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Analysis and Advocacy for Health Care: A Case Study of the Partnership of CEGAA and TAC in South Africa

By Alison Hickey Tshangana

1 Introduction

In August 2009 the Centre for Economic Governance and AIDS in Africa (CEGAA) and the Treatment Action Campaign (TAC) formed a partnership to monitor health care service delivery in two districts in South Africa. The project strengthened the capacity of TAC members, local health officials, and other stakeholders to monitor budgets and track expenditure, in order to improve the quality of services delivered at these rural health clinics.

The project was an unusual example of a partnership between a research civil society organization (CSO) and a grassroots activist organization. Such partnerships are theoretically ideal for achieving impact in policy change and service delivery improvements because they bring together very different but complementary skills and experience. Specialist research organizations, like CEGAA, can produce timely and credible evidence to diagnose service delivery failures and support arguments for policy change, while grassroots organizations, like TAC, can offer advocacy skills with extensive experience and structures for effective community mobilization. Linking the two creates great potential for successful evidence-based advocacy campaigns. However, experience worldwide has shown that such partnerships are rarely effective in practice.

Although the CEGAA-TAC budget monitoring and expenditure tracking (BMET) project ran behind schedule and failed to carry out all the planned activities and outputs, it achieved immense success in changing the approach of TAC to include a budget monitoring and tracking perspective. On its side, CEGAA gained skills in community mobilization and learned how to engage with community members on budget issues in ways that were more effective and appropriate.

Why has the CEGAA-TAC partnership yielded successes where other such partnerships have fizzled and faded? The purpose of this case study is to investigate how and why the CEGAA-TAC partnership worked to the extent that it did. This is not an impact study of the project, but an examination of how the partnership evolved and operated. The ultimate intention is to offer some practical guidance on how these research-activist CSO partnerships might be replicated successfully in the future.

The case study relies on desktop research and interviews (phone and in-person) with TAC and CEGAA staff members. Source documents include: project proposals, annual reports of both organizations, project reports to donors, media reports, and research outputs.

2 Origin and background of the partnership

CEGAA and TAC

Based in Cape Town, CEGAA is a relatively small research and capacity-building CSO, with approximately seven staff. Its budget had grown from ZAR500,000 at its founding in 2006, to over ZAR7 million in 2011.[1, 2] Its activities fall into two main areas: 1) research on government budget allocations, funding flows, and expenditure; and 2) capacity building (primarily for government officials and CSOs) on understanding the budget process, health financing, budget monitoring, and expenditure tracking. In the arena of government budget analysis and research, CEGAA has unmatched experience and expertise on HIV/AIDS expenditure tracking in Southern Africa, including the use of the National AIDS Spending Assessment (NASA) tool sponsored by UNAIDS. By 2009 CEGAA was building a powerful regional profile in its field, but

[1] Approximately USD 75 000.
[2] Approximately USD 970 000.

the proposed BMET project with TAC offered a long-awaited opportunity to make a contribution at community level within South Africa.[3]

In contrast, TAC is much larger, older, and more widely spread. Founded in 1998, TAC currently has over 16, 000 members, 267 branches, and 72 full-time staff members, supported by an annual budget of over R40 million.[4] It is a grassroots membership organization with an elected leadership and a supporting technical administration. TAC excels at grassroots advocacy around the right to health and has become the recognized expert in district- and community-level advocacy work on HIV/AIDS and TB in South Africa.[5] Up to 2009, TAC's work had concentrated on monitoring healthcare services and advocating for the initiation and scaling up of specific services, but its knowledge and advocacy had largely avoided budget issues to that point.

In short, CEGAA and TAC shared an overall mission to improve HIV/AIDS service delivery in South Africa. CEGAA achieved this through inputting credible budget research into the policy debate, while TAC took a direct approach of mobilizing community members to push government to improve quality and access to HIV/AIDS services — hitting the streets with protests, marches, and petitions.

What each partner stood to gain

The two CSOs had a natural affinity because of their similar advocacy goals, but they were coming at it from different places: TAC drew its mandate primarily from grassroots membership, while the credibility and power of CEGAA's work came from the rigor and quality of its research findings.

