

Guidance Note

Lessons from Across Africa: Stories of Better Health Sector Service Delivery through Advocacy that Elevates Local Voices

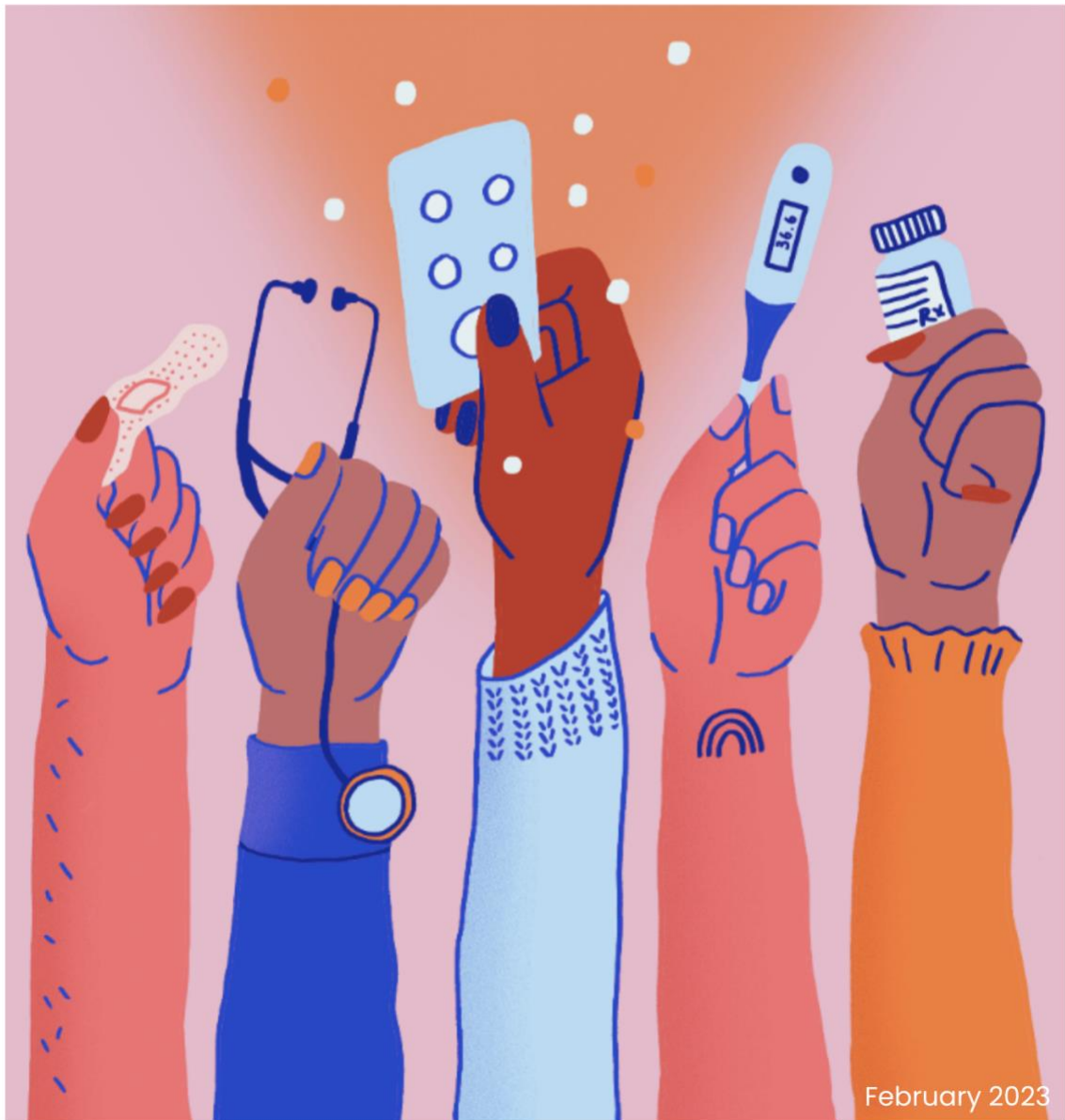


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BACKGROUND AND PURPOSE

The purpose of this guidance note is to synthesize existing topical information, share key initiatives and lessons, and inspire adaptive action. It is not a description of the COVID-19 Transparency and Accountability Project (CTAP) activities or accomplishments, but rather a toolkit with frameworks and ideas that can be applied in any context. Nevertheless, this is not an exhaustive or instructive guide, but rather a snapshot of comprehensive findings that are related to our collective objectives for health accountability in Africa.

