Best Practices in Strengthening Social Accountability and Oversight Capacity for Rights-based Public Resources Management in Health (SRHR) and Agriculture (food security) in southern Africa

REPORT

2019
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We extend our sincere appreciation to all the smallholder farmers, parliamentary representatives, government departments, media representatives and issue based CSOs that have made this documentation possible. Their efforts and dedication to strengthening social accountability and oversight capacity for rights-based public resources management in health (SRHR) and agriculture (food security) in southern Africa has indeed yielded lessons that can be adopted by other stakeholders. The success stories are indeed a reflection of your commitment and efforts.

A special thank you to the documentation teams from ActionAid Mozambique, Christian Council Mozambique, ActionAid Malawi, ActionAid Tanzania, MVIWATA, MIICO, ActionAid Tanzania, ESAFF Zambia, CSPR, Action Aid Zambia and SAfAIDS for sterling efforts in conducting the documentation.

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**Disclaimer:** The views expressed in this publication do not necessarily reflect the views of Swiss Agency for Development and Cooperation.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAI</td>
<td>ActionAid International</td>
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<td>AATZ</td>
<td>ActionAid Tanzania</td>
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<tr>
<td>BFC</td>
<td>Budget and Finance Committee</td>
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<td>BP</td>
<td>Best Practice</td>
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<td>CAMP</td>
<td>Community Agricultural Monitoring Programs</td>
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<td>Civil Society Organisations</td>
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<td>District Agriculture Coordinating Officer</td>
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<td>DAO</td>
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<td>DMO</td>
<td>District Medical Officer</td>
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<tr>
<td>EoI</td>
<td>Expression of Interest</td>
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<td>ESAAFF</td>
<td>Eastern and southern Africa Small Scale Farmers’ Forum</td>
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<td>FDS</td>
<td>Farmer Distribution System</td>
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<td>FGD</td>
<td>Focus group Discussion</td>
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<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit</td>
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<tr>
<td>HFGC</td>
<td>Health Facility Governance Committee</td>
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<td>HTS</td>
<td>HIV Testing Services</td>
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<td>IFMIS</td>
<td>Integrated Financial Management Information System</td>
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<td>MK</td>
<td>Malawi Kwacha</td>
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<td>MP</td>
<td>Member of Parliament</td>
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<td>MoF</td>
<td>Ministry of Finance</td>
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<td>PEFA</td>
<td>Public Expenditure and Financial Accountability</td>
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<td>PFM</td>
<td>Public Financial Management</td>
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<td>PRM</td>
<td>Public Resource Management</td>
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<td>PSA</td>
<td>Partnership for Social Accountability</td>
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<td>Southern Africa Development Community</td>
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<td>Swiss Agency for Development and Cooperation</td>
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<td>PSAM</td>
<td>Public Service Accountability Monitor</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<td>TACOSODE</td>
<td>Tanzania Council for Social Development</td>
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<td>WEO</td>
<td>Ward Executive Officers</td>
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1. INTRODUCTION AND PROJECT CONTEXT

1.1 Introduction

This report presents findings from the documentation of practices in strengthening social accountability and oversight capacity for rights-based public resources management in health (SRHR) and agriculture (food security) in southern Africa. The documentation of best practices is one of the key learning outcomes under the social accountability in public resources management project being implemented by the Partnership for Social Accountability (PSA) Alliance.

1.2 Project Context

The PSA Alliance is a consortium of organisations led by ActionAid International (AAI) and including the Public Service Accountability Monitor (PSAM) of Rhodes University, Eastern and Southern Africa Small Scale Farmers’ Forum (ESAFF) and SAfAIDS. The PSA Alliance, with support from the Swiss Agency for Development and Cooperation (PSA), is implementing a regional Public Resource Management (PRM) project. In the first three year phase (2016-2019), the national focus of the project is on Zambia, Malawi, Tanzania and Mozambique; however it aims to expand to include the other SADC member states in subsequent phases.

The project seeks to improve public service delivery in agriculture (food security), and health (HIV/AIDS, sexual and reproductive health and rights) by strengthening the oversight and social accountability roles of five target groups in the SADC region, specifically: selected parliamentary committees, relevant government departments, issue-based civil society organisations (CSOs), smallholder farmer organisations, and the media. Using a rights and evidence based approach to social accountability monitoring, the project focuses on the five inter-related processes of PRM: planning and resource allocation; expenditure management; performance monitoring; public integrity; and oversight.

The consortium and its local partners aim to enhance the effectiveness of the target groups by providing focused training, supporting critical monitoring, and offering platforms for collaboration and learning. Through simultaneously strengthening both state and civil society actors, the project endeavours to develop an environment for greater social accountability at the local, national and regional levels. In the context of the Sustainable Development Goals and SADC’s Regional Indicative Strategic Development Plan (RISDP), enhanced social accountability in public resource management is viewed as integral towards the eradication of poverty in the region.
As a southern African regional initiative, the project recognises the mutual synergy between national and regional processes in influencing change. The project seeks to monitor and encourage the implementation of national policies and actions in health (HIV/AIDS and SRHR) and agriculture (food security), in line with SADC commitments, through facilitating and participating in both national and regional dialogue.

The project focuses on several key regional policy frameworks, including:

- SADC Regional Agricultural Policy (RAP) 2014.
- SADC Regional CAADP Compact.

Figure 1: Geographical coverage of the PSA project
2. DOCUMENTATION OF BEST PRACTICES: PURPOSE AND APPROACH

2.1 Purpose of Documenting Best Practices

Documentation of best practices was conducted as part of the project focus on documenting and learning. A key component of the PSA project involves documenting good/best practices, working models and lessons learned. This provides an opportunity for Consortium members and other partners across the SADC region, to draw on and deliberate ‘what works’ and what the ‘picture of success’ looks like, as generated through this project. This documentation and learning will also bring to the fore unintended outcomes and recommendations, to inform future programming, policy decisions and funding and investment – for the sequel phase of the PSA project, and other similar projects in the region. It also enables the review of processes, approaches and activities that might have been done differently. Strategic and frequent utilisation of working models and lessons learned is a principal component of an organisational culture, committed to continuous improvement and adaptive management of projects it implements, either collectively in a consortium or individually. Lessons learned mechanisms communicate acquired knowledge more effectively and ensure that beneficial information is factored into planning, work processes, and activities.

2.2 Approach to Documenting Best Practices

Drawing on the SAfAIDS best practice documentation methodology, each intervention was assessed against the criterion presented below:

- **Effectiveness** - A best practice must have clear objectives guided by identified community needs obtained through a baseline study and it must have evidence that it is achieving these objectives.

- **Cost-effectiveness** - The programme should have the capacity to produce desired results with minimum expenditure of energy, time and/or resources.

- **Relevance** - The interventions should take note of the specific context in which they are operating, noting cultural, religious and other norms; as well as political systems and the socio-economic environment.

A best practice is a technique or methodology that, through experience and research, has proven to reliably lead to a desired result.
- **Ethical soundness** - A best practice upholds social principles and professional conduct. An intervention is a best practice if it does not violate human rights, respects confidentiality as a principle, embraces the concept of informed consent, and applies the ‘do no harm’ principle.

- **Replicability** - The programme should have the ability to be copied or adapted, and it needs to discover interventions that set an example.

- **Innovativeness** – A best practice may demonstrate a unique and/or more cost effective way of implementing a programme or responding to an issue.

- **Sustainability** – is the ability of a programme or project to continue to be effective over the medium and long-term. Even after project closure, the results should continue to be seen within the targets communities.

A strategic approach to documenting best practices, within the broader documentation and communication domain of organisational knowledge management systems, was adopted. This approach has also been adapted to documenting all developmental areas linked to HIV, including gender, livelihood, maternal and child health, poverty reduction, water and sanitation, related interventions. The SAfAIDS approach has been developed through over 10 years of extensive research and experience in documenting best practices in southern Africa. SAfAIDS adopted a Participatory Documentation Process (PaDoP) approach which means that a systematic effort is made to maximise the participation of the key stakeholders (partner organisations, beneficiaries, communities, etc.) throughout the six step process. This includes ensuring that people living with HIV, women, adolescents and children, community leaders and other key stakeholders in the larger community are represented.

**Figure 2: SAfAIDS 6 step BP documentation model**
The approach involved three key steps:

- Capacity building on best practice documentation and communication skills was done for the PSA consortium members to avail a pool of documenters at national/community levels.
- Documentation of best practices and their dissemination (as a tool of programme improvement as well as advocacy) amongst programmers, policy makers and other relevant community stakeholders. The documentation process was guided by a set of tools, including: Selection Criteria Guides; Information Collection Tools and Best Practice Scorecard.
- Mentoring and support will be done post publication of this booklet for trained consortium members to mainstream best practice documentation skills and knowledge into their organisational systems.

2.3 Methodology

Call for Expressions of Interest

A call for Best Practice Expressions of Interest (EoI) was launched to the four project countries (see Annex 2 for the Call for EoI). Countries were invited to submit expressions of interest for possible best practices to be documented. Submissions were invited from both the health (SRHR) and agriculture (food security) thematic areas.

Establishment of BP selection committee and selection

A regional BP selection committee comprising of AAI, SAfAIDS, PSAM and ESAFF was established. The committee’s role was to assess the submissions based on the seven-point criterion mentioned above and select one intervention from each country for documentation. Table 1 below summarises submissions and selection outcomes from the four countries.

Table 1: Summissions for best practices expression of interest & selection outcomes

<table>
<thead>
<tr>
<th>Country</th>
<th>BP EoI submissions</th>
<th>Selected for documentation</th>
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<tbody>
<tr>
<td>Malawi</td>
<td>i. Investigative Journalism stories influencing other advocacy institutions on social accountability monitoring</td>
<td></td>
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<tr>
<td></td>
<td>ii. Mobilisation of communities through empowerment of Reflection Action Circles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii. Establishment of the Parliamentary Budget Office</td>
<td>✓</td>
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<tr>
<td>Mozambique</td>
<td>iv. Parliamentary committees and staff trained on SAM and oversight role</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>v. Establishment of health committees in Chibuto district</td>
<td>✓</td>
</tr>
<tr>
<td>Tanzania</td>
<td>vi. Re-establishment of health committees in Kilosa and Mbozi districts</td>
<td>✓</td>
</tr>
<tr>
<td>Zambia</td>
<td>vii. Enhancing the Voice of Women Small Scale Farmers in Accessing FISP</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>viii. “SRH Rights for Young by Young People” community interface meeting</td>
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Methodology Matrix/Tool Development: The methodology matrix was developed to outline the targeted sources of data and methods for data collection. Generally, a multi-methods approach was adopted targeting beneficiaries, key stakeholders and project implementers. Methods for data collection were review of literature, key informant interviews and focus group discussions. Corresponding tools developed include literature review guide, key information interview guide and FGD tool.

Pre-documentation Preparation: In each country, pre documentation preparation was done through development of field schedules. The field schedule clearly showed location, dates and interviewees per site. The purpose was to ensure that all interviews were secured prior to beginning of field work and verification that the right interviewees had been selected.

Establishment of documentation teams: Documentation teams were drawn from SAfAIDS, ActionAid country office representatives and staff from the local project implementing partners. A one day induction meeting was conducted for the induction teams. Topics covered included an overview of the BP documentation process, data collection tools and methods, role allocation and quality assurance.

Documentation (field work): Data was collected in field utilising key informant interviews with beneficiaries and focus group discussions. Furthermore, recording of the best practices was done via video. Preliminary analysis of data was done at the end of data collection, involving the documentation team. Literature review was done to get an in-depth understanding of the project context and approach in relation to the BP seven-point assessment criterion.

Data Analysis and Country BP Report Collation: Analysis of data was done using the BP scorecard. All initiatives were rated out of the overall score of 100%. Analysis of the scores was used to determine whether the documented intervention qualified as a best practice truly, or was only a success story. Noteworthy, scoring was done by all members of the country teams and an average score generated.

Country BP Report Review and Finalisation: Upon completion of the draft BP report, a review process was done in each country. The purpose was to verify the collected data and address any emerging gaps. The same process was conducted in development of the video documentaries on each best practice to ensure validity of content and alignment to the project objectives. Finalisation of the report was done thereafter.
Figure 3: Best practices field data collection in pictures

Joseph Sengasenga (standing) from MVIWATA gives a background of the BP process to the FGD participants in Kilosa district, Tanzania

Health committee members pose for a picture after completion of the FGD in Kilosa district, Tanzania

A health committee member explains how they raised awareness on SRH issues in the community during FGD in Chibuto district, Mozambique

SAfAIDS Social Accountability Specialist Percy Ngwerume (second from left) conducts key informant interviews with local leadership and health facility staff from Chibuto district in Mozambique

Images: SAfAIDS (2018)
3. BEST PRACTICES DOCUMENTATION FINDINGS

3.1. Supporting social audits and community interface towards re-establishment of Health Facility Governance Committees in Kilosa and Mbozi districts of Tanzania

3.1.1 Project Start-Up

The re-establishment of health committees was done through a partnership between ActionAid Tanzania (AATZ), Tanzania Council for Social Development (TACOSODE), Mtandao wa Vikundi vya Wakulima Tanzania (MVIWATA) and MIICO. Translated from Swahili into English, MVIWATA means National Networks of Farmers’ Groups in Tanzania.

