communicate messages on topical issues of public health significance.	• Expert opinions, commentaries, and analysis • Newspaper articles • Blogs • TV and radio appearances • Podcasts • Short videos • Website • Digital flyers/posters	• Visibility of MOH technical and professional staff as thought leaders on public health issues • # of products disseminated
I.5 Create a mechanism for coordination between the HPEC Department and the Public Relations Office to harmonize public	**Primary:** • HPEC Department • Public Relations Office **Secondary:** • Health Communication Focal	• Collaborate to set the agenda for PR and health communication through joint planning and implementation of public activities.	• Regular updates on public health communication activities and issues • Jointly published e-newsletter • Joint public events • Joint media briefings	• # of e-newsletter published • Audience ratings of the newsletter • # of joint public and media activities carried out

health communication plans, activities, and messaging. Points		
Hold regularly scheduled interactions between the HPEC Dept. and the PR Office to share and harmonize plans, activities, and messaging on public health issues.	• Joint weekly meetings	• # of meetings held
Hold regularly scheduled interactions between the HPEC Department and MOH affiliated institutions and agencies to share and harmonize plans, activities and messaging on public health issues.	• Monthly meetings	• # of meetings held
Jointly develop communication plans to respond to any public health threat or crisis and coordinate the management of information with relevant actors and stakeholders at the local, national, and international levels in line with the relevant risk communication strategies and guidelines.	• Strategy meetings • Task Force meetings • Technical advisories and memos • Standard operating procedures • Work plans	• # of meetings held • Activity logs

OUTCOME 2: Improved collaboration in planning and implementation of health communication programs.

STRATEGY 2: Strengthening stakeholder engagement and multi-sectoral collaboration for effective delivery of integrated health communication services.

Objective	Stakeholders	Activities	Outputs	Indicators
2.1 Establish inter-ministry collaboration mechanisms and linkages among counterpart ministries to foster effective implementation of health communication programmes at the national level and in the districts.	**Primary:** • HEPC Department • Ministries of; • Finance, Planning and Economic Development • Public Service • Local Government • Education and Sports • Water and Environment • Agriculture, Animal Industries and Fisheries • Internal Affairs • Defense • Gender, Labour and Social Development • Works and Transport • Lands, Housing and Urban Development • Energy • Trade and Industry • ITC and National Guidance	• Collaborate with the MOH counterpart ministries to build and strengthen the practice and cross-cutting goals of health communication by leveraging the programmes of counterpart ministries and district local governments.	• Strategy meetings • Annual Conference on Health Promotion and Disease Prevention • Guidelines for approval of health communication strategies and activity plans; development and dissemination of IEC materials; • Health communication handbook • Health communication e-newsletter	• # of meetings held • # of conference participants • Participant ratings of the utility of the conference • Communication strategies/plans approved following the set guidelines • User ratings of the utility of the handbook • Audience ratings of the newsletter
		• Designate health communication focal points to serve as liaisons with the HPEC Department of MOH.	• Quarterly activity reports • Regular updates on issues with health communication implications	• Health communication focal point with assigned TOR appointed by each ministry • Information shared
		• Develop plans for implementation of health communication in key non-health sectors.	• Health communication plans for non-health sectors	• Plans developed • Plans implemented
		• Plan and implement joint health communication activities including joint support supervision to monitor and improve performance.	• Joint health communication work plans	• Joint work plans developed • Joint work plans implemented
		• Build and strengthen the capacity to embed and implement health communication interventions within the programmes of the counterpart ministries and district local governments.	• Health Communication Handbook • Learning workshops • Health communication roundtables • Policy briefs	• Health Communication Handbook, policy briefs, and working papers in use • User ratings of the utility of the handbook, policy briefs, and working papers

Strategic action	Primary stakeholders	Activities	Channels	Indicators
			• Working papers	• $ of workshops conducted • # and categories of participant • Participant ratings of the utility of the workshops
2.2 Establish intra- and inter-sectoral stakeholder engagement mechanisms to enhance collaboration, learning and adaptation in health communication.	**Primary:** • Non-Governmental Health Implementing Partners • Private Sector and Business Community • Cultural Institutions • Religious Institutions and Faith-Based Organisations	• Promote inter-sectoral collaboration to develop integrated and comprehensive health communication programmes.	• Memorandum of understanding (MOU) signed between the MOH and each counterpart ministry.	• # of MOUs signed • # of MOUs activated
		• Facilitate coordination in implementation of health communication programmes, including planning, monitoring and evaluation of interventions, generating and processing feedback, knowledge management, and information sharing.	• Health Communication TWG • Health communication focal points	• # of TWG meetings • Activity logs by HC focal points
		• Establish mechanisms for regular information sharing and feedback to enhance collaboration in implementation of health communication programmes. • Set up and operationalize an annual review of health communication programs	• Health communication roundtables	• Rapporteur reports • # of health communication review reports
		• Conduct a mapping and profiling of all partners implementing health communication activities at all levels across the country.	• Health communication e-profiling system	• Up-to-date database of health communication implementers • # of implementers profiled
		• Undertake research collaborations to promote evidence-based health communication interventions.	• Collaborative research forums	• # of research forums organised • # of research activities developed and implemented • # and categories of participants in research forums • Participant ratings of the utility of the research forums • Research output produced and disseminated

OUTCOME 3: Improved media relations and coverage of health issues.

