CENTRE FOR ECONOMIC GOVERNANCE AND AIDS IN AFRICA

HEALTH, HIV/AIDS AND TB BUDGET AND COMMUNITY MONITORING, EXPENDITURE TRACKING AND ADVOCACY

A FACILITATOR'S GUIDE

Prepared by the Centre for Economic Governance and AIDS in Africa (CEGAA)
Sponsored by the Open Society Foundation of South Africa (OSF-SA)

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The community Training Facilitators Guide has been developed to give basic training information and material that can be used by Civil Society Organisations that seek to transfer basic economics and budget monitoring and expenditure tracking information and skills at the community level.

The guide has been developed as a five days' curriculum. It contains examples and exercises in textboxes which are facilitative for the adult learning processes.

We hope this manual provides good material and facilitates greater understanding of basic economics and BMET for civil society groups and individuals.

INTRODUCTION

BACKGROUND TO CEGAA'S CAPACITY DEVELOPMENT APPROACH

The CEGAA capacity development approach assumes that capacity-building is a process of empowering individual citizens, civil society organisations, social groups, researchers and even state officials with skills to mobilise one another or others for collaborative efforts to change undesirable conditions for realisation of human rights. In this approach, "capacity" is defined beyond training workshops and seminars, to encompass all activities that lead to social accountability, such as problem definition concretised in concept notes and funding proposals, social mobilisation, stakeholder identification and sensitisation, coalition-building, community needs assessments, campaign development, writing advocacy messages, training on particular topics of interest such as budget monitoring, and various forms of research.

CEGAA supports its partners in South Africa and elsewhere with capacity-building using a combination of these collaborative efforts. Partners are best capacitated by participating in activities rather than by receiving trainings alone.

Technical support provision is the ultimate method of building capacity as CEGAA staff avail themselves to work hand-in-hand with partners, providing them with technical skills where necessary, in line with project goals. It is common knowledge that trainings can raise awareness and give trainees skills to perform certain functions or analyses; however, in reality, trainees need extra support to put their learnt skills into practice. This is even more important where financial analyses are involved. Budget analysis and expenditure tracking require careful attention to be paid to the fundamentals of statistics and formulae, which do not only lead to good analyses, but also ensure that the information is accurate and credible.

Materials Development and Workshop Facilitation

Once project stakeholders have been identified, CEGAA works with partners to identify gaps in skills necessary for effective budget and community health monitoring activities. A curriculum or training modules are then developed to build necessary capacity. A generic Budget Monitoring and Expenditure Tracking curriculum exists to suit those who require general understanding of and skills for monitoring the budget process. This curriculum looks at the basics of economics, the determinants of health, health financing, four phases of the budget project, principles of good budgeting, i.e. participation, transparency and accountability, introduction to citizen monitoring tools, and the basics of social research and advocacy development strategies. Specialised training materials include costing of interventions and the National AIDS Spending Assessments (NASA).

Training workshops range from three days to two weeks, depending on the identified needs and the training recipients' level of understanding. These are generally followed by technical support provided to partners who are doing the budget research or monitoring.

Technical Support Provision to Partners

Technical support ensures that partners can access specialist skills that they may need to strengthen their work. Specific technical support includes guidance on collection and analysis of secondary data, through literature review, desk studies of health, HIV/AIDS and TB plans, budgets, in-year and year-end reports, etc. Such information is usually disseminated through newsletters or the so-called *budget briefs.* These assist in the identification of advocacy issues, resulting in the definition of primary research topics and research designs.

To ensure the impact of the secondary research conducted, various presentations are prepared for partners/stakeholders at local, district and provincial level, soliciting their responses and

contributions in the advocacy messages emanating from the research. Validation of information and/or preliminary conclusions and recommendations are very important to ensure that different stakeholders have a common understanding of issues, and that they are sensitised to add their voice to the call for service delivery improvement. Stakeholders' deliberations on research also ensure identification of information gaps and refer to other sources of information for completeness or accuracy of the information presented.

Development of Research and Advocacy Capacity

Partners, especially civil society organisations, need to build consensus on issues requiring in-depth research. This will ensure that CSO scarce resources are not wasted on irrelevant issues that will not lead to desired outcomes. CEGAA works with partners on conduct the so-called *situational analysis* to ensure that subsequent interventions are relevant to the situation at hand. In some cases, this would be considered to be an assessment to understand the status quo around issues of interest. For example, the South African Budget Monitoring and Expenditure Tracking project sought to understand citizens' access to and health workers' provision of health care for HIV/AIDS and TB.

Situational analyses may be conducted as a secondary study, without the ethics requirement. However, other forms of research development require that scientific research proposals be developed, and ethics application(s) be considered for research involving humans, or HIV/AIDS and TB patients in the work of CEGAA and partners. Complete research tools need to be developed, as well as Informed Consent procedures for the primary research. This process would involve CEGAA's partners so that they learn from the process, and can be capacitated and supported to deal with similar processes on their own in the future. For meaningful capacity development, the research assistants or data collectors should be members of the community seeking or being supported to do the research so that research skills are developed at local level. Therefore, the research teams will need to be trained thoroughly on research tools and survey administration, and be given an opportunity to test (or pilot) the research tools for accuracy and appropriateness of questions and to test for bias. However, field supervision by CEGAA and experienced research partners is needed.

Depending on the type of information collected, and the purpose of the research, CEGAA and research partners may employ a statistical computer package to analyse the data. This may limit other partners' involvement in this stage of the research process, but draft findings will need to be shared and discussed extensively to ensure that all partners understand what the information is telling them, and will be able to use it for their advocacy purposes. The preliminary research results would then need to be presented at various fora for validation purposes and to identify gaps that other stakeholders may identify. Once again, this process involves CEGAA's CSO partners to ensure that their research analysis and dissemination skills are improved. Once the monitoring team is confident of the accuracy and sufficiency of information to make conclusions, various report formats may then be prepared for various audiences, with the goals of advocating for better health care services in the HIV/AIDS and TB field. Various dissemination avenues may be planned for origination or leveraged through partners, such as workshops, conferences and strategic meetings. For the ultimate social accountability process, public hearings and activist mechanisms such as demonstrations may be deemed necessary.

Notably, community monitors (citizens, groups, and coalitions) are encouraged to use their background experiences and information from the ongoing community monitoring activities to inform all process of capacity-building: trainings, research design, budget analysis, expenditure tracking, community monitoring and advocacy strategies. This seeks to ensure that new skills are relevant to the situation(s) and that they make sense to the individuals and groups receiving them.

It is also important to emphasise that budget and community health monitoring is not an end in itself; various strategies will be required to ensure that information or evidence generated from the

monitoring activities is used to improve the lives of the people needing public services. Among such strategies is the formation of Action Teams tasked with ensuring that monitoring issues are addressed by responsible government agents and/or service providers. CEGAA recommends that such teams should include both governmental and non-governmental stakeholders to promote accountability and enforce responsibility for corrective action.

Training Workshops

The need for increased citizen participation in policy development and monitoring of government processes such as strategic planning, budgeting, spending and ensuring provision of services has gained currency and the awareness amongst citizens on their rights and responsibilities in ensuring governments' accountability has increased in the last decade. This process provides a key mechanism of improving accountability and economic governance in Africa. Nevertheless, most budget monitoring and expenditure tracking (BMET) by civil society has largely remained at the national level employing budget analysis techniques with less experiences and work happening at the community levels and even less in expenditure tracking (*Situational Analysis reports for Malawi, Zambia, Mozambique and Zimbabwe by CEGAA*).

This is a Civil Society Training Facilitators Guide (herein referred to as 'the guide') has been prepared to guide civil society organisations involved in Budget Monitoring and Expenditure Tracking in building their own capacity and that of their partners and community monitors. The guide has been prepared particularly to be used in a Training of Trainers (TOTs) setting whereby the TOT participants would receive knowledge and skills in BMET and they would in turn transfer the same to their community or constituency during field practical sessions. The guide has been structured along various content areas and processes of delivery that would guide a primary facilitator to deliver to training facilitators or directly to the community monitors.

The guide provides content necessary in informing facilitators and community monitors the basic economic and public financing concepts as well as practical exercises and examples that would enhance skills in BMET in the health or any other public sector.

WORKSHOP PURPOSE, OBJECTIVES, CONTENT, PROGRAMME AND DELIVERY METHODS

Purpose of the BMET Workshops

- To build the capacity of the training facilitators to enable them to undertake civil society training in BMET and to provide technical support to community members engaging in BMET action research at various levels.
- To enable trained community members to undertake the monitoring of budgets and the outputs of the district spending on health, HIV and AIDS and TB.

Objectives of the BMET Workshops

- To identify training facilitators from partner organisations and community members to be engaged in the monitoring of district spending outputs for health, HIV and AIDS and TB.
- To provide training to these facilitators and community monitors to understand the budget process, public funding channels, disbursement of funds and the expenditure at district level.
- To provide skills to training facilitators and community monitors to track and assess the spending at district level on health, HIV and AIDS and TB.
- To build the capacity of communities to generate and utilise the BMET findings for effective evidence-based advocacy campaigns.

Workshop Contents

The BMET workshop content focus is designed as follows:

- Basics of economics, macroeconomics, and fiscal and monetary policies
- Health and health care Issues
- Issues of international, regional and national instruments and policy commitments informing health and HIV and AIDS budgeting and spending
- Basics of health financing –options and realities
- Basic understanding of government budgeting systems, budgeting systems, budgetary documents, relevant actors and/or powerbrokers
- Basics of budget monitoring and expenditure tracking techniques, approaches, tools and methodologies
- Citizen monitoring of outputs of spending – social auditing, citizen score cards, community report cards, service satisfaction surveys, etc, and
- Lobbying and advocacy skills for engaging budget decision-makers/executive, legislators and other actors and for developing effective advocacy, media and communication strategies.

BMET Training Workshop Programme

Training facilitators are encouraged to follow the training modules as pre-arranged in this manual. However, the facilitators should be able to identify skills levels of the training recipients and be able to re-arrange the materials according to the knowledge levels and relevance.

The training should be organised to comprise both technical training to training facilitators and practical technical support to be provided during project implementation. The training workshop may range from three (3) to five (5) days. However this content is designed for a 5-day in-contact workshop. The recommended workshop programme structure is as follows:

Day 1 i. Basic concepts in economics
ii. Health, health care and health financing

Day 2 & 3
i. International, regional and local health and financial commitments
ii. Governance and good governance
iii. Budgeting process, budgets, budget analysis

Day 4 i. Budget analysis: Practice
ii. Social accountability, rights and responsibilities of citizens
iii. Citizen monitoring tools – methodologies and films

Day 5 i. Citizen monitoring tools – methodologies and films
ii. BMET project planning

Approaches and Methodologies for Delivery

The use of various methodologies and/or tactics of training delivery are recommended for an impactful training. Facilitators should use tools such as short formal lecture-style teaching, and participatory methods such as brainstorming, group work, gallery walks, and role plays. Learning should also be enhanced through reflections on practical experience, giving participants an opportunity to learn from their own experiences, for better understanding and application of tools and new learned skills.

The facilitators are encouraged to use participatory methods some of which are further elaborated in Annex 1.

LEARNING AREA 1: INTRODUCTION TO BASIC ECONOMICS

Outcomes of the Session

1. The participants will gain understanding of the basic economic concepts and terminologies.
2. The participants will be able to define key economic terms important for understanding governmental budget matters, such as GDP, inflation, and taxes, as well as real GDP and per capita income.
3. The participants will be able to explain the meaning of monetary and fiscal policies

This session starts with a small group exercise on micro-economics, highlighting the issues of financial resource scarcity, need prioritisation, and decision making processes around scarce financial resources.

Exercise 1: Micro- economics at the household level

Participants will be asked to list the needs/wants in their households; they will then list their income and then allocate their income to the specific needs. Since as in most cases the needs are likely to be higher than the resources available, the participants will be asked to rank their needs in order of priority.

The participants are likely to list items such as food, school fees, medicine, etc. The income is most likely to be lower than the needs and wants; they should then prioritise/rank and make choices.

Questions for discussion may include questions like why are these the most needed priorities of the household and who has most decision-making powers in the allocation of resources.

Following the above exercise, the facilitator will explain the following concepts:

- Economics
- Scarcity
- Choice
- Opportunity Costs

Basic Concepts and Definitions

Economics can be defined simply as the way scarce resources are allocated among many individual/households/country needs or wants. Economics explains how people produce goods and services, how the goods are shared. It is important to understand the concept of economics in various settings, as political, social, economic or technological environments may affect its meaning and application.

Scarcity means that resources are not sufficient or adequate to satisfy all what people need in life. It also means that individuals, households, community and even governments cannot purchase all the things required at the same time.

Lack of sufficient resources cause people to make ***choices*** of the needs or wants to be purchased with the limited resources available. ***Choices*** are necessitated because individuals, communities and nations, always need or desire more relative to the availability of resources to satisfy those wants. As a result of scarcity, individual, households, communities and governments need to make choices implying that some goods or services will be bought while others will not. This is best described in

the concept of **trade-offs**, meaning that individuals and/or groups should be prepared to win or gain some of the resource allocative decisions, and be willing to lose some.