ActionAid Tanzania is a development agency that is committed to social justice, gender equality and poverty eradication. At the core of the organisation’s vision is a Tanzania without poverty and injustice in which every person enjoys his/her right to a life of dignity (ActionAid Tanzania, 2018). In contribution towards this vision, AATZ works with marginalised and impoverished people to reduce the burden of poverty and social injustice.

TACOSODE is an established umbrella network for non-profit organisations in Tanzania. The overall mandate of the organisation is to build the functional capacity of its membership training, networking, policy analysis and advocacy. TACOSODE has built a niche in strengthening responses to HIV in Tanzania for various at risk populations such as young people, women and girls and people living with HIV. In 2017 year alone, the organisation has reached 6,663 people with HIV prevention activities, including people who use drugs and young people.

MVIWATA is a network bringing together smallholder farmers in Tanzania. It seeks to empower them economically and socially through multiple strategies. The organisation improves farmers’ well being and empowers them through capacity building, lobbying and advocacy, as well as facilitating cross learning. MVIWATA is motivated by the slogan “Mtetezi wa Mkulima ni Mkulima Mwenyewe,” which translates to “the defender of a farmer is the farmer” (MVIWATA, 2019). In the project context, the organisation provided the necessary interface with smallholder farmers who fall within its areas of operation.

Based in the Mbeya region of Tanzania, MIICO is a registered non-profit organisation registered in 2005. The organisation is passionate about reducing poverty and the
improving well being of vulnerable communities. This is done through agro-based initiatives and marketing of agriculture produce. Skills building is thus one of the mainstays of the organisations, meant to uplift vulnerable community members. MIICo has been implementing a strong social accountability arm, which has helped smallholder farmers in Mbeya region to identify development challenges and present these to public officials.

The re-establishment of health committees was meant to strengthen the oversight and accountability role of smallholder farmers on the delivery of sexual and reproductive health services in Kilosa and Mbozi districts of Tanzania. The actions also involved collaboration with the local district council, health and social welfare ministry and local community governance structures i.e. Ward Development Committees.

TACOSODE supported MVIWATA and MIICO (local partners) to facilitate re-establishment of the committees. Committees were re-established in the respective villages where the health facility or dispensary is situated. Through the project actions, 12 health committees were re-established (five in Kilosa and seven in Mbozi). Noteworthy, the formation of these committees is provided for under a national modal instrument under the Ministry of Health and Social Welfare. It gives distinct guidelines on the formation of such committees as part of the participatory health governance architecture in the country. Furthermore, government recognises the establishment of community health funds to support delivery of health care in the country. The funds are a basket, where community members contribute and are managed by the aforementioned committees.

3.1.2 Key Project Activities

Data collection through the community scorecard: The community scorecard methodology was applied to collect data on the delivery of health services (HIV and SRH) in five villages of Kilosa district led by MVIWATA. These five villages are Mhenda, Ilonga, Mvumi, Ulaya and Ludewa. In Mbozi district the process was done by MIICO with technical support from TACOSODE and AATZ. The overall purpose of the community scorecard is to improve on quality of health service delivery. TACOSODE, MIICO and MVIWATA in partnership with AATZ achieved this by using participatory data gathering techniques including Focus Group Discussions (FGDs) and Key Informant Interviews). A total of 140 people (75 female, 65 male) participated in Kilosa district. In Mbozi district, 414 community members participated in discussions. Focus group discussions were conducted in each village to brainstorm and evaluate the health facility and services under consideration. Key informant interviews were conducted with service providers to gauge their views on how health services are provided, barriers to delivery of quality services, indicators of quality services provision, priority issues and suggestions for improvement.
Figure 4: Community scorecard data gathering in Kilosa District

 Farmers in a community scorecard FGD at Mvumi, Kilosa district

 Farmers in a community scorecard FGD at Ulaya, Kilosa district

 Farmers in a community scorecard FGD, Kilosa district

 FGD participants at Ilonga, Kilosa district

Images: SAfAIDS (2018)
Furthermore, the partnership facilitated meetings to validate findings of the scorecard reports with service providers. The meetings discussed scorecard findings. Commitments were made by each concerned department to address identified gaps in health (HIV and SRH) service delivery.

The community scorecard findings showed a number of health service delivery challenges in the two districts. Identified challenges include shortage of staff at health facilities, inconsistent supply of medicines that could not match demand. There was also inadequate infrastructure to deliver SRH services i.e. having no set rooms for HIV testing services (HTS) thereby undermining issues of confidentiality. It was noted that there is no water and electricity in some health centres and dispensaries.

**Community feedback / interface meetings:** Interface meetings were conducted between service users and providers. The meetings discussed scorecard findings and generated mutually agreed action plans to address priority service gaps. Interface meetings were attended by nurses, farmers, extension officers, village chairmen, ward executive officers, MVIWATA and MIICO staff and AATZ technical officer. A key deliverable from the meetings was mutually agreed action plans focused on re-dress of the priority health challenges in Kilosa and Mbozi districts. Noteworthy, the plans were endorsed by local government representatives, politicians, service providers and the community.

Challenges in delivery of health services were identified as emanating from weak governance and accountability systems. While there was provision for establishment of health committees, the challenges pointed to inactivity, inefficiencies in execution of the committee roles. Also some of the health committees were not properly constituted in line with the Modal Instrument. MVIWATA and MIICO, with input from the technical partners TACOSODE and AATZ, then focused attention on the role and functions of these committees.

**Health facility mapping:** TACOSODE oriented MIICO and MVIWATA Project Coordinators on the modal instrument that put in place members of health facility management committees. Thereafter, the partnership visited the District Executive Director (DED) and The District Medical Officers (DMO) for Kilosa and Mbozi to discuss and see whether the re-establishment of the facility health management committee members was done. The DMO wrote letters to Ward Executive Officers (WEOs) notifying them to arrange for the exercise in their respective wards and villages. After having all the blessings from the district level, TACOSODE, MVIWATA, MIICO and representatives from the DMOs office conducted a mapping exercise of health committee in each village.
Figure 5: Health committee mapping and orientation on the modal instrument

MIICO staff pose with the TACOSODE Coordinator (second from left) during orientation on the Modal instrument for establishment of health facility governance committees

Mapping out the existence of health facility committees and orientation on the modal instrument to village leaders and facility staff in Mbozi district

Images: SAfAIDS (2018)
In Mbozi, at all health facilities visited, health committees were not yet re-established nor was it announced to the public that applications have to be sent to the WEOs office for them to be nominated. In Kilosa, the team found that re-establishment was done but to some extent didn’t follow the modal instrument requirements. It was also discovered that some of members of the committees were political leaders who were not eligible. Gender representation was also not considered in the committees, which is against the modal instrument guidelines.

After the mapping process, the partnership held feedback meetings with the District Councils to present findings of the mapping exercise. Commitment was also secured from the Councils to initiate and support the process of re-establishing the health committees.

**Facilitation of Health Committee re-establishment:** TACOSODE in collaboration with MVIWATA, MIICO and the respective of the District Council managed to facilitate re-establishment of 12 health committees (five in Kilosa and seven in Mbozi). The process started with Ward Executive Officers (WEOs) posting announcements in the respective villages where the targeted health facility is situated. The announcement was an invitation for prospective members of the committees to submit their expression of interest.

**Figure 6: Public meetings to approve health committee members**

![Community members from Ludewa Village attend public meeting to approve health committee members](Images: SAfAIDS (2018))

![Community members from Ulaya Village attend public meeting to approve health committee members](Images: SAfAIDS (2018))
Citizens who were interested in being committee members and met the criteria submitted their applications to the WEOs. Short listing of members was done through the Ward Development Committees (WDC). Thereafter, public meetings were organised by village leaders in collaboration with Health Facility in Charges. During these public meetings, all candidates for committee membership introduced themselves by mentioning their names, villages they came from and how committed are they towards representing the entire community and ensuring quality services are provided. Following the presentations, citizens asked the candidates questions and voted for their approval. Other members were rejected during the public meetings. As an example, at Ulaya village in Kilosa DC, citizens rejected one member and nominated another one to replace. The community members were of the view that the member selected by the WDC could not fully commit to the committee activities. In Mbozi the public meetings started from 6th-8th August, 2018, and in Kilosa from 13th-15th August, 2018.

**Capacity building of the Health Committees:** TACOSODE, MVIWATA, MIICO and the DMO’s office for Kilosa and Mbozi districts conducted capacity building workshops for the re-established committees. The trainings were done in each village, whereby all selected committee members and the village/ward leaders attended the training. The purpose of the training was to build the capacity of the committees on how to effectively execute their expected roles. Key topics covered during the capacity building workshops are: i) The PSA project overview and its linkages to accountability strengthening in Mbozi and Kilosa districts; ii) Social accountability within the five processes of public resource management; and iii) committee roles, responsibilities and structure in line with the modal instrument guidance.

A total of 96 people were trained and are actively practicing their oversight roles in 12 health facilities and dispensaries in Kilosa and Mbozi district councils.

**Figure 7: Capacity building trainings of health committees in Kilosa**

Images: SAfAIDS (2018)
3.1.3 Elements of Best Practice

Effectiveness of the Action

There is evidence that AATZ, TACOSODE, MIICO and MVIWATA, through the PSA project, have been able to meet the overall project objectives. Output 2.1 of the project seeks to realise ‘Strengthened capacity of issue-based CSOs, smallholder farmers’ organisations and media, in rights and evidence-based SAM and advocacy.” Through re-establishment of health committees, the project has managed to build the capacity of smallholder farmers in Kilosa and Mbozi to engage in rights and evidence-based social accountability monitoring of health (SRH) services and advocacy. This has been achieved through the establishment of the Committees, which are an efficient structure for social mobilisation of communities. Furthermore, the building of knowledge and skills on social accountability and functioning of the committees has contributed to capacity realisation and utilisation.

“I’ve learnt that accountability is a two way aspect whereby both service providers and recipients have got their roles towards realization of required rights. Service deliverers (duty bearers) are responsible for delivering quality services while citizens (right holders) are responsible for active participation and monitoring service delivered. Now, I’m capable for monitoring development plans in my community…” Community participant after going through SAM training at Ichenjezya, Vwawa Township, Mbozi

Increased involvement of community in managing public resources and exacting accountability

Re-establishment of the committees has provided a platform for the community to be involved in managing public resources and exacting accountability. The process of identification of potential members and approving them was done by the community, with facilitation by the PSA project. Public meetings were thus successfully done in all the villages and the committee members were approved at the meeting through community voting system. In Kilosa, 41 members of health committee from five villages have been recognised and approved. In the same district, five health committees were approved by the public meeting of Mhenda, Ulaya, Ludewa and Mvumi. In Mbozi district seven health committees were approved by the public meeting of Itaka, Iyula, Idiwili, Msia, Igamba, Mlowo, and Hasamba.

Using the scorecard methodology also gave the farmers an opportunity to objectively assess health service delivery and interact with service providers towards resolving priority gaps in the community. This space was missing prior to project intervention. It was effective in identification of gaps that led to re-establishment of the health committees.
Figure 8: Scorecard FGDs in Mbozi district

FGDs with farmers’ groups in Itewe village, Mbozi district.

FGDs with health service providers in Itaka village, Mbozi district

Images: SAfAIDS (2018)
Establishment of spaces for community to participate in rights and evidence-based social accountability monitoring of health (SRH) services

The health committees, whilst provided for under the modal instrument, did not provide a space where communities could participate in rights and evidence-based social accountability monitoring of health (SRH) services. Health facility assessments showed that health committees existing before the project didn’t follow the modal instrument requirements. Findings showed that the community was not represented in the committee and politicians had taken over control. Furthermore, gender representation was not considered, which resulted in the committees mainly comprising of men. Stemming from this scenario, the communities did not have the opportunity to raise issues and seek accountability in delivery of health services.

The project was effective in meeting its target of establishing 12 health committees. Feedback from the FGDs shows that the communities are now engaged in monitoring of health services as they are now confident to raise issues through committee. The results from the actions also show how the committees have been useful in getting service delivery issues addressed by the health and social welfare ministry as a result of the elevated ‘community voice’.