STRATEGY 3: Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the health sector and health related issues.

	Target Audience	Activities		Indicators
3.1 Support journalists to efficiently access information so they can competently report on the health sector and issues.	**Primary:** • News Organisations and Platforms • Health Editors and Reporters • Bloggers • Social Media Influencers • Producers and Hosts of Health and/or Public Affairs Programmes on Radio and TV	• Produce a media kit containing assorted information products for journalists	• Media kit [policy briefs, factsheets, working papers, research reports, programme and project brochures, source contact lists/information, etc.]	• # of media kits produced and distributed • # of media personnel supplied with a kit • User ratings of the utility of the materials provided in the kit
		• Showcase success stories in health service delivery	• Guided tours of health communication intervention sites	• # of tours conducted per year • # of media personnel participating in the tours • Participant ratings of the utility of the tours
		• Provide regular updates about important issues and developments in the health sector.	• News conferences and media briefings • News releases and media advisories	• # of events organised • # of media personnel in attendance
		• Partner with the media industry and/or media support organizations to recognize journalists and media houses that excel in covering health issues.	• Annual award for outstanding reporting on health under an existing awards scheme	• # of journalists/ media houses participating • Quality of entries for the award
		• Facilitate journalists to participate in and cover national and international health events.	• Sponsor journalists to travel and attend important events across the country and abroad	• # of journalists sponsored
		• Solicit and publish expert opinions and commentaries by technical specialists.	• Think pieces on health-related policy and scientific issues	• # of think pieces published in a year • Reach of the pieces published

OUTCOME 4: Improved health knowledge, attitudes, practices and behavior among all population groups.
STRATEGY 4: Promoting behaviours that individuals in all life stages need to adopt to lead healthy lifestyles and productive lives.

Objective	Audience	Activities	Sub-activities	Indicators
4.1 Proactively educate the population about healthy behaviours, lifestyle choices and access to health care in order lead healthy lifestyles and productive lives.	Health consumers	Raise awareness on good health habits and behaviors and sensitize the public and communities on accessing health services and how to provide feedback to health authorities.	• Rolling national multi-media public health campaign • National physical activity days • Community activations	• Audiences exposed to the campaign • Change in health knowledge, attitudes, and practices
		Coordinate the development of health messages/content and build a bank of IEC materials/product prototypes that health implementing partners can reproduce and disseminate at their own cost as and when needed.	• Development workshops using the co-creation approach and guided by principles of human-centered design (HCD, social and behaviour change (SBC), and other models and theoretical frameworks that have been tried and tested in the Ugandan context	• Volume and types of material/ product prototypes developed and validated • Volume and types of materials reproduced and disseminated
		Sensitize the population on and promote healthy behaviours in non-health settings including work places, schools, religious venues, cultural events, and commercial sites (e.g. markets).	• Activations in communities, institutions, organisations, companies, social groups, etc.	• # of entities with weekly physical activity days of their own • # of people participating in weekly physical activity days in different settings
		Mark global commemorative events as opportunities for health communication.	• Internationally dedicated days focusing on specific diseases and public health issues - AIDS, disability, African child, TB, etc.	• # of events organised • Public participation in health-related commemorative events

OUTCOME 5: A functional knowledge management system for health communication established and maintained.

STRATEGY 5: Establishing a comprehensive health communication knowledge management system to facilitate standardized reporting, information sharing, and access to learning and vital resources.

	Primary: • HPEC Department		
5.1 Develop and roll out a system (online and mobile) to serve a common access depository for health communication.		• Provide guidelines for standardized collection, reporting and management of health communication data and information at all levels of health service delivery and in all settings.	• Guidelines for standardized reporting of health communication
		• Develop a comprehensive set of health communication indicators to be tracked, monitored and reported in the knowledge management system.	• Database of health communication indicators • Health communication tracking system

Outcomes:
- Functional health communication knowledge management system in place
- Streamlined reporting of health communication activities
- Open access to information about health communication activities
- Evidence on the scope and performance of health communication interventions
- Enhanced accountability and information sharing

3. IMPLEMENTATION FRAMEWORK

This Communication Strategy for the Health Sector is designed to guide the HPEC Department to coordinate and manage the health communication function internally within the MOH and externally with government counterparts, local district governments, and all players involved in public health promotion and disease prevention. The interventions contain mechanisms to strengthen the ministry's leadership in the sector through effective communication in order to enhance coordination and collaboration among stakeholders in the sector.

The implementation of this strategy will be led by the MOH HEPC Department and the implementation arrangements for the strategy are summarized in this section. The framework guides HEPC in coordinating the implementation of defined interventions and activities.

The implementation of the guidelines in annex of this strategy will be done jointly with stakeholders in the sector and within the framework of HSDP.

The implementation framework is described in detail in the following section and is in line with the set strategic interventions.

STRATEGY 1: Strengthening the coordination and implementation of health communication programs and interventions within the sector and across the country.