Opportunity cost is the value or cost of the foregone next best choice when making a decision. It expresses the idea that for every choice, the true *economic* cost is the next best opportunity. For example, if an asset such as capital is used for one purpose, the opportunity cost is the value of the next best purpose the asset could have been used for.

Economics therefore assists individuals, households, governments understand important factors for the allocation of scarce resources or limited income between different needs or wants.

> ***Exercise 2: Explaining Gross Domestic Product***
> The participants will be divided into discussion groups and asked to identify or choose one village closest to them to use as a case study in the group assignment. The groups will be asked to identify and list all the economic activities the village they've identified is involved in. E.g. income from agricultural production, poultry farming, arts and crafts, accommodation and other businesses, salaried income etc. The groups will then estimate how much all these economic activities produce in monetary terms. The groups will present in the plenary their views of total production in the village identified and how they came to the conclusion.

The facilitator will then explain to the participants the concept of ***Gross Domestic Production (GDP)*** that can be defined as the ***total value of all the final goods and services that are produced within a given period.*** For example total value (in monetary terms) of *all outputs* from all the villages or the nation. In the case of a country, GDP is the total value of goods and services produced in the country. Thus to obtain the total GDP, you need to obtain all the outputs from different activities undertaken in the village/country, and expressing them in monetary terms.

Besides looking at the total production (total value of goods and services produced), one can compute GDP by looking at the total expenditure and total income earned by the society.

Therefore GDP is an indicator of a country's well being – the level of wealth. An increase in GDP implies an increase in the country's wealth, or more specifically a country's economy.

Per capita income is a measure of individuals' benefit from increases in real GDP. It is computed by dividing the total GDP with the population size. Therefore per capita income indicates the *standard of living* and an increase in per capita income is an increase in the general standard of living for individuals in a village or citizens in a country.

> ***Exercise 3: Explaining Inflation and Real GDP***
> Through a plenary discussion, the participants will be asked to give a list of items (maize flour, sugar, packet of milk, school fees, bus fare etc) and their corresponding prices in both the current year and last year. They will then compare the current prices of commodities mentioned with the previous prices of the same commodities. The participants will be asked to give possible explanations for the change in prices over the two years in comparison.

The facilitator will explain *Inflationary* change/increase in prices.

Inflation is the general increase in prices in relation to the supply of goods and services. If the price increases, the quantity of commodities that you can buy decreases. This means that an individual will be required to spend more to buy the same item as compared to the previous prices. In order

therefore to determine the actual value of the money, we need to account for inflation, basically removing the effect of price increase in monetary terms. This will tell us how much money is actually lost to inflation, giving our money less value that it used to be in the previous year.

> ***Examples of famine & bumper harvest on prices***
> Discuss what happens to the prices of food when there is famine and the opposite when there is a bumper harvest. This explains further the concept of inflation as related to *demand* and *supply.*
>
> ***Calculating inflation***: assume the price of rice rises from R130.70 in 2012 to R136.20 in 2013. The increase in price = (136.2-130.7)/130.7*100 = 0.042
>
> - Inflation rate was therefore 4.2% in 2013 implying same quantity of rice cost 4.2% more in 2013 than in 2012.

Nominal GDP is measured using the current prices at face value, e.g. prices of 2012 as shown in the example above.

Real GDP is the real value of the economic growth after factoring in the effect of inflation. Therefore real GDP is computed by taking the nominal GDP and removing the inflation effect on prices.

- Real GDP=nominal GDP – increase in prices (inflation)
- To calculate annual real GDP, you need to use prices of the previous year or the year when prices were stable. This is referred to as the "base year" (e.g., 2012) is used as the base year. Real GDP for year 2013 is simply the value of goods and services produced in year 2013 measured in these base year prices (2012 prices).

The facilitator will lead the participants to brainstorm on other causes of increase in prices. These include increase in cost of raw materials (cost-push inflation), fewer goods compared to people willing and able to buy them (demand-push inflation), external shocks such as increase in price of oil, printing of money, etc. Sometimes economies experience supply-induced inflation (monopoly, cartel hood goods – or control the outputs).

Fiscal and monetary policies

> ***Exercise 4: Explaining fiscal and monetary policies***
> The facilitator will lead a brainstorming session looking at a scenario where resources are lower than needs, and participants have to list options they have to deal with scarcity of resources. For example, participants could say where the resources will come from, how they will be allocated, etc. The options may be based on responsibilities, priorities, rules, beliefs, etc. The feedback from participants may be correlated with government activities of spending and borrowing, and the policies that guide such spending and borrowing.

The facilitator will then explain how policies (and guidelines) at the national level determine how government can mobilise resources and spend them. The facilitator will then introduce fiscal policies.

Fiscal policies are the policy choices taken by the government with respect to spending and income generation, including taxation (domestic sources of revenue). If the government wants to increase spending on public goods e.g. construction of schools, roads, etc. it may increase its spending and lower taxes. Lowering taxes enables people to have more money for spending e.g. a stimulus package in the USA after a recession period.

- Two fiscal policy activities of government are spending e.g. in construction, education, etc and collecting taxes to pay for the spending.
- When government spends more that it collects as revenue (tax revenue), therefore we have ***budget deficits.*** Because the government spends more than the revenue, it has to borrow, or tap into other funding sources to supplement available resources.

Government debt is the total amount of outstanding loans that the government owes. The debt could be domestic, external, private, etc.

Monetary policies are the policy choices and actions of the government to control the amount of money in the economy (in the hands of individuals, business firms etc). It is the way government controls the amount of money in circulation in order to make sure that prices do not increase unnecessarily. The objectives of the policies are to contain inflation and to stabilise prices. The way government controls the amount of money in circulation for ensuring the prices are stable and it contains inflation; the amount of goods backed by the amount of money. If demand exceeds supply prices will increase, causing an upward trend in inflation.

Monetary policy tools: bank rates (rate of interest charged by central bank to commercial banks when they borrow money); reserve ratio (amount of money the commercial banks are supposed to keep with the central bank to meet unexpected withdrawals of money by the commercial bank clients); credit squeeze (limiting the opportunities for borrowing money); and open market operations (selling of government instruments such as treasury bills and bonds). These policy tools eventually determine the interest rates and foreign exchange rates.

LEARNING AREA 2: HEALTH AND HEALTH CARE

Objectives of the Session

1. The participants will gain understanding of the concepts of health and health care
2. The participants will be exposed to and be able to explain the determinants of health and health care

Exercise 3: Discussing Indicators of Health

The facilitator will ask participants to consider where their health indicator falls in a rank of 0 to 10, where zero indicates the lowest state of health (near death) while 10 indicates the perfect state of health. Simple physical, social, emotional, psychological considerations should be used to rank e.g. aches, pain, physical fitness, eyesight, mood, etc.

The facilitator will then share with the participants the definition of health and elaborate further other community/national health indicators e.g. morbidity, mortality, fertility, life expectancy, etc.

Definition: "Health is a state of **physical, mental & social well-being and not just the absence of disease or other abnormal condition" (WHO, 1993).** Various reasons that make health to decline include sickness, injuries, poor diet, stress, and lifestyle characteristics such as smoking and alcohol consumption.

Exercise 4: Determinants of Health

Facilitator will ask the participants to share what they think makes them healthy or unhealthy (at the individual level) and what makes the community healthy or unhealthy (in a collective manner).

The facilitator will confirm and give additional information on the factors that determine health (what makes you healthy or unhealthy?) at individual, family/household and at community/national level.

The facilitator will confirm and give additional information on the factors that determine health

1. Individuals – eating well, hygiene, smoking, poor housing, dirty water, poor sanitation, occupational hazards, consumption patterns, education, income, distance to health facility, religious and traditional beliefs etc.
2. Government or private sector investment in health – investing in water and sanitation, education, health care, increase in income (GDP), government policies, e.g. how much budget to allocate to the health sector, distribution of income – level of poverty, planning & budgeting, monitoring mechanisms, norms, regulations, incentive structures etc.

What factors determine health care?

Health Care can be defined as the commodity that you purchase or receive from health facilities/health care providers.

Factors that determine health care include price, income, accessibility (affordable, acceptable, available, appropriate), socio-economic and educational indicators such as education, age, gender, wealth, and marital status.

Factors that determine the supply of health care in the public sector

- Government revenue (GDP);
- Cost of inputs (salary for health personnel, cost of training of health personnel, cost of equipments, cost of building health facilities etc), and;

- Government policies and goals e.g. number of Staff to be employed, number of health facilities to be constructed, training of staff, retention incentives, availability of drugs, health policy, etc.

LEARNING AREA 3: LOCAL, NATIONAL & INTERNATIONAL COMMITMENTS

Objectives of the Session

1. The participants will gain understanding of the importance of national health strategic plans and other government promises to the people;
2. The participants will be able to understand the international commitments on health and health care that the government has signed on to, and;
3. The participants will be able to explain the provisions in their provincial and district health plans, and be able to indicate their own roles and responsibilities in monitoring and ensuring that these are implemented as promised.

Exercise 5: Review of the National/Provincial/District Plans

In groups, the participants will review the district, provincial and/or national health plans and try and identify the commitments by the government to provide health care and try to identify what is missing vis-à-vis health rights and constitutional promises.

Practical reflection

The Treatment Action Campaign and CEGAA in South Africa found this exercise very helpful during their budget project implementation as the results of the review process provided enough information forming the basis of budget advocacy work the groups sought to achieve. Public budgets can be used to measure commitment given by the governments towards achieving the promises they make, in the form of policy documents or strategic plans. Thus, a government budget is the main indicator of commitment afforded to a specific policy, plan or commitment.

The facilitator should clarify on the responsibilities of the government to provide health care. The facilitator could clarify what has and has not been provided based on the participants' feedback and other collaborating information.

The facilitator should highlight some of the government responsibilities relating to the international commitments that the government has signed. The international commitments such as Alma Ata (1978'), Health for All (1977'), Abuja Declaration (2001), MDGs (2002), etc should be enumerated and their provisions explained to the participants.

Exercise 6: Review of international commitments/declarations and government responsibilities

Participants shall review the international commitments their governments have subscribed to, and identify gaps in the delivery of such promises to the people.

The facilitator should encourage participants to also think about international financial commitments relating to health, e.g. the Abuja Declaration promising 15% of national expenditure going towards health spending.

Practical reflection

The most common health commitment in the African region is the Abuja Declaration of 2001 where African states committed themselves to allocate 15% of their national expenditure to health. Tracking of this commitment at national level has shown that African states have failed to honour their commitment. This information gives civil society organisations (CSOs) a platform to demand for more resources to allocation to the health sector. In South Africa, CEGAA has monitored the health budget from year to year, and found that the health budget remains below 12% of the national budget envelop, indicating insufficiency of health financial resources according to the Abuja Declaration.

The following is some of the health related international commitments to be discussed by participants.

1977 – 30th WHA "Health for All by 2000"

1978 – International Conference on Primary Health Care..." universal access to individuals and families…"
2000 – Millennium Development Goals
2001 – Declaration of Commitment on HIV/AIDS
2003 – WHO declares a public health emergency

- *WHO and UNAIDS launch the "3 by 5" Initiative*
- *56th World Health Assembly endorses the Global Health Sector Strategy for HIV/AIDS 2003-2007*

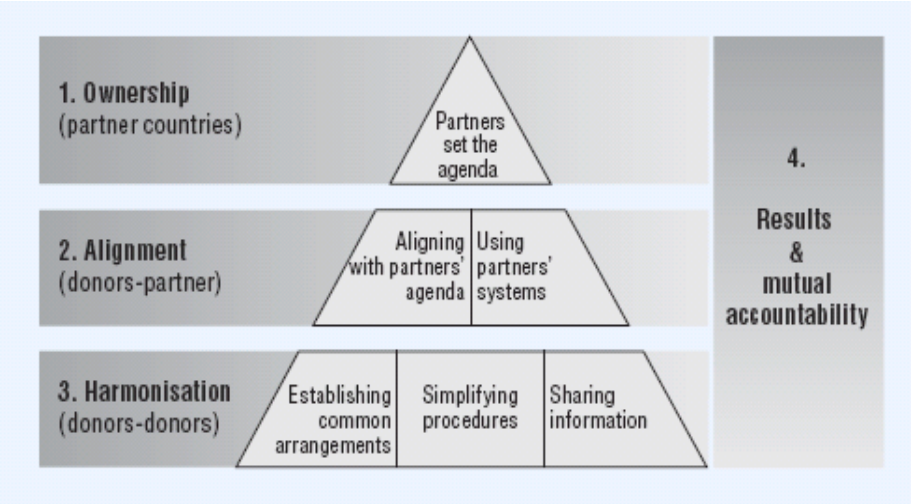
2005 – Global Task Team recommendations

- *for coordination within the multilateral system of the global HIV/AIDS response*
- *improving the managerial and technical support to country-led HIV/AIDS responses through the multilateral system.*
- *Universal access signifies both a concrete commitment and a renewed resolve among people the world over to reverse the course of the epidemic.*
- *June 2006 General Assembly High-Level Meeting on HIV/AIDS, United Nations Member States agreed to: work towards the goal of "universal access to comprehensive prevention programs, treatment, care and support" by 2010.*

Specific health and AIDS financing commitments:

2001 – Abuja Declaration committing African governments to allocation 15 of their national budget to health
2002 - Monterrey - conference on Financing for Development - pledge to undertake important actions in domestic, international and systemic development financial matters
2003 - Rome: High-Level Forum on Harmonization – development & financing leaders & partners undertook to improve management and effectiveness of aid
2004 - Washington: Harmonization of International Funding
2004 - Tanzania: Africa Region Workshop on Harmonization, Alignment and Results
2005 - Paris: Declaration on Aid Effectiveness (see Aid Effectiveness Pyramid below)
2005 - London: Global Task Team established -for coordination within the multilateral system of the global HIV/AIDS response
2005 - Rio: The Three Ones Consultative Workshop (One agreed AIDS strategy/action framework; one national AIDS co-ordinating authority; one agreed country level M&E system)
2006 - Paris: Innovative Financing for Development
2006 - Rwanda: Harmonisation, Alignment and Aid Management

The Aid Effectiveness Pyramid (below) showing ownership of strategic plans and other policy choices by countries receiving aid; alignment of agendas and systems between donors and their partners; and harmonisation of efforts between donors themselves.