We hope that this guidance note is helpful for CTAP leads, partners in our network, and anyone interested in strengthening health systems in Africa, as they push for transparency and accountability across all levels, from grassroots communities to national governments. For lessons specifically focused on CTAP activities and accomplishments thus far, see the lesson report reflecting on the first phase, visit the CTAP website to see the latest outputs, and stay tuned for the final report soon.

Authors

Max Levites

Yeukai Mukorombindo

Editors

Jorge Flórez

Izabela Chmielewska

About CTAP

COVID-19 Transparency and Accountability Project (CTAP) is an initiative that seeks to promote accountability and transparency through the tracking of COVID-19 intervention funds across 9 African countries: Cameroon, Ghana, Kenya, Liberia, Malawi, Nigeria, Senegal Sierra Leone, and Zimbabwe.

CTAP is sponsored by Conrad Hilton Foundation and Skoll Foundation and executed by BudgIT Foundation, Connected Development, and Global Integrity.

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Introduction

While Africa has weathered the COVID-19 pandemic [better than many other parts of the world](#),ⁱ COVID has also exposed and exacerbated weaknesses in health systems and health service delivery across the continent. These issues are not new, and for decades efforts have been made to improve health service delivery. Many of these efforts are coordinated at the global and regional levels, involving international actors and donors, and these certainly have a role to play in improving health systems across the continent. However, several of the most important improvements in health service delivery are the result of grassroots advocacy by citizens and civil society bringing about change from the bottom up.

The Covid Transparency and Accountability Project ([CTAP](#))ⁱⁱ aims to increase the use of evidence to improve governments' response to COVID-19 and promote multi stakeholder collaboration to strengthen health systems and improve service delivery. This note focuses on national and local level advocacy strategies and presents several cases where civil society and grassroots organizations have effectively advocated for concrete government responses.

The case studies discussed in this note provide lessons and takeaways, as well as some inspiration, for civil society and grassroots organizations to adapt to their own contexts and make progress toward addressing complex health sector challenges. We start with case studies where citizens, community leaders, and CSOs successfully advocated for better service delivery outcomes and for governments to better respond to their needs. We then move to cases where CSOs and citizens were able to secure better funding for health systems and encourage more effective use of public resources in the health sector, whether that be direct funding or better procurement processes. Finally, we will look at several examples of CSO and citizen-led advocacy that achieved system-level reforms in the health sector.

As the goal of this note is to inspire, as well as facilitate access to evidence, we will provide brief overviews of the cases as well as some key results instead of

going in depth into each one. For more information on each case, we've provided links to further resources and reading.

Local Advocacy for Better Service Delivery

The first set of case studies explore how citizens, community leaders, and CSOs combined their efforts to successfully advocate for local and national decision-makers to respond to their needs. The keys to their successes lay in engaging stakeholders across different sectors and levels, including government officials, the media, and health workers. The diversity of stakeholders allowed for more buy-in to the process, created space for more voices to be heard, and bridged the gap between service providers and receivers as well as between local and national levels.

In Uganda, CSOs elevated local advocacy to elicit government responses.

The first example comes from Uganda, where a consortium of CSOs led by [GOALⁱⁱⁱ](#) implemented a program called Accountability Can Transform Health (ACT Health) that helped citizens bring issues of health worker absenteeism to government officials and resulted in officials in eight districts making and implementing commitments based on citizen advocacy.