Since its founding in 2006, CEGAA's research had reflected a large growth in the amount of public funds allocated for HIV/AIDS in South Africa. However, once the question of funds became less of an issue, the outcry from communities grew louder about how the funds were used and the resultant service delivery outcomes. CEGAA and TAC had an informal relationship dating back to before CEGAA's founding, when a number of CEGAA staff members had

[3] Ndlovu, Nhlanhla. "Giving Power to the Community: Building Community Level Capacity to Monitor and Influence Health, HIV/AIDS and TB Expenditures in Two Pilot Sites in South Africa." Project Proposal. 25 August 2009. Pg. 11.
[4] See www.tac.org.za
[5] Project Proposal, pg. 11.

interacted with key TAC members as part of their work at other organizations, including the AIDS Budget Unit at the Institute for Democracy in Africa (IDASA). TAC, therefore, was familiar with the *Budget Briefs* and other research outputs produced by CEGAA, but found that while these made basic HIV/AIDS budget and expenditure information available at national and provincial levels, this research provided little assistance in understanding what was happening on the ground, at local clinics. The key questions for TAC were: "What is the money doing for the people? Where did it go? Whom did it benefit?" With its existing approach to budget research and analysis, CEGAA found it was not well placed to answer these questions.

Although CEGAA theoretically understood its research to be aimed toward advocacy goals, its advocacy activities received less priority within the organization — thus the links to advocacy largely remained undeveloped. As a result, CEGAA had come to rely upon indirect channels for its research outputs to reach policymakers (e.g., the organization's website and the email distribution of some outputs), and some direct channels (e.g., presentations to CSO and government forums and conferences and limited one-on-one meetings with government officials at national and provincial level).

Therefore, CEGAA stood to benefit from TAC's on-the-ground experience and structures. Work with TAC would also inform CEGAA's macro-analysis and efforts to build regional civil society capacity for budget work on health. In addition, the BMET project provided a strategic opportunity to extend CEGAA's methodology into the analysis of *outputs*, as opposed to looking only at budget *inputs*.

For their part, TAC had an extensive program for monitoring treatment and literacy, but it had not been able to look at the budget aspects of government's HIV/AIDS services. Its questions and advocacy around the obstacles to effective treatment and prevention stopped at budgets and financial management and did not go further, due to their lack of skill, confidence, and experience with budget analysis and monitoring. Both organizations, therefore, had their own specific strategic objectives for this partnership.

How the partnership was formed

In August 2009 Nhlanhla Ndlovu, programs manager at CEGAA, approached colleagues at TAC with the idea of partnering on a project to monitor HIV/AIDS service delivery at clinic level in two South African provinces, Kwa-Zulu Natal (KZN) and Eastern Cape. The idea for the partnership was prompted by a suggestion of the International Budget Partnership (IBP), which had approved budget support for the project. The Open Society Institute office in New York (OSI-NY) then came on board with an interest in adding resources to support the community-monitoring aspects of the project. OSI-NY was concerned about the restructuring efforts underway in TAC and its capacity to manage funds and felt more comfortable with the financial management and accountability systems for grants at CEGAA. According to Ndlovu, at the same time, CEGAA was in discussions with the IBP, which was interested in supporting CSO partnerships aimed at budget advocacy in South Africa. While CEGAA had undisputed budget research skills and experience, they lacked skills, experience and structures for effective community mobilization and advocacy, which was TAC's undeniable strength.

A number of conceptualization and planning meetings ensued over the next months, chiefly between Ndlovu; Steven Harrison, TAC CEO; and Philip Mokwena, TAC national program manager.[6] As part of the recent restructuring that TAC had undergone, the provincial level of its structures had been removed and work devolved to the district offices. Given these changes, TAC did not feel confident in its ability to take on the coordination and management requirements attached to a new project and were more than happy for CEGAA to assume responsibilities for these aspects. CEGAA was willing to undertake overall management and reporting, which suited TAC's present situation. The current organizational needs of the two potential partners were, therefore, symbiotic, which meant that any complicated negotiations around management and funding flows were entirely avoided and arrangements fell into place easily and obviously.

TAC, which was not facing the same funding challenges as CEGAA was at the time, wished to have few constraints on any funds it received through the potential partnership, i.e., no line-

[6] Later became chief operating officer for TAC.

item reporting on subgrants received from CEGAA. To simplify the budget and financial management of the project, it was agreed that the TAC side of the budget would only include funds for salaries, while management and project costs (e.g., travel, workshop venues, etc.) would be handled by CEGAA.

In this way, the basic framework for cooperation was worked out in discussions in late 2009, as part of the proposal development process for the IBP. A formal MOU was signed by the two CSOs only in January 2010, after the grant funds were approved.

IBP staff members based in Cape Town also played an important role, particularly at the conceptualization stage of the partnership and project. During the year spent developing the proposal, IBP staff members reviewed drafts and provided advice and ideas. The CEGAA team reported that the IBP raised strategic and operational questions during the proposal development period, which really assisted the CEGAA management to clearly identify the project objectives and activities, as well as to carefully think through the risks and opportunities of the organizational partnership.

