Learnings from COPASAH's approach to Capacity Building – ESA region

I. Context

- What is the context of social accountability practices in your region?

Social accountability is a growing movement in various countries in the Eastern and Southern African (ESA) region with varying levels of progress registered. In Uganda, health budget advocates have consistently argued for a budget increase to meet the 15% Abuja commitment which has always been challenged by the executive on the fact that while the health budget has exponentially increased over the years, outputs have not increased commensurately to the expected levels *"they need more results from the more money".* In effect they raise the question of efficient spending of allocated resources. Both government and advocates agree on social accountability it terms of allocative efficiency and efficient spending. Additionally, there are concerns on low demand and a weak citizen voice and complacence. This generally obtains in the ESA region.

Given the need for better and responsive healthcare, that there is growing interest in Social accountability to improve health sector performance. The first social accountability tool to be applied in Uganda was a Public Expenditure Tracking Survey (PETS) in the mid-1990s to follow up funding of public schools. Its major conclusion then was that public services were failing the poor most by either public spending not reaching the service points or if at all services reached them, they were of inferior quantity and quality. A series of reforms were initiated to improve performance of the education sector. This inspired social accountability work in the country and helped the citizens to begin building confidence to challenge policy makers on service provision. In Kenya, when a new constitution was adopted, the right to health was explicitly defined; various measures were instituted including free maternal health care and a reimbursement to enhance equitable access to health services.

Various mechanisms have also emerged to enforce accountability; these include accountability platform, contracts monitoring groups, civil society budget monitoring group among others applying various social accountability tools.

- What was the need for capacity building?

A case of Uganda

Action Group for Health, Human Rights and HIV/AIDS Uganda (AGHA) is a health rights centred advocacy organization located in Uganda that has pioneered and adopted some of the available social accountability tools to make health services responsive to the needs of citizens through striving to ensure effective health planning and promotion of transparency and accountability

in health service delivery. AGHA leads a coalition of CSOs in 10 districts that are engaged in health advocacy for better quality health services at the district, regional and national levels and has been instrumental in engaging health policy makers like parliamentarians and civil society on health financing, human resources for health, access to medicines and reproductive health rights.

While AGHA had successfully applied the community score card, it needed to adopt other tools particularly PETS to advance its budget advocacy and health financing campaigns. Through targeted capacity assistance, AGHA requested for specific technical assistance to develop a PETS tool and build capacity of its staff in its application to supplement the community and citizen score card currently being used for community monitoring.

II. Philosophy and perspective to the approach

- How does the approach to capacity building fit in with COPASAH's overall objective and mandate? How is it different?

This support was geared towards empowering AGHA to help communities to actively engage in social acoountability as a vehicle for transforming Uganda's health systems towards the realization of the right to health which is in line with the COPASAH vision. It followed the same principles for COPASAH capacity building; it aimed to enable AGHA effectively use PETS to improve health outcomes; it was client focused, approaching Targeted Technical Assistance (TTA) from the needs as defined by AGHA, it was participatory and followed experiential learning. It was adapted and integrated in the AGHA programing to fit with organisation's need.

- What are the key principles on which the approach to capacity building is based?

- Capacity building is demand driven and conducted after careful internal capacity assessment and technical analysis of the need organisation. For AGHA a rapid scoping and mapping was carried out narrowing down on three components of Primary Health Care (PHC); Non-Wage, Wage and development; geographically one pilot district was selected to inform scale up. The need was a tool in which case PETS that could help the organisation track health expenditure and inform evidence based national budget advocacy.
- Participatory reflective learning is then conducted facilitated by an expert in a given area
- Follow up actions agreed upon at the end of the training with much focus put on testing the knowledge through practice

III. Approaches

- What are the different forms of capacity building that were used (FLEs, Workshops, Targeted Technical Assistance, Labs, Online support and so on)

- Targeted technical assistance was used facilitated by a partner from UNHCO. It involved meetings, field tests and adoption of the tool.

AGHA staff during one of the sessions in the ED's Office

- For each of the approaches listed above, what were the objectives, the process followed and specific outcomes of each method?

- Targeted technical assistance was conducted with the objective of developing the capacity of AGHA to adapt and apply PETS approach in its health budget advocacy work. This intended to supplement other tools which were already being used by AGHA such as community scorecards, citizen report cards and applied budget work through periodic budget analysis to enhance its health financing campaigns in Uganda. The specific objectives included;
  - To orient AGHA staff directly involved in social accountability and advocacy on PETS
  - To identify the relevant program areas and indicators in AGHA to which PETS is applicable
  - Develop a tool for application of PETS by AGHA in its programing.

- Which approach worked and in what context?

