



PUBLIC FINANCE LITERACY TRAINING

**Training report for the Workshop
held on the 22nd to the 25th July 2019
at the Boma Hotel, Nairobi**

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DEFINITION OF TERMS

Budget: It is a document that contains an estimation of revenue and expenses over a specified future period normally a year and is utilized by governments.

GDP: is the sum of the market values, or prices, of all final goods and services produced in an economy during a period.

Out – of –pocket Expenditure: This refers to costs that individuals pay out of their own cash sources to meet health expenditures.

Budget cycle: This refers to the ‘life’ of a budget from preparation to evaluation. It has four stages; formulation, approval, implementation and audit and oversight.

Formulation stage: This is the first stage of the budget cycle. The Executive arm of government are the key players who prepare integrated development plan which shall include both long-term and medium-term. The overall budget estimates are prepared at this stage.

Approval stage: at this stage parliament both national and sub-national levels amend and approve or approve budget estimates for appropriation. Parliament can only change the budget to a certain degree depending on individual country.

Implementation stage: This is the execution stage whereby the Executive implement budgets approved by parliament. Other key players include parliament and controller of budget. Parliament provide the oversight role while the controller of budget authorize the withdrawal of funds from consolidated accounts and prepare quarterly implementation reports.

Audit stage: This is the last stage of the budget cycle. Here independent offices such as the office of the auditor general prepare audit reports. These reports should confirm whether government spent public resources prudently.

Budget estimates: It’s an approximation of the cost of an activity, program or project. It provides an understanding of the scope and expense of what needs to be done. It is also known as the Executive budget proposal or Program-Based Budget

Citizen budget: It refers to the simplified version prepared from the comprehensive budget document; however, it should capture all the essential components of a budget. It’s meant for ease in understanding by citizens

Enacted budget: This refers to a budget that has been approved by the legislature.

Appropriation bill: it’s a spending law that gives government powers to authorize withdrawals from the consolidated fund

Appropriation-in-aid refers to revenue generated from a government department such as user charge. This is normally included while budgeting, but the department is authorized not to surrender to consolidated fund.

INTRODUCTION

The African Scorecard on Health Financing indicate that there exists significant health financing gaps punctuated with high out of pocket expenditures. The domestic funds are therefore needed to meet these gaps in order to curb the disease burden which remains high in Africa. In that context, The African Union (AU) Framework for Global Solidarity and Shared Responsibility for AIDS, TB and Malaria, calls for increased domestic finance towards national health development agendas, instead of overly relying on Official Development Assistance (ODA). It also recognizes the multiplying benefit of such an approach to guarantee increased accountability and citizen's participation, public financial management, efficiency, equity, and the most desired by developing countries; higher domestic policy. The African Union accountability report on Africa–G8 partnership commitments, in assessing the performance and progress of member states to meet the Abuja commitment of allocating 15% of public finance to health. To achieve this countries will need to ensure at least 5% of national gross domestic product is committed to health expenditure, turn health sector allocations into investments through efficiency and cost containment, scale up prevention and ensure equitable access to information, services, care, and treatment for everyone in need, wherever they are.

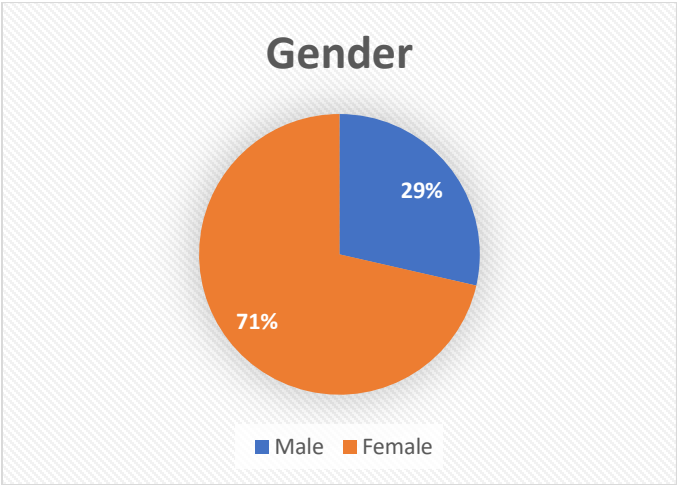
Among other health priorities, African Heads of States have explicitly committed to end AIDS, TB and malaria by 2030. This is contained in the 10-year Plan of Action of the AU Agenda 2063 and the Global Goals for Sustainable Development. The target to end AIDS, TB and malaria by 2030 would require both that donors maintain if not increase their contributions to the Global Fund, and that African countries increase ownership of their development agenda through significant domestic contribution for the three diseases.