Given the synergies and complementary needs of these two organizations, the partnership between them was "very natural and easy:" the budget monitoring would come from CEGAA while the community mobilization would come from TAC. In essence, "Everyone would do what they were good at."[7]

3 The partnership in practice

Project activities

As noted above, the partnership was formed to implement a budget monitoring and expenditure tracking (BMET) pilot project for health, HIV/AIDS, and TB in uMgungundlovu (Kwazulu Natal province - KZN) and Lusikisiki (Eastern Cape province) districts in South Africa. The basic purpose was to build the capacity of community members and local government officials to engage with government budget processes and to monitor budget allocations and

[7] Interview with Nhlanhla Ndlovu, programs manager, CEGAA. Pietermaritzburg, Kwa-Zulu Natal. 23 August 2012.

their execution.[8] In this way, budget analysis would strengthen TAC's existing community health monitoring and advocacy work. As the project proposal described it:

> The partnership will benefit both parties as CEGAA will provide CSO BMET capacity-building and technical support to relevant TAC structures whilst TAC will support CEGAA with active coalition building and advocacy strategies, thereby translating budget research into accessible and effective advocacy packages.[9]

TAC already had a team of community health monitors in place in each of the two districts. The TAC Community Mobilisers (CMs) visited clinics and health facilities daily to speak to health care workers and patients about service delivery problems and possible solutions.[10] Each Friday, the CMs of each district met to report back on issues that had been raised in their assigned local area, and to strategize together about how to advocate for those issues to be addressed.

During 2010 the focus of the BMET project was on building the necessary relationships with stakeholders, especially provincial health officials, district health officials, AIDS Councils, and clinic managers. At meetings with district head offices, CEGAA and TAC members deliberately did the initial presentation of the project together. Being introduced by TAC was a great help to CEGAA team members, who lacked relationships and familiarity with the district officials and were able to piggyback on the trust TAC had earned with them.[11]

A second important aspect of this initial phase of the project was for CEGAA to extend and build its relationships and trust *within* TAC's extensive membership structures. CEGAA, therefore, introduced the project and described the principles and value of budget work at large meetings of all the TAC branches in both districts.

[8] "Memorandum of Understanding Between CEGAA and TAC. Giving Power to the Community: Building Community Level Capacity to Monitor and Influence Health, HIV/AIDS and TB Expenditures in Two Pilot Sites in South Africa." Project Period: August 2009-August 2011, pg. 2.
[9] Project proposal, pg. 11.
[10] TAC's community health monitors were originally called 'Community Health Advocates'. Later, after some reorganization of TAC's structures and approach, their title was changed to 'Community Mobilisers'.
[11] TAC-CEGAA MOU, pg. 5.

Following the initial sensitization and stakeholder introductions, the BMET project began a phase of community-level research that was intended to provide a picture of the current situation of health care service delivery in the two districts and to get a baseline understanding of the experiences of citizens' access to and health workers' provision of health care services for HIV/AIDS and TB. Together the CEGAA team and the TAC staff from the district offices: identified the pilot sites for investigation; developed research tools and Informed Consent procedures; selected research assistants/data collectors from communities under study; and conducted a pilot of those research tools.

Following the data collection, CEGAA did the actual statistical analysis of data, while TAC shared in the data validation and the review of preliminary and final survey findings. The research findings were disseminated via workshops, conferences, strategic meetings, and public hearings in 2010 and 2011 to target audiences of government officials, provincial and district AIDS Councils, unions of health workers, partner civil society organizations, and community members. As one of the concrete outcomes of the public hearings held in November and December 2010, District Action Teams, composed of both government and CSO stakeholders, were formed to ensure issues from monitoring work were addressed and corrective action was taken.

Throughout the project, the approach used by the CEGAA team was to build capacity not simply by holding formal workshops but through directly involving partners in the research, analysis, and dissemination activities. According to Zukile Madikizela, the Lusikisiki CM Coordinator, the training and technical assistance provided by CEGAA empowered the CMs to ask incisive questions of the government health officials about budget and planning processes, allocations, and spending.[12]

Near the end of 2012 the BMET project team began to collect information on the human resources situation at the clinics, in order to identify the understaffed clinics and their levels of need so that the partners could mobilize for provincial resources to consistently recruit, train,

[12] King, Judith. "Giving Power to the Community: Building community-level capacity to monitor health, HIV/AIDS and TB expenditure and service delivery in O R Tambo District, South Africa. A Story of Change in Lusikisiki Sub-District."

and retain health personnel. In 2013 the BMET team also intends to identify budget issues affecting healthcare worker recruitment at district level.[13]

Institutional and staffing arrangements

The initial partnership MOU (January 2010) listed in detail the CEGAA-led responsibilities, TAC-led responsibilities, and joint roles and responsibilities of both organizations. And, on the whole, the actual practice was consistent with the original intention: CEGAA provided the overall management and coordination and technical knowledge for the project, while TAC supplied project staff at the district level.