- The approach of targeted technical assistance was tailor made based on the organisation's expressed need. The beneficiary determined the direction of support so that it adds value to the process of achieving the organisation's mandate. For the case of AGHA, TTA helped them to implement PETS in one of its programs in its strategic plan to promote transparency and accountability in the health sector. It is emerging from the current review of the strategic plan that PETS will be embraced as a mechanism for building solid evidence for budget advocacy work.

Which approaches didn't work and what were the challenges?

- The duration and funding of the TTA, was limited; the funding mechanism is not informed by the cost of the type of TTA needed. The support could not for example cover the piloting of the tool that was developed. The organisation however, has now integrated the tool in its social accountability programs and is rolling it out to inform its budget advocacy work.

- What innovations were tried out and why?

- The TTA supported the development of a tool (PETS) to enable AGHA track health expenditure of which is critical to the functioning of the health sector in Uganda. The nearest that is done in Uganda is national health counts which does not provide information of how much funds actually go into service delivery, this specifically looks at the flow of funds and identifies points at which leakages occur in the system.

IV. Results and Outcomes

- What were the benefits (if any), to - (1) Individual participants (2) the COPASAH Partner organizations (3) the COPASAH network in your region (eg. pool of trainers created, voices of participants, new areas of work learnt about, new skills received, creation of a stronger sense of identity around COPASAH and so on) process of learning

  - 5 staff were trained in the application of PETS. Staff are now able to monitor budget flow and spending using the PETS tool which was developed and providing quarterly budget briefs to the Ministry Of Finance Planning and Economic Development (MoFPED). This is in compliance with the requirement by MoFPED for CSOs to provide budget implementation briefs from districts of implementation with advice on budget effectiveness and efficiency.
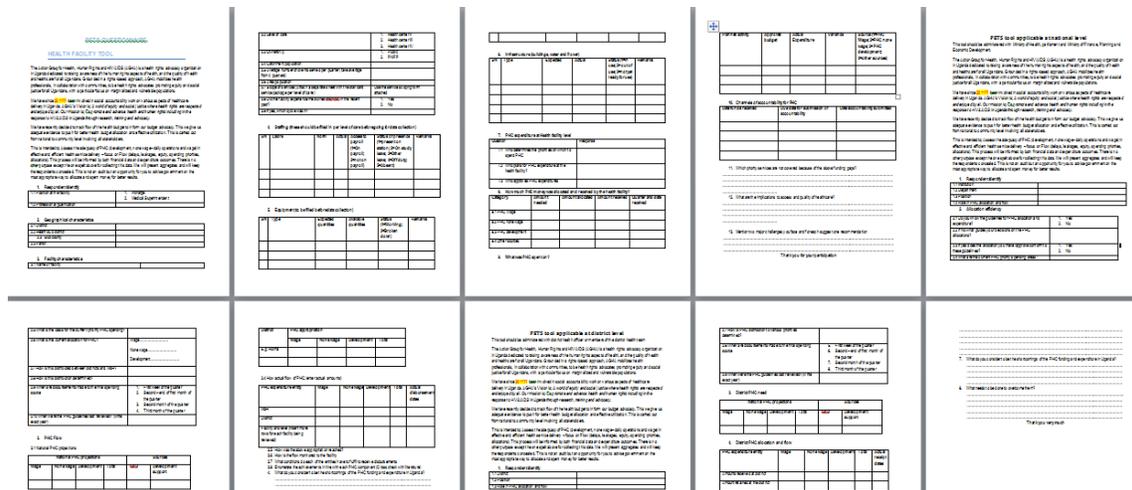
Multi level PETS tool developed through TTA

- PETS is an empowering tool that enables citizens to link service delivery to spending. Using the results from PETS, citizens in the target areas can now question the allocations for the amounts received and demand for commensurate services.

- Improved budget analysis primary health care budget spending by local governments. The tool was applied to understand the challenges of huge utility bills for public health facilities. The finding was that budgeting was way below the actual consumption thus there were always arrears which accumulated overtime. When this information was presented to the parliamentary committee on health, the PHC non-wage which caters for utilities was increased in financial year of 2014/15

V. Challenges and Learnings

- What were the key challenges to learning? How were they negotiated?

- There was limited follow up mentoring and coaching after the training: The TTA should have provision for providing follow up grants where TTA facilitators can follow up and provide mentoring to the beneficiary organisation to be able to answer possible issues emerging from the support.

- What were the key learnings from this approach? What do you think did not work very well? What would you do differently in the future?

- TTA is more effective when it is demand driven. The initiatives started are more likely to continue because they are based on the needs of the beneficiary organisation.
- TTA should support those initiatives which fit within the organisations ongoing work to ensure continuity and value addition.