In the first phase of the project, CSOs facilitated dialogues between community members and health workers in 282 government health facilities across Uganda, which resulted in action plans for each facility. In the second phase, the CSOs supported and trained community advocates, accompanying them in designing and organizing advocacy campaigns around key issues that they identified and delivering them to officials at the district and national levels. In 14 of 18 districts, these campaigns centered around health worker absenteeism. These campaigns were part of a multi-level strategy, in which district-level advocates combined their efforts in order to reach national-level officials such as ministers and parliamentarians. As a result, officials in eight districts made and implemented commitments, including three in which they actually exceeded their original commitments. These commitments varied by district,

but included more resources for health facilities, improved oversight of health facilities and the sanctioning of health workers, and reporting findings of their monitoring back to citizens. One example of district officials exceeding original commitments included not only replacing 13 “ghost workers” in health facilities, but hiring more health workers beyond the replacements.

Ultimately, the successes of the ACT Health program showed the importance of external actors supporting citizen-led advocacy efforts and strengthening their ability to engage government at all levels instead of speaking for them. The multi-level strategy also showed that bottom-up accountability and advocacy efforts can result in top-down responses and can bridge the gap between the local and national levels.

More information on the ACT Health program and its outcomes can be found [here](#).^{iv}

In Mozambique, CSOs used social accountability tools and “public health auditoriums” to improve service delivery.

In Mozambique, Concern Universal (now known as United Purpose) implemented the [Social Accountability Knowledge, Skills, Action and Networking](#)^v (SAKSAN) program, which sought to improve health service delivery by building the capacity of local CSOs to use social accountability and monitoring tools and by fostering dialogue between CSOs, health providers, and government officials around health issues.

The first component of the program was [training local CSOs](#)^{vi} and community members to use [social accountability and monitoring tools](#),^{vii} including citizen scorecards, social audits, budget tracking, and procurement monitoring. The second was to organize “[public health auditoriums](#)”,^{viii} or a space in which CSOs, government and health sector officials, and community members (essentially, both service providers and users) are able to interact and have a dialog about salient health issues, such as health worker absenteeism, long waiting times, and service quality. [In these auditoriums](#),^{ix} CSOs would present the findings of their social audits or other monitoring activities to the public and invite feedback from the officials. As a result, officials are made aware of issues they

might not have known about, and a relationship/trust is built between the service providers and the communities they serve.

This combination of monitoring and dialogue resulted in better service delivery in 30 health units in the Niassa and Zambezi provinces, as well as continued close collaboration between community organizations in these provinces and the National Ministry of Health. Improvements included additional health facilities, improvements to existing facilities, and more health workers to reduce absenteeism. These results show that involving government officials in such forums and building these bridges can create more accountability and lead to improved services. More information about the SAKSAN project and its outcomes can be found [here](#).^x

In Tunisia, CSOs and journalists promoted the use of the right to information to help rural women take the lead in keeping health service providers accountable.

Article 19 launched a [pilot project](#)^{xi} that used the Right to Information (RTI) to support rural women and increase their participation in monitoring and policy-making in the health sector. As part of this project, CSOs and journalists used awareness campaigns to reach rural women and show them the value of RTI in creating transparency and accountability by exposing the problems in health service delivery. An electronic platform called [Info4All](#)^{xii} was developed to allow people to submit formal requests for information as well as facilitate the proactive dissemination of information by health providers.

All of this was done with the input of many different stakeholders. Including health service providers and beneficiaries (rural women in particular), CSOs, journalists, and media outlets, who engaged in discussions around the needs of the rural women, the role of the media in disseminating information and enhancing accountability in health, and also on how to use the platform most effectively.

As a result, 330 local CSOs and journalists participated in public awareness campaigns about RTI and helped expose problems in health service delivery, reaching hundreds of citizens, including rural women, and familiarizing them

with the importance of accountability and participation. 115 health sector officials were trained on proactively disclosing health information, and dozens of requests have been submitted through the platform. These results show that engaging both journalists and different local community stakeholders around the importance of transparency and RTI can create a culture of accountability and greater participation in the health sector.

More information about the Article 19 RTI project and its outcomes can be found [here](#).^{xiii}

In Ghana, multi-stakeholder engagement around maternal and newborn health led to a greater culture of accountability and participation at the local level.