Some limits of international/ regional commitments

- Sustaining long-term financing for specific diseases such as HIV/AIDS, TB and Malaria
- Enhanced funding mechanisms / channels
- Making the money work
- Reducing uncertainty of financing
- Engaging and funding civil society
- Overcoming implementation bottlenecks
- Maintaining a strong focus on HIV Prevention to reduce financial pressures of the increasing need for AIDS treatment
- Tailoring national responses to documented needs
- Recognizing the long-term nature of investing in treatment and care

LEARNING AREA 4: HEALTH FINANCING

Objectives of the session

1. The participants will be able to identify the various sources of finance for health care services, and;
2. The participants will gain an understanding of the various approaches to mobilising funds.

Exercise 7: Listing the Community Health Needs

In small groups of three the participants will be asked to list down the health needs of the community, and then rank them in order of importance and then indicate which health needs are catered for by the government and which ones are not.

A plenary discussion of community health needs identified should take place, also highlighting advocacy messages on health needs that are not catered for. Participants should also brainstorm on actions to be taken by communities themselves to address their health needs in the absence of government interventions, as well as actions targeting government to provide health care to address the needs identified.

Exercise 8: Role-play on health financing

The participants will then be asked to form three groups where one group will role-play as government officials prioritising amongst the various health needs identified for financing. The other two will assume the role of a community based organisation (CSO) and a private for-profit company. They should each come up with their own list of health care needs to be addressed in order of priority. Instead of role-playing, the groups could also be asked to develop budgets assuming the role of government, CSO and the private firm, and present these in plenary or through a gallery walk.

The facilitator will then explain relevant health financing issues through a brainstorming session guided by the following questions:

1. Who provides the health care services in your districts?
2. What are the sources of funds for these health services in your district/country?

Exercise 9: Public financing options and taxation

The facilitator will request the participants in small groups to identify the various sources of government finances. They can also mention whether they are individually involved in contributing to the government finances.

The facilitator will then clarify concepts of *taxation, deficit financing and borrowing* (domestic and external loans) and *grants*.

The facilitator will then explain to the participants the key sources of health care financing as follows:

- Government revenue (public):
  - Raised through general or ear-marked taxes. The facilitator will elaborate on various taxes – income, VAT, excise duty, etc.
  - Loans from domestic sources
  - Donor funds channelled through the national treasury i.e. direct budget support
- Social health Insurance

The facilitator will also elaborate the private sources as:

- Private voluntary health insurances
- Business/ corporation
- Out-of-pocket expenditure (OOPE) - which households and individuals pay themselves for health services and medication, user fees
- Community financing schemes/saving schemes

The facilitator will then explain the various external sources of health finance which include:

- Development aid and grants
- Borrowing from various sources, including International Financial Institutions (IFIs)

Exercise 10: Adequacy, Efficiency and Equity
In pairs, or small groups, the participants will be asked to consider how best the government could divide resources to ensure adequacy, efficiency and equity.

The facilitator will clarify that distribution of public resources is a political process. It is not obvious that the budgeting process would allocate more resources to those with greater need. Therefore the principles of adequacy, efficiency and equity are used to ensure fairness in resource allocations and distributions.

The facilitator will then elaborate on the three following principles:

Level of funding (adequacy) – are the resources enough and how do we know they are enough?
Efficiency – are goods/services e.g. beds, drugs, etc bought at the best prices possible?
Equity – are resources distributed fairly according to need? What factors should be considered to ensure fairness or equity? Factors such as gender, poverty, health indicators, etc could be considered.

Additional questions

- What is the best way of mobilizing/raising money for financing health care?
- What are the advantages and disadvantages of general taxation as opposed to social health insurance, private insurance, user fees, etc?
- How much are patients spending on health as a whole, including drugs?
- How can access to health care for low income groups be enhanced under different financing systems?

LEARNING AREA 5: GOVERNANCE, RIGHTS AND SOCIAL ACCOUNTABILITY

Objectives of the Session

1. The participants will gain an understanding of what governance entails, including the components of good governance.
2. The participants will identify relevant engagement for civil society to promote good governance at all levels of society and the state.

Definition of Governance

In the government sector, governance is the exercise of political, economic and administrative authority to manage a nation's affairs. It is the complex mechanisms, processes, relationships and institutions through which individuals and groups articulate their interests, exercise their rights and obligations and mediate their differences.

Governance may encompass every institution and organisation in society, from the family to the state, and embraces all methods - good and bad - that societies use to distribute power and manage public resources and problems. Good governance is therefore a subset of governance, wherein public resources and problems are managed effectively, efficiently and in response to critical needs of society.

Exercise 11: Elements of Good Governance

Participants will be assigned groups where they will be asked to brainstorm and discuss elements of good governance and give an example of where they have seen these elements applied effectively or ineffectively. In the examples identified, the groups should highlight reason why such elements worked or did not work. These aspects could be of social, legislative, political, or even economic nature.

What is good governance?

Governance is the process whereby public institutions conduct public affairs, manage public resources and guarantee the realization of human rights. Good governance accomplishes this in a manner essentially free of abuse and corruption, and with due regard for the rule of law. The true test of "good" governance is the degree to which it delivers on the promise of human rights: civil, cultural, economic, political and social rights. The key question is: are the institutions of governance effectively guaranteeing the right to health, adequate housing, sufficient food, quality education, fair justice and personal security?

The concept of good governance has been clarified by the work of the UN Commission on Human Rights which identified the key attributes of good governance as:

- transparency
- responsibility
- accountability
- participation
- responsiveness

Good governance is linked to an enabling environment conducive to the enjoyment of human rights and "prompting growth and sustainable human development." Good governance emphasizes principles such as accountability, participation and the enjoyment of human rights as key to promoting sustainable human development.

What are human rights?

- The rights a person has simply because they are a human being; a central feature of humanity.
- Those basic standards without which people cannot live in dignity.
- As with every human right, the right to health entails the following:
    - ***Respect*** – governments to refrain from interfering directly or indirectly with the enjoyment of the right to health
    - ***Protect*** – governments to prevent third parties, such as corporations, from interfering in any way with the enjoyment of the right to health
    - ***Fulfill*** – governments to adopt the necessary measures to achieve the full realization of the right to health

The modern idea of Human Rights

- Evolved as a response by individuals and states to the horrors of WWII (and the Holocaust).
- Built upon ancient, existing cultural systems that protect and care for individuals and groups in different societies.
- Current form of human rights evolved through global identification of common ideas and values of humanity.

Characteristics of Human Rights

- Guaranteed by international standards
- Legally protected
- Focus on the dignity of the human being
- Protect individuals *and* groups
- Oblige states and state actors
- Cannot be waived or taken away
- Interdependent
- Interrelated
- Universal

States Obligations

- All governments have a moral/ethical obligation to promote and protect the rights of all its citizens
- In legal terms, obligations of governments are only determined by relevant treaties they are party to or the laws they enact in their own countries
- Governments decide freely whether to sign up to any treaty
- Once government signs a treaty or enacts a law, it is expected to live up to it

Progressive Realization

- Not all countries have the capacity to ensure all rights, for all people are attained *immediately* when a covenant comes into force
- Covenants contain language recognizing attainment of rights must be immediate and/or progressive
- Steps towards realization should be
    - Deliberate
    - Concrete
    - Targeted as clearly as possible towards meeting human rights obligations

Enhancing Social Accountability for Good Governance

Social accountability refers to mechanisms through which citizens, communities and civil society organizations can participate in public policy making, budgeting, public expenditure tracking, citizen monitoring of public service delivery, lobbying and advocacy campaigns with the aim of holding government officials and decision-makers accountable.

Mechanisms that involve participation of citizens in the process of managing public resources have proved to be particularly effective in enhancing participation and accountability. The citizens are involved in processes of allocating, disbursing, monitoring and evaluating the use of public resources.

> ***Exercise 12: Social Accountability***
> Through a brainstorming process, the participants should explain their involvement in public policy making, participatory budgeting and monitoring service delivery. The participants should give examples of what has facilitated or hindered their involvement and effectiveness in holding government officials and decision-makers accountable.

Challenges in service delivery and opportunities for civil society engagement with the public expenditure management cycle

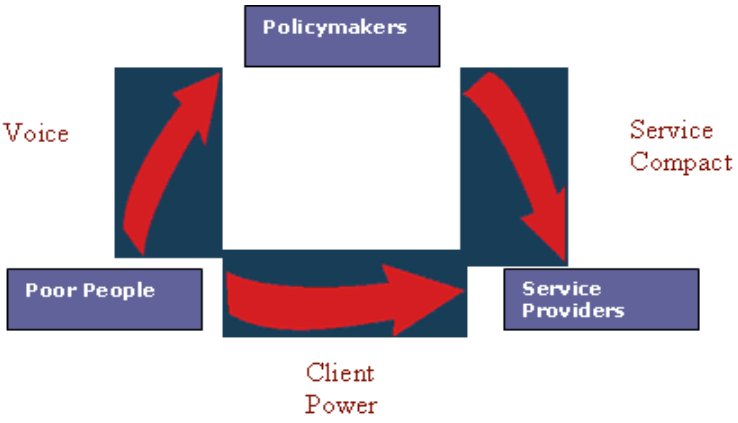
Poor or inadequate public service delivery is not only due to insufficiency of resources, but it is also due to ***inappropriate allocation of resources and inefficiency in spending.*** Ineffectiveness of public expenditure is mainly caused by:

1. ***Misallocating of resources***: spending on the wrong goods or the wrong people (inequity)
2. ***Misdistribution of resources***: resources never reach frontline service providers; even if the resource allocations are correct, it makes no difference due to expenditure 'leakages'. Funds do not reach destination and service delivery is not improved
3. **Poor performance/implementation**: even when the money reaches the service provider, the incentives to provide the service may be weak
4. **Demand side failure**: people may not gain or take advantage of the services provided to them. This is to a large extent a problem of awareness and participation

The four problems hit at different parts of the service delivery chain, which can be unbundled into three kinds of accountability relationships:

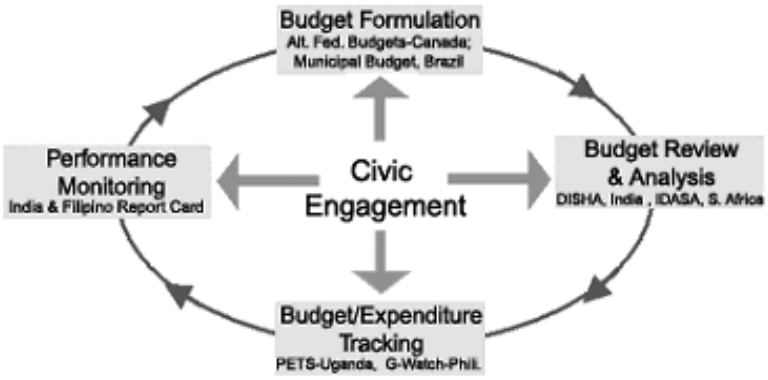
- Contracts between the policy maker and the service provider,
- Client Power between the citizen-client and service provider, and
- Voice relationships between the citizen-client and the policy maker

Unbundling Service Delivery (World Development Report 2004)



Public Expenditure Management Cycle

Selected social accountability methods can be used by citizens and social groups as entry points into the different stages of the public expenditure management cycle to achieve participation, transparency and accountability.



LEARNING AREA 6: THE RIGHT TO HEALTH AND HEALTH SYSTEMS

Objectives of the Session

1. The participants will be introduced to the "Right to Health" approach.
2. They will gain an understanding of a health system and its components.
3. They will also understand the relationship between the Right to Health and Health Systems.

Some material for this section is adopted from "The Right to Heath: A toolkit for health professionals; BMA and the Commonwealth Medical Trust, June 2007."

What is the Right to Health?

1. Every individual shall have the right to enjoy the highest attainable standard of physical and mental wellbeing.
2. Article 16 of the African Charter on Human and Peoples' Rights provides that, "State Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick."

What it is not!

1. The right to health is not a right to be *healthy.* Being healthy is determined by factors outside state control (lifestyle choices, genetics etc).
2. It is not a limitless right to receive healthcare for every illness or disability.

What it is!

1. It is the right to the enjoyment of a variety of facilities and conditions that are necessary for good health.
2. It is the right to an effective and integrated health system encompassing health care and other determinants of health.