Increased capacity (knowledge and skills) of the community to exact accountability from the state in delivery of health (SRH) services

The action was effective in increasing knowledge and skills of the re-established committees to exact accountability from the state in delivery of health (SRH) services. This was done through the targeted capacity building workshops that were conducted in each district. Key topics covered during the training were roles and responsibilities of the committees, management of the community health fund, social accountability concepts and practice including the five processes of public resource management. Though such trainings, there has been increased involvement of committees in managing public resources and exacting accountability towards delivery of quality SRH services.

Ethical Soundness

Ethical soundness was assessed from the perspective of whether the project actions constituted social and professional conduct that did no harm to the targeted smallholder farmers in Kilosa and Mbozi districts. The project design was based on the key principle of community participation; hence the health committees reflected the interest and voice of community members. Furthermore, there was consultation and engagement between AATZ, TACOSODE, MIICO and MVIWATA with the District Councils (Health Management Teams) of Kilosa and Mbozi. This ensures that all actions were guided with acceptable standards of practice as derived by the government and communities served.

The project design did not disrupt local socio-cultural traditions within the 12 villages where the committees were set up. A facilitation approach guaranteed this. Finally, the project contributed towards realisation of access to sexual and reproductive health services as a right for all citizens.
Relevance

Policy relevance – Health committees were re-established as part of the broader health sector reform by the health and social welfare ministry. The formation of such structures is spelt out in the Primary Health Services Development Programme (2007-2017). A follow up guideline for establishing and implementing council health service boards, health centres and dispensaries health committees in Tanzania (2013) was published to guide functions of the committees. The committees present room for community participation in health services delivery.

The action was relevant as it meant to address gaps in implementation of provisions of the modal instrument. Scorecard data shows that the composition and functions of the health committees prior to the project intervention were not consistent with the provisions of the government guidelines.

Health committees also contribute to the purpose of the Community Health Fund Act being to provide for the mechanism of establishment of Community Health Fund and to provide for the constitution of the management organs, and the administration of the fund and other related matters. Thus during the FGDs, it was highlighted by participants that the committees have helped to strengthen administration and planning on use of the CHF to improve delivery of health services.

Relevance to the community need – Feedback from the FGDs shows that the communities within the target villages were facing challenges in accessing quality SRH services at dispensary and facility level, prior to the action. This was attributed to non-responsive health committees that did not have the capacity and legitimacy to undertake the expected functions. This manifested in SRH service access challenges such as absence of HTS dedicated room at Ulaya health centre.

The project has been relevant in addressing the oversight and accountability capacity gap, through supporting re-establishment of health committees. This was achieved by raising awareness on the government guidelines, supporting the local processes of re-establishing the committees and building their capacity on rights based approach to social accountability.

A key role of committees is to mobilise communities to contribute to the CHF to co-finance health services delivery at the facility. Prior to the action, one of the challenges with the fund was low contributions from the community to the fund. According to a key informant interviewee, the low contributions resulted from the lack of confidence by communities in the previous committees, which were not properly constituted.

“When we did the scorecard process, we discovered that the committees were not comprised of elected individuals as per the provisions of the guidelines. Rather, it was mainly comprised of politicians who were imposed and did not understand the role and functions of the Committee...” —Koga Mihama, Coordinator, TACOSODE

1 Republic of Tanzania, The Community Health Fund Act, 2001
In addition, it was stated that the communities were also not motivated to contribute as they did not see a value for money through their contributions.

The Project Officers and committee members all testified that there had been a significant increase in the levels of CHF contributions from the communities since re-establishment of the committees. This was attributed to increased confidence by the community in the revived structures. However, quantifiable data on the increase could not be availed during data collection.

“There has been an increase in contributions to the community health fund. People are now more confident with the new committees. Before this, there was little contribution...”

—FGD participant

Relevance to project purpose – Overall, the PSA project seeks to improve public service delivery in agriculture (food security), and health (HIV/AIDS, sexual and reproductive health and rights) by strengthening the oversight and social accountability roles. The design and methods of the project action have been relevant in strengthening the oversight and accountability roles of community based target groups in the delivery of health services. Through process facilitation, evidence generation and capacity building on social accountability; oversight and social accountability roles of the health committees and the local council have been strengthened.

Cost Effectiveness

The project approach adopted by the partnership ensures cost effectiveness, while still realising expected results. The project actions were done within the local community facilities and spaces i.e. capacity building of health committees was done at local council halls and meetings to select committee members were done at the health facilities with minimal cost. Cost effectiveness thus stems from situating all actions within the community.

Furthermore, the 12 re-established committees are fully functional with minimal budget reliance from the project. The committees only meet quarterly; and all members reside within the village and hence walk to the facility to attend meetings. There is thus no additional cost associated with accommodation and transport for the project. Rewards in the form of allowances for the committee members are not borne by the project. The allowances are drawn from the CHF.

Innovativeness

The project has been unique in terms of the facilitation model utilised. The model promoted quick buy in and support from the Health Management Team at the local council. Furthermore, the use of scorecards provided a basis for communities to “own” the process and commit to the project actions.
Sustainability

Institutional sustainability

The Ministry of Health and Social Welfare guidelines provide clear steps on how health committees are sustained over time. The guidelines stipulate that five members of the Committee will be elected from within the community every three years, and the remaining three will be appointed from other institutions i.e. Facility in Charge, and Village Development Committee. The guidelines thus provide a yardstick on which the committee self sustains.

Committees do not operate in isolation, but are part of the bigger devolution arrangement supported by the government of the republic of Tanzania. Thus, the committees report to functional Ward Development Committees. Furthermore, the committee receives support from the District Council. In addition, each committee is centred on a functional health facility or dispensary.

The committee are also sustained by the community presence, with the bulk of members being drawn from the community.

Impact sustainability

Accountability in delivery of quality health services is guaranteed through the continued oversight role of the committees, which function over three-year tenures. Furthermore, the accountability and oversight role is provided for in the Ministry of Health and Social Welfare modal instrument. The 2013 guidelines stipulate that the committees will undertake the following oversight and accountability roles:

1. Coordinating and managing the community based initiatives and plans within their locality.
2. Scrutinise and approve the plans and the budget of the facility.
3. Mobilise resources, including CHF for financing facility activities.
4. Approval of CHF expenditures for procurement and other expenses of the facility.
5. To control funds disbursed for project implementation with highest transparency and accountability to the community.
6. To discuss the quarterly, bi-annual and annual financial progress report from Health facility management team (HFMT).
7. To ensure availability and functional transport, communication facilities and staff houses.
8. Responsible for advising and suggesting to the Council Health Service Board (CHSB) on health services, employment, distribution, incentives and training needs.
9. Link with Dispensary/Health centre Management Teams and other actors to guarantee the delivery of quality health services to the community.
10. To conduct quarterly HFGCs meetings.
11. To share the facility health information with the community.
Continuous improvement in delivery of quality health services is thus guaranteed when the committees complete their expected terms of reference.

However, key threats to impact sustainability remain as follows: lack of civic mobilisation to support the role of the committees and to engage them; and capacity gaps that may arise as new members join the committees and are not clear of some oversight functions or roles.

**Financial sustainability**

The approach by TACOSODE and implementing partners ensured that the actions guarantee financial sustainability as there was limited reliance on project funding. Committee models are naturally designed to self-finance. Incentives for participation in the health committees are drawn in the form of allowances on a quarterly basis. The allowances are drawn from the CHF, which is continually replenished from community contributions.

Reliance on ‘local resources’ reduces the financial outlay of bringing in external experts to provide oversight and technical role. All committee members reside within the community they serve. Support is provided by the District Council staff, who are funded by the state.

Through strengthening the oversight and accountability roles of the health committees improvement in health service quality guarantees improved sexual and reproductive health outcomes. This remains the overall value proposition of the action. However, the intervention does not guarantee the promotion of health seeking behaviours among the communities served by the health centres and dispensaries.

**Sustainability of community cultures and values**

The project adopted a facilitation and capacity building model that does not deliberately transform community cultures and values. Hence, there is no harm or forced transformation. As a result, the project ensures communities thrive within their respective culture and value systems.

However, albeit observed in one village, the community culture recognises more men in positions of decision making than women. This was evidenced by more men being members of the health committee than women. Thus, gender representation or equity in raising accountability issues will be influenced by community values on gender norms (relationship between men and women).

**Replicability**

Replicability in this report refers to the ability of the project approach to be implemented in other sites or regions. Key respondents identified that the project can be undertaken in other regions or countries within developing settings. A look at the approach taken by the PSA project shows common denominators that ensure success of implementing such an intervention in a different context.
Existing legal and policy frameworks: The existence of the Ministry of Health and Social Welfare Guidelines, accompanying Community Health Fund Act (2001) and modal instrument provided a legitimate platform for re-establishment of the committees. This ensured quick buy in and support from the ward and local district level and institutions. These minimum conditions are necessary to get buy in and support for setting up of such structures at the community level.

Recognition and commitment to participatory community health governance: The adoption of both the CHF Act and guidelines formed part of a broader participatory governance agenda by the government of Tanzania. This created an avenue for the communities in Kilosa and Mbozi district to participate in committees that exact accountability from the state. Replication of the project actions is quite feasible where the state is committed to and takes action to promote participatory community health governance.

Presence of civic minded communities who are committed and willing to exact accountability from the state in delivery of quality SRH services: Through the conducting of capacity building on rights based approach to social accountability, the project was able to build a cadre of men and women who took action to exact accountability from the state.

3.1.4 Key Project Successes

Improving collection of Community Health Fund – Re-establishment of the health committees in Kilosa by AATZ, TACOSODE, MVIWATA and MIICO has led to an improvement in contributions to the CHF. A key role of committees is to mobilise communities to contribute to the CHF for co-financing health services delivery at the facility. Prior to the action there were low contributions from the community to the fund. According to a key informant interviewee, the low contributions resulted from the lack of confidence by communities in the previous committees, which were not properly constituted. In addition, it was stated that the communities were also not motivated to contribute as they did not see a value for money through their contributions. The communities now have greater confidence in the re-established committees and are more committed to contributing towards this fund.

3.1.5 Challenges

Despite the remarkable success of the project, there are notable challenges that were faced during implementation:

Disparities in gender representation during the public meetings: In Kilosa it was observed that most of the participants in community meetings were women and the elderly across all five villages. Men did not actively participate in community gatherings and meetings. Participatory governance approaches requires the concerted efforts and participation of both men and women.
Low citizenry engagement: In comparison to the village populations, participation in the re-establishment process was low in some circumstances. As shared by a key informant, participation was said to be low in public meetings because of promises that were never met by community leadership from previous meetings. In addition, engagement between the committees and the community can be strengthened. Noteworthy, not all community members are fully aware and understand the role and value of the committees. This leaves some health delivery challenges not being reported to the committees for action.

Training resources challenges: It was observed when conducting the committee training that government reports and plans are written in English, which made it difficult for trainers to translate content analysis into Swahili language. Furthermore, some district level documents required for the training were not available.

Resistance from political leaders: There was resistance from political leaders who were also part of the previous committees. They tried to influence the selection processes and made demands for their inclusion in the re-established committees. The partnership managed to address this through engaging the local District Council who shared the committee eligibility requirements with the communities.

Capacity of committee members to analyse financial reports: Committee members are at different levels of literacy and this has an implication on their ability to read and interpret financial documents. This limits involvement of the committee members in analysis and making decisions about the community health fund. Financial literacy was thus identified as a priority area for capacity building.

3.1.6 Lessons Learnt

- Engagement of the community in participatory health systems governance is an effective tool for closing the gap between national health priorities and facility level gaps in health service delivery. The evidence from the project shows clearly that the role of the community has helped close some gaps that would otherwise not have been noticed without raising community voices.

- Engagement of the local government and community structures is a key pillar for participatory project designs. Engaging the local council and ward level structures helped to redress resistance from political leaders and ensured quick buy in from the community. This greatly contributed to realisation of the project results.
3.1.7 Conclusion and Way Forward

The re-establishment of HFGCs in Kilosa and Mbozi districts is a best practice that needs minor improvements in certain areas highlighted above. This is based on a score of 75% against the BP criterion. The initiative by AATZ, TACOSODE, MIICO and MVIWATA is quite commendable and has truly transformed the lives of smallholder farmers in Mbozi and Kilosa districts through the re-establishment of the health committees. The participatory approach helped to ensure quick buy in and support from the communities.