The TAC district structure entailed: a District Coordinator; District Manager (DM); and District Community Mobilization Coordinator (DCMC) in each district. The DCMC supervised the team of Community Mobilizers in each district and was responsible for coordinating the BMET work with CEGAA. In the original two pilot districts of the BMET project (uMgungundlovu and Lusikisiki) there were seven CMs in each district, with two of these trained as BMET monitors.[14]

Although chiefly conceptualized and developed with the national office of TAC (COO and deputy secretary general), the BMET project was implemented at the district level, which led to the closest personal relationships developing between the three CEGAA team members and the TAC staff at the two district offices. The CEGAA team was composed of Ndlovu (programs manager) and two researchers/trainers based in Pietermaritzburg (Sli Shezi and Kwazi Mbatha). Mbatha and Shezi worked on both districts together, interacting most frequently with TAC's CM coordinators and District Coordinators. For their part, the BMET CMs were primarily involved with data collection, monitoring, and community mobilization for the public hearings.

At the start of the project in September 2009, CEGAA's team of three moved into three small rooms at the TAC district office in Pietermaritzburg. All indications suggest that the situation of sharing physical space was a key success factor in the partnership. Not only did this make communications with the uMgungundlovu District Coordinator and two BMET monitors much

[13] "Community monitoring of HIV/AIDS and TB spending in Lusikisiki, O R Tambo District, Eastern Cape." Record of Stakeholder and Partners Feedback Meeting. 6 September 2012, Cosy Posy Lodge, Lusikisiki.
[14] Later, when TAC expanded the number of CMs to 15 in each district, each of the four new expansion district had only one of those 15 CMs serving as a BMET monitor.

easier it also allowed for great strengthening of informal relationships. Further, it enabled CEGAA to be exposed and adapt to TAC culture. According to the formal sublease agreement, covering 1 September 2010 to 31 August 2011, the monthly rental was ZAR3, 450; however, the contract did not stipulate at what point the rent was due each month. In actuality, the rent was not paid monthly; instead CEGAA awaited an invoice from TAC that was delayed, issued incorrectly, rectified, and re-issued so that by the time funds were paid the amount was transferred as a lump sum. At the time of writing, the full rent had not been transferred due to administrative confusion and mistakes that were slow to be corrected. It does not appear that these hiccups created any tensions in the Pietermaritzburg office, however, as the invoices to CEGAA were issued by the financial administrators at TAC's national office.

The fact that the BMET project on the whole ran more smoothly in KZN than in the Eastern Cape is partly due to the location of the CEGAA team at TAC's Pietermaritzburg office. Some tensions arose with the TAC members in the Lusikisiki office who felt they were receiving less attention, technical assistance, and support from the CEGAA team, compared to their uMgungundlovu district counterparts. At times the CEGAA team was accused of "remote controlling" the Lusikisiki project activities. Making things more difficult, emails and landline phone lines were not always functioning properly, thwarting communication. Frequently the CEGAA team found TAC members were slow to respond, due to busy schedules in the field or poor cellphone reception, and, more often than not, appointments with clinics and stakeholder meetings would be delayed in the Eastern Cape. In contrast, project activities in KZN benefited from the shared office, and the easier communication and relationship-building it afforded.

To address this issue, the CEGAA team visited the Lusikisiki office more frequently to give them more support. Also, they changed their practices so that the BMET monitors were directly supervised by CEGAA, instead of via the TAC CM coordinator. TAC BMET monitors were provided more independence to do their BMET work and execute their quarterly plans without interference.

One of the key implementation issues on the project was that the job descriptions and salaries of the two CMs who also served as BMET monitors did not change with the addition of their

BMET skills and responsibilities. According to CEGAA, the original intention had been for the BMET monitors to spend 100 percent of their time on the project. However, in actuality the BMET monitors ended up doing their original full-time TAC work *plus* the new budget work. To further complicate matters, the BMET monitors effectively had two bosses: Shezi/Mbatha and their CM coordinator, while their paycheck came entirely from TAC. According to the CEGAA team, the finalization of the MOU between the organizations did not alleviate this problem in practice. The problem was alleviated by introducing an arrangement wherein the CMs directly engaged with CEGAA, thus reducing the delays and miscommunication experienced when engaging with the TAC district management.