1.1 Implementation plan for strengthening leadership and coordination of health communication within the MOH and across the sector.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Develop a National Health Communication Policy that sets out the government's vision, strategy, and priorities for health communication in line with the National Health Policy, National Health Sector Development Plan, and Health Sector Strategic Plan	• Technical edition of the national health communication policy	25,000,000				X																
	• Popular version of the national health communication policy	3,000,000				X																
Designate health communication focal points to serve as the respective contact centres and spokespersons for all disease areas and health programmes within the structures of the MOH.	• Health communication focal points with assigned TOR appointed for all disease areas & health programmes	1,400,000,000			X																	
	• Monthly health communication activity reports	-			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Position and integrate health communication as a cross-cutting function at all service delivery levels, in all health care settings, and across all sectors.	• National Health Communication Policy	-				X																
	• Quarterly health communication roundtables	100,000,000				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

1.2 Implementation plan for establishing a multi-sectoral Health Communication Technical Working Group (HC-TWG)

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR 1	2	3	4	YR2/QTR 1	2	3	4	YR3/QTR 1	2	3	4	YR4/QTR 1	2	3	4	YR5/QTR 1	2	3	4
Provide technical leadership on all aspects of health communication as they relate to disease prevention, social and behaviour change, governance, coordination, and accountability.	•Functional health communication TWG	-			×																	
	•Quarterly health communication roundtables	100,000,000			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
Represent the interests of key players and stakeholders in health communication within the MOH, at all service delivery levels, in the various health care settings, and across the health and affiliated sectors.	•Quarterly health communication roundtables	100,000,000			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
	•Monthly health communication e-newsletter	-			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
Generate and share knowledge to foster and advance the use of research, evidence, data, and technical analysis to guide the practice of health communication.	•Policy briefs •Working papers	-				×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	
Undertake collaborative learning reviews of health communication programmes.	•Annual learning workshops	300,000,000				×				×				×				×				×
	•Learning review reports	-				×				×				×				×				×

1.3 Implementation plan for developing consolidated standards and guidelines to facilitate the implementation of health communication programmes and interventions across the country.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Review and synthesize the various thematic and disease-specific health communication strategies and plans into a comprehensive and consolidated Health Communication Handbook of best practices for programme implementers in Uganda.	• Health Communication Handbook	20,000,000				x																
Conduct orientation and refresher learning events for health communication implementers.	• Learning workshops	200,000,000			x				x				x				x				x	
Periodically review, repurpose, and update as necessary the various health communication strategies and plans to sustain their relevance and compliance with the national health communication policy and best practices.	• Stakeholder validation workshops • Expert reviews and reports	150,000,000				x				x				x				x				x
Conduct periodical implementation appraisals of MOH approved health communication strategies and plans.	• Stakeholder validation workshops • Implementation appraisal reports	80,000,000				x				x				x				x				x

1.4 Implementation plan for enabling the technical and professional staff of the MOH to participate more actively in the sector's public health communication outreach efforts.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Train and coach the technical and professional staff in PR, public communication, and media engagement to equip and position them as health communication champions.	•Media workshops	120,000,000	X				X				X				X				X			
	•Health communication handbook	-				X																
Prepare and provide guidance on PR, public communication and media engagement for health communication.	•PR, public communication, and media engagement guidelines	-				X																
Generate and disseminate content by MOH technical and professional staff to communicate messages on topical issues of public health significance.	•Expert opinions, commentaries, and analysis •Newspaper articles •Blogs •TV and radio appearances •Podcasts •Short videos •Digital flyers/posters	100,000,000		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

NATIONAL HEALTH COMMUNICATION STRATEGY

1.5 Implementation plan for creating a mechanism for coordination between the HPEC Department and the Public Relations Office to harmonize public health communication plans, activities, and messaging.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Collaborate to set the agenda for PR and health communication through joint planning and implementation of public activities.	•e-newsletter on public health communication activities and issues	30,000,000			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	•Joint public events •Joint media briefings	-			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Hold regularly scheduled interactions between the HPEC Dept. and the PR Office to share and harmonize plans, activities, and messaging on public health issues.	•Joint weekly meetings	-	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Hold regularly scheduled interactions between the HPEC Department and MOH affiliated institutions and agencies to share and harmonize plans, activities and messaging on public health issues.	•Monthly meetings for MOH affiliated institutions and agencies on health communication	40,000,000	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Jointly develop communication plans to respond to any public health threat or crisis and coordinate the management of information with relevant actors and stakeholders at the local, national, and international levels in line with the relevant risk. communication strategies and guidelines.	•Strategy meetings •Technical advisories and memos •Standard operating procedures •Task Force meetings •Work plans	-	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

STRATEGY 2: Strengthening stakeholder engagement and multi-sectoral collaboration for effective delivery of integrated health communication services.