The role that the civil society play in advocating for increased domestic financing for health in sub-Saharan Africa cannot be over-emphasized. However, in playing this important role, civil society-led advocacy is discredited due to inadequacy in capacity, tools and evidence. To succeed in this objective toward increased domestic resources for health as well as broader health financing objectives, it is critical to ensure that civil society organizations have the right

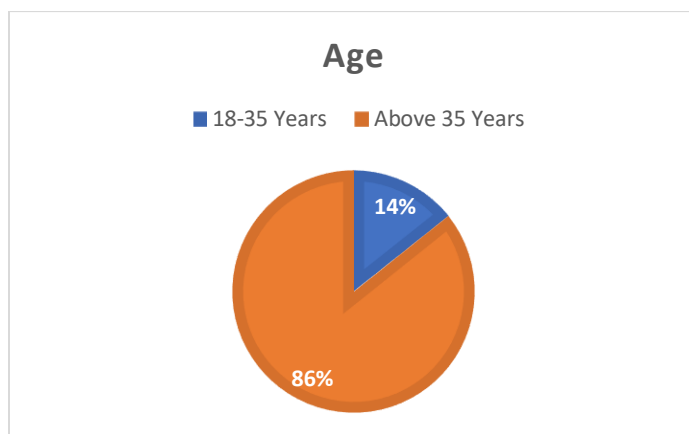
skills, tools and evidence for credible and effective advocacy. It is against this back drop that WACI Health in Partnership with the Institute of Public Finance Kenya (IPFK) with support from Global Fund organized a 3-day workshop on health financing literacy themed *Unlocking Civil Society's Health Financing Advocacy Capacity*. Participants who attended the workshop were drawn from the Global Fund Advocates Network (GFAN) from 11 countries that included Kenya, Tanzania, Rwanda, Zambia, Zimbabwe, South Africa, Malawi, Ethiopia, Cameroon, Ghana, and Nigeria. This training was graced by officers from the Global Fund who delivered the key message on transition plan for African Countries.

Pre-Training Survey Report

Pre-training questionnaires were administered in advance to inform agenda and content decisions. Questionnaires were meant to gauge participants' understanding of the topics as well as their expectations for the training. A pre-training survey questionnaire was sent to 30 participants in advance prior to the training day. 14 questionnaires were filled and sent back, representing a response rate of 47%. Feedback from 16 participants were not received even after following up. From the analysis, 10 respondents were Female representing (71%) while 4 were male representing (29%) as indicated on the pie-chart below



Majority of the respondents were above 35 years of age 86% while those between the age of 18-35 years, that is those who fall in the youth bracket were only 2 representing 14%. The following is a pie-chart showing a presentation of participants who responded by age;



Majority of those who responded were drawn from CSOs in Kenya and South Africa (4 participants each) while those with the least response rate were drawn from Ghana, Rwanda, Cameroon and Malawi each with 1 participant. The table below gives a summary of participants' organizations and country of origin

No.	Organization	Country	No. Responded
1.	WACI Health	Kenya	1
2.	KANCO	Kenya	1
3.	ZOOLOOh International	South Africa	1
4.	Hope for Future Generations	Ghana	1
5.	I M R O	Rwanda	1
6.	UHAI-EASHRI	Kenya	1
7.	Lwandle Youth Connect	South Africa	1
8.	Women4 Change	South Africa	1
9.	Gugulethu Woman's Movement	South Africa	1
10.	KETAM	Kenya	1
11.	3rd Sector Support Africa	Nigeria	1
12.	JAAIDS Nigeria	Nigeria	1
13.	ISA	Cameroon	1
14.	HREP Malawi	Malawi	1
Total			14