A second implementation issue related to the responsiveness and cooperation of the busy TAC staff. According to the CEGAA team, the TAC coordinators were often slow to follow through on agreed-upon tasks, due to their regular TAC workload taking priority over their BMET activities. This contributed to serious delays in the scheduling and hosting of stakeholder meetings, as well as other critical project activities that required TAC's connections and structures for the invitation and mobilization of participants. For example, the CEGAA team relied upon the TAC coordinators to set up the Action Team meetings, which according to the original plan were to be held monthly. This proved problematic, and there were only two Action Team meetings in Lusikisiki in 2011 and just one in KZN.

On the whole, both TAC and CEGAA members describe the personal relationships between members of the two organizations very positively. Conflict was largely handled with honesty, directness, and humor. The attitude and personality of key team members was critical for setting the overall tone, building trust, smoothing over day-to-day aggravations and miscommunications, and managing conflict. According to the CEGAA team and the two District Coordinators, relationships were very informal: "We can say whatever we think, almost like we are one organization."[15] By now, given that the CEGAA and TAC members share office space and have been working closely together for nearly five years, relationships (and any disputes

[15] Ndlovu phone interview.

that arise) more closely resemble those between members of the same organization, rather than those present between two separate CSOs.

Financial arrangements

According to the TAC-CEGAA MOU, quarterly operational plans detailing activities, timeframes, and responsible persons for each task were to be developed jointly by TAC and CEGAA. With respect to financial management, CEGAA received donor monies and then transferred funds to TAC, based on invoices submitted by TAC's national office. Reporting to donors was done by CEGAA, based on monthly and quarterly reports generated by the CEGAA team in conjunction with the TAC CM Coordinators and CMs.[16]

The internal management of the project funds within TAC became an issue for budget advocacy *within* the organization. In October/November 2009 the project kicked off with a large workshop for TAC members and stakeholders from both Lusikisiki and uMgungundlovu districts, which was held in Johannesburg. Soon after, the CMs began to protest that they were not receiving increased salaries, despite the injection of funds from CEGAA that were flowing into TAC for the purposes of the BMET project. The CMs' expectation was that their salaries would be increased, while in fact the negotiated arrangement between the TAC senior leadership and CEGAA was that the subgrant would flow to the national office, to enhance the organization's general pool of resources. The questions raised by the CMs evolved into a protest in Lusikisiki, and in March 2010 TAC staff involved in the project officially stated their grievances to their district managers and went on strike.

Ironically, the dispute was proof of the effectiveness of the recent CEGAA budget training workshop and how well TAC participants had internalized budget transparency and accountability principles. The disagreement was largely an issue of poor communication, both within TAC and between CEGAA staff members and CMs. It was resolved through a letter written by CEGAA's managers to TAC in May 2010, at the request of the TAC district and national management. The letter clarified that:

[16] TAC-CEGAA MOU, pg. 5.

- it was up to the TAC head office to determine the use of the project funds transferred from CEGAA;
- the BMET CMs would continue receiving the salaries equal to the other CMs, and that this had been understood and agreed to by the CMs concerned when they were selected to work on the budget project; and
- the CMs would remain TAC employees, subject to TAC's human resources policy, during their involvement in the BMET project.

The incident had the potential to undermine the trust necessary for the effective functioning of the partnership between CEGAA and TAC. However, the CEGAA letter managed to alleviate the tension and confusion by clarifying that the miscommunication had more to do with how TAC's national office and management had represented and conveyed the project plans and implications to lower-level TAC staff and volunteers at district and subdistrict levels. The letter also stated that "meeting should be held soon with all BMET CHAs to thoroughly go through the MOU," however, this never transpired, evidence again that the strength of the informal relationships sustained the partnership more than formal mechanisms.

Perceptions and experiences of the partnership by outsiders and stakeholders

The different reputations of the two organizations were an asset to the partnership. In the view of CEGAA staff, CEGAA's involvement helped improve TAC's relationship with some health managers at the subdistrict level because CEGAA came with a more technical, research-oriented reputation and approach. This approach contrasted with government perceptions of TAC as an activist organization that relied upon adversarial tactics.