2.1 Implementation plan for establishing inter-ministry collaboration mechanisms and linkages among counterpart ministries to foster effective implementation of health communication programmes at the national level and in the districts.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Collaborate with the MOH counterpart ministries to build and strengthen the practice and cross-cutting goals of health communication by leveraging the programmes of counterpart ministries	• Strategy meetings			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	• Annual Conference on Health Promotion	1,200,000,000				x				x				x				x				x
	• Health communication handbook	-				x																
	• Health communication e-newsletter	-			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Designate health communication focal points to serve as liaisons with the HPEC Department of MOH.	• Health communication focal points	-			x																	
	• Health communication activity reports	-			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Develop plans for implementation of health communication in key non-health sectors.	• Health communication plans for non-health sectors	100,000,000					x															
Plan and implement joint health communication activities including joint support supervision to monitor and improve performance.	• Joint health communication work plans	100,000,000					x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Build and strengthen the capacity to embed and implement health communication interventions within the programmes of the counterpart ministries and district local governments.	• Health Communication Handbook	-				x																
	• Learning workshops	800,000,000			x				x				x				x				x	
	• Quarterly health communication roundtables	100,000,000			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	• Policy briefs & Working papers	-					x				x				x				x			
Promote inter-sectoral collaboration to develop integrated and comprehensive health communication programmes.	• MOU between the MOH and each counterpart ministry	-					x															

2.2 Implementation plan for establishing intra- and inter-sectoral stakeholder engagement mechanisms to enhance collaboration, learning and adaptation in health communication.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Facilitate coordination in implementation of health communication programmes, including planning, monitoring and evaluation of interventions, generating and processing feedback, knowledge management, and information sharing.	•Health Communication TWG •Health communication focal points	-			×																	
Establish mechanisms for regular information sharing and feedback to enhance collaboration in implementation of health communication programmes. Set up and operationalize an annual review of health communication programs	•Health communication roundtables •	100,000,000			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×
Conduct a mapping and profiling of all partners implementing health communication activities at all levels across the country.	•Health communication e-profiling system	300,000,000				×																
Undertake research collaborations to promote evidence-based health communication interventions.	• Collaborative research forums	100,000,000				×																

STRATEGY 3: Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the health sector and health related issues.

3.1 Implementation plan for supporting journalists to efficiently access information so they can competently report on the health sector and issues.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Produce a media kit containing assorted information products for journalists	•Media kit [policy briefs, factsheets, working papers, research reports, programme and project brochures, source contact lists/information, etc.]	5,000,000			x																	
Showcase success stories in health service delivery	•Annual guided tours of health facilities	60,000,000				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Provide regular updates about important issues and developments in the health sector.	•Quarterly news conferences and media briefings •Quarterly releases and media advisories	60,000,000				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Partner with the media industry and/or media support organizations to recognize journalists and media houses that excel in covering health issues.	•Annual award for outstanding reporting on health under an existing awards scheme	200,000,000				x				x				x				x				x			
Facilitate journalists to participate in and cover national and international health events.	•Sponsorship of journalists to travel and attend important events across the country and abroad	200,000,000				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Solicit and publish expert opinions and commentaries by technical specialists.	•Think pieces on health-related policy and scientific issues	30,000,000				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

STRATEGY 4: Promoting behaviours that individuals in all life stages need to adopt to lead healthy lifestyles and productive lives.

4.1 Implementation plan for proactively educating the population about healthy behaviours, lifestyle choices and access to health care in order lead healthy lifestyles and productive lives.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR 1	2	3	4	YR2/QTR 1	2	3	4	YR3/QTR 1	2	3	4	YR4/QTR 1	2	3	4	YR5/QTR 1	2	3	4
Raise awareness on good health habits and behaviors and sensitive the public and communities on accessing health services and how to provide feedback to health authorities.	• National multi-media public health campaign	1,500,000,000					×	×					×	×					×	×		
	• National physical activity days	200,000,000			×				×				×				×				×	
	• Community activations	800,000,000			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×
Coordinate the development of health messages/content and build a bank of IEC materials/product prototypes that health implementing partners can reproduce and disseminate at their own cost as and when needed.	• Development workshops	200,000,000				×				×				×				×				
Sensitize the population on and promote healthy behaviours in non-health settings including work places, schools, religious venues, cultural events, and commercial sites (e.g. markets).	• Activation in communities, institutions, organisations, companies, social groups, etc.	800,000,000			×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×
Mark global commemorative events as opportunities for health communication.	• Internationally dedicated days focusing on specific diseases and public health issues - AIDS, disability, African child, TB, etc.	200,000,000																				

STRATEGY 5: Establishing a comprehensive health communication knowledge management system to facilitate standardized reporting, information sharing, and access to learning and vital resources.

5.1 Implementation plan for developing and roll out of a system (online and mobile) to serve as a common access depository for health communication.

ACTIVITIES	OUTPUT	BUDGET ESTIMATE	YR1/QTR				YR2/QTR				YR3/QTR				YR4/QTR				YR5/QTR			
			1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Provide guidelines for standardized collection, reporting and management of health communication data and information at all levels of health service delivery and in all settings.	●Guidelines for standardized reporting of health communication	100,000,000				X																
Develop a comprehensive set of health communication indicators to be tracked, monitored and reported in the knowledge management system.	●Database of health communication indicators ●Health communication tracking system	400,000,000				X																