To further strengthen results and address challenges, the following actions are recommended for the partnership:

i. There is need to conduct sensitisation of the mass community on the importance of civic engagement in social accountability monitoring on health service delivery, participatory public resources management, how they can interact with the committee and how it is meant to address their health needs, and the community health fund.

ii. Main streaming of gender norms transformation with the project messages and methodology to address the disparities observed during community gatherings. It is imperative that both men and women take an active role monitoring delivery of health services.

iii. Conduct capacity building sessions on analysing of financial documents and interpretation so as to address literacy gaps among the committee members.
3.2 Supporting Establishment of the Parliamentary Budget Office in Malawi

3.2.1 Documentation Methods of the Malawi Parliamentary Budget Office

The methodology adopted supporting establishment of a PBO in Malawi as a best practice was guided by the objectives and purpose of documenting best practices using SADC standards. The primary purpose of a best practice is to provide a practical instrument that facilitates the sharing of valuable information within and between member states and between consortium members in order to assist authorities to scale-up interventions based on what is known to work. Thus the purposes of a best practice are summarised as being:

- To document, understand and appreciate good experiences.
- To facilitate learning about what works and what does not.
- To share experiences.
- To assist the replication of small and successful interventions on a larger scale.

Based on the above, a systematic methodology was used as a best practice and it paid attention to the following: Data collection, data collection tools, respondent category, data processing and analysis and reporting.
Data was collected from various categories of stakeholders who include: project implementation team, project beneficiaries and key informants. This was done through FGDs, face to face interviews, observations, photos and review of existing literature regarding the project. Four (4) FGDs were conducted; one with Parliamentary Committees, one with Clerks of the Assembly, one with Project Implementers, and one with Task Team. Key informant interviews were conducted with AA Malawi Director, Chairperson of Nutrition and HIV AIDS Parliamentary committee, Deputy Clerk of Parliament, Chairperson for Women MPs in Malawi against Child Marriages, Chairperson Parliamentary Gender Committee, Member from Ministry of Finance, Chief Planning Office at Parliament, Media representative, Budge, Finance and Account Committee Chairperson and Agriculture, Irrigation and Water Development Committee Chairperson, Staff from Government ministries, including the representative from Office of the President, two CSO representatives and a representative from UNICEF. The Speaker of Parliament was also interviewed as a key informant.

Key documents reviewed included the Malawi Constitution, Malawi Standing Orders and Privileges, Malawi Parliament Strategic Plan, Project Related documents, other related study reports, Minutes of Task Force proceedings, and Media clips related to the PBO.

Three data collection instruments were used for collecting data; FGD guides for Beneficiaries, Interview guides for Implementers, and Interview guides for key informants.

Following data collection, using the triangulation and appreciative mode of inquiry, data was transcribed, captured stories and important quotes were recorded, relevant information from various literature including proposals and reports was recorded and then after analysed before overall scoring of the best practice was done. This was done using a comprehensive scorecard.
3.2.2 Background to the Start-Up of the Parliamentary Budget Office

According to the Malawi National Assembly Strategic Plan 2006-2009, “The National Assembly aspires for efficiency and effectiveness in discharging its core functions of law making, oversight and representation”. Critical to this is the clarity in the strategic plan for a national assembly which is more responsive to public issues in ensuring oversight, transparency and accountability in the use of public resources based on the rule of law. One of the key functions of the National Assembly of Malawi is to provide oversight on the national budget and taxation. In essence this entails ensuring that Parliament should have adequate capacity to effectively carry out its oversight and legislative functions in relation to public expenditures.

As far back as 1990’s the need for the National Assembly to play a more effective role in budget formulation, monitoring and tracking progress was almost unanimously agreed upon by both the National Assembly and other key stakeholders. It was unequivocally recognised that despite this pressing need for an effective parliament in budget monitoring and other oversight functions on the budgetary processes, the National Assembly lacked capacity to technically analyse the budget and forecast its impact on the budget. This was a limitation on members of parliament and parliament staff. In that state, Parliament had limited influence in the formulation of the budget and the National Assembly did not have the necessary qualified staff dedicated to financial and economic analysis. At times, consultants had been engaged on a temporary basis to assist the committees with budget analyses. This resulted in lack of a systematic approach in dealing with public expenditure issues during the legislative phase of the national budget; and in committee work during the implementation and review phases of the budget process. Besides over reliance on the consultants, over the years, members of parliament have also had to rely extensively on analytical work conducted by external advocacy groups and CSOs such as the Malawi Economic Justice Network, Malawi Health Equity Network and others. The role of the CSOs and other stakeholders in this regard was well appreciated notwithstanding the fact that analysis conducted by consultants, CSOs and other stakeholders tend to be selective in the issues addressed, as such it was paramount to have an impartial and independent unit with internalised capacity to analyse and process the budget for the benefit of all parliamentarians.

In 2008, a special study on establishing the PBO in Malawi was conducted by the National Parliament through the Project for Economic Growth (PEG) with funding from CIDA and DFID. Among the key objectives of the study was: To determine the budgetary information needs of the Legislature and the ideal level of Parliament’s involvement in the national budget process; To demonstrate the potential value to be gained by establishing a PBO within the National Assembly, if any; To identify the best practices in establishing such an office, pattern of organisation, style of operations, services and products provided, based on experiences in SADC and the Commonwealth; To identify key stakeholders, whose relationships and linkages with the PBO should be enhanced, for the smooth operations of the PBO among other objectives. Further the study sought to establish the current capacity of the National Assembly in the provision of financial, budget and economic analysis and advice to committees and plenary.
This study combined different methodologies, among these were learning visits to the New York State Legislature and Uganda by the members of parliament from Malawi, review of relevant literature and key informant interviews with relevant stakeholders which included MPs, National Assembly Staff, CSOs among others. A key finding of this study was that preparation of the National Budget is an exercise undertaken solely by the Executive Branch led by the Ministry of Finance. However section 57 of the Constitution and associated Standing Orders prohibit the National Assembly from amending the national budget or bills with financial or tax implications. However, Parliament still retains their role to debate the broad terms of the budget and identify potential inconsistencies and possible savings through detailed analysis of the estimates for expenditure in the finance committee. This role therefore requires that Parliamentarians have the capacity to critically analyse, scrutinise and make key and strategic recommendations to the executive over the budget.

The study findings were also in sync with the general populace’s view of setting up an independent Parliament Budget office whose main mandate would be to strengthen the technical capacity of members of parliament to absorb budget/economic data. Parliamentarians are therefore provided with objective, timely and non-partisan analyses needed for making quality economic, budgetary and policy decisions.

When the study findings were presented to the Executive and National Assembly, the key stakeholders had mixed feelings and as such were the findings were not implemented. Thus, the establishment of the PBO in Malawi still remained bandoned in the pipelines. Key contributors to the failure of implementation the recommendations of the study findings were:

- The role of the of the PBO was not well understood, as when the study findings were presented to the Executive and National Assembly, the key stakeholders had mixed feelings and as such were the findings were not implemented. Thus, the establishment of the PBO in Malawi still remained bandoned in the pipelines.

- Others particularly from the Executive feared that the PBO would replace the role played by the Treasury in the formulation of the National Budget.

- The PBO was a perceived as political manoeuvre to oppose the government financial decisions.

- Perceptions that establishment of the PBO was donor driven.

- The value addition of the PBO was not clearly understood.

- Lack of buy in from key stakeholders.

- Lack of coordination mechanism among key stakeholders.

In 2016, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), conducted a feasibility study on the options for an improved support to parliamentary oversight in the National Assembly of Malawi. Through this study interviews with key stakeholders in the Republic of Malawi - legislative, executive, civil society organisations donors and
development partners - were conducted with the objective to take note of their experiences and to take note of their experiences and opinions on how and with which tools parliamentary oversight could be strengthened.

This study however, did not repeat the research already undertaken by the National Assembly in 2009 but focused on the feasibility of establishing the PBO in the current environment taking into account new developments then and sustainability of establishing such an office.

This study too acknowledged that “in many countries, independent, impartial and accurate information on the government’s finances, the financial implications of its policies and proposals and on economic estimates are prepared and provided by a Parliamentary Budget Office (PBO). In Malawi such a PBO did not exist. Information was provided to parliament by clerks, media, civil society organisations, universities, and different government MDAs called in for provision of information by parliament. However, without accurate information, parliamentarians’ decisions could not be well-grounded and based on evidence”.

This study did not make a recommendation for the immediate establishment of the PBO as an immediate solution but rather recommended that a feasible objective for the PBO could be the proper and sound analyses of fiscal and sector policy and the assessment of government programs as the current legislation did not allow any amendment of the draft budget by Parliament. Instead of establishing an independent PBO, the study recommended empowerment of cluster committees responsible for the respective budget sectors to ask targeted questions with the objective to hold government accountable for previous budget implementation and to express the interests and needs of the population.

3.2.3 New Energy! New Strategy: New Dawn for the PBO in Malawi

In 2016, the Swiss Agency for Development and Cooperation (PSA), awarded a tender to the Partnership for Social Accountability (PSA) Alliance; a consortium of organisations led by ActionAid International (AAI) and including the Public Service Accountability Monitor (PSAM) of Rhodes University, Eastern and Southern Africa Small Scale Farmers’ Forum (ESAFF) and SAfAIDS. The focus of the tender was to strengthen social accountability capacity of members of parliament, government, the media, issue based CSOs and small holder farmers in Zambia, Malawi, Tanzania and Mozambique; with a aim to expand to include the other SADC member states in subsequent phases with specific target of improved food security and improved SRH.

One of the key strategies in the first phase was to support the establishment of the parliamentary budget offices (PBOs) in Malawi which in turn would contribute to better support for MPs and parliamentary office committees in understanding the budgeting process.

Key Processes and Project Activities for supporting establishment of the PBO in Malawi

Building on the previous momentum on the establishment of the PBO in Malawi, the ActionAid Project team led by the Project Manager then crafted a number of strategic activities that would in turn contribute to the establishment of the PBO in Malawi.
First, it was critical to generate buy-in to the project by key stakeholders, especially the National Assembly. The Speaker and Clerk of the National Assembly were invited to become members of the National Steering and Advisory Committees of the PSA Project in Malawi; to which they agreed.

Through the speaker of the National Assembly, the project and its intention to support the establishment of the PBO was well introduced to the NA as well as to the executive.

Below is a sequence of key activities for the establishment of the PBO in Malawi.

**Figure 9: Key Sequence of Activities**

**Formation of the PBO task Team**

The project team officially introduced the project to parliament and held a number of meetings with the Speaker of Parliament. After a number of meetings, the Speaker of Parliament recommended that a task team be formed to coordinate the establishment of the PBO. Working closely with the speaker of parliament AA supported the formation of the PBO task team which comprised of the following with clear roles and responsibilities.

- Deputy Clerk of Parliament (Parliamentary Services)
- Deputy Clerk (Cooperate Services)

“The Speaker of the National Assembly had tried with a lot of efforts to have the PBO established in Malawi even before the project as such he was happy that AA through the PSA project was resonating with him on this. He therefore pledged his support and this was key”. — Wales Chigwenembe, AA Malawi Project Manager.
Bi-Monthly Meetings
Since the formation of the task force, ActionAid Malawi consistently supported the convening of the bi-monthly meetings for the task force.

Support for Study Visit to Uganda
AA Malawi was cognisant of the fact that a number of study visits have been undertaken by National Assembly members to countries such as Kenya, Canada and USA to learn how PBOs work. However the team still was confident that another tour be taken to the Uganda Parliament by the representatives of the PBO task team due to the fact about 75% of members who participated in the previous tours were no longer in the current parliament. Following a series of task team meetings it was recommended that members should proceed on a Study Tour to the Parliament of Uganda to learn best practices on the establishment of the PBO. Therefore AA Malawi supported the eight member team comprising of representatives from the National Assembly, Ministry of Finance, Office of the President and Cabinet, DHRMD, Parliamentary Committees and AA Malawi. The study tour was conducted from the 15th to the 17th October 2017.

On return from the study tour, the delegation leader presented the study tour report and findings to the Parliament Committee, Parliamentary Commission, Executive, Department of Human Resource, the full house of Parliament and the Speaker of the Parliament.

“It was evident from the flexibility of the members of the task team to attend meetings even when these meetings would be held on weekends that commitment and dedication to establishing the PBO was very high. Every meeting was punctuated by the documented action points in meeting minutes. Further, during these meetings, task completion for the previous action points would be shared by all task team members” — Andrew Mpesi; Former National Project Manager, AA Malawi
National Assembly. Soon after the Speaker of Parliament announced the establishment of the PBO in Malawi with a deadline in which the other processes should be completed. This marked the birth of the PBO in Malawi.

3.2.4 Elements of Best Practice

Relevance

The desire to set up a PBO was premised on the understanding that countries which had set up Budget Offices had seen a change in the way the Legislature had participated in the country’s Budgetary Process. It is asserted that the Budget Offices have been instrumental in providing much needed technical support to Parliament in the national budgeting process. This has in turn, strengthened parliament’s budgetary oversight function.