In some situations, TAC members had become disillusioned and cynical, after many frustrating interactions with government officials. The activists' erosion of respect and patience for government officials obviously impacted negatively on their ability to work with these officials. However, where TAC staff had been unsuccessful in securing meetings or establishing cooperative relationships with some government officials, CEGAA staff instead found those same officials more receptive than anticipated. The CEGAA team found that in many instances,

when the BMET team began talking about budget issues, attitudes changed and government health workers were impressed and more willing to listen. The addition of financial and budget information to their advocacy efforts lent a seriousness and rigor to their talking points, compared to advocacy that centered on service delivery issues alone.[17]

On the flip side, CEGAA benefited tremendously from being able to piggyback on existing relationships at the local level that TAC members had taken years to cultivate. Furthermore, TAC members themselves were local community members and thus assisted CEGAA to more quickly get grounded in the local context — its particular challenges, power dynamics, history, and networks.

The CEGAA staff and TAC District Coordinators attended one-on-one meetings with government officials together, and larger stakeholder meetings and public hearings were jointly run by the BMET team (TAC and CEGAA staff). As Noyoliso, Lusikisiki DM, explained, stakeholders often did not differentiate between TAC and CEGAA on the ground. There were not separate CEGAA monitors visiting the clinics, but the same Community Mobilizers supported by both TAC and CEGAA.

4 Lessons Learned

As to be expected, both CSOs benefited from the partnership, although not in identical ways. TAC gained much better understanding of the principles, mechanics, and debates related to government budgets and financial management. The TAC CMs report that they now know better what to ask, are better able to locate where the bottlenecks are, and can connect service delivery issues to budgets and locate where different services, flows, resources would be found in budget documents. This knowledge lends rigor to their arguments and richness to their advocacy. In the view of the TAC District Managers, the addition of budget analysis has enhanced the effectiveness of their monitoring and advocacy efforts at local clinics.

CEGAA also learned and adapted its advocacy strategy and approach as a result of working with TAC. According to Ndlovu, CEGAA learnt that high level budget analyses are insufficient without

[17] Kwazi Mbatha, Researcher/Trainer, CEGAA. Pietermaritzburg, Kwa-Zulu Natal. 23 August 2012.

full details on outputs and outcomes. CEGAA staff gained confidence to engage with community members on budgets, using the local language and local examples, to help people understand budget matters and to give feedback on their experiences of service delivery and what they expect from services providers and government as a whole. The CEGAA staff also learnt to mobilize communities and to engage with them in an appropriate manner: "We have learnt to speak the lingo that represent communities. It's no longer about how fast budgets grow from year to year, but it's about the extent to which government efforts including budgets deliver the promised human rights, including the right to health."[18]

For CEGAA another practical benefit from the partnership was the ability to piggyback on TAC's well-oiled grassroots activist structures. Instead of recruiting and training new monitors, the BMET team could empower the existing experienced TAC CMs with additional skills around budgets. TAC's tremendous experience in mobilizing large numbers of community members for workshops and meetings (especially at short notice), and their experience with managing the logistics of large public meetings (including organizing buses, transport, food, sound systems, etc.) was invaluable.

The experience of TAC and CEGAA on the BMET project suggests a few key lessons to be learned on forming and implementing partnerships between research and activist CSOs.

Research-activist CSO partnerships open new opportunities for impact

The first lesson is that outcomes are possible through an activist-research partnership that, in all likelihood, would not be achieved by either organization working alone.[19] TAC had been deeply involved in advocacy in these two districts for a number of years but was not able to achieve such concrete improvements in service delivery until the support from CEGAA enabled them to add a BMET component to their work. Similarly, CEGAA had been successfully producing budget analyses but was unable to access local communities in a manner that enabled them to translate that budget information into changes in service delivery. Attempting this work without TAC's partnership, CEGAA would likely have selected the wrong people to

[18] Ndlovu, email correspondence, 31 July 2013.
[19] Noyoliso and Ndlovu interviews.

assist with the community-level research, but by drawing upon TAC structures, committed people were already identified.[20] Both CSOs felt that such a project would not have been possible without the partnership of the other.

Not only does such a partnership create a positive (which would not have been possible otherwise) it also avoids a negative. If CEGAA had attempted to do health advocacy work in those two districts without first approaching TAC regarding a partnership, it is possible there would have been confusion, territorial issues, and duplication of efforts, resulting in wasted time and resources.[21]

Partnerships trigger learning that enhances existing work of the participating CSOs