I. MONITORING AND EVALUATION PLAN

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Outcome 1: Improved flow of information within the sector and coordination of health communication.		
Strategy 1: Strengthening the coordination and implementation of health communication programs and interventions within the sector and across the country.		
Key Action 1.1: Strengthen leadership and coordination of health communication within the MOH and across the sector.		
Develop a National Health Communication Policy that sets out the government's vision, strategy, and priorities for health communication in line with the National Health Policy, National Health Sector Development Plan, and Health Sector Strategic Plan.	• Technical edition of the national health communication policy • Popular version of the national health communication policy	• National health communication policy developed and disseminated
Designate health communication focal points to serve as the respective contact centres and spokespersons for all disease areas and health programmes within the structures of the MOH.	• Quarterly health communication activity reports	• Health communication focal points with assigned TOR appointed for all disease areas and health programmes • # of quarterly activity logs
Position and integrate health communication as a cross-cutting function at all service delivery levels, in all health care settings, and across all sectors.	• National Health Communication Policy • Health communication roundtables	• Health communication mainstreamed • # of rapporteur reports
Key Action 1.2: Establish a multi-sectoral Health Communication Technical Working Group (HC-TWG).		
Provide technical leadership on all aspects of health communication as they relate to disease prevention, social and behaviour change, governance, coordination, and accountability.	• Health communication roundtables • Quarterly meetings	• Functional TWG in place • # of meetings held
Represent the interests of key players and stakeholders in health communication within the MOH, at all service delivery levels, in the various health care settings, and across the health and affiliated sectors.	• Health communication roundtables • Monthly health communication e-newsletter	• # of rapporteur reports • # of e-newsletters • # of e-newsletter recipients
Generate and share knowledge to foster and advance the use of research, evidence, data, and technical analysis to guide the practice of health communication.	• Policy briefs • Working papers	• # of policy briefs produced • # of working papers produced
Undertake collaborative learning reviews of health communication programmes.	• Learning review reports • Learning workshops	• # of learning workshops

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Key Action 1.3: Develop consolidated standards and guidelines to facilitate the implementation of health communication programmes and interventions across the country.		
Review and synthesize the various thematic and disease-specific health communication strategies and plans into a comprehensive and consolidated Health Communication Handbook of best practices for programme implementers in Uganda.	Health Communication Handbook	• Health Communication Handbook in use • User ratings of the utility of the handbook
Conduct orientation and refresher learning events for health communication implementers.	• Learning workshops • E-learning	• # of workshops conducted • Participant ratings of the utility of the workshops
Periodically review, repurpose, and update as necessary the various health communication strategies and plans to sustain their relevance and compliance with the national health communication policy and best practices.	• Expert reviews and reports • Stakeholder validation workshops	• # of reviews reports •
Conduct periodical implementation appraisals of MOH approved health communication strategies and plans.	• Implementation appraisal reports • Stakeholder validation workshops	• # of reviews reports
Key Action 1.4: Enable the technical and professional staff of the MOH to participate more actively in the sector's public health communication outreach efforts.		
Train and coach the technical and professional staff in PR, public communication, and media engagement to equip and position them as health communication champions.	• Learning workshops • E-learning • Health communication handbook	• # of staff trained • Participant ratings of the utility of the training
Prepare and provide guidance on PR, public communication and media engagement for health communication.	• PR, public communication, and media engagement guidelines	• User ratings of the utility of the guidelines
Generate and disseminate content by MOH technical and professional staff to communicate messages on topical issues of public health significance.	• Expert opinions, commentaries, and analysis • Newspaper articles • Blogs • TV and radio appearances • Podcasts • Short videos	• # of products disseminated

Key Action 1.5: Create a mechanism for coordination between the HPEC Department and the Public Relations Office to harmonize public health communication plans, activities, and messaging.

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
	• Website • Digital flyers/posters	
Collaborate to set the agenda for PR and health communication through joint planning and implementation of public activities.	• Regular updates on public health communication activities and issues • Jointly published e-newsletter • Joint public events • Joint media briefings	• # of e-newsletter • # of joint public and media activities
Hold regularly scheduled interactions between the HPEC Dept. and the PR Office to share and harmonize plans, activities, and messaging on public health issues.	• Joint weekly meetings	• # of meetings held •
Hold regularly scheduled interactions between the HPEC Department and MOH affiliated institutions and agencies to share and harmonize plans, activities and messaging on public health issues.	Monthly meetings	• # of meetings held •
Jointly develop communication plans to respond to any public health threat or crisis and coordinate the management of information with relevant actors and stakeholders at the local, national, and international levels in line with the relevant risk communication strategies and guidelines.	• Strategy meetings • Technical advisories and memos • Standard operating procedures • Task Force meetings • Work plans	• # of meetings held

Outcome 2: Improved collaboration in planning and implementation of health communication programs.

Strategy 2: Strengthening stakeholder engagement and multi-sectoral collaboration for effective delivery of integrated health communication services.

Key Action 2.1: Establish inter-ministry collaboration mechanisms and linkages among counterpart ministries to foster effective implementation of health communication programmes at the national level and in the districts.