The National Assembly of Malawi duly acknowledges that, while the issues related to the design of Parliamentary democracies may be difficult to change, the structural issues can be addressed by putting in place certain measures to help parliamentarians scrutinise fiscal policies in a more robust manner. The National Assembly, therefore, recognised the need to have a Parliamentary Budget Office that would analyse the budget along the lines of finance and economy prior to budget session. The office would also provide MPs with professional, objective and non-partisan advice as regards the budget (DHRMD, 2016 Report).

The relevancy of the PBO has also been hailed by the Deputy Clerk-Cooperate Services as depicted from the below extract during a focused group discussion.

“One of the core functions of MPs is oversight over the budget expenditure. The problem has been that MPs come from diverse backgrounds. Some are teachers, some are comedians, some are vendors, professors, doctors and even musicians. The first assignment for MPs in parliament is to pass the national budget which is prepared by the Executive after the President and Minister of Finance have given their budget speeches. The Budget is bulky and a number of MPs cannot understand, the content, as such some sit in sessions and in sub committees without contributing anything”.

Discussions with different clerks of Parliamentary Committees also indicated that they attached importance to the establishment of the PBO because of the three functions that parliament has; legislative, representation and oversight. Oversight is done by parliamentary committees as they look at budgets for various ministries, departments and agencies. MPs come from different backgrounds and professions and it is difficult for them to do their analysis of budget documents. “As parliament, we used to engage consultants to assist MPs in analysis of budget documents. Engaging consultants has cost implications and also affects continuity as the Consultant contract ends”. The PBO will therefore address this challenge i.e. permanent staff around to support MPs in budget analysis, it will also cut the costs of recruiting consultants.
The Honourable chairperson for the Budget and Finance Committee; Rhino Chipiko, noted that the relevance of establishing a PBO in Malawi lies in the ability of the office to address the challenge that parliament faces if it is not fully independent of the executive, as such the PBO is a way to detach parliament to ensure the parliament is independent from the Executive partisan and from the Executive.

Effectiveness

The efforts towards establishing the PBO in Malawi was not new or just synonymous with the PSA project, but a “project in trial” for the last 16 years. It had been tried and failed in the past but was successfully achieved during a one year PSA project implementation period.

The chairperson for the Parliamentary Accounts summed up the efforts to have the PBO established as follows “if the PBO was a child, by now it would have been going to the University.”

The PSA project effectively supported the Task Team role in setting up the PBO in Malawi. The Speaker of Parliament in 2017 announced the establishment of the PBO in Malawi and this was followed by the DHRMD approving the establishment structure proposed by the task team members on their return from the Uganda tour of parliament. This was followed by resource allocation towards administrative and salaries for PBO staff in the 2017/2018 national budget. Ministry of finance allocated 70 million Kwacha for setting up the PBO in the budget year 2017/18.

By end of the 2018 the National Assembly developed the ToR for the DHRMD to recruit key staff in the PBO as per the recommended staffing structure. By February 2019, the positions were advertised in the national media.

"Without the PBO, we have been approving the budget without understanding the impact on women, children, the old aged. Now we will be able use the analysis from the PBO on the budget and represent people that voted for us better. — Honourable Lillian Patel (MP). Effectiveness

“We achieved the establishment of the PBO just in one year of the PSA project when attempts have failed for more than 10 years” — Andrew Mpesi, Former National program Manager, AA Malawi
**Replicability**

The desire to set up a PBO was premised on the understanding that the countries which had set up Budget Offices had seen a change in the way the Legislature had participated in the country’s budgetary process. It is asserted that the Budget Offices have been instrumental in providing much needed technical support to Parliament in the national budgeting process. This has, in turn, strengthened Parliament’s budgetary oversight function as such the establishment of the PBO in Malawi was based on the learning from countries where similar models have worked.

The approach was informed by the Uganda PBO model, where lessons were drawn after the study tour.

Key lessons drawn from other countries’ setting up of PBO’s: i) The office should not be donor funded; ii) the office should be established and supported by an Act of Parliament so that it can be safeguarded; and iii) politicians must not lead the process of setting up PBO.

NA used information presented from AAI on the situation analysis, case studies of the PBO and Parliament of Malawi situation analysis.

Uganda was identified as the best practice to learn from, as such several meetings were held with staff from the Uganda parliament. It was learnt that capacity building of staff for the office was critical. It was also learnt that staff in the PBO should be non-partisan in discharging the PBO functions. The other key lesson learnt was the PBO in Uganda also does M&E of government programmes.

Lessons on how to set up the PBO office can be applied in other countries. The model can also be used to strengthen the functions of PBO where they exist in the project implementing countries.

**Innovativeness**

The unique feature of the intervention was that AAI conducted a power analysis and realised that working with technocrats was more efficient than politicians. This was a key innovation that was missing from prior attempts to set up PBO in Malawi.

"The need for a PBO has not started now but sometime back, but past attempts to have the office established failed due to different understandings of the role of the PBO between the politicians and bureaucrats. The politicians perceived the PBO as a parallel structure to the role of Ministry of Finance while the bureaucrats perceived the PBO as structure that take up the role of the Budget and Finance committee."

A key unique facet to the establishing of the PBO was in the PSA and AA Malawi use of evidence which was shared with both the Executive and Bureaucrats including National Assembly on the value and the distinct role of the PBO in relation to other existing structure. Evidence of best practices from other countries where PBO has worked was strategic innovation.
The PSA project was innovative in ensuring inclusion of the Clerk and Speaker in the project’s Steering and Advisory Committees. This ensured common understanding of the PBO and onwards buy-in from other key stakeholders.

- A key strategy was also use of personal connection within parliament, hence making easy to secure meeting appointments.
- Chief planning officer in parliament is the dedicated focal person for the project in parliament.

The establishment of the task force with different and high level key stakeholders such the office of the President ensured high level buy in and support. One of the objectives of the taskforce was to ensure buy in from the Ministry of Finance as such it was clarified that the PBO was not taking over the Ministry of Finance functions.

Key stakeholders acknowledge that the approach employed by ActionAid in supporting the establishment of the PBO was unique.

“"The PSA project has been one of a few successful projects. I for one has benefited from this project in many ways and I am now a better MP than I was. Rather than focussing only on the PBO, the PSA project and AA has championed capacity building of MPs at national and regional level. I have benefited a lot myself and it is my hope that the project will continue even after the general election and capacitate other MPs” —Honourable Deus Gumba-Nutrition, HIV and AIDS Parliamentary Committee

"In most cases donors and CSOs come with their own agendas, but ActionAid approached us with an open mind and together we developed the strategy of establishing the PBO" —Deputy Clerk of Parliamentary Accounts Committee

“The study tour to Uganda for the national stakeholders from both parliament and the executive arm of government facilitated learning on how the budget office can be established and the role it will play that is different from that of Ministry of Finance especially the budget department. Another important factor that facilitated the establishment of the Parliamentary Budget Office is the establishment of the multi-stakeholder steering committee that met regularly over the establishment of the office. Financial support from other players such as ActionAid played a big role in ensuring that steering committee members are meeting and working towards establishment of the office”. —Honourable Speaker of the Malawi National Assembly, Richard Msowoya (MP)
Cost Effectiveness

The Budget Line for strengthening the establishing of the budget was as minimal as $3,333 as such, this meant that the project team uses cost saving measures if the task was going to be a success. Through working with Parliament, a number of cost saving measures were utilised. These included using the parliamentary office for meetings. Other costs such as photocopying and communication during the task team meeting were also a responsibility of parliament.

The Project was piggy-backed on the other activities that were being implemented by ActionAid and not necessarily under the PSA. As the project progressed, the value was noted and the activity had to be supported by other project line. For instance the cost of the parliamentary tour to Uganda cost about $18,000 as such it was supported by other project lines.

Sustainability

The establishment of the PBO took a consultative process and adequate buy in from all stakeholders. Further, the PBO has been established as a part of the existing Parliament structure and establishment as such its existence will be sustained.

The role played by the Speaker of the National Assembly, Honourable Richard Msowoya (MP) has also been commended for ensuring continued existence of the PBO even in the absence of financial and logistical support form stakeholders such as ActionAid.

“As a speaker of the National Assembly, my role was to make sure that stakeholders in both the executive arm of government, and the legislature understand the functions of this office in the discharge of the oversight role of parliament in Malawi. I made sure that the roles and functions of the budget office at parliament are very clear and distinct from any other government office. I also made sure that resources for the establishment of this office are available both from the national budget and also from other development partners such as ActionAid.”

Evidence of the Executive support is that funds for the PBO salaries were secured from the 2017 treasury despite the blanket ban on recruitments by the government in 2017.

The intervention is financially sustainable as the PBO will be established through an Act of parliament and hence funding will be provided through treasury.

Ethical Soundness

The setting up of the PBO in Malawi took an ethical approach. The implementation team engaged an appreciative mode of inquiry that acknowledged that the key stakeholders had capacity to recognise the challenges that they faced during the earlier attempts in setting up the BPO. They also believed that the stakeholders had capacity to find workable solution for the PBO to be a reality. AA Malawi recognised
and respected the roles that key stakeholders had in establishing the PBO as such
the AA Malawi role was that of a facilitator of the dialogues to take place between
the Executive and NA. It further acknowledged the involvement of the media as an
important ally.

“The approach that ActionAid took was very consultative and respectful. I advised them
on key procedures that they needed to know in engaging the NA and the Executive
and they took my advise and it worked. I also felt free to consult them whenever there
was a need. ActionAid has really come to our rescue in engaging the Executive”.
—Mr. Mdala; Chief Policy and Planning Officer at Parliament

Key stakeholders also noted that establishing an independent PBO will ensure trust and
confidence in the information received from the PBO as an independent entity. The PBO
will ensure independence of parliament. It will function as a professional entity which
should have staff that is employed based on professional scrutiny.

### 3.2.5 Conclusion

Using the scorecard, the PBO is truly a best practice that can be replicated in different
setting and scales as it scored more than 80% on the criteria of validating best practice.

### 3.2.6 Key Lessons Learned

- It is critical for all key stakeholders to understand the purpose of the PBO
  for them to appreciate the role it will play in enhancing public resource
  management in the country.

- It is important for partners supporting such an initiative not to dictate their
  wishes and requirements to parliament and political leaders.

- Inclusive and consultation with all stakeholders.

- Identification of influential champions (e.g., speaker of parliament) with
  similar interests is critical to the success of the PBO establishment.

- Do not invest efforts in Politicians that come and go but in permanent
  structures such as the National Assembly.
3.2.7 Key Recommendation for Moving Forward.

- For the PBO to be effective, its establishment should be supported legally through revision of the Public Finance Management Act of Malawi to include a resolution for its establishment, there is thus a need for stakeholders to fast track efforts to review the PFMA. Different options could be considered for speeding up this process including tabling it as a Private Member Bill.

- Need to invest in capacity building and mentoring of the PBO office holders in key parliamentary function, budget analysis, documentation, communication and in social accountability.

- Organisation such as ActionAid and partners should consider working with the PBO to strengthen the M&E system to measure results of the PBO on both the part of the MPs and on the impact the PBO would have on the citizenry.

- Key strategies should be explored to ensure that the PBO remain neutral in its functions.

- Organisations such as AA Malawi and even National Assembly should educate the MPs, CSOs and other key stakeholders on the role and value of a PBO

- PBO should consider creating strong linkages with CSOs, media and other various Parliamentary Committees.

- The role of the media should be recognised in the PBO structure and functions as strategic partner.
3.3 Establishment of Health Committees in Chibuto District of Mozambique

3.3.1 Project Start-Up

Establishment of health committees in Chibuto district of Mozambique was done through a partnership between ActionAid Mozambique (AAMoz) and Christian Council of Mozambique (CCM) Gaza and the health ministry.

CCM is a community of churches and member institutions who are legally registered in Mozambique. The organisation is driven by the biblical principles on passion, love and faith with the aim of improving the common good of people in Mozambique. The vision of CCM is to be an ecumenically strong and self-sustaining organisation that facilitates the spread of the gospel with its social aspect. Guided by the book of Matthew 25: 31-46, the mission of CCM is to serve the churches, member associations and communities through the expansion of the gospel and the promotion of social and economic justice in the light of the teachings of Jesus Christ.