A pilot project was launched, under DFID's [Evidence for Action](#)^{xiv} (E4A) program, in the Ashanti and Volta regions of Ghana to improve maternal and newborn healthcare by strengthening partnerships between communities and healthcare providers through a social accountability process using scorecards.

Over the course of a year, the scorecard process was undertaken twice in 37 healthcare facilities across the two regions. The scorecards assessed the services provided at the facilities and client satisfaction on the day services were received. The results of these assessments were then used in meetings organized with stakeholders at the district, health facility, and community levels to both support a culture of partnership between stakeholders and the community and also a culture of accountability from both the community and provider side.

An assessment of the project showed that the involvement of all stakeholder groups contributed to a strong sense of shared ownership of the maternal and newborn health services in these regions, which resulted in a marked growth in the culture of accountability at the local level, including a significant increase in community participation and increased transparency between the communities, the health service providers, and policy-makers. There were also measured improvements in access to maternity wards, the availability of

essential medicines, and overall infrastructure. Overall, the project showed that collaboration and engagement among a broad network of stakeholders has the potential to foster significant improvements in health service delivery.

More information about the E4A pilot project in Ghana and its outcomes can be found [here](#).^{xv}

Advocacy for Better Use of Public Resources

The second set of examples focuses on citizens and CSOs successfully advocating for better use of public funds and resources for health service delivery. A big driver of success was bridging the gap between those receiving and those funding healthcare, whether that be national governments or international organizations, as well attacking the issue from different angles. In the end, it is much harder for government officials to brush off the concerns of citizens when hearing about the issues directly from the citizens themselves.

In Ghana, bridging the gap between citizens, civil society, and authorities allowed citizens to influence local and national budgets.

[SEND Ghana^{xvi}](#) set out to improve access to and quality of services in health and education in 30 districts across Ghana by improving citizens' awareness of and participation in the budget process. This was done by fostering constructive engagement between government and civil society through MoUs, creating campaigns to build awareness of the budget process among citizens, utilizing tools (such as SMS, voice calls, and web forms) for citizens to bring their concerns directly to the authorities, and improving CSOs capacity to monitor health and education expenditures.

Through these methods, a number of citizen health priorities were incorporated into the national budget, including additional resources for lower-level health facilities, improvements in health infrastructure and ambulance services at the local level, more resources for and improvements to the national health insurance scheme, and better access to essential drugs and vaccines. There was also a considerable increase in citizen awareness about and participation in the national budget process. Over 7,000 citizens were able to participate in the budget process and a further 535,000 were reached through radio awareness campaigns.

The success of this program was fueled by direct contact between citizens and the Ministry of Finance, allowing the Ministry to get first-person input on important issues and see what citizens were most passionate about through

their own eyes. Online platforms also helped broaden citizen participation by allowing citizens in places that were harder to reach to still participate in the process.

More information about the Making the Budget Work for Ghana project and its outcomes can be found [here](#)^{xvii} and [here](#).^{xviii}

In Uganda, a coalition of national and international CSOs mobilized both grassroots and high-level political support to secure resources for health clinics.

Building on previous efforts to improve maternal health in Uganda, three coalitions who were already engaged on the issue came together to create the Human Resources for Health (HRH) campaign. Combining their resources and networks, they successfully pushed for UGX 49.5 billion (USD \$ 15 million) in additional funding for wage increases, recruiting, and training new health workers.

To secure that funding, the HRH campaign cultivated relationships with journalists covering health issues and fed them information about problems in the health system while simultaneously working with the newly created Parliamentary Committee on Health. They also mobilized their grassroots networks to coordinate a go slow strike among health workers, and maintained direct pressure on members of parliament to take up their issues in parliamentary debates. Despite a counter-campaign by the executive branch, this combination of rallying public support through the media and constructive engagement with policy-makers resulted in billions in additional funding for health sector employees. The coalitions also continued to monitor the recruitment of health workers to make sure the additional resources were having an impact.

This example shows the value of a multi-pronged approach that employs a wide array of tactics, including engaging the media, organizing protests, and engaging constructively with decision makers. In particular, the win-win nature of the coalition's goals, their strong evidence base, and their simple but

effective organizing and communication mechanisms were big contributors to the campaign's success.