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
• Collaborate with the MOH counterpart ministries to build and strengthen the practice and cross-cutting goals of health communication by leveraging the programmes of counterpart ministries and district local governments.	• Strategy meetings • Annual Conference on Health Promotion and Disease Prevention • Guidelines for approval of health communication strategies and activity plans; development and dissemination of IEC materials; • Risk communication & reporting of health communication interventions • Health communication handbook • Health communication e-newsletter	• # of meetings held • # of conference participants • Participant ratings of the utility of the conference • # of communication strategies/plans approved following the set guidelines • User ratings of the utility of the handbook
Designate health communication focal points to serve as liaisons with the HPEC Department of MOH.	• Quarterly activity reports • Regular updates on issues with health communication implications	• Health communication focal point with assigned TOR appointed by each ministry
Develop plans for implementation of health communication in key non-health sectors.	• Health communication plans for non-health sectors.	• # of plans developed • # of plans implemented
Plan and implement joint health communication activities including joint support supervision to monitor and improve performance.	• Joint health communication work plans	• # of joint work plans developed • # of joint work plans implemented
Build and strengthen the capacity to embed and implement health communication interventions within the programmes of the counterpart ministries and district local governments.	• Health Communication Handbook • Learning workshops • E-learning • Health communication roundtables • Policy briefs • Working papers	• Health Communication Handbook, policy briefs, and working papers in use • User ratings of the utility of the handbook, policy briefs, and working papers • # of workshops conducted • # of participants

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Key Action 2.2: Establish intra- and inter-sectoral stakeholder engagement mechanisms to enhance collaboration, learning and adaptation in health communication.		
Facilitate coordination in implementation of health communication programmes, including planning, monitoring and evaluation of interventions, generating and processing feedback, knowledge management, and information sharing.	• Health Communication TWG Health communication focal points	• # of TWG meetings • Activity logs by HC focal points
Establish mechanisms for regular information sharing and feedback to enhance collaboration in implementation of health communication programmes.	• Health communication roundtables • Set up and operationalize an annual review of health communication programs	• # of rapporteur reports
Conduct a mapping and profiling of all partners implementing health communication activities at all levels across the country.	• Health communication e-profiling system	• Up-to-date database of health communication implementers • # of implementers profiled
Undertake research collaborations to promote evidence-based health communication interventions.	• Collaborative research forums	• # of research forums organized • # of research activities developed and implemented • # of participants in research forums • Participant ratings of the utility of the research forums • Research output produced and disseminated

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Outcome 3: Improved media relations and coverage of health issues.		
Strategy 3: Building and maintaining constructive relations with the media and enhancing the capacity of journalists to effectively report on the health sector and health related issues.		
Key Action 3.1: Support journalists to efficiently access information so they can competently report on the health sector and issues.		
Produce a media kit containing assorted information products for journalists	• Media kit [policy briefs, factsheets, working papers, research reports, programme and project brochures, source contact lists/information, etc.]	• # of media kits produced and distributed • # of media personnel supplied with a kit • User ratings of the utility of the materials provided in the kit
Showcase success stories in health service delivery	• Guided tours of health communication intervention sites	• # of tours conducted per year • # of media personnel participating in the tours
Provide regular updates about important issues and developments in the health sector.	• News conferences and media briefings • News releases and media advisories	• # of events organized • # of media personnel in attendance
Partner with the media industry and/or media support organizations to recognize journalists and media houses that excel in covering health issues.	• Annual award for outstanding reporting on health under an existing awards scheme	• # of journalists/media houses competing for the award
Facilitate journalists to participate in and cover national and international health events.	• Sponsor journalists to travel and attend important events across the country and abroad	• # of journalists sponsored in a year
Solicit and publish expert opinions and commentaries by technical specialists.	• Think pieces on health-related policy and scientific issues	• # of think pieces published in a year • Reach of the pieces published

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Outcome 4: Improved health knowledge, attitudes, practices and behavior among all population groups.		
Strategy 4: Promoting behaviours that individuals in all life stages need to adopt to lead healthy lifestyles and productive lives.		
Key Action 4.1: Proactively educate the population about healthy behaviours, lifestyle choices and access to health care in order lead healthy lifestyles and productive lives.		
Raise awareness on good health habits and behaviors and sensitize the public and communities on accessing health services and how to provide feedback to health authorities.	• Rolling national multi-media public health campaign • National physical activity days • Community activations	• % audiences exposed to the campaign • Change in health knowledge, attitudes, and practices
Coordinate the development of health messages/content and build a bank of IEC materials/product prototypes that health implementing partners can reproduce and disseminate at their own cost as and when needed.	• Development workshops using the co-creation approach and guided by principles of human-centered design (HCD, social and behaviour change (SBC), and other models and theoretical frameworks that have been tried and tested in the Ugandan context	• Volume and types of material/ product prototypes developed and validated • Volume and types of materials reproduced and disseminated
Sensitize the population on and promote healthy behaviours in non-health settings including work places, schools, religious venues, cultural events, and commercial sites (e.g. markets).	• Activations in communities, institutions, organisations, companies, social groups, etc.	• # of entities with weekly physical activity days of their own • # of people participating in weekly physical activity days in different settings
Mark global commemorative events as opportunities for health communication.	• Internationally dedicated days focusing on specific diseases and public health issues - AIDS, disability, African child, TB, etc.	• # of events organized • Public participation in health-related commemorative events

ACTIVITIES AND TOOLS	OUTPUTS	INDICATORS
Outcome 5: A functional knowledge management system for health communication established and maintained.		
Strategy 5: Establishing a comprehensive health communication knowledge management system to facilitate standardized reporting, information sharing, and access to learning and vital resources.		
Key Action 5.1: Develop and roll out a system (online and mobile) to serve a common access depository for health communication.		
Provide guidelines for standardized collection, reporting and management of health communication data and information at all levels of health service delivery and in all settings.	• Guidelines for standardized reporting of health communication	• Functional health communication knowledge management system in place • Streamlined reporting of health communication activities • Open access to information about past, present, and future health communication activities in Uganda
Develop a comprehensive set of health communication indicators to be tracked, monitored and reported in the knowledge management system.	• Database of health communication indicators • Health communication tracking system	• Evidence on the scope and performance of health communication interventions • Enhanced accountability and information sharing