Human rights are inalienable, interrelated and interdependent. The right to health is interdependent with other rights such as:

- The right to life
- The right to non-discrimination
- The right to bodily integrity and security of the person
- The right to privacy
- The right to seek, receive and impart information
- The right to food
- The right to housing
- The right to social security
- The right to be free from torture
- The right to association
- The right to education

Human Rights principles

Adopting the idea that the Right to Health can and should be protected, promoted and fulfilled for all people, in all places, at all times can provide a framework for thinking and action of both individuals and institutions.

As with every human right, the right to health entails the following obligations:

- ***Respect*** – governments to refrain from interfering directly or indirectly with the enjoyment of the right to health;
- ***Protect*** – governments to prevent third parties, such as corporations, from interfering in any way with the enjoyment of the right to health, and;
- ***Fulfill*** – governments to adopt the necessary measures to achieve the full realisation of the right to health.

The right to health does not ask governments to commit resources to health that they do not have. It asks those who make decisions that affect people's health to promote and protect health, and to understand and justify the effects of their decisions.

Core obligations

Core obligations are intended to ensure all people are provided with the minimum conditions they need to:

- Live in dignity;
- Enjoy the basic living conditions needed for health, and;
- Be free from avoidable mortality.

These require immediate and effective measures that include, but not limited to:

- Access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups;
- Providing essential (vital) drugs, and;
- Equitable distribution of all health facilities, goods, and services.

All members of society, including health professionals, have *responsibilities* in realization of the right to health.

Key elements of the Right to Health

- Accountability (both financial and social);
- Public participation;
- Inclusion of both physical and mental wellbeing;
- Standards of healthcare to be adhered to:
    - Availability
    - Accessibility (non-discrimination, physical, economic, information)
    - Acceptability
    - Quality
- Ensuring effective and fair distribution of available resources, and;
- Ensuring non- discrimination to avoid people's exposure to adverse health effects.

A "Rights Based Approach" to Health Systems

- Assess and address implications of any health policy on poor, vulnerable and marginalized groups;
- Cease all retrogressive measures in health-related policies, legislation, budgetary and administrative practices;
- Set goals, targets and indicators that allow for monitoring of progress;
- Correct imbalances between health status of different population groups, and;
- Allocate scarce resources where they are needed most.

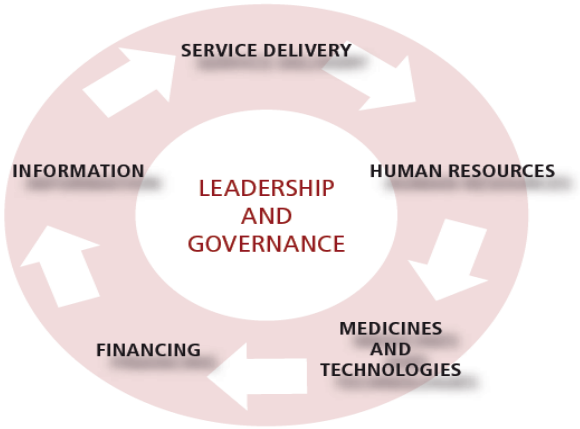
What is a health system?

A health system refers to "all institutions, people and actions whose primary intent is to promote, restore or maintain health" (WHO 2007). The health system is a set of elements and their relations in a complex whole, designed to serve the health needs of the population. Health system is core social institution.

The idea of establishing a unified way of thinking about health is a relatively new concept (less than 100 years old) e.g. the Underpinning Values of Primary Healthcare (Alma Ata Declaration) of 1978 espousing the following:

- Universal Access
- Equity
- Need for Community Participation
- Importance of integrated referral systems
- The need for effective planning

The Six "Building Blocks" of Health Systems (WHO, 2007)



The facilitator will explain the six building blocks of an efficient and effective health system. The centrality of leadership and governance that determines the policies and implementation of the other aspects should be emphasized.

Exercise 12: Assessing Health Systems using the Right to Health lense

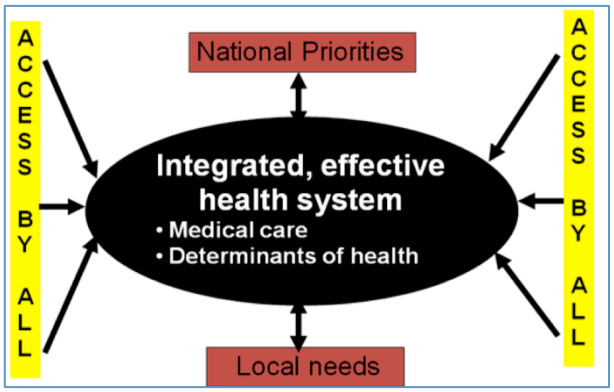
In groups, the participants will assess (score of 1 – 10 where 1 is the lowest and 10 highest score) their national health system using the Right to Health lense, using the chart below. The groups should then discuss the current challenges to achieving availability, accessibility, acceptability and quality of health services and propose solutions for each challenge to meet minimum standards of the right to health and make a presentation of their discussions.

	Health Services	Health workforce	Health information system	Medical Products, vaccines & technologies	Health financing	Leadership, governance & stewardship
Accessibility						
Availability						
Acceptability						
Quality						

Key features of a Health System arising from the Right to Health approach

From the groups' presentations, the facilitator should summarize the feedback session by explaining the key features of a health system arising from the right to health approach, which includes:

- At the centre: wellbeing of individuals, communities and populations
- Processes as well as outcomes
- Transparency
- Participation
- Equity, equality and non-discrimination
- Respect for cultural difference
- Medical care and the underlying determinants of health
- Progressive realization and resource constraints
- Duties of immediate effect: core obligations
- Quality
- Continuum of prevention and care with effective referrals
- Coordination
- Health as a global public good: The importance of international cooperation
- Striking balances
- Monitoring and accountability
- Legal obligation



Source: Paul Hunt the UN Special Rapporteur on the right to the highest attainable standard of health and Gunilla Backman, Health & Human Rights 2008).

Relationship between Right to Health and Health Systems

To conclude the session, the facilitator should summarize the discussion using the following points:

- The Right to Health can only be attained with functional health systems
- The six building blocks of the health system are the six building blocks necessary to realize the Right to Health
- The Right to Health is to health systems as the right to a fair trial is to court systems: a set of principles and values that lead to construction of systems to deliver on these values
- The right to the highest attainable standard of health underpins and reinforces an effective, integrated, accessible health system

LEARNING AREA 7: INTRODUCTION TO THE BUDGET PROCESS

Objectives of the Session

1. The participants will gain the understanding of the budget concepts and government budgeting processes.
2. The participants will be able to understand policymaking processes and how they relate to the budgets.
3. The participants will learn how to apply budget concepts in their practical advocacy strategies.

The facilitator may choose to use the following household budgeting group exercise:

Exercise 13: Budgeting at the household level

Participants will be asked to list the needs/wants in their households; they will then list their income and then allocate their income to the specific needs. In this exercise the participants should i) identify the needs and priorities ii) identify sources of income iii) prioritise the needs and allocate the available resources to the needs.

Assumptions:

- You are a citizen of (country name)
- You are a resident of (city name)
- No gender discrimination here, you can choose to be a woman or a man, as you wish
- You are the breadwinner in your family
- Size of your family: husband (40), wife (37), daughter (15), son (12), mother-in-law (65) and father-in-law (67)
- You are residing in a rented accommodation
- Monthly household income from your earnings – $500 (consolidated)
- No staff or welfare benefits like medical insurance, provident fund, gratuity, child grant etc.

Task:

- In small groups, you have to prepare a monthly family budget for the month of (choose month) and make a presentation of it to the larger group
- Please give account (in detail) for every Dollar you earn and pretend to spend
- Explanations, such as why, what & how will help the larger group to understand the purpose/objective of such spending better.
- Your final family budget should show your income source(s), expenditure items and the result of spending (whether it is a surplus or deficit) and explanations.

Time Limit: 40 Minutes for group work and 7 minutes for each group's presentation.

The facilitator will relate the household budgeting process to the government process. The facilitator will then re-visit and elaborate on the various budget terminologies and definitions.

A ***budget*** indicates how a household, organisation or government plans to use its expected resources to meet its goals for a given period. It should also indicate whether the allocation process results in a negative balance (deficit) or positive balance (surplus). Where a deficit is expected, there needs to be an indication of where additional resources will be sought, e.g. grants, loans (borrowing), etc.

Revenue refers to government's accumulated ***income***. It tells us where the funds for spending come from. For the governments, there are two main sources of revenue, ***Taxes*** and ***Borrowing***.

Taxes are paid either directly, or indirectly. Income taxes and company taxes are examples of taxes paid directly to the government (direct taxes). Value Added Tax (VAT) and custom duties on imported goods are examples of indirect taxes. Indirect taxes are paid to a second party (e.g. a shop owner) who then passes them on to the government.

Borrowing: governments normally spend more than they receive in tax revenues. When expenditure is greater than tax revenues, the budget is said to be ***in deficit.*** It is recommended that ***capital expenditure*** (see definition of ***capital budget*** below) be funded through borrowing, i.e. loans.

Borrowing leads to increased ***public debt*** which creates many problems; for instance, it reduces flexibility in the government's ability to fund needed capital programmes. It affects not only the present, but also future generations (known as the *inter-generational* aspects of the budget).

> ***Exercise 14: Borrowing***
> Through a brainstorming session, the participants will be asked to give examples of where they can borrow from. This will then be related to the government scenario.

The participants are likely to mention gifts from family, loans from family, friends or banks. Similarly, the governments borrow in a similar manner and the facilitator will explain the following options that governments consider for borrowing:

- Domestic borrowing
- Foreign borrowing
- Money creation
- Foreign exchange reserves
- Privatisation

The facilitator will then explain different forms of budgets, together with their usefulness.

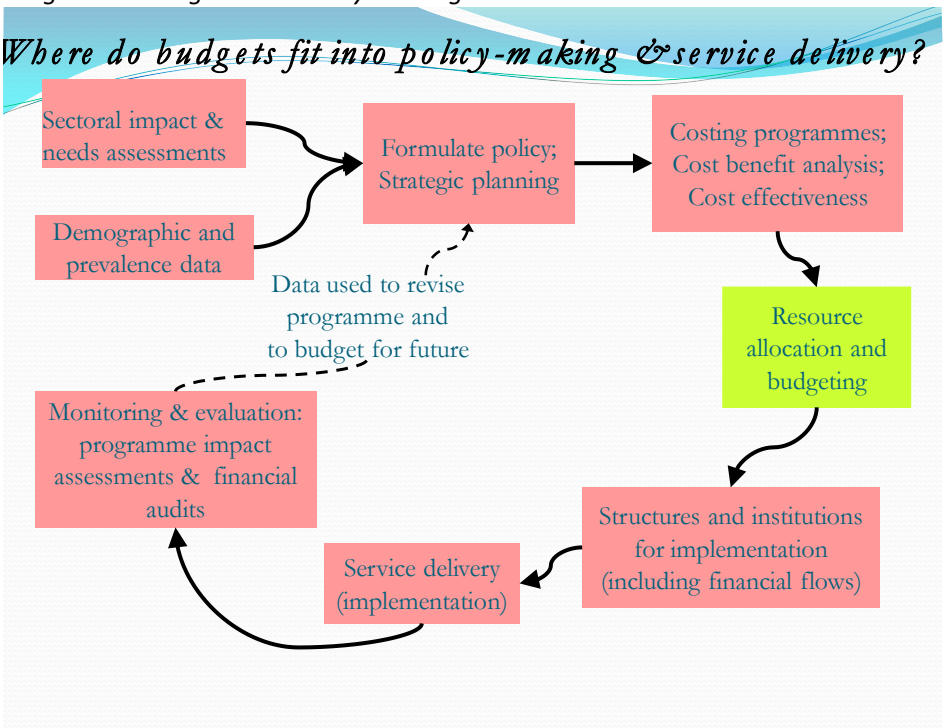
The ***operating (recurrent/current) budget*** is the plan for expenditure on the day-to-day running of the government and this include salaries and wages, transport, electricity etc. It specifies all the items and activities the government plans to spend money on (function by function). The general rule is that the operating budget should be financed through taxes because taxes provide a reliable source of funding which could be made immediately available to fund operational costs.

The ***capital budget*** represents longer-term plans and spending on fixed assets such as buildings, equipment, roads, bridges, etc. As a general rule, capital expenditure should be financed through borrowing so as to ensure that governments use their available tax revenues on operational costs.

Budget and Policy Making

It is important for the facilitator to explain how the budget process unfolds within the broader policy-making process. This makes it clear that the budget process is not a complete process on its own, but is part of a comprehensive policy making process, indicating that a policy with its requisite resources is still incomplete. Practically, a policy becomes complete once it has been implemented, which requires resources.

Diagram 1: Budgets and Policy Making



The facilitator will explain the diagram to show how budgeting fits in with the policy making process, as follows:

The ***research phase*** (needs assessments, demographic and epidemiological surveys) assists in collecting information on existing needs and issues of concern that the government have to respond to.

The ***policy formulation/planning phase*** convert the needs into implementable policies and strategies.

The ***costing phase*** is vital in ensuring that the real costs of implementing the policies and strategies are known and funded accordingly. In many cases this phase does not take place, leading to weak, unaffordable and unsustainable programmes.