AAMoz started operations in 1987, with an initial effort on emergency food relief to people fleeing war in the country. The organisation works with marginalised services to ensure they have access to food, health services and education services. Under the health stream, AAMoz runs awareness and information campaigns on prevention and mitigation the impacts of diseases. This is complemented by interventions targeted an improving access to health services. The organisation has also invested dearly in supporting small scale farmers to improve food production and mitigate possible effects of policy and environmental instabilities. The organisation has been working with partners at community level. At national level AAM has also driven the policy advocacy agenda to ensure an enabling environment for sustenance of community health and well-being.
3.3.2 Key Project Activities

Community scorecards on SRH services provision in Chibuto district – Across the target communities of Chaimite, Maniquiqui, Malehice and Mukhotweni the community scorecard methodology was implemented. The purpose of the community scorecard was to involve the community and service providers in assessing the quality and delivery of SRHR services in the district. A total of 55 people took part in the data collection process, with 49% being female.

As part of the community scorecard methodology, AAMoz and CCM Gaza facilitated community interface meetings between the community, service providers and the local government representatives. Stakeholders committed to resolve identified service delivery gaps, with a focus on development of the local government plan and resource allocation for health. Through the interface meetings key SRH issues were brought to fore such as absence of waiting rooms for pregnant women in all public healthcare facilities and access to fixed instead of a mobile Antiretroviral Therapy (ART). The meetings were also an opportunity to enhance skills of community leadership on public debates and dialogue with government officials.

Strengthening district level coordination – Establishment of the health committees was situated in the core of a multi-stakeholder district level coordination framework. CCM Gaza involved local District Platform of the civil society and mobilised their activists to embrace the initiative as complementing their own. An alliance with the local government was established in order to achieve greater credibility and avoid confrontation with their officials.

Facilitating establishment of Health Committees – Through the project intervention Health Committees were established in four communities, Chaimite, Maniquiqui, Malehice and Mukhotweni on the southern part of the Gaza Province, 210 km from the capital Maputo. Members of these local fora were chosen by the community through an election process. A potential candidate submitted his or her application. Debates were carried out freely in a democratic manner within the community before the rightful members were selected. After capacity building support from AAMoz and CCM, the committees are now engaged in community SRH awareness raising events, monitoring of health service delivery within their facility of jurisdiction and mobilising communities to participate in exacting accountability from the state in the delivery of quality SRH services.

Training on social accountability monitoring – AAMoz and CCM Gaza in year two of the project were able to localise the PSAM training manuals and resources on social accountability. Translation into Portuguese was done of social accountability documents into two training manuals: i) The first was on the five processes in public resource management; and ii) Social Accountability Monitoring Instruments (Plan and Budget Analysis, Public Expenditure Tracking, Social Audit, Community Scorecard, Public Integrity Analysis and Inspection).
The aforementioned resources were utilised to conduct trainings on social accountability for the committees. Such training was meant to strengthen their ability to carry out monitoring and reporting of key issues on the delivery of health services in their respective communities. In Gaza, a total of 44 people (13 female and 31 male) were trained.

**Community awareness raising** – Using participatory data gathering methods, a number of SRH issues were identified within the villages i.e. access to contraception. Based on this observation a number of community targeted awareness activities were done by the committees, supported by CCM and AAMoz.

Public and community radio debates were utilised to raise awareness on SRH risks and improved health seeking behaviours. The debates focused on women, young people and community leadership in particular as it was observed that most men were seasonal migrants who spent most of their time in the mines and informal trading in South Africa. Furthermore, the debates meant to address harmful gender norms limiting women’s ability to make decisions about their SRH i.e. early, unplanned or unintended pregnancy for girls would lead to a drop out from school but access to family planning services with healthcare personnel guidance can reduce the rate of early pregnancies and subsequent school dropout rates. It is imperative to note that the membership of the health committees took an active lead in raising community awareness on the aforementioned issues.

Community awareness was thus taken as a means of bridging the gap between cultural beliefs and practices and sexual and reproductive healthcare and rights.
Figure 10: Committee members share experiences in monitoring SRH service delivery

Images: SAfAIDS (2018)
3.3.3 Elements of Best Practice

Effectiveness of the Action

Strengthened capacity of smallholder farmers in rights and evidence-based SAM and advocacy - Output 2.1 of the PSA project is on strengthened capacities of issue based CSOs, smallholder farmers’ organisations and media, in rights and evidence based SAM and advocacy. The action through CCM and AAMoz in Chibuto has greatly strengthened the capacity of smallholder farmers to engage in rights and evidence based SAM and advocacy particularly focusing on the delivery of the SRH services in the four communities. The committees have translated into a platform for social organising whereby represented communities have a ‘voice’. The committees are recognised by the local leadership and health ministry. SRH service delivery challenges such as absence of waiting shelters for pregnant mothers have been acknowledged by the health ministry and resolved through the committee actions.

Members of the committees after going through the training are now aware of their role as civic minded citizens. They now have the capacity to engage the health facility representatives and present matters for attention, in additional to participating in public debates focused on the five key processes of public resources management for health.

“As a member of the health committee, I have been attending training and capacity building on social accountability; I participate in the dissemination of counselling messages, door to door, on the need and advantages of voluntary testing, especially in public places, for example, in churches, schools, markets, as well as in neighbourhoods to encourage the reduction of sexually transmitted diseases, unwanted pregnancies, mainly among young people and parents who misunderstand or do not know how important it is to be tested for HIV/AIDS as well as making Family Planning”. —Health Committee Member from Chaimite

Strengthening the quality of SRH service delivery through improved public resource management - Through playing an oversight role the committees have been effective in contributing towards improvements in the delivery of SRH services. This is underlined by the fact that the committees are formally recognised by local government, community leadership and the health ministry. The Committees engaged the health ministry to raise awareness on the need to establish waiting rooms for pregnant women. This amongst a host of other SRH services gaps that have been addressed as a result of the committees’ advocacy and engagement actions.

“There have been many improvements, one of which is reducing childbirth outside of maternity. It is thanks to some trained activists, health activists who have also (worked with) communities. Pregnant women are sensitized to make regular consultations, and when they are about to give birth, she comes to await delivery at the pregnant woman’s waiting house.” —Committee member from Malehice
Enhancing SRH outcomes for vulnerable women and young people in Chibuto district

When the project started it was clear that SRH of women and young people was viewed in bad light. This was caused by a combination of harmful cultural norms and practices on SRH and limited access to health services resultant from structural and resource challenges. Feedback from FGD participants shows notable transformations in SRH outcomes i.e. access to family planning and decision making by women have changed. In addition, pregnant women who faced the risk of unsafe deliveries at home can now book early at the health facility and stay there until the labour due date. This is only an example, but it marks a significant milestone by the project in improving the SRH of target groups. Furthermore, awareness raising debates and events conducted by the committee members has yielded positive health seeking behaviours among the communities especially men.

Ethical Soundness

The action was grounded within community value systems and beliefs. Methodologies applied were participatory as the communities, via the committees, identified key SRH challenges themselves and defined agendas for advocacy. Actions of CCM and AAMoz thus did not impose ideas and changes that would impact on the community’s well-being and way of life. Contrary, the core interest of the intervention was meant to ensure that access to SRH services, as a right, was guaranteed for the men, women and young people in the target communities of Chaimite, Maniquiqui Malehice and Mukhotweni.

AAMoz and CCM also ensured that the process of selecting community members is open to all members of the community regardless of gender, age, physical abilities or social background. Hence, the committee members represent diversity of backgrounds encompassing both young people and the elderly as well. The project thus aims to improve access to SRH services for people living with HIV (PLHIV), young women, elderly, boys and men as well as community leadership.

Relevance

Strengthening rights and evidence-based SAM and advocacy for communities in Chibuto district was quite relevant in addressing SRH service delivery gaps. Data collected through the community scorecard and community debates shows limited accountability in managing public resources for health had resulted in decline in quality of health services and programmes designed to address SRH challenges in the communities. The case study presented below shows how the action was responsive to an identified SRH challenge of teen pregnancies and subsequent school drop outs. Noteworthy, pregnancy amongst young women is associated with numerous health risks and can lead to death.

In Chaimite, there were high rates of teen pregnancies among school going girls. This meant a significant drop out rate for those who fell pregnant. The matter was raised through the social accountability committee and discussed publicly. As a result the government decided to take action based on this. Family planning and a sexual and reproductive health education campaign were introduced in the community, at schools and at every local meeting.
Community mobilisation to demand accountability and engage in rights and evidence based SAM advocacy was also limited. FGD participants reported not having the tools and knowledge to demand accountability from the government in delivering SRH services. Thus, service delivery challenges went unchecked. When CCM and AAMoz conducted capacity building on social accountability and public resource management, this enlightened the committees on how to actually track state accountability.

**Cost Effectiveness**

CCM and AAMoz have put in place measures that guarantee cost effective implementation of the action. The main committee activities are conducted in the local communities using public spaces. This guarantees that committee gatherings and actions can be done at low cost. Participants can walk to meeting venues and the health facility. This implies limited responsibility of the project to support community transport and venue costs for gatherings. In addition, the committees are made up of community members who are based within walking proximity to the health facility. The model thus ensures no additional costs are incurred from bringing in external experts to participate in committee meetings and activities.

**Innovativeness**

The intervention by CCM and AAMoz is quite unique in that debates are centred on issues raised during the course of local planning and resource allocation phase. This ensures relevance of the debate topics and provides a premise for influencing local district plans, including allocation of resources for health services delivery. Firstly debates are done in a general community gathering and thereafter emerging issues are discussed with government technicians from the planning department for their inclusion on the local plan and budget, known as the Economic and Social (PES). The PES contains planned government expenditure for the year and community priorities such as health services delivery.

**Sustainability**

**Operational sustainability** – The partnership between AAMoz and CCM ensures the sustainability of the project in the event that AAMoz support comes to an end. CCM Gaza is a community based organisation that is based within Chibuto district and has been implementing health interventions on HIV and SRH for many years. Through the PSA project partnership, AAMoz has built the capacity of CCM Gaza to implement social accountability project actions that aim to improve quality of SRH services delivery in the district. CCM Gaza thus has the capacity to support the committees to implement SAM advocacy actions and data collection.

**Impact sustainability** – The project impact will be felt even after closure. This stems from the fact that the committees have the technical knowledge and capacity to continue monitoring of health services within Chibuto district. The training on social accountability and the five processes of public resource management has built
the knowledge base that can be transferred to new members of the committees. Furthermore, the committees are recognised by the health ministry and other local government structures that will continue to support their oversight role. Hence, SRH service delivery challenges will continue to be raised with the relevant ministries and opportunities presented for inclusion of the issues in the PES.

**Replicability**

The committees were established within the framework of existing local structures such as the local District Platform of the civil society, local government and local planning process. This is a key indicator for replicability as the intervention is easily assimilated into existing platforms. It is further a must have condition for the success of any participatory governance programmes.

In Mozambique the government has instructed the health ministry to partner with communities in establishing similar community health fora in rural areas. This is drawn from reflections and evidence that the model truly is effective and can be applied in other rural districts of the country.

### 3.3.4 Key Project Successes

Radio debates, conducted after training of the committees on social accountability, provided an effective platform for the community demand improvements in the delivery of SRH services. Main concerns that have been raised during the discussions, which also opened space for the listeners to make calls. Concerns were raised on the provision of quality HTS and contraceptives access. During the radio discussions, the representative of the district health services stated that a fixed service would be established for HTS and antiretroviral treatment in the health facility of Chaimite in replacement of the mobile clinic.

“The health facility of Tchaimite did not have a fixed ART service until the year of 2014, when the mobile clinic care on the weekly basis started, i.e., only on Thursdays, and the adherence was totally poor. During the access to ART via mobile clinic, the distribution of drugs was done in public, there was no confidentiality and we did not like that. Other beneficiaries eventually abandoned the treatment.”

“From the end of 2017, we have been having access to fixed ART service locally. When a beneficiary reports to the health facility and shows their card, they immediately receive the medicines. Now they are satisfied with this change.” —*Hortência André Cossa*
3.3.5 Challenges

Despite the remarkable success of the project, there are notable challenges that were faced during implementation:

**Low male participation and representation in health committees:** Most members of community gatherings and committees are women. This is because more women are available and more engaged at that level than men. Furthermore, most economically active men migrate seasonally to South Africa where they work in mines. Male participation needs to be improved to ensure the voice of both men and women is heard in strengthening delivery of SRH services.

**Retention of committee members:** Some of the committee members have since dropped out as there is no extrinsic rewards mechanism i.e. allowances. The committee membership is currently done on a voluntary basis.

3.3.6 Lessons Learnt

**Use of community radio is an effective tool in civic engagement and awareness raising** - The use of community radio for public debates and other awareness raising purposes helped to identify SRH service delivery gaps that were being experienced by the community. This shows the power of radio as a tool for promoting civic engagement health and social accountability topics. In phase 2 it is important for the partnership to explore further usage of radio and engagement of media professionals.