ANNEX 1: Health Sector Stakeholders

Category	Members	Key Roles
Ministry of Health Internal Audiences	Health Policy Advisory Committee Senior Top Management Top Management Senior Management Technical Working Groups Heads of Department Ministry of Health Personnel Technical staff Administrative staff Support staff	Overall stewardship of the sector, and provision of policy and strategic guidance
Ministry of Health Affiliated Institutions	Central Public Health Laboratories	Coordination and over sees all activities within the laboratory sector in Uganda to support the delivery of the Uganda National Minimum Health Care Package at all levels.
	National Drug Authority	Oversight, regulation and management of health products.
	National Medical Stores	Management of procurement and warehousing of all health products.
	Uganda AIDS Commission	Stewardship of the HIV/AIDS prevention and Control agenda.
	Uganda Blood Transfusion Services	Coordination of provision of blood and blood products.
	Uganda Cancer Institute	Spearhead cancer research, training, consultation and prevention.
	Uganda Heart Institute	Spearhead research, training and provision of preventive, promotive and clinical cardiovascular services.
	Uganda National Health Research Organisation	Coordinating health research activities in Uganda.
	Uganda Virus Research Institute	Coordination of evidence generation and knowledge management relating to viral conditions.
Professional Councils and Associations	Allied Health Professionals Council	Regulate, supervise and control the training, practice and other related matters of Allied Health Professionals in Uganda.
	Pharmacy Council	Regulate pharmaceutical practice in Uganda.
	Uganda Medical and Dental Practitioners Council	licensing, monitoring and regulating the practice of medicine and dentistry in the country.
	Uganda Nurses and Midwives Council	regulates the Nursing and Midwifery professionals in the country
	Uganda Medical Association	Monitoring and supervision to ensure maintenance of professional medical and dental standards of practice.
The Executive/ Central Government Strategic ministries & agencies	The Presidency Office of the Prime Minister	Political support and supervision.
	Ministry of Finance, Planning and Economic Development	Mobilise and allocate resources for health sector Promote sustainable population growth National policy development and overall

		development agenda.
	Ministry of Public Service Health service commission	Maintenance of payroll of health workers Reviewing the terms and conditions of the health workers in Uganda Inspection of health service delivery
	Ministry of Local Government	Enforcement of the Public Health Act management and delivery of health services at district and lower levels development and implementation of community health initiatives monitors and supervises health services delivery local level. recruits and deploys staff at district and lower levels mobilises resources at local level.
	Ministry of Education and Sports	Provide education, one of the key determinants of health Promote sport and physical exercise Implementation of the School Health policies and Programs Ensure quality training of health workers. Support message and materials dissemination and distribution in schools
	Ministry of Water and Environment	Provision of sanitation services in rural growth centres & urban areas and communal toilets. Control and enforce sustainable use of the environment
	Ministry of Agriculture, Animal Industries and Fisheries	Ensure food security Control of zoonotic diseases
	Ministry of Internal Affairs	Have fair justice systems Ensure all visitors comply with regulation with respect to health intervention
	Ministry of Defence	Ensure security, one of the main determinant of access to health
	Ministry of Gender, Labour and Social Development	Mainstreaming gender in all sector policies Advocacy and prevention of gender based violence Social policies for protection of vulnerable groups Promote progressive workplace and safety policies that safeguard the health of workers
	Ministry of Works and Transport	Roads accessibility Road safety. Enforcing buildings standards and safety
	Ministry of Lands, Housing and Urban Development	Infrastructure planning Access to land
	Ministry of Energy	Access to affordable energy Promote safe use of energy
	Ministry of Trade and Industry	Promote trade and sustainable incomes Ensure goods meet the safety and quality standards
	National Planning Authority	Coordinate and harmonise development planning in the country

	Uganda Bureau of Statistics	Coordinate, monitor and supervise Uganda's national statistical system
	National Bureau of Standards	formulation and promotion of the use of standards; enforcing standards in protection of the public health and safety and the environment
	Uganda Communications Commission	Regulates the communications sector which has an impact on delivery of health communication messages
	Uganda National Meteorological Authority	Collection, analysis and production of weather and climate information, (including warnings/advisories) to support social and economic development
	National Environment Management Authority	Coordinating, monitoring, regulating and supervising environmental management in the country.
Parliament	Office of the Speaker Committee on health Public Accounts Committee Members of Parliament	Policy formulation on health promotion and behaviour change Advocate and allocate resources for health sector
Research and Training Institutions	Uganda National Research Organisation Uganda Virus Research Institute Infectious Diseases Institute Natural Chemotherapeutics Research Institute Makerere University College of Health Sciences Mbarara University of Science and Technology Kampala International University Uganda Christian University Clarke International University	Research and training Contribute to developing evidence for effective health communication activities and informing policy Contribute to putting knowledge and evidence into practice
Health Consumers	Health care Service seekers General population	Take care of their health, and practice appropriate health seeking behaviours
District	Resident District Commissioner (RDC) Chief Administrative Officer (CAO) ACAO-Health, District Health Officers ADHO - Maternal and Child Health ADHO-Environmental Health District Health Educators HSD in charges Health Inspectors Health Assistants District Community Development Officers District Education Officers District Information Officer District Surveillance Officer District Agriculture Officer	Coordination, planning, supervision and monitoring the implementation of the health agenda Integrate health promotion and behaviour change activities in their work plans Coordinate health promotion and behaviour change activities Provide technical support to lower levels