The second lesson relates closely to the first. Through the partnership, each CSO learned new skills outside of their regular field of work, but they also learned ways of doing their own regular work better. Through the close interaction with its partner, each CSO was exposed to a different organizational culture, spheres of influence, tactics, methodologies, and perspectives, which gave them ideas on how to do their own work in a new way. According to Ndlovu, the BMET project was the first time CEGAA got a chance to get to the "real" issues on budgeting, as a result of seeing the delivery reality on the ground and understanding community concerns on the budget. Previously CEGAA's budget work had focused on the allocation and expenditure stages of the budget process but had not been able to step meaningfully into the realm of comparing expenditure to budget outputs and outcomes. Where before CEGAA's publications tended to praise the South African government's increases in HIV/AIDS-related budget allocations, the analysis and recommendations could now be more sophisticated because the CEGAA team had done major learning on what the funds actually do for the people.[22] Shezi explained: "CEGAA brought the technical skills but didn't have the contacts, structures, relationships in communities. We didn't understand the dynamics, or how to understand our local experiences. Now we know the challenges from the community members' perspective and health workers. Now we understand the complexity."[23] The work with TAC thus enabled CEGAA

[20] Silindile Shezi, Researcher/Trainer, CEGAA. Phone interview, 28 August 2012.
[21] Noloyiso Ntamentlo, Lusikisiki District Coordinator, TAC. Phone interview, 8 February 2013.
[22] Ndlovu interview.
[23] Shezi interview.

to deepen its budget analysis by including the link between financial performance and service delivery outputs.

On TAC's side, the knowledge and awareness of budget issues that they gained via CEGGA led to concrete changes in their strategy and advocacy. In one clear example, the TAC uMgungundlovu district office planned a march on the Provincial Treasury in Pietermaritzburg in April 2010 to advocate for 15 percent of total government spending to be allocated to health, as per the Abuja Declaration target. The CEGAA team asked their TAC colleagues some key questions around the planned march: Had they done a budget analysis indicating how much of the provincial budget was actually spent on health? Were they aware which sphere of government was responsible for health allocations? When TAC learned that health allocations were largely determined by the National Department of Health and National Treasury, they realized they were targeting the wrong decision makers. TAC ended up cancelling the march to Provincial Treasury, which would have costs thousands of Rand to hire buses and been largely ineffective.

Shared partnership projects may not enjoy the same degree of priority from both organizations

Third, a number of implementation issues described in this case study arose because, at the core, the two CSOs assigned different levels of priority to their shared BMET project. For the three-person CEGAA team, the BMET project was their main work: the project paid their salary in full and took up approximately 80-90 percent of their time. The BMET project was the means and purpose for both Mbatha and Shezi to be hired. For the TAC staff, BMET was an additional project, consistent with their mission but one among many activities on their plate.

This reality had a number of practical implications.

- First, the CEGAA team was often frustrated with the slow response of their TAC colleagues to emails and calls, which contributed to delays in setting up meetings or appointments.
- Given that TAC had been operating in the two districts for years and its membership was drawn from residents, TAC arguably had more to lose from mismanaged relationships

with stakeholders. While TAC was operating in its own backyard, CEGAA staff were new to the area and present to conduct a singular project as opposed to a sustained intervention. At times, the TAC District Managers were protective of the relationships they had developed with government officials and health workers.

- Third, because the BMET work was not their sole focus, the BMET monitors often had to be reminded of skills and formulae they learnt in the CEGAA budget workshops, since they did not use those budget analysis skills in their work every day.

- Other priorities detracted from the BMET work at times. Ndlovu gives an example of *Budget Briefs* that were drafted by newly trained BMET monitors in four new districts, which were edited and reviewed by the "old" BMET monitors in the two pilot districts. Although the suggested changes were very valuable and demonstrated a high degree of understanding of budget principles and skills, to date the new BMET monitors have not been able to incorporate those changes into revised versions and finalize the *Briefs*, due to lack of time.

- The different degree of priority given to the BMET project by its two partners also meant that the originally negotiated division of labor could be subverted. For example, in the four new districts where the BMET work has been extended, Shezi reports that he has been compelled to do a fair bit of coordination work, as well as the technical assistance, despite the intention being that CEGAA's contribution would only be technical assistance.

It is unlikely in any CSO partnership that both players will assign an identical degree of organizational priority to their shared endeavor. Therefore, perhaps the lesson is that, given that such a disparity will likely exist, this gap must be acknowledge and planned for, as it will undoubtedly impact on the incentives and behavior of involved staff. These impacts will likely affect their ability to meet deadlines, project timeframes, and stakeholder relationship-building in particular.

Research-activist CSO partnerships will likely encounter a disjuncture in formal education levels

Finally, it is very likely that a partnership between an activist CSO and a research organization will encounter a gap between the average formal education levels in the two organizations. Research organizations, by their nature, draw their credibility from the soundness of their findings, and thus seek out and attract employees with substantial academic qualifications. Activist groups may be organized to attract and capitalize on members with significant "real life" experience in community mobilization, instead of formal qualifications. In designing training workshops and technical assistance, CEGAA researcher/trainers were mindful that the level of education at TAC was fairly low (many members have only completed secondary education, while others lack even that), and thus TAC members did not have a solid quantitative or analytical foundation to work from when embarking on budget work. Given this limitation, TAC members struggled with the financial and budget jargon and had more difficulty conducting budget analyses.[24] The need to bridge such a gap in average levels of education will be an obstacle in most partnerships between research and activist CSOs and would need to be acknowledged and addressed proactively.