More information about the H4H Campaign and its outcomes can be found [here](#).^{xix}

In South Africa, community-led monitoring fed into an advocacy strategy that secured significant commitment of resources to increase and better train health workers.

In South Africa, community-led monitoring using the innovative [Ritshidze model](#)^{xx} was used to collect local- and national-level data that revealed that poor filing systems and health center staff attitudes led to many people living with HIV to stop taking life-saving treatments. This data was then integrated into an evidence-based advocacy campaign to bring these issues to policy-makers and hold them accountable.

Data from community-led monitoring was incorporated into a document called [The People's COP20](#),^{xxi} an advocacy document that was designed to influence PEPFAR (The United States President's Emergency Plan for AIDS Relief) as it formulated its Country Operational Plan for 2020 and determined how to spend millions of dollars on HIV and TB programs in South Africa. The data was also presented to the U.S. Global AIDS Coordinator during a public meeting where community members were able to share their stories about understaffed clinics and poor attitudes among healthcare workers.

This combination of community-gathered evidence and personal stories was hard for PEPFAR to deny. They ended up committing to scaling up and maintaining 20,000 healthcare worker positions at the frontline of the HIV and TB response into 2020, while the South African government made commitments to address concerns about health workers' poor behavior. Now, the Ritshidze model is being used to ensure that these commitments are actually being implemented on the ground.

More information about the Ritshidze project and its outcomes can be found [here](#)^{xxii} and [here](#).^{xxiii}

Advocacy for System-Level Change

Health systems are complex by nature, defined by a variety of actors and their relationships to one another as well as regulations and rules, resources, and political economy dynamics. To achieve system-level changes, sometimes a less straightforward approach that takes on several of these factors can be the most effective. The examples below show how creative, multi-pronged approaches and taking advantage of windows of opportunity can effect systemic changes. But there is also no short, easy way to change a system – patience and playing the long game are key.

In Uganda, a combined legal and media strategy led to a systemic shift for maternal healthcare.

In August 2020, Uganda’s Constitutional Court [delivered a victory^{xxiv}](#) for maternal health that was the result of a multi-pronged approach by activists to improve maternal health services and keep the health system accountable. The subject of the case were two women who died preventable deaths in childbirth, and after nine years, the court ruled that these women’s constitutional rights were violated, thus affirming that the right to health for all Ugandans is enshrined in the constitution. Additionally, the court ordered the government to increase health sector funding and expand the training of health workers in obstetric care, as well as requiring the government to report their compliance with the ruling to parliament.

In addition to strategic litigation, a coalition of Ugandan CSOs called the [Coalition to Stop Maternal Mortality in Uganda^{xxv}](#) engaged in [grassroots mobilization^{xxvi}](#) and pressure campaigns aimed at policy-makers that reframed the issue of maternal mortality as a preventable crisis caused by a neglected health sector. Coalition members also pursued maternal health rights cases in lower courts, creating new precedents and case law that would eventually be cited in the ruling of the Constitutional Court.

Over the course of nearly a decade, a consistent and dedicated effort by a coalition of CSOs working with citizens and the media to attack the problem of

maternal mortality through multiple channels led to a landmark ruling that created a seismic shift for women's health in Uganda. This case highlights the value of creativity (combining two different strategies that may not have worked on their own) and collaboration (between CSOs, citizens, and the media) in achieving real systemic change.

You can read more about the constitutional court ruling in Uganda [here](#).^{xxvii}

In Nigeria, consistent and effective monitoring of COVID-19 procurement, combined with a strong media strategy, led to substantive cooperation with the government.

The final example comes from within the CTAP project itself. In Nigeria, [Connected Development](#)^{xxviii} (CODE) and [BudgIT](#)^{xxix} have spent much of the COVID-19 pandemic monitoring procurement and the disbursement of COVID-related government funds as part of CTAP Nigeria. As a result of both a media strategy and direct engagement with the government, the two organizations have succeeded in leveraging their open data platforms and civic monitoring experience into substantive cooperation with the government on COVID-related issues.