The ***budgeting or resource allocation phase*** only ideally takes place once costing is done and once implementers know what the real costs are. The budget process is a four phase cycle on it own, covering the whole financial year of the government which overlaps with other activities for the medium-term expenditure framework, a multi-year rolling budget system.

The ***implementation phase*** converts inputs such as time, budgets, plans into activities aimed at addressing the needs identified as well as objectives and targets set in strategic planning. Important to this phase is the existence and development of systems, structures and institutions that have the capacity to absorb the financial resources allocated.

Monitoring and evaluation provide financial and performance audits, with special emphasis on impact assessments. The results of this phase tell us if governments have achieved what they planned to achieve. More importantly, it tells if governments have been successful in responding to the needs identified. Challenges and achievements are identified in order to inform the next term of the budget and policy processes.

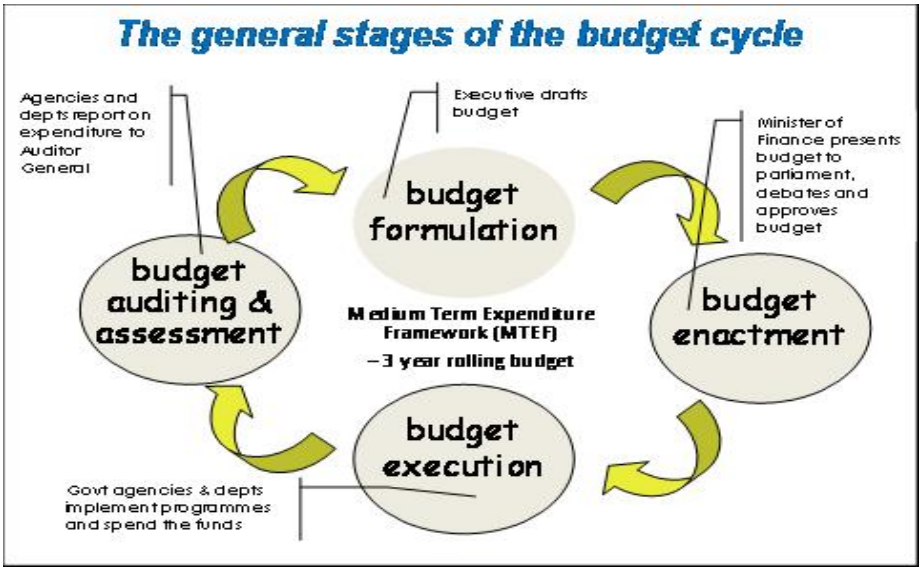
Embedded in all these phases is the issue of "who does what and when", the answer to which would help us know who to lobby to make impact during any of the phases identified above. The secret to impactful budget advocacy is that lobbying happens before budget decisions are made, not after, so as to influence the budget agenda and decisions happening thereafter.

Budget Cycle

The facilitator will then explain the budget process using the budget cycle (using diagram 1) and elaborate on the policy process (using diagram 2) and how it relates to budgets, or vice versa.

Budgeting is concerned with taking decisions that will translate ***policy priorities*** into ***resource allocations*** which will further the realization of these priorities.

Diagram 2: Budget cycle



Acknowledgement of sources

This section on the Budget Cycle relies heavily on the materials of the International Budget Partnership www.internationalbudget.org and Idasa www.idasa.org.za.

In budget advocacy, budget monitors need to *know when to intervene* to influence budget decisions. There are four stages in the budget process. Different decisions are made at each stage of the budget process. You should intervene *before* the decisions you want to change are being made, not after. Thus, a question of when should civil society best impact on each phase of the budget project should be asked and answered by the budget monitors.

Formulation Stage

Steps in the formulation stage, using the South African example:

- Economic modeling – Treasury, World Bank, Central/ Reserve Bank
- Revenue estimations – Treasury, Central / Reserve Bank
- Department/Agency expenditure ceilings determined
- Executive determines medium-term spending priorities (April-Sept)
- National and subnational departments prepare medium term expenditure framework (MTEF) budget submissions (April-Aug)
    - Department/Agency expenditure budgets formulated

- Medium Term Expenditure Committee (MTEC) hearings held between National Treasury and separate departments
    - MTEF and Division of Revenue (DOR) debated between July and August.
- Budget Council makes final recommendation on DOR between subnational regions/provinces.
- Approval by Cabinet (Sept-Oct)
- Medium Term Budget Policy Statement; Adjustments Estimate; Division of Revenue Bill - introduced into Parliament (Nov)
- Tabling of budget in Parliament
- Formulation overlaps with other stages, i.e. auditing of last year's records and execution of current year's budget

Budget formulation decisions follow a sequence, as tabled below:

Decision	**Who decides?**
How much extra money will we collect in tax & donor funds for the next financial year?	Treasury, Central Bank, Donors
How much extra money do we want to spend?	Treasury, Donors, Cabinet
How much money should we borrow?	Treasury, Central Bank, Donors
How should we divide additional money up between expenditure departments?	Treasury, Donors, Cabinet
How should we divide additional money up within expenditure departments (which programs)?	Department Head, Minister
On what should we spend additional money within each programme?	Head of Department, Programme Head

In a shortage of schoolbooks' scenario, the facilitator may ask training participants to do the following plenary exercise:

Plenary work 1:
Issue: Not all primary school children are getting textbooks.
Make a list of all the possible budget formulation decisions that could cause this problem.
Who makes each of the decisions that you listed above?

Enactment/ Approval Stage

- Minister of Finance tables budget in Parliament
- Media briefing on the budget (closed room affair)
- Committees consider budget, hold public hearings, and report to Chamber
- Amendments (not likely!)
- Budget voted into law (Appropriation Act) becoming known as Enacted Budgets
- Ministers also present their Votes to Parliament

Execution/ Implementation Stage

- Money transferred to spending agencies (from enacted budgets)
- Agencies initiate spending
- Through payrolls, procurement of goods and services, etc

- Payments for goods and services procured
- Transactions recorded in accounting systems
- In-year accounting and budget performance reports produced (Monthly, quarterly & mid-year reports)
- Supplementary budgets/ adjustment estimates
- Year-end accounting and budget performance reports produced (Annual reports)
- Many budget process activities occur concurrently during execution stage, e.g. formulation also overlaps with last year's auditing.

Review/Auditing Stage

- Executive submit year-end reports to Supreme Audit Institution or Auditor-General (SAI or AG)
- Audit conducted
- SAI report referred to Legislature
- Legislature refers report to the Public Account Committee (PAC)
- Public hearings as key mechanism by PAC to examine audit reports - room for CSOs & Media to be involved
- PAC have constitutional power to summon officials & ministers to provide evidence
- Recommendations of PAC referred back to full parliament for debate
- Government should implement recommendations, but this rarely happens (indicating weak parliamentary power to hold executive accountable)

Plenary work 2 :

Now that we have covered all the budget cycle phases, which stage of the budget process would you try to intervene in if you were advocating about the following & why?

- Poor quality medicines are procured with no efficacy on medical conditions for which they are dispensed
- SAI's report on poor financial management of the education department
- Money allocated to district hospitals wasn't spent during the financial year
- There is fraud in every procurement process of the department of public works
- Underspending in the AIDS treatment budget

Effective budget monitoring requires that budget monitors know the 'Powerbrokers' in the budget process, or stakeholders with power to change things. Powerbrokers may include, but not limited to, donors, government decision-makers and implementing officials, politicians and active civil society.

LEARNING AREA 8: PRINCIPLES OF GOOD BUDGETING

Objectives of the Session

1. The participants will understand the principles of a good budget.
2. The participants will be able to understand when to engage with the budget process and who are the powerful actors they should lobby in their budget advocacy effort.

Exercise 15: Principles of good budgeting

Participants will be divided into small groups and they will be asked to share any experiences they may have had in government budgeting process. They will answer the following questions in the group discussion:

1. Have you been involved in the government budget process? Yes/No.
2. Those who respond affirmatively, will explain – how, when, where, and what their experience was, when they participated in the government budget process.
3. They will also say, what they liked or didn't like about the process.
4. Those who have never participated in the budget process will be asked to explain why they have not. Some responses expected may include they were not aware, have never been invited, don't feel adequately prepared, etc.

Small groups will present their concise feedback followed by a plenary discussion.

Practical reflection

South African has ranked number 1 on the International Budget Partnership's Open Budget Index (OBI) for numerous years, which ranks governments by their openness on the index. South Africa has become number 2 on the index in 2012, after New Zealand. This means that most of the budget and expenditure documents produced by South Africa are publicly available, in hardcopies or on the government websites. However, such openness has not been found sufficient by civil society because citizens are still not involved in decision-making processes leading to the production of these documents. There are questions about to what extent these budget documents reflect the real needs of people. There is also a concern that even though budget information is readily available, it is hard to find disaggregated actual expenditure data for analysis, as this information is mainly kept as confidential. Even though the expenditure information is public information, citizens and groups always struggle to get the disaggregated when they need it, unless the analysis has been commissioned or approved by the government. So, CEGAA and TAC budget monitors learnt that there is need for advocacy to move beyond the OBI and to look at hidden issues around openness and public participation, as South Africa's ranking on the index does not provide answers to all the questions being asked on budget and expenditure matters. CEGAA and TAC also found in their district budget monitoring project that participation is an important factor in determining whether the public budget process is good and acceptable, as both citizens and public health workers indicated non-involvement in this important decision-making process.

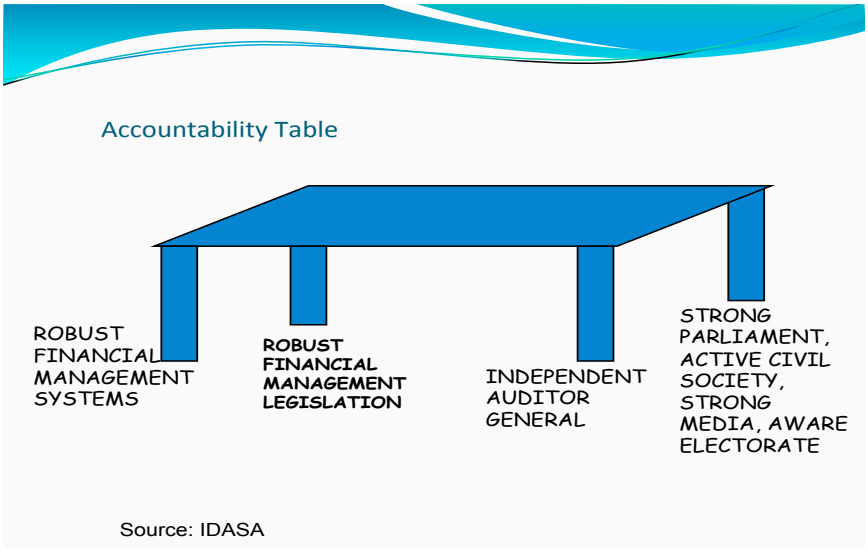
The facilitator will then identify various aspects shared by the group that explain principles such as ***participation, transparency, accountability*** in relation to the budget process.

The facilitator will explain that it is important that all stakeholders be involved in all stages of the budget process.

The facilitator will also explain the importance of *transparency* in the budget process, and that budget information should be comprehensive, accessible, timely, clear and accurate. These elements indicate the level of transparency of the budget.

To elaborate on *accessibility*, the facilitator should explain that budgets are said to be accessible if budget information is available, timely and understandable.

On *accountability*, the facilitator should share the importance of systems that enhance accountability which include *robust financial systems and legislation, independent audit arm* and *strong parliament and civil society* and *an aware citizenry*. The table below depicts this.



LEARNING AREA 9: BUDGET ANALYSIS

Objectives of the Session

1. The participants will be introduced to basic budget analysis techniques, and will understand how these techniques work.
2. Using the national/sub-national budgets, the participants will be able to develop clear advocacy messages emanating from budget analyses.

The trainer will take the participants through an informal presentation of factors one could use in budget analysis, as *5 different starting points for budget analysis.* So budget analysis can be conducted by:

1. Sector: e.g. health, welfare, education, security
2. Population group: e.g. people with disabilities, people living with HIV and AIDS, girl children
3. Government programme: e.g. early childhood development, child support grant, school nutrition
4. Issue: e.g. water, HIV and AIDS, sexual abuse of children
5. Using policy documents as a benchmark: e.g. National Strategic Plan for HIV/AIDS, Poverty Reduction Strategy Papers, National Health Insurance policy.

Participants will need to work with their governmental policy documents, plans and/or budgets to assist in understanding budget and policy priorities.

There are different uses of budget analysis which would help answer budget related questions. Budget analysis would help answer the following questions:

1. Adequacy: How much is budgeted?

- Nominal terms can tell us if the allocation is enough (compare to cost of intervention).
- Real terms tell us if the allocation is keeping up with inflation.

2. Priority: How does the budget for this purpose compare to resources spent in other areas?

- To determine what government's priorities are as stated in budget.
- To ask if stated policy priorities match priorities in budget.
- To determine if government is keeping its promises (policy commitments).

3. Progress/ Trend: Is government's response on this issue improving?

- To monitor government commitment.

4. Equity: Are resources being allocated fairly?

- Per capita spending across geographic regions.

5. Efficiency: Is the money being spent?

- Allocated vs. actual expenditure.
- Comparing funding channels or mechanisms.