Implications for replicating partnerships between research and activist CSOs

What do the experiences of TAC and CEGAA mean for CSOs wishing to form similar partnerships? First, the importance of sharing physical space should not be underestimated. Despite advances in mobile devices, video conferencing, and electronic communication, the fact that CEGAA and TAC members worked side by side in the Pietermaritzburg office was tremendously important to the success of the project. It allowed members of both organizations to simply spend more time together — both formally and informally — which meant they better understood each other's motivations, strengths, context, and external obstacles. Especially in rural areas where cell phone coverage and internet access are often unreliable, there is no substitute for shared physical workspace and in-person communication. CSOs considering forming partnerships must, therefore, budget and plan for a shared office for daily work, or at least frequent in-person meetings.

[24] Shezi interview.

Besides the shared office in Pietermaritzburg, the second largest contributor to the success of the BMET project was the personalities involved. This project involved challenges not normally present in other projects: working in rural areas involved time-consuming and difficult travel, as well as communication challenges due to weak infrastructure. Further, team members needed to cultivate close working relationships with members of organizations that operated with very different methodology, norms, and standards than their own. Overcoming these challenges required people who had the appropriate attributes: flexibility, patience, adaptability, resilience, perseverance, open-mindedness and good humor. Frankly put, the BMET project would not have been sustained if the CEGAA team were not able to adapt to TAC culture and work in rural areas. Second, overcoming those challenges and working effectively at local level in rural areas required persons who were familiar with the language and culture, and thus had some credibility with community members.

It may appear that luck is required to find the right fit of individuals for such projects, and therefore replicating this success factor is not possible. However, on closer examination, we can identify critical elements in the background and past work experiences of the CEGAA team members that point to the presence of the desired personality traits. For example, Ndlovu himself grew up in KZN and spent three years managing social welfare programs for children and families in rural KZN with an international UK-based charity organization called Absolute Return for Kids (ARK). Prior to that, he had done community-level research on social issues in the province. When looking for key individuals to drive partnership projects between research and activist CSOs, it would, therefore, be advisable to seek out people who: 1) have family and historical connections to the area and culture (including local language skills), and 2) have previously done development work in rural areas (or other communities with significant socioeconomic challenges). The presence of both characteristics makes it much more likely that such project members would be able to adapt to difficult institutional and cultural environments and be effective.

Finally, this case study raises some questions about how we ought to evaluate the success of partnership projects between research and activist CSOs. Assessed against original project

plans, the project fell short in a number of activities and written outputs. Stakeholder meetings, public hearings and District Action Team meetings did not take place as regularly as planned, and research envisioned as part of the original proposal never materialized or eventually appeared in a much-changed form. These are the type of indicators or outputs with which CEGAA is familiar and donors often seek out.

However TAC arguably operated with a different *modus operandi*, placing more priority on the ability of the organization to respond quickly to recent, relevant events, and adapt its long-term advocacy strategy to capitalize on developments in its external environment. By its nature as a research organization, CEGAA placed high value and significant resources on detailed, formal analysis and written outputs. In contrast, TAC activists preferred public meetings and succinct press releases to formal workshop reports or longer research outputs.

Donors who promote and support such partnerships, therefore, need to consider measuring success in less conventional ways. The BMET project was amazingly successful at changing the mindsets and expanding the viewpoints of TAC activists, in a way no formal or traditionally-structured training program would have. Such impacts are perhaps better reflected in success stories and anecdotes, visual mediums, and other innovative approaches. Furthermore, the BMET partnership between TAC and CEGAA enabled TAC to become more responsive to service delivery problems that arose. This suggests that we need to identify ways to record and measure the ability of civil society organizations to respond quickly and effectively to unanticipated events, instead of only evaluating their ability to follow through on a formal schedule of workshops and written outputs set out months or years ahead in a project proposal.

In summary, the TAC-CEGAA BMET project tells us that partnerships between research and activist CSOs on budget work are feasible, and offer the possibility of more effective budget advocacy. However, organizational differences may make the project work slow and results not immediately or readily apparent in the conventional form we often expect or require. Such partnerships require enormous patience and perseverance to reap the benefits of complementary skills working together toward one goal.

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