On the analysis of the level of understanding of participants, IPFK used a Likert scale of 1-4 (1- indicating no understanding, while 4 indicating the highest level of understanding) to gauge the understanding of participants on the various topics that would be discussed during the training. The topics on Global fund transition plan and its co-financing policy attracted the highest level of understanding while the role of supreme audit institutions and a topic on budget credibility had the lowest level of understanding from participants. The table below gives a summary of the level of understanding of various participants on different topics.

No.	Statement	Level of understanding				Aggregate score
		1	2	3	4	
1.	Global Funds' overall approach to supporting sustainability, including encouraging increased domestic financing and preparing for transition.	0	4	5	5	3
2.	Global Funds' co-financing policy that supports overall domestic resource mobilization advocacy efforts.	1	5	3	5	3
3.	Leveraging networks in advocating for increased domestic financing for health.	0	3	8	3	3
4.	Relevant stakeholders in health financing advocacy.	0	8	2	4	3
5.	Managing networks for effective advocacy in DRM.	1	6	4	3	3
6.	The Budget cycle, key players and budget discussions in each stage of the cycle.	1	5	6	2	3
7.	Public participation and budget transparency index in your country.	2	4	6	2	3
8.	Budget credibility: Assessing the gaps between budget allocation and expenditure and the legitimacy of reasons provided by the government.	2	8	2	2	2
9.	Analysis of pre-budget statement on citizen priorities and government financing plans.	1	8	4	1	2
10.	Impact of external financing on health programs.	1	3	7	3	3
11.	Improving revenue mobilization for governments and revenue mobilization strategies.	2	4	7	1	3
12.	Understanding government budgets and analysis of Executive Budget Proposal/Approved Budgets.	2	7	4	1	2
13.	The role of supreme audit institutions.	3	8	2	1	2

1 = None

2=Low

3=Moderate

4= High

Unfortunately, this feedback was not availed in time to inform changes in the training program agenda.

Mode of training delivery

The 3-day training on Health training literacy was conducted by IPFK staff with guidance from the convener WACI health and support from Global Fund. The opening remarks were made by Global Fund while the WACI Health did the closing remarks as they guided the team on the way forward. Training was conducted by use of mix-methods; using PowerPoint presentations, training cards, flow charts and group work discussions and presentations. In addition, participants were tasked to share individual country experiences on health financing advocacy, success stories and challenges encountered in the process.

SESSION 1: DOMESTIC REVENUE MOBILIZATION (DRM)

The facilitator started off by introducing Universal Health Coverage (UHC), a global health priority embedded in the Sustainable Development Goals. An ideal health system for UHC is one that is comprehensive, integrated, rights-based, non-discriminative and people-centered. It was noted that UHC's momentum was building at country level towards meeting the SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Some of the approaches that countries use include;

- Expanded health insurance access
- Defined essential health benefits packages
- Strategies to ensure quality of care and that no one is left behind.
- In addition, the first ever United Nations High-Level Meeting to discuss UHC will be held on the margins of the UN General Assembly meeting in September 2019.

Data on an analysis of domestic government spending on health over a period of 7 years beginning 2010-2016 was presented to participants by the facilitator. According to Civil Society Engagement Mechanism of UHC 2030 (CSEM), it identified a minimum of 5% of GDP as

government health expenditure. Data from World Bank on analysis of 11 countries was also presented. It was observed that all the 11 countries had less than 5% domestic expenditure on health with South Africa leading with an aggregate of 4% while Cameroon, Ethiopia, Nigeria and Tanzania had the least at 1%. The rest had an aggregate mean of 2%.

Table 1. 1: Domestic Government spending on Health as % of GDP; 2010 – 2016

No.	Country	Domestic Government Spending on Health as % of GDP							
		2010	2011	2012	2013	2014	2015	2016	Average Spending
1.	Cameroon	1	1	1	1	1	1	1	1
2.	Ethiopia	1	