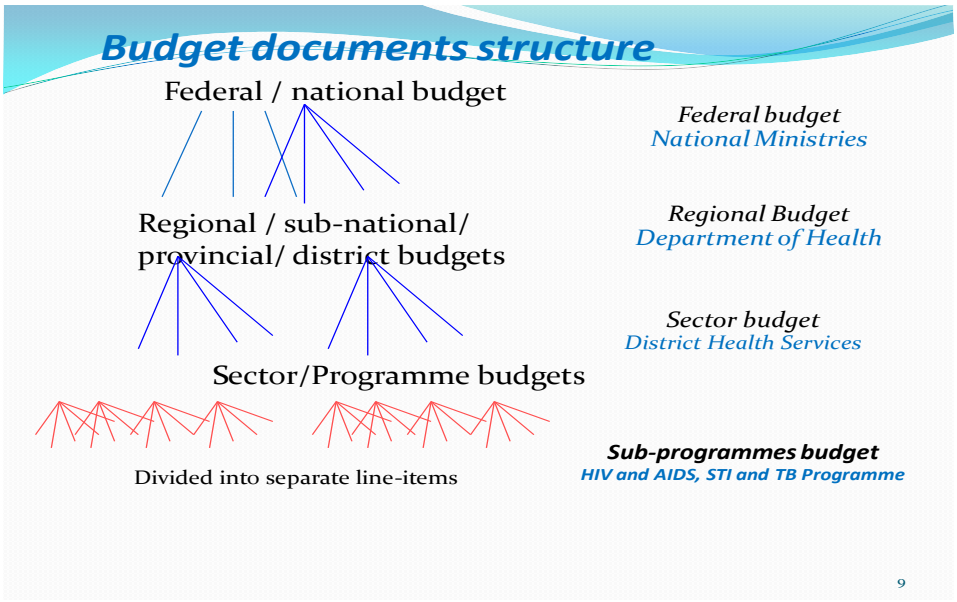
6. Effectiveness: Is the money being spent on the right things?

- Are the funded interventions the most appropriate and cost effective?

Collecting information for budget analysis

Where to look for information?

Government budgets are presented in different ways depending on the country's budget structure. However, ideally, government budgets should provide some form of structure that would make it possible for everyone to understand the allocation and flow of funds to different policy priorities. An ideal budget structure is as follows:



In addition, each department has its own budget (or 'Vote' once approved in Parliament), which should have:

Overview: core functions, vision, mission, main services, constitutional / legal framework and external events impacting on budget decisions of the department.
Review of the previous financial year: should summarise the major achievements (for example distilled from Annual Report).
Outlook for the year: implications of challenges, policies and strategies on the departmental budget.
Budget allocations: actual budget figures presented in the documents.

Additional structural questions on a budget include:

- How are programmes organised/ divided?
  - For example, does each region's welfare department have the same five programmes?
- What is the level of disaggregation of financial information on the budget?
- Does each region and department provide the same level of detail in their budgets?
- Is it understandable??
  - Is there text describing program, aims, past achievements, next year's plans, explanations for any major changes, etc.?
- How many years of data are given, for easy calculation of progress or trends over the years?

Exercise 16: Determinants of the budget
The facilitator will facilitate a small group discussion on the determinants of the budget. Participants should brainstorm what they think are the factors considered in formulating a budget.

Some of the feedback from the participants may include the following:

- Previous budget
- Policy priorities (political)
- Constitutional obligations/legal framework
- Rights/moral choices
- Need (e.g. prevalence rates)
- Cost of programs
- Cost effectiveness research
- Equity
- Capacity to spend
- Available resources

Conducting Budget Analysis

This session is aimed at giving participants practical learning on conducting actual budget calculations.

Exercise 17: Why conduct budget analysis?
Participants need to answer the question of why we conduct budget analysis. A plenary brainstorming activity will be facilitated by the trainer, followed by a presentation of the following as examples of why budget analysis is important to civil society groups.

What are we analysing the budget for?

- Percentage share of the budget (priority)
- Nominal growth in the budget (progress)
- Adjusting for inflation (real budget figures)
- Real growth in the budget (progress in real terms)
- Annual average growth (summary)
- Per capita budgets (equity & adequacy)
- Percentage difference from average (equity)
- Real growth in per capita budgets (progress after adjusting for inflation and population growth)
- Comparing budgets to expenditure (expenditure as % of the budget - efficiency)

Thus, participants will be expected to:

- Become familiar with finding information in budget documents
- Learn to calculate:
    - Percentage of total budget
    - Share of total budget, showing whether it is increasing or decreasing
    - Converting from nominal to real budget amounts
    - Growth rates (nominal or real)
    - Average nominal/real growth rate over the medium term
- Become familiar with different levels of disaggregation in budgets
- Practice!

The table below presents the HIV and AIDS budget to be used in conducting budget analysis in this session.

HIV and AIDS Sub-programs in the 2005 National Budget

$' Million nominal	2004/5	2005/6	2006/7	2007/8
HIV Prevention	120	136	144	152
Home Based Care (HBC)	150	186	191	195
AIDS ARV Treatment	1,230	1,531	2,001	2,102
TOTAL	**1,500**	**1,853**	**2,336**	**2,449**

Calculating percent shares/ ratios

- The term used to describe the status of the figures provided.
- The term *share* refers to the size of a slice of the pie in relation to the entire pie. We express it in terms of a percent of the total.
- *For example, if the total HIV and AIDS budget for 2006/7 is $2,3 billion, and $191 million is spent on HBC, we say the HBC share is 8.3%.*

  Formula (Section/Total = Share)

  $= \frac{191}{2{,}336} \times 100$

  $= 8.3\%$
- We use percentages to measure how much government **prioritizes** a certain item in the budget.
- We often use percent to express:
  - one national department as a share of the country's budget
  - one program as a share of the total department budget
  - one sub-program as a share of the total program budget

Converting an allocation from nominal to real terms (accounting for inflation)

We want to convert everything to 2004/5 Dollar so we make 2004/5 the base year. The deflator for the base year is = 1. Deflators are usually calculated by economists or they are made available by the government treasury departments. University economics departments and individuals can also generate these deflators. We divide each allocation by the deflator for that year to get a real amount. The deflator represents the Consumer Price Index (CPIX) that tells us the real prices of goods and services.

Nominal Amount				
$' million	2004/5	2005/6	2006/7	2007/8
HIV Prevention	120	136	144	152
Home Based Care (HBC)	150	186	191	195
AIDS ARV Treatment	1,230	1,531	2,001	2,102
TOTAL	**1,500**	**1,853**	**2,336**	**2,449**

Deflators (supplied by government) %	1	1.0510	1.0591	1.104601

Formula = $\frac{\text{Nominal amount for the year}}{\text{Deflator for the year}}$ = Real amount

Exercise 18: Calculating Real Values

Participants to be divided into small groups to calculate real amounts using the deflators provided. Participants will convert nominal amounts to real amounts for 2004/5 to 2007/8 and explain what changes to the allocations they observe when they are changed into real terms. Then they will be asked to develop advocacy messages based on the analysis conducted.

Real Amount				
$' million	2004/5	2005/6	2006/7	2007/8
HIV Prevention				
Home Based Care (HBC)				
AIDS ARV Treatment				
TOTAL				

Calculating real growth and nominal growth rates

The growth rate describes how much the size of an allocation changes from one year to the next. It is expressed as a percentage of the original allocation and is called *the annual growth rate* or *year-to-year change.*

Formula: $$\text{growth rate} = \frac{(\text{amount in year 2} - \text{amount in year 1})}{\text{Amount in year 1}} \times 100$$

You can use the same formula to have a **nominal** growth rate or a **real** growth rate.

Participants to calculate nominal growth rates and real growth rates for the Total HIV and AIDS budget from 2004/5 to 2007/8. What is the difference in the growth rates between nominal and real figures? What can you deduct from your findings?

Real Growth Rates			
%	2005/6	2006/7	2007/8
HIV Prevention			
Home Based Care (HBC)			
AIDS ARV Treatment			
TOTAL			

Calculating annual average real growth rate

Annual Average Growth Rate (Nominal or Real) gives a big-picture view of what is happening over the medium term. The annual average real growth rate is more indicative of commitment and budget sustainability over the medium term (multi-year budget system).

HIV Prevention (2004/5 – 2007/8) average annual real growth rate = average of the 3 annual real growth rates. So we use the growth rates for 2005/6 and 2007/8.

$$= \frac{Y1\% (2005/6) + Y2\% (2006/7) + Y3\% (2007/8)}{3}$$

= …….%

But here we have $\frac{Y1\% (2006/7) + Y2\% (2007/8)}{2}$

= ……..%

Per capita spending

- It is also important to adjust budget data on a per-person or per-capita basis to allow comparisons between countries or between states.
- Per-capita spending is obtained with the 'population' and 'amount-spent' variables. The equation is as follow:

$$= \frac{\text{Spending or budget}}{\text{Population size}}$$

= Per Capita Spending

Rhodesian Island spent $2,3 billion on HIV and AIDS in 2006/7 and there are about 12 million citizens in the country, how much did each person get for HIV and AIDS in this country?

$$= \frac{\$2\ 300\ 000\ 000}{12\ 000\ 000}$$

= $……..

Finally, to demonstrate that the understanding of the budget process and how to conduct budget analysis, the facilitator may ask participants to do this exercise:

Exercise 19: Budgeting at the government level

Assumptions:

- Three social sector departments (Education, Welfare, Health) are competing for a limited social sector budget for their HIV/AIDS programmes.
- The Finance Minister has given them a budget ceiling for HIV/AIDS of $300,000.00 for 2012, $350,000.00 for 2013 and $380,000.00 for 2014 to be shared by all three departments.
- Each department has to prepare its draft budget to be debated at the Social Sector Budget Forum.
- All three departments are competing for the financial resources indicated by the Finance Minister.
- Each department has to indicate other sources of finance they will use for their HIV/AIDS programmes.
- Health failed to spend all its HIV/AIDS monies allocated in 2011.
- Welfare overspent on its HIV/AIDS budget by 5%, due to increased amounts of social worker salaries.
- Education failed to report its HIV/AIDS Education spending, until quite recently.
- From the minister's budget, allocate what you think is sufficient to implement your departmental HIV/AIDS strategy for 2012 to 2014.
- Calculate growth rates for your department from 2012 to 2014.
- Calculate the percent share of your departmental budget from the total HIV/AIDS budget for each of the years.

Time: 1 hour
Presentation: 10 minutes

Exercise 20: More practice!

1. Identify the department in your district responsible for HIV and AIDS services. Pull out all relevant budget and policy documents to scrutinize.
2. Make a chart showing nominal amounts of HIV and AIDS spending in a three year period - the medium term (using the latest information available).
3. Calculate HIV and AIDS as a share of total departmental budget for each year.
4. Say what is happening in words. Is the real amount increasing or decreasing? Is the percentage share increasing or decreasing?
5. Convert total departmental allocation to real terms for the years available.
Is the allocation keeping up with inflation?
6. Calculate real growth rate for the department for each year.
7. When you consider inflation, is the allocation actually increasing or decreasing?
8. Calculate average annual real growth rate for the department over medium term.
9. Generally speaking, what is happening to the departmental budget over the medium term?

LEARNING AREA 10: COMMUNITY/ CITIZEN MONITORING TOOLS

Objectives of the Session

1. The participants will learn how to monitor budgets and implementation of service in their community using citizen monitoring tools
2. The participants will be given a chance to go and practice using the citizen monitoring tools in their neighbours or/and areas of operation

Acknowledgement of sources

The Citizen Monitoring Tools presented hereunder relies on the materials of the International Budget Partnership www.internationalbudget.org and its partners, i.e. Public Affairs Centre (PAC) – Bangalore, Mazdoor Kisan Shakti Sangathan (MKSS) – India, CCAGG – Philippines, and Procurement Watch Incorporated (PWI) – Philippines. Special acknowledgement is given to the World Bank for spearheading most of the work on the community monitoring tools.

Why is it important for citizens to monitor government implementation?

The facilitator will answer the question by facilitating a discussion, highlighting the following reasons:

- Citizens fund government expenditure through taxes;
- Citizens have rights, governments have to deliver on these rights;
- Civil society is a component in a transparent and accountable state. CSOs and individual citizens have to participate in decision making and planning processes affecting their lives, and;
- Civil society has to monitor how their public finances are utilised to advance human rights and development and to reduce poverty.

Exercise 20: Community/Citizen Monitoring Tools

Through brainstorming session, the participants share their experiences in monitoring government service implementation and expenditure

The facilitator will then make presentations of various community or citizen monitoring tools that have been used by civil society in different parts of the world. The session is intended to transfer skills on how citizen can monitor expenditures or provision of services by government using various tools. It is also intended to share examples from other countries in order to energise the CSOs/communities to make use of the tools. The session will cover the following tools:

1. Community Score Cards
2. Citizen Report Cards
3. Social Audit
4. Physical Verification
5. Procurement Monitoring

Tool I: Community Score Cards (CSCs)

CSCs are qualitative monitoring tools that are used for local level monitoring and performance evaluation of services, projects and even government administrative units by the communities themselves. The CSC process is *a hybrid of the techniques of social audit, community monitoring and citizen report cards*. Like the citizen report card explained below, the CSC process is an instrument to exact social and public accountability and responsiveness from service providers. However, by including an interface meeting between service providers and the community that allows for immediate feedback, the process is also a strong instrument for empowerment as well. Since it is a grassroots process, it is also more likely to be of use in a rural setting.