Open data tools formed the base of CTAP Nigeria's strategy. Combining CODE's [Follow the Money](#)^{xxx} network with BudgIT's [CovidFundTracka](#)^{xxxi}, the organizations were able to engage and organize citizens to use the available data to hold officials to account. They also used their networks to monitor primary healthcare centers and engage with local officials, gathering valuable data on service delivery around the country. They then leveraged this data using social media to raise awareness and engage more citizens, and when the Nigerian government suddenly blocked Twitter, they pivoted to radio, creating a [FollowTheMoney radio show](#).^{xxxii} This more direct engagement with citizens resulted in increased interest in the evidence CTAP Nigeria was generating, launching national conversations and gaining media attention.

In addition to this media strategy, CTAP Nigeria was also beginning to directly engage with government officials, and instead of taking an adversarial tone, sought to build relationships and trust. Eventually, they were able to sign a

[Memorandum of Understanding^{xxxiii}](#) with the National Primary Health Care Development Agency, a parastatal of Nigeria's Federal Ministry of Health. This has helped to uncover further gaps in primary health centers across the country and identify solutions for better service delivery.

By combining open data, civic engagement, media and communications, and advocacy, CTAP Nigeria was able to bridge the gap between citizens, civil society, and government, creating a new paradigm of cooperation that will help to improve an embattled health system weakened even further by COVID.

You can read more about CTAP Nigeria's work [here^{xxxiv}](#) and [here^{xxxv}](#).

Key Lessons for Better Health Sector Service Delivery through Advocacy

The cases discussed in this note hold some key lessons for success in advocating for better service delivery, use of public resources, and larger systemic change in the health sector. Despite working in different contexts and addressing different problems, these cases have several elements in common:

Engaging all types of stakeholders

In virtually every one of the above cases, CSOs leading the charge still took the time to engage all different types of stakeholders in order to get buy-in from a diverse array of actors. In particular, bridging the gap between citizens and government seemed to be important to their success, allowing officials to hear about the issues and source solutions directly from the people who were most affected.

But while a diversity of stakeholders is valuable, simply having a lot of people at the table isn't enough. It is important to target the specific stakeholders who can have the greatest impact. For example:

- Public officials who will be most responsive to the process (essentially champions of your cause).
- Healthcare professionals with expertise in the specific issue(s) of focus.
- Private sector stakeholders with good connections and influence among decision-makers.

Being strategic about who is brought into the process can potentially increase the overall impact.

Empowering communities to engage in monitoring

Teaching and supporting community members to monitor their health systems on their own had multiple positive effects that contributed to the success of some of these cases:

- It created a sense of ownership among community members,
- It built up cultures of accountability, and encouraged greater participation in the policy-making process,
- It bridged that gap between citizens and government so that their voices were heard at all levels of government.

How this is done depends heavily on several variables, including geography, demographics, digital connectivity, etc., so the approach to monitoring should be tailored to the specific needs and capabilities of the citizens themselves.

The value of multi-pronged approaches and getting creative

Many of the above cases combined different strategies to attack a problem from multiple angles. Whether it was combining monitoring with advocacy or litigation with a media campaign, these combinations showcased how getting creative with your approach can achieve results that you could not get with a singular approach.

However, central to the success of these cases is always a campaign that engages citizens on the issue at hand, building pressure from the bottom to support the other strategies. The goal is to get the attention of decision-makers by making enough noise around an issue that it can't be ignored, while designing simultaneous strategies that will guide those decision-makers in the right direction.

Conclusion

The common threads across the impact stories spotlighted in this note, despite their different contexts and problems, show that the approaches they took to achieve their successes can potentially be adapted to other contexts. We hope that these examples will provide some inspiration and food for thought for future programs attempting to tackle complex health sector challenges. In looking to replicate these successes, it is essential to keep in mind the context you are working in, the issue that needs to be solved (the more specific, the better), who is best placed to help effect the necessary change, and what strategies decision-makers will respond to best. But ultimately, the citizens themselves should be at the center of it all.

End Notes

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