3.3.7 Conclusions and Way Forward

The establishment of health committees in Chibuto district is truly a best practice, scoring over 80% against the BP criterion. Actions by AAMoz and CCM Gaza have helped to enhance the capacity of smallholder farmers of Chibuto district in exacting accountability towards provision of quality SRH services in the district. The Committees have provided an avenue for SAM advocacy to be done. Evidence can be drawn from prior sections on how the committee roles led to improvements in SRH services meant to address identified challenges.
To further strengthen results and address challenges, the following actions are recommended for the two organisations:

i. Male engagement messaging and mobilisation is needed in the upcoming phase. Gaza is one of the provinces affected by HIV/AIDS and has many migrant men who go to work in South Africa. This increases risk of HIV incidence in the district.

ii. Recruitment of health committee members should target mainly people who come from the CSO that are members in the district platforms. This will help reduce the dropout rates of committee members. In addition, other forms of motivation should be considered for members of the committees.

iii. AAMoz and CCM Gaza should provide technical support to the health ministry in coming up with clear guidelines on how to establish and run the health committees within rural areas. Currently there are no universally adopted guidelines serving as a reference point for the committees. Adoption of clear guidelines will ensure effective health committees governance.

iv. The PSA project needs to invest more in the use of community radio and develop a clear model for engagement of media personnel. This will contribute towards more structured and effective partnerships with media as a tool for promoting civic engagement in monitoring of health service delivery issues.
3.4 PSAM as Transformative Tool to Improving Agricultural Service Provision: Case of FISP in Zambia

3.4.1 Project Start up

Agriculture forms the bedrock of every developing nation's development agenda as it has the potential to absorb the excess surplus labour. In Zambia over 65.5% people live below the poverty datum line with women and children being the worst victims of rural poverty that stands at over 75% in comparison with their urban counterparts (65%). With limited employment opportunities and the quest to survive and feed their families, local farmers not only contribute to the national food basket but also ensure availability of staple food, its affordability and utilization. The quest for food security at household and national level begins with rural based farmers especially women who account for 65% of the labour in this sector.

The social accountability process forms the centrepiece of how the PSA project was implemented and targeted. In Zambia, Mongu district specifically, the PSA consortium through the lead of Action Aid Zambia sub-granted the Civil Society for Poverty Reduction (CSPR) to build capacity of small scale farmers in Mongu to utilise the PSAM model. This enables them to voice their concerns on the bottlenecks in the existing Farmer Input Support programme (FISP) by examining the efficiency, gaps in delivery of inputs in view of delayed delivery of farming inputs and lack of transparency in the whole process.

This documentation highlights the role of the PSAM model in generating evidence for small holder female farmers to effectively engage with duty bearers in improving the delivery of the FISP in the Western Province of Zambia and Mongu districts respectively under the PSA supported project.

PSAM model asserts that every state functions in five interrelated steps in managing public resources namely, Strategic Planning and Resource Allocation, Expenditure Management, Performance Management, Public Integrity and Public Oversight. These processes are interrelated for the purpose of ensuring that citizenry progressively realise their Rights as a lived experience.
PSAM model argues that citizens have a right to social accountability which asserts:

a. that every state is obliged to justify and explain the way it manages and uses its public resources (PRM) decisions and actions and take timely corrective action where weaknesses in the process are identified.

b. that all citizens have the right to demand these justifications and explanations from the state when it fails to provide them adequately and corrective action where required.

3.4.2. Key Activities

3.4.2.1 Stakeholder analysis and engagement of target beneficiaries

The main thrust of the stakeholder analysis was to facilitate identification of key and strategic partners, individuals and institutions that are critical and relevant to the success of the project interventions. The stakeholder inventory and subsequent analysis involved identification and interrogation of relevant organizations, existing structures, relevant government line ministries that are aligned towards responding to the needs and services of the small scale farmers in the districts.

Social mobilization of district farmer associations, media houses, line ministries like Department of Agriculture specifically the Provincial Agriculture and District Agriculture Officers and traditional leadership especially chiefs and headmen was key to the success of the project. Youth and women alike were mobilized through existing structures like village meetings, women and farmer support groups respectively. The traditional leadership acted as an interface in the social accountability work between the implementing agencies and the communities given the location of the project.
3.4.2.2 District Level Capacity Building using PSAM

A five day district training in SAM and PSAM was conducted using the localised PSAM modules with specific focus on agriculture but focused on performance management at district level. Training participants included representatives from women small scale farmer organisation, farmers unions, media, duty bearers (DACOs and agricultural extension officers), and traditional leaders’ representatives.

Capacity building using the PSAM model was also another conduit used in the discourse to achieve the desired results. In this context, the PSA project defined its capacity building as a continuous process of adjusting people’s attitudes, values and organizational practices while building up appropriate knowledge and skills on PRM particularly on agricultural service delivery focusing on the five processes which include, planning and resource allocation, expenditure management, performance management, public integrity and public oversight. Thus the project worked towards changing knowledge and skills barriers and ability to challenge, question and demand for services at individual, organizational and broader levels from the rights perspective. The project was able to address the individuals’ capacities by improving their perceptions and advocacy skills thereby enabling them to function efficiently.

3.4.2.3 Evidence for Advocacy using PSAM

Using the knowledge gained through the district training using PSAM model, the small holder farmers were able to use different tools at community level including the community scorecards to generate evidence around FISP which they in turn used to develop community level advocacy action plans.

3.4.2.4: District Interface Meetings with Duty Bearers

With support from CSPR, the small holder farmers, were able to convene district interface meetings with the district farmer associations, media houses, line ministries like Department of Agriculture specifically the Provincial Agriculture and District Agriculture Officers and traditional leadership especially chiefs and headmen on FISP.

3.4.3. Evidence of a Good Practice

Relevance

In Zambia, the agriculture sector is the highest employer in the informal sector. However, despite rural and vulnerable women and youth being the key contributors to the survival of the sector; and largely contributing to the national food basket and balance of payment position emanating from export of maize and other crops, farmers experience complex challenges. Many of these challenges are related to poor public resource management and the limited participation of the citizenry in the PRM processes. Challenges farmers face include: delayed delivery of farming inputs, poor access to out-put marketing opportunities and poor accountability of services and records by the key stakeholders-Ministry of Finance and Agriculture. In Mongu like
many other areas in the country, beneficiaries complained about the e-voucher system. For instance, farmers were not getting their farming inputs on time. Apart from that, the records of beneficiaries were marred by irregularities that included deliberate omission of names. The absence of a well-defined input and output marketing system compounded with imbalances in power relations between duty bearers and the beneficiaries. The local farmers especially women were often left at the vagaries of exploitation. It was reported that some agro dealers charged with the responsibility to deliver inputs to farmers at agreed prices, often exploited the beneficiaries of the e-voucher system by supplying fertilizer and seed in lower quantities than prescribed by their vouchers.

“Agro dealers were unnecessarily hiking prices of their commodities by taking advantage of the porous system and this was negatively affecting farm produce and food hampering food security, when we were taken through the PSAM model for PRM our eyes were open to voice out against this...” —Small scale farmer

The approach of the PSA project, based on the PSAM model of social accountability monitoring, was necessary because it addressed the needs and the concerns of the people in quest to improve their livelihood, reproductive health and general wellbeing.

Effectiveness

Mongu district has a very high illiteracy rate (Zambia Ministry of Education Statistical Bulletins 2014). This has a direct bearing on the people’s awareness of their rights to public goods and services and their capacity for holding accountable public officials who are duty-bearers in public resource management. All duty-bearers interviewed prior to implementation of the project acknowledged and lamented the low awareness of rights, and low engagement of the public in public resource management in the district.

Key stakeholders confirmed that the project model (PSAM) was in alignment with the national policies towards inclusiveness and decentralisation. This made the duty-bearers at district level good allies in the implementation of the SDC project. To ensure effectiveness, using PSAM, the project conducted training for district level duty-bearers from agriculture and health sectors as well as to local government. Training was also extended to civil society organisations involved in implementing the project in Mongu. Training was also conducted for community level participants from Mawawa and Kaande communities of Mongu district.

The duty-bearers and project implementers reported notable improvement in rights awareness among community members and improved involvement in public resource management from planning to providing oversight using the right based approach. Despite the challenge in quantification, community leaders claimed that the project model (PSAM) had been beneficial because after the intervention, they were “now bold enough” to approach government officers especially who had the job of providing or ensuring some services to the community. For example, they claimed that working with the DC, the farmers had managed to create a fortnightly market for farmers where members come to sell various farm produce. District Farmers Association leaders reported that, there has been a general increase in community engagement with the
District Agriculture Coordinating Officer (DACO) and especially with agricultural camp officers who are closer to the grassroots. In the meantime, with the help of the DC, the farmers are seeking a more permanent market in Kasima area of Mongu. The farmers were also in the process of registering the association and engaged Shoprite to be supplying produce to farmers to the supermarkets. This follows from the training that emphasised farming as a business and not merely as subsistence.

Thus through PSAM model, local farmers were empowered with knowledge and skills to enable them identify challenges in their farming activities, how and when to engage policy makers and duty bearers at community, district, provincial and national level. PSAM proved that it is a transformative tool for social and political change as it enhances the voices of the farmers.

“In the past we could not complain because we did not know our rights, we were in the dark, but after undergoing the training in Social Accountability, we knew that we now had the power to stand up for our rights and question both the Agro dealers and Agricultural Officials”. —Local Farmer, FGD participant

**Cost Effectiveness**

The PSA project started off with training of stakeholders at district government level and at community level using the PSAM model. The rationale for training community members was to ensure cascading of the knowledge acquired to other members of the community. Fifty-one persons were trained from the selected communities. Government official were enthusiastic to participate in the PSA project as this aligned with their own mandates. For example, the Mongu District Director of Planning welcomed the project PSAM model as it was in line with the local government decentralising plans aimed at encouraging participation of communities in planning processes, identification of areas of concern and the suggestion of solutions.

In cascading utilisation of the PSAM model, the project did not employ its own personnel but utilised personnel from the stakeholder organisations and community members. Furthermore, where necessary, equipment from stakeholder organisations was used rather than procuring equipment such as computers of printers for the project. CSPR used their own bicycles for use by facilitators while the project’s knowledge and information were disseminated for free by the local radio stations. Consequently, there were no expenses on salaries, equipment, and information dissemination. Involvement of the district council including the recruitment of a “young” councillor also meant that council facilities could be used by the project at no charge. These aforementioned cost-saving measures meant that a large number of beneficiaries where reached by the project at minimum cost compared to a scenario where the project would pay for its own employees, equipment, radio airtime, and facilities such as venues for meetings.
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**Ethical Soundness**

It can be fairly asserted that the very essence of the PSAM in PRM for FISP was to ensure upholding of ethical standards by the duty-bearers toward the vulnerable right-holders. Participation in the PSAM training and in the project’s activities and interventions is completely voluntary, that is, based on participants’ informed consent. CSPR, one of the implementers of the project, adopts the Human Rights Based Approach to intervention (HRBA) and their personnel are adequately trained in HRBA. Essentially CSPR overall aim is promoting human rights for the vulnerable and it avoids rights violations in its own modus operandi. The core ethical values of the implementing partners attest to the project’s emphasis on ethical soundness. At the centre of the PSAM model is progressive realisation of a right as a capability.

There was evidence of inclusiveness and gender equality in the implementation of PSA model. The PSAM training of district-level officials showed a bias towards men with only five females trained against twelve males. However, this was likely a result of the inherent or prior gender imbalance in senior district positions as selection of trainees was based on occupying a relevant duty-bearer position within the district government hierarchy of the respective departments. This interpretation is corroborated by the gender composition in the selection where pre-existing structures had no bearing. For community training participants, there were eighteen women to sixteen men. Thus the project in itself can be said to have ensured gender equality.

The beneficiaries are included on the basis of vulnerability. Young people, women, the disabled and people living with HIV and AIDS (PLHIV) are some of the vulnerable groups targeted by the project model. This can be seen from the inclusion of the Network of the Zambian People living with HIV/AIDS (NZP+), a national organization for PLHIV. The NZP+ is a Zambian NGO whose aim is to improve the quality of life for PLHIV through the provision of Support through support groups and also represent PLHIV on various local platforms on various advocacy issues. However, there is an important caveat to this prioritization of the vulnerable as one female District Farmers Association leader highlighted. She said, “Sometimes we are scared to give seeds to the vulnerable because the seed may simply go to waste”. She elaborated that they do not distribute farm inputs to the vulnerable simply because they are vulnerable. They ensure that those vulnerable people who are identified to receive inputs have the capacity to utilize them. Otherwise the vulnerable may end up misusing or wasting the valuable and scarce resources.
Further, linkages for additional services through the District Farmer Associations defined the other part of capacity building for ongoing mentorship and technical support provision. At a broader level, the model ensured that through involvement of key stakeholders, systems at all levels were strengthened like adherence to standards, transparency in the processes, resource allocation and responding to the needs of the farmers. District Farmer Associations, Clubs and other community based organizations working with the farmers benefited in the way they manage their records, promoted equitable participation by appreciating local knowledge of youth and women, improved intra community linkages for services such as FISP. In addition, through working with diverse spectrum of stakeholders, there was deliberate promotion of organizational learning through group meetings, information sharing and shared visions and goals of small scale farmers.