The CSC Process

Using a methodology of soliciting user perceptions on quality, efficiency and transparency similar to citizen report cards, the CSC process allows for (a) tracking of inputs or expenditures (e.g. availability of drugs), (b) monitoring of the quality of services/projects, (c) generation of benchmark performance criteria that can be used in resource allocation and budget decisions, (d) comparison of performance across facilities/districts, (e) generating a direct feedback mechanism between providers and users, (f) building local capacity and (g) strengthening citizen voice and community empowerment.

As with any instrument of social and public accountability, an effective CSC undertaking requires a skilled combination of four things: i) understanding of the socio-political context of governance and the structure of public finance at a decentralized level, ii) technical competence of an intermediary group to facilitate process, iii) a strong publicity campaign to ensure maximum participation from the community and other local stakeholders, and iv) steps aimed at institutionalizing the practice for iterative civic actions.

Components of the CSC process

As such the CSC process is not a long-drawn and can even be carried out in one public meeting. However, the purpose of the exercise is not just to produce a scorecard, but to use the documented perceptions and feedback of a community regarding some service, to actually bring about an improvement in it's functioning. For this reason the implementation of a comprehensive CSC process, does not stop at just the creation of a CSC document that summarizes user perceptions. Instead, the CSC process that we envisage involves four components:

(i) Development of the input tracking scorecard – taking into account all the inputs for analysis – e.g. budgets, specific service details, targets, etc.

(ii) The community generated performance scorecard – community definition of performance criteria, indicators e.g. quality or attitudes, and community members give perceptions on the inputs listed. Users give their scores on performance and justify their decisions.

(iii) The self-evaluation scorecard by service providers – where providers or staff generated their own performance criteria and indicators, and judge their performance against them, giving scores and justifications for them. Providers can also identify issues that are probably affecting the users that may come up at the interface meeting with the community.

(iv) The interface meeting between users and providers to provide respective feedback and generate a mutually agreed reform agenda. This requires sensitisation of both users and providers on feelings, attitudes and conflicts that may arise at the meeting. Here meeting participants are prepared for sensitive issues and are guided on how to avoid adverse actions or reactions, and to work together for mutually beneficial solutions and way-forward. Prominent leaders should be invited to mediate, where necessary, and to give direction to the process and enforce respect and attention to issues. An action plan with actors is very important as an output of this meeting, to ensure that required changes are actioned by selected actors.

Differentiating between CSC and CRC

Citizen Report Card	Community Score Card
Unit - household/individual	Unit - Community
Meant for macro level	Meant for local level
Main output is data on performance and actual scores	Emphasis on immediate feedback and accountability, less on actual data
Implementation time longer (3-6 months)	Implementation time short (3-6 weeks)
Information collected through questionnaires	Information collected through focus group discussions

Tool II: Citizen Report Cards (CRCs)

Definition: CRCs are participatory surveys that provide quantitative feedback on user perceptions on the quality, adequacy and efficiency of public services. They go beyond just being a data collection exercise to being an instrument to exact public accountability through the extensive media coverage and civil society advocacy that accompanies the process.

The facilitator will explain the *stages in citizen report card (CRC)* which are as follows:

1. Identifying issues through Focus Group Discussions (service providers & users)
2. Developing the research instrument
3. Conducting the survey
4. Analysing and interpreting the findings
5. Sharing the findings and developing advocacy strategies

Rough schedule of a CRC

ACTIVITY	REQUIRED COMPETENCY	TIME FRAME
Identifying Scope	■Knowledge of service provision ■Access to technical resources	2 Months
Conducting the survey	■Field work management ■Trained pool of enumerators ■Supervising quality of survey	2 weeks - 2 months
Post survey analysis	■Data Entry & Analysis ■Analytical Report writing	2-3 months
Dissemination of findings & Advocacy	■Stakeholder analysis ■Communicating to different groups	1-2 months
Improving Services	■Ability to work with different stakeholders	2-6 months

The facilitator will take participants through the following section and questions for participants to understand what a CRC is all about. This session is more technical and requires more input from the facilitator.

To ***define the scope of CRC*** it is important to answer the following questions:

- What service(s) or sectors do you wish to cover?
- Do you want to focus on a single service provider or multiple services?
- Is there a government policy or program that you wish to assess?
- What is your population/community of interest?
- Do you also want to analyse service delivery by an administrative unit, clinic or some other regional division?

- Are there subgroups in the population that are of particular interest to your study (Poor households, females, elderly, etc.)?

The specific issues the community should seek to examine and interrogate include

- Access to facilities
- Usage of facilities (public verse private)
- Quality and reliability
- Complaint Redress
- Costs (legal and hidden)
- Satisfaction

CRC requires a basic research to be conducted to gather information from community members on the views about the service delivery by the government.

Tools and methodologies to be used in a CRC include questionnaires, focus group discussions and statistical data analysis.

Identifying the issues that the community would like to monitor and ensure the questionnaire covers them, a ***focus group discussion*** (FGD) is held. The FGD should have good representation of the community to ensure all important issues are covered.

To ***conduct the researc****h* it is important to ensure that:

- The community has been sampled. Clear criteria for selecting responds through sampling of individuals and/or households to participate in the survey is important.
- Focus group 8 – 12 members representing different constituents formed.
- The questionnaires with simple, clear, open-ended questions developed. Open ended questions enable the focus groups to give more information.
- Enumerators have to be identified and trained to carry out the research.
- Collection of data through the focus group discussions, or household interviews (depending on the methodology chosen).
- Analysis of data – qualitatively or quantitatively. The later may require simple excel or statistical tools/packages such as SPSS.

Information gathering can be done through household interviews or focus group discussions (FGD). The information to be gathered includes:

- Issues in relation to the service – availability, access, usage and quality
- Incidence and type of problems
- Pattern of response to problems
- Costs – hidden, legal, forced, willingness to pay for better services
- Suggestions for service quality improvement

Capturing the data/information (Public Affairs Centre examples)

Example: FGD summary from PAC, India:

AREA	MEN	WOMEN
	DRINKING WATER	
URBAN - MAKADARA	1. Access not a major issue; source available within 500 m 2. Issues: single source (springs) and increase in number of users and multiplicity of uses results in demand over supply; not willing to share costs 3. Suggestions: increase in number of sources; replacing old pipes and reducing initial connection costs.	1. Access not an issue 2. Issues: irregular availability; locational variations and students spending a lot of time collecting water; willing to share costs 3. Suggestions: restoring storage tanks, which are out of function for more than 30 years; increasing the sources of water.

Important tips

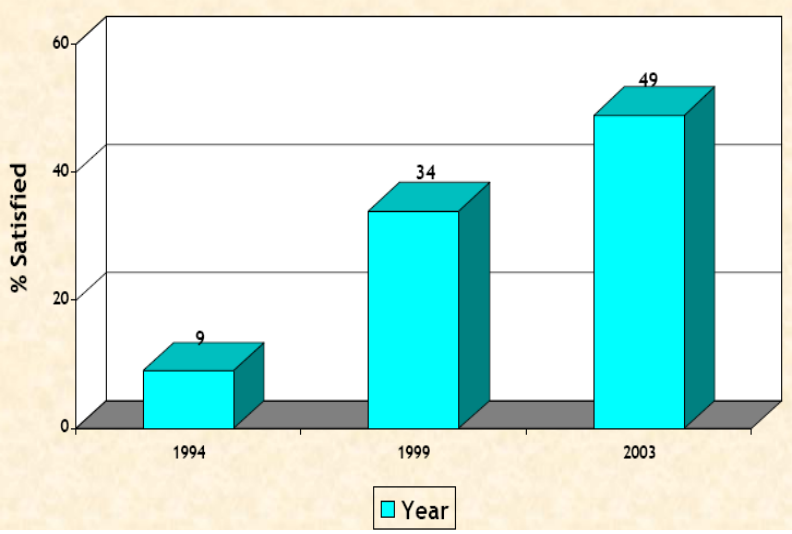
- An initial FGD could be held to identify the issues and to design a questionnaire for the actual research with citizens. This ensures ownership of the CRC process and the outcomes and enhances participation
- Data should be collected using trained enumerators/ fieldworkers. Enumerators must be trained and given an opportunity to practice conducting interviews
- Pre-testing of the questionnaire to verify the accuracy and clarity of questions is important. The enumerators should be involved in this as they are primary users of the questionnaire
- Pre-test enables fine tuning of the questions and also enables identification of gaps which may lead to additional questions

Data analysis should be done qualitatively and quantitatively. The information gathered is analysed, interpreted, and put into user-friendly report formats, depending on the audience. Analysis presents information as frequencies (pre-coded or post-coded), averages and totals. Statistical data analysis skills are required to provide good quantitative results which may be presented in a combination of text, tables or graphs.

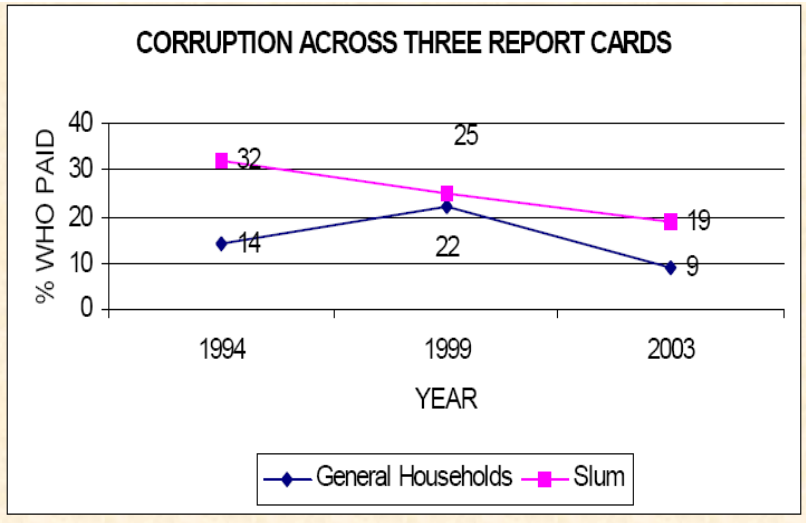
Examples of result presentations:
Corruption and the urban poor in Bangalore, India, 1999

SERVICE / AGENCY	PERCENT PAYING BRIBES	AVERAGE AMOUNT (RUPEES)	PERCENT CLAIMING BRIBE WAS DEMANDED
WATER SUPPLY	04	200	50
MUNICIPAL SERVICES	34	270	73
ELECTRICITY	10	250	100
POLICE	46	4193	88
PUBLIC HOSPITALS	53	640	63

Improvement in health service delivery



Rate of corruption



Dissemination of the findings is follows the data analysis and report writing. The dissemination should be targeted and organised and could be done as follows:

- Pre-launch presentations to the providers and elected representatives (councillors, members of parliament, etc). This allows for any immediate feedback by providers to ensure that any misinformation is clarified and also to encourage them to accept the feedback from the citizen positively.
- Interagency workshop to stimulate learning and sharing good practices.
- Public release of findings and public forum.
- Sustained media advocacy.
- Supporting local champions e.g. recognising the service provider rated best by the citizen. The sense of recognition and competition leads to improved services. Ultimately CRC should encourage better provision of services!

Important tips

- Counting and discussing instead of just shouting
- Presenting strengths and weaknesses – "pat" & "slap"
- Enables policy makers set policy priorities
- Helps agency managers assess service efficiency
- Provides a bridge for civil society to dialogue on citizens' priorities
- Transmits the voice of the poor without intermediation by representatives

Exercise 21: CRC methodology/ framework in summary to use in a group exercise

In small groups, draft and present your CRC using your planned or current project, using the following guideline. In cases where there are no specific projects planned, you may use the following topics for practice.

Work in small groups to draft a CRC survey plan on one of the following topics:

1. Citizen satisfaction on a community health centre's responsiveness to community health needs
2. Patient satisfaction on accessing ante-natal care at a local Ante-natal Wellness Clinic
3. Household attitudes towards the HIV/AIDS Clinic in the area
4. Citizen perceptions of government's implementation of a TB treatment programme in a poverty stricken community

Guideline:

Phase 1: Identification of Scope, Actors & Purpose

- Briefly define your survey purpose, scope, stakeholders to engage in the process. Draft your survey topic.
- What do you want to know? Your problematic? Your research topic?
- Why? (Getting the answer) Objectives/ outcomes??

Phase 2: Designing a questionnaire

- How do you find out what you want to know?
- Research method(s) to use?
- Design a list of key questions you would ask to address the topic

Phase 3: Sampling

- Provide a rough idea of your research population, who you would sample, how many, why and how?
- Where can you get the information? Your information sources?
- Who do you need to ask? Your respondents?

Phase 4: Execution of survey

- Give rough plan of how you would conduct the survey; who would be your research assistants/ enumerators and why?
- When does your research need to be done? Timeframe
- List key factors to consider during data collection

Phase 5: Analysing the data

- What skills would you need to analyse the data?
- Will you need statisticians, computer data processing, etc?

Phase 6: Dissemination

- Who will be your audience?
- How will you share the findings of the survey with them?
- What resources will you need to do this?