	District Environmental Officer District Planners District Population Officers Programme Focal Officers Health Implementing Partners Health Facility Managers Health Care Providers District Councils City and Municipal councils and Mayors Town Clerks District chairpersons District Executive Committees District Health Committees District Health Management Teams District Planning Committees Representative from the Inter religious council Private Sector representatives RRHs/General Hospitals representatives, PNFP Representative, Private Health Providers representative, CSO Representative IPs (Implementing Partners) representatives	
Sub-County	Sub-County Chief LCIII Chairperson Agriculture extension worker Health Assistant Facility in-charge-HCIII Sub-County Councils Sub-County Health Committees Health Sub-District Managers Community Development Assistants Chairperson of the business community- private sector rep Community Development Officer Cultural leaders Civil society organizations	Coordination, planning, supervision and monitoring the implementation of the health agenda Integrate health promotion and behaviour change activities in their work plans Coordinate health promotion and behaviour change activities Provide technical support to lower levels
Parish and Village	Parish chief Parish Committees / Development Committees LC II chairperson LCI Chairpersons VHT coordinator Elder/opinion leader Representation of the Youth Groups Representation of Women Groups	Community mobilisation Integrate health promotion activities into community-based programmes Disseminate messages Encourage and support communities to seek information and services Participate in monitoring activities

	HC II In-charge Village Councils Religious leaders Teachers	
Hospitals, Health Facilities and Health Care Providers	Public Hospitals and Health Facilities Private Hospitals and Health Facilities (profit & not-for-profit) Health Unit Management Committees Health Care Providers Traditional and Complementary Medicine and Wellness Practitioners (including TBAs) Village Health Teams / Community Health Extension Workers Referral Hospitals	Front line provision of agreed health services Reporting on service delivery Disseminate messages
	VHTs/ CHEWs	Mobilize and link community with the formal health service Conduct home visits Provide advice and counselling services at the community level Provide community based services approved by MoH Reporting on community health data Disseminate messages through interpersonal communication Encourage and support communities to discuss health messages and overcoming barriers
Health Development Partners	USAID DfID UNFPA WHO UNDP UNICEF EUROPEAN UNION JICA GIZ ENABEL Austrian Development Agency World Bank KOICA	Technical assistance and guidance Complement financing of the health sector priorities Participate in joint sector monitoring and review
Private Sector and Business Community	Private Sector Foundation Uganda Uganda Manufacturers Association Uganda Insurers Association National Social Security Fund	Support partnerships with public sector to provide messages to the public Provide resources to support the health sector in prioritisation of disease prevention
Cultural Institutions	Tooro Kingdom Tieng Adhola (The Padhola Cultural Institution)	Delivery of information and messages through their institutions Support and disseminate appropriate

	Iteso Cultural Union Buganda Kingdom Bunyoro Kitara Kingdom Buruli Chiefdom Bunyala Chiefdom Busoga Kingdom Uganda Kings and Cultural Leaders' Forum Nkore Cultural Trust Inzu Ya Masaaba Obwa Kamuswaga Bwa Kooki Alur Kingdom Ker Kwaro Acholi Obwa Ikumbania Bwa Bugwere Busongora Kingdom International Community of Banyakigezi - Uganda Chapter	messages
Religious Institutions and Faith-Based Organisation	Uganda Episcopal Conference Church of the Province of Uganda Uganda Muslim Supreme Council Born Again Faith in Uganda Uganda Orthodox Church The National Alliance of Pentecostal and Evangelical Churches of Uganda Hindu Union Baha'i Faith Ismaili Muslim Community in Uganda Seventh-Day Adventist Church Baptist Church Inter-Religious Council of Uganda Uganda Catholic Medical Bureau Uganda Muslim Medical Bureau Uganda Protestant Medical Bureau	Delivery of information and messages through congregation and their organisations/ institutions. Support and disseminate appropriate messages.
NGOs/ CBOs/CSOs		Advocacy Integrate information and activities into existing programmes at the community level Implement communication and community mobilisation activities Participate in joint sector monitoring Reporting on service delivery
Media Organisations and Platforms	Health editors and reporters Bloggers and social media influencers Producers and hosts of health and public affairs programmes on radio and TV Uganda Media Centre Association of media owners (UMOA) Media houses	Report on health related issues Integrate health promotion activities into media programmes Adapt and disseminate timely messages

World Health
Organization

unicef
for every child

USAID
FROM THE AMERICAN PEOPLE

Ministry of Health
Plot 6 Lourdel Road, Nakasero
P. O. Box 7272, Kampala, Uganda
www.health.co.ug