Relevance

Although socio-economic rights are an entitlement to the citizens of Zambia, the majority are neither aware of these rights nor do they have the capacity to demand from the office bearers the discharge of their duties. It is this gap that necessitated the establishment of PSAM. In the case of Mongu, this aberration has been duly noted by the officials in Mongu and attributed by some key stakeholders to high illiteracy levels as well as poor terrain that prevent rural communities from accessing or demanding services.

As noted above, the PSA model is in tandem with the national policy as espoused in the Seventh National Development Plan and in the decentralisation policy. Government slogan is “Leave no one behind” in the development process. The Director of Planning also underscored the importance of having local beneficiaries involved throughout the resource management cycle in order for decentralisation to meaningfully materialise. The model therefore provides a crucial missing link in government fulfilling its duty of ensuring socio-economic rights for its citizens. Citizens’ involvement from planning to providing oversight is essential for realising Zambia’s national policy. Development cannot be merely for the people but must be by the people as well. Although the idea of public accountability is part of government policy, it is empty rhetoric without capacity building for communities. PSA project fills the gap through provision of PSAM training. Participants were selected from different communities of Mongu including remote ones to ensure the knowledge of citizen’s rights and the need to demand from and monitor government officers reaches as many people as possible.

The relevance of the PSAM model is evident from the report of the scoping undertaken prior to implementation. All government officials from different departments welcomed the idea of working closely with right holders. These officers included the District Commissioner (district administration), the District Planning Officer (council, local government), the District Medical Officer (Ministry of Health), and the Mongu DC brought to our attention that the district is facing challenges pertaining to social accountability interventions and emphasized that this project will bring about the desired change so as to ensure transformation of the lives of the people of Mongu. —Scoping Report
the District Agriculture Officer (Ministry of Agriculture). All highlighted the existing gap in community participation in development and health programmes undertaken by their respect departments. They all bemoaned the lack of participation by citizens which they attributed to high illiteracy levels as well as limited understanding of PRM. They therefore viewed the PSAM model as complementing their own work by building community capacity for accountability and participation and in being able to reach the hard-to-reach parts of the district. They highlighted that the community were the intended beneficiaries of their own programmes and the PSA would help in community buy-in or involvement into the government programmes and hence contributing to their effectiveness and efficiency.

It was not just government departments that appreciated the need for the PSAM model imbedded in a project but also other players including CSOs. The recognition by these agents is important particularly because they are not merely civil society organisations but putative beneficiaries of sound PRM outputs as well.

Replicability

PSAM model is versatile and malleable to be applicable to diverse socio-cultural, political, and economic context. As highlighted above, accountability is an essential ingredient of democracy and development. The project’s modus operandi involves:

1. Identification of needy communities and partners.
2. PSAM training of partners and members of targeted communities.

PSAM model is easily replicable in the other provinces and districts in Zambia. All provinces fall under the same national policy and have the same government structures including councils, DC, and DACO. In addition, many partner civil society organisations also have country-wide presence in provinces and districts. Where the ones in Mongu are not present, similar organisations can be found to partner with. The only exception to this may be the new districts that have been created in the last eight years. However, many of the newly districts recently created are within the proximity of the older districts they broke away from. It is therefore feasible to partner with civil society organisations in older districts nearest to the new ones.

Replicability depends to a large extent on existing conditions where the project is to be implemented. Equally important is record-keeping of the interventions in current projects. The Mongu PSA has shown some evidence of records that would be vital when replicating elsewhere. These include the scoping report, the PSAM training report, Documentation, such as this one, is important for project replication. Interventions elsewhere can learn not only from the lessons learnt and the successes of previous interventions but from its challenges as well. This documentation is therefore an important recipe for replication.
Innovativeness

A new project has diminished value if it seeks to reinvent the wheel. Duplication of interventions can be a waste of human, financial, and material resources. A project must exhibit sufficient innovation to qualify as a Best Practice. Unlike many other interventions against human rights abuse and poverty, the PSAM model does not have as its primary goal provisioning of material goods to vulnerable communities, or helping them case by case. Instead, its main aim is to provide the intangible benefits of building capacity among communities for positive and active engagement in the development cycle especially at the local level. This capacity-building project seeks to raise awareness among communities of their socio-economic rights as owed them by the state through district-level officers. The project further seeks to train via the cascading model, poor communities with knowledge, skills, tactics, and techniques of how to demand their rights from the duty-bearers.

The innovativeness of the model was duly affirmed by the DACo. He said PSAM was unique because it was not a top-down approach but involved beneficiaries from the onset. He further pointed out that unlike other projects, the project relied on training not only government officials but representatives from communities near and far. This gave the project an unparalleled reach as the approach ensured knowledge acquired reached the remoted parts of Mongu. He reported notable boldness and enthusiasm in the targeted communities in how they brought out their health challenges. His views were echoed by community member. The community members said that unlike such interventions PSAM model empowers them with a voice to make them fearless to demand for services from government workers.

Sustainability

The PSAM model is meant to be community-driven; the beneficiaries are empowered to demand their own socio-economic rights and to provide oversight on public resource management. Community participation/involvement and ownership is therefore vital to the sustainability of the project. This is augmented by maintaining and fostering of partnerships through networking with government departments and civil society organisations. The PSAM training, has allowed for community members to recognise and assume ownership of public resources and to demand accountability from government duty-bearers. This may allow for some sustainability provided key partnerships and networks are maintained with civil society organisations.

The approach guarantees continuity because the project has built the capacity of key stakeholders and the vulnerable groups in particularly. There is also evidence of strong synergies of key players such as the government line ministries, traditional leadership, women and youth, District Farmers Association and Media houses.

Capacity building of key stakeholders has enhanced their knowledge and skills levels on the how they can engage in advocacy and constructive dialogue around challenges facing peasant and small scale farmers in Mongu. In addition, multisector approach will ensure that resource leveraging, skills and knowledge transfer continues among the
stakeholders. The fact that the model was applied among a multilayer of stakeholders who understood their roles and responsibilities in the overall project implementation, the knowledge and skills built will continue bearing positive fruits. For instance the District Farmers Association worked closely with ESAF and CSPR in facilitating linkages between DFAs and District Women Associations using PSAM.

### 3.4.4 Impact

The PSAM model was applied in building capacity of small scale farmers by equipping them with the skills that enabled them to demand for improved services especially on delivery of farming inputs. The beneficiaries were able to constantly hold duty bearers to account on various issues related to their livelihood-farming. For instance farmers demonstrated knowledge and skills on how to speak out on matters which they felt were deterring their effective participation in farming activities via Radio programs. Premised on these positive changes and the evidence generated, it can be deduced that PSAM as an approach has demonstrated that it is a transformative tool that has power to build the self-confidence and self-esteem of small scale farmers as they are able to assert themselves and demand for quality services using evidence based proof.

"Farmers are more empowered and know the channels and procedures to communicate their grievances and able to speak from an informed perspective" —FGD participant, Nyambe

Some farmers had never had the opportunity and chance of interacting with government officials but through this program, both parties that consisted of duty bearers and beneficiaries are now able to openly engage in frank dialogue on farmer's rights especially to hold government officials to account on their promises.

Furthermore, the project model brought a wealth of knowledge and skills through working with the Media and District Farmer Associations. Building the capacity of the media in PSAM ensured that voices and concerns of the farmer in both districts received greater attention and actions were immediate in most aspects. For instance, farmers in Mongu through the radio programmes were able to advocate and demand for the government to withdraw farmers from the FISP programme and to be enrolled in the conventional Farmer Distribution System (FDS) after realization that the FISP approach using the E-voucher system had structural systems that delayed timely delivery of inputs thereby delaying planting among small scale farmers. As a result government reverted to the old system of physically delivering the inputs. This elated the farmers and gave them confidence in their advocacy work.

The PSAM model contributed towards transformation of the culture and structural design of organizations such as District Farmers Associations, Media institutions and Community Agricultural Monitoring Programs (CAMP) to become real learning structures based on their improved way of doing things particularly becoming more receptive to criticism and acting on matters brought to their attention by the small scale farmers.
3.4.5 Some Key Programme Success Stories

Improved recognition of gender balance especially women’s rights and their voices in planning, implementation and evaluation of the farmer input program. Through interface meetings with duty bearers the farmers raised attention over an insurance company that had been reported to have failed to pay back the K100 insurance among the 48,000 small scale farmers. Breeze management organized outside broadcasting with the government and farmers in Kamulanga area and beamed the interface meeting live on radio thereby giving all stakeholders a chance to contribute on the matter.

3.4.6 Lessons Learnt

It has been learnt that if media houses have their capacity built on critical issues that concern vulnerable groups, their knowledge and skills can be applied in their day to day work thereby making them conduits through which effective advocacy and actions can be attained.

The PSAM model generally was well received in Western Province at all levels. There is need to ensure that in phase 2, for capacity building of duty bearers and right orders to be extended to other areas in the province.

It has been learned that when duty bearers know their obligation to explain and justify decisions and actions taken in the PRM for agriculture, coupled with evidence based and non-confrontational social accountability, they will be more effective in delivery of agricultural related services.

Using the right based approach in the utilisation of the PSAM proved an effective entry point to acceptability of it by both the duty bearers and right holders.

The model was appreciated even beyond the implementing sites thereby creating over-demand in contrast with limited resources available. This made some beneficiaries to volunteer their time by visiting adjacent communities where they started teaching fellow women and youth thereby creating high expectations for trainings and other programs among the newly incorporated beneficiaries.

3.4.7 Conclusion

Using the score card, PSAM as Transformative Tool to Improving Agricultural Service delivery in Zambia is a good practice that need some adjustments for improvements. Some of the aspects can be replicated with adjustments in different setting and scales as it scored more than 67% on the criteria of validating best practice.
3.4.8 Recommendations for Moving Forward

- Continuity is compromised because the training provided to government officers may not be retained by the departments once the trained person is no longer at the station due to transfer, morbidity, or mortality. The documentation team for example had challenges getting information from council because the Director of Planning who attended the training had been transferred to another district.

- There is need to scale up training of the media using PSAM in PRM especially for agricultural service delivery.

- Need for translated and simplified modules of the PSAM model targeting communities.
4. CONCLUSIONS

In conclusion, the PSA project has realised notable achievements in strengthening social accountability and oversight capacity for rights-based public resources management in health (SRHR) and agriculture (food security) in southern Africa. Looking at the four (4) BPs documented there is evidence that communities are now more structured to undertake accountability and oversight roles through the health committees in Tanzania and Mozambique. The health committees are now established and functional. There is demonstrable increase in capacity to do so with women now raising voices on FISP in Zambia. In Malawi the establishment of a PBO marks a significant milestone for the project as the structure has now been integrated within the parliament of Malawi. The overall facilitation approach and selection of target groups (technocrats) was unique and different from prior efforts that also aimed at establishment of a PBO.

Overall, the strength of all the four documented interventions lay in the partnership framework, which involved parliaments, media, local government, traditional leaders, CSOs, farmers organisations and other service providers. This helped to ensure quick buy-in from all relevant stakeholders. The recorded successes are worth documenting and sharing widely for the benefit of other stakeholders with an interest in social accountability monitoring.

Some lessons were also learnt during implementation that will need consideration in future phases of project implementation. Recommendations are placed below for the PSA project drawn from the lessons of the four best practices.

Recommendations

- Establishment of committees marks one stage in strengthening community capacity in social accountability and oversight capacity for rights-based public resources management in health (SRHR) and agriculture (food security). Sustaining functionality of the committees needs to be invested into in the next phase of the project. This includes continuous monitoring and refresher trainings. Training and development will also be required where technical capacity gaps have been identified i.e. budget analysis and financial management.

- In Mozambique it is important to support the committees to come up with clear operational guidelines so as to strengthen the governance architecture and avoid challenges such as conflict.

- A more structured and long term engagement plan for the media is needed as they play a pivotal in supporting the actions in the communities.

- Through ActionAid Malawi, support should be provided to the National Assembly during the setup of the PBO. Teething challenges are likely to be experienced and hence the support of AAI will help to ensure sustainability of the structure.
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