Tool III: Social Auditing

Exercise 21: Auditing
The participants will be asked to define what audit is through a brainstorming session. They will also explain whether they have heard of the auditor-general and whether they have come across any reports by the auditor-general.

The facilitator will use the feedback on general understanding of audit by participants to identify what are the weakness/strengths of the government auditing process in relation to:

- Participation
- Identification of expenditure flaws
- Timeliness

The facilitator will then define social audit and explain its purpose before elaborating on the methodology of carrying out a social audit.

Definition and purpose: a social audit (SA) is a community driven participatory auditing of government implementation of programmes. It complements financial audits performed by government agencies. SA promotes citizen participation in governance issues through citizens verifying cost and rating the quality of services provided. It results in better transparency and accountability.

Key points about a Social Audit

- Takes place at community level and is conducted by citizens.
- Citizens conduct spot checks of implementation throughout the programme.
- It is regarded as an issue or programme specific auditing.
- It is concerned with results of spending i.e. what were the outputs and outcomes of spending?
- It is more concerned with spending effectiveness i.e. what difference did the spending make, how much wastage and corruption possibly took place; were there tangible benefits for the beneficiaries?

Seven (7) steps of the Social Auditing process

Social audit recognize local citizens as experts in their community. therefore CSOs can only provide important assistance to the community undertaking a social audit. This may include training of citizens on the social auditing process, assisting with accessing information to conduct the audit, assisting in collating and disseminating information to the whole community, and documenting the social audit findings and following up with government officials to demand action.

Step 1: Identify the Scope of the Audit

- Identify specific programme for auditing.
- Identify specific state agencies relevant to the audit.
- Stipulate period of investigation (how many years do you want to audit?).
- Ask questions for information about e.g. access to information; how much information is available; does it cover the whole audit period?
- Confirm how much community involvement is expected.

Step 2: Identify and understand the management structure of the programme

- Which level of government is responsible for the programme to be audited?
- Develop a map that identifies all programme implementers and stakeholders, funding flows.
- Coordinating CSO to identify community members who have worked in programme for first-hand information, e.g. volunteers, project managers, etc.

Step 3: Obtaining information on Programme under Audit

Coordinating CSO to secure access to relevant documents such as:

- Accounting documents (cashbooks, wage rolls, purchase orders, invoices, receipts, etc).
- Technical project records (book of standards, measurement books, contract specifications, etc).
- Managerial records (stock registers, progress reports, spending certificates, etc).

Citizens are likely to face resistance from local officials/government officers when requesting for information.

- The social audit team or coordinating body should physically verify project site and visit beneficiaries to verify benefits received as reflected on the project documents.

Step 4: Collating information once received

- Coordinating CSO with assistance from volunteer citizens to sort out collected information and to prepare project files.
- Findings from these exercises should be recorded and filed in relevant project files.
- Creating simplified charts of data basically summarising information obtained.

Step 5: Distributing information

- Coordinating CSO to make copies of project documents with summaries.
- Organising meetings with residents who have worked or participated in the SA to verify accuracy and truthfulness of detail on the records.
- Sharing the findings with the citizen/community through door to door visits by volunteers.

Step 6: Holding public hearing(s)

- Those who participated in gathering the information should be invited to testify at the public hearing.
- Publicise the hearings as widely as possible for instance, the data collection phase should be used to publicise the upcoming public hearing.
- Ensure that the hearing location is accessible to all residents.
- Provide necessities for the hearing: water, sufficient seating arrangement, sanitation etc.
- Provide basic location/venue – extravagant looking venue may affect participation and attendance.
- Key role players need to be identified and have to be present at the public hearing: coordinating team, eminent community members, local media, local government officials ("to receive community feedback and to respond to it").

Step 7: Follow-up to the hearing(s)

- Transforming audit findings into a strong and broader advocacy campaign.
- Preparing formal report from the hearing(s) and submitting to senior government officials, media and other interest groups.
- Developing recommendations for ***corrective actions*** and ***policy changes*** to improve services.
- Citizen/SA team should put pressure for changes to take place.

Tool IV: Physical Verification

Example: Community Verification
Training participants will be put in small group discussions where they will be asked to discuss any community verification activities that they participated in or know of and highlight the *Do's and Dont's of physical verification*.

Reasons for the physical verification initiative

- Information of official government documents is not always accurate
- Verification of government information is key to improving accountability
- Public participation has to happen at community level where projects are implemented
- Projects declared 'complete' may have never had happened

Physical Verification Approach

This approach assists community members to physically examine projects implemented in their community. This is important to ensure that implementers or service providers or contractors adhere to the standards, rules and regulations guiding the service they are providing. The community plays a local watchdog to ensure that services are provided as expected.

Mainly useful in monitoring infrastructural projects, using local monitors to verify that construction projects are executed according to contract norms and standard in the "blue book".

- Community monitors including housewives, students, out-of-school youth, observe construction projects and report findings to senior or specialist colleagues such as engineers or accountants.
- Monitors are equipped with all essentials, measuring tapes, record books, cameras. Voice recorders are used to assist them in monitoring.
  - Legal frameworks and other provisions maybe used to access information and to monitor projects:
  - The "Blue Book" – technical reference guide with specifications, or standards for public works
  - Approved plans and drawings for the project under investigation.
- Program of work containing general information on the project under study – location, source of funding, contract amounts, work schedule, project officer who approved the document etc.
- The monitoring team compares information on original project [planning] documents against both the information obtained by community monitors from their physical inspection and the financial and accounting documents and other technical reports submitted by the contractor upon the project completion.
- The team looks for evidence of corruption or poor performance, including the use of sub-standard materials or fraud in contracting procedures (such as rigged contracts or tenders).
- A final report form includes a summary of the project with all specifications, monitors' findings from physical verification and recommendations for action by relevant government officials.

Tool V: Procurement Monitoring Tool

Procurement monitoring involves analysing procurement documents and holding government accountable for all procurement transactions. This approach assumes that large amounts of government funds are spent through procurement processes. This is where civil society can make a big difference: by tracking down original transaction documents from the planning phase to the final stage of payment to service providers, and looking for inefficiencies and irregularities. Procurement Watch Incorporated (PWI) have developed the so-called Differential Expenditure Efficiency Measurement (DEEM), a procurement monitoring tool to measure corruption and inefficiency in public procurement.

The DEEM tool is used to assess procurement processes to measure efficiency both in cost and time. It measures wastefulness in public spending by identifying causes of inefficiency in procurement/ spending. In addition, assumes competition in a free market, where various bidders are given an opportunity to bid, and compete openly for provision of a defined service. Thus, the DEEM tool measures for competitive bidding & comparable prices, and assist in understanding the decisions made in the procurement process. Overall, it examines government procurement documents and enters data into ten forms that collect relevant information about the procurement, for analysis, debate and recommendations for corrective actions.

The DEEM methodology follows a detailed process capturing information in various forms, as follows:

- Form I: The first form provides an overview of the transaction, including information on a cheque issued in payment of an invoice and the corresponding disbursement voucher
- Also check: signatories, names, titles, signatures, dates, amounts
- Form II: Description of items procured and summary of information pertaining to that procurement
- Form III: Addressing the purchase request form, check for number, date, requesting department/section/ person, requested items, estimated costs, purpose, authorised signatures etc
- Form IV: Addressing purchase order, check for consistency with information on purchase request form, corresponding disbursement voucher and supplier details
- Form V: Collects information on the invoice, checks for consistency of information in the disbursement voucher and purchase order, authorised signatures and dates.
- Other forms: cover other stages of the procurement process, i.e. pre-bidding process, assessment of bid received, inspection reports, annual procurement planning, minutes of procurement meetings etc

Making meaning of the procurement information

The DEEM process summarises the information, as follows:
The DEEM team analyses summary sheets to identify inconsistencies and irregularities in the procurement process, asking questions such as:

- Is the purchase request form dated after the purchase order form?
- Does the purchase order form show a higher cost for a procured item than the bid document does?
- Does the payment invoice show a higher amount paid to a vendor than the purchase order does?
- Does the purchase order contain a different quantity than the payment invoice does?
- Does the delivery date (as recorded in the goods inspection and acceptance form) the same as the date mentioned in the contract or purchase order, and is any delay accounted for?

LEARNING AREA 11: ADVOCACY

Objectives of the Session

1. The participants will gain understanding of how to develop SMART advocacy objectives and effective advocacy strategies.
2. The participants will be able to develop clear strategies and messages to influence policy makers and to demand their rights.

Due to vast materials in the area of advocacy, CEGAA acknowledges and adapts materials from the International Budget Partnership (IBP) partners, The Advocacy Sourcebook by WaterAid (2007) and An Introduction to Advocacy: Training Guide by Ritu R. Sharma of the SARA Project. These sources provide a comprehensive coverage of advocacy topics to assist one in developing sound and evidence based advocacy strategies and messages.

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ANNEX 1: METHODOLOGIES/APPROACHES OF EFFECTIVE TRAINING DELIVERY

Source:
The Facilitator's Fieldbook, T. Justice and D. Jamieson, 2006 – Facilitator's Guide to Participatory Decision-Making, S.Kaner, 2007 and Participatory Workshops, R. Chambers, 2007

Ideas for beginning the meeting

Seating arrangements
Seating arrangements has a big effect on any meeting. The facilitator should ensure the room and the sitting arrangement enhance the sharing and learning process. The facilitator should find out before hand what sitting arrangement is appropriate for the sessions e.g. will it enhance active participation, whether the room is big enough to allow group work, or there are break out rooms, etc. The sitting arrangement should allow the facilitator make eye contact with everybody.

Breaking the ice
At the start of the workshop it is important to make everyone feel welcome and part of a group. Introductions are very important. Different methods could be applied to facilitate this, one way is encouraging the participants to walk round the room and ensure they introduce themselves to at least a given number of participants and say something about themselves. Another one is pairing the participants and asking them to briefly share about themselves using guiding questions. The pair would then introduce themselves by one partner, introducing the other to the rest of the participants.

Setting ground rules
It is always good to set the ground rules or norms for the meeting. This range from suggestions such as time keeping; respecting other people's opinion; all phones switched off or on silent mode; amongst others. The best way of generating the ground rules is through a brainstorming session where the people will build consensus on what they agree as their norms.

Useful participatory methodology tools

1. Brainstorm: helps to generate many ideas randomly in response to a stated problem or question. To effectively do this, brainstorming has basic rules such as: (a) don't evaluate the idea or defer judgment; (b) the more the better; (c) the most unconventional the better; (d) record each idea verbatim; (e) you can modify the process before it starts or after it ends but not while it's underway. It is best if the ideas are recorded on a single card, or ask people to call out their ideas in plenary while the facilitator, or a volunteer scribe, records responses on a flip-chart.

2. Breakout Groups: these enable participants to discuss an issue in more depth in a smaller group. They may also be useful to break the ice (making it feel safer to participate), keeping the energy up, building relationships and fostering greater commitment to the outcomes of the discussion amongst the participants. The facilitator should give participants clear instructions for the task to be covered in small groups. These should include: (a) an explanation of what the groups have to discuss; (b) expected outcomes of the discussion; (c) how much time they have for the activity; (d) how they are expected to report back (e.g. choose a reporter).

Ideas for evaluating and closing the meeting

Allowing time for reflection and evaluation during the meeting is essential. It is good practice to have daily evaluations to gauge the participants' mood, morale, and their views on how the process is going particularly for multi-day workshops. This provides a quick check and feedback to the facilitator as well as an early warning if things are not going as planned and some are dissatisfied. A

more complete reflection and evaluation session should be done at the end of training. Some ways of evaluation include:

Daily monitoring and feedback

1. Mood meter: Post up a flip chart in an easily accessible part of the meeting room (e.g. near the entrance). Write the workshop day (or individual sessions during a day) at the top of the chart. Underneath it you can figuratively show 'levels of satisfaction' by drawing three faces – a big smile at the top, a straight-line mouth in the middle, and a down-turned mouth at the bottom of the paper. At the end of each day, participants mark with a pen or sticker next to one of the faces to show how they feel. This can easily be done during a break.

2. Evening feedback: A few participants can be selected by the group or may volunteer to solicit feedback and suggestions and pass these on to the facilitator and organisers at the end of each day. Problems can then be identified and addressed before the next day. Participants who have been chosen to give feedback should make themselves known to all others so that they are accessible for comments and feedback.

3. Morning feedback: A good way to start the day may be to get the group to reflect on highlights of the day before. One or more participants may be selected or volunteer themselves to review the previous day choosing their own feedback method. Different people should be chosen each day.

End of meeting evaluation

Graffiti feedback boards: This provides a good anonymous outlet for participants' reactions and observations. Participants are asked to write down their comments on 'feedback boards' e.g. flip charts, boards etc. Headings can be provided by the facilitator. For example, "I liked…..", "I did not like…..", "Suggestions for improving the process", "Suggestions for improving facilitation"… etc. These comments can also be done in an evaluation sheet.

Recording the workshop

There are various types of reports and this depends on the intended use of the report:

Proceeding report: this requires that all proceedings of the workshop are captured. These include the facilitators' presentations; brainstorming sessions, break out group work and any other process that may have taken place.

Outcomes report: this requires that the rapporteur decipher the main issues in discussions and particularly the points of convergence following consensus building processes. For the training workshop, this would be a summary of the observed learning and participants agreed plan on how to apply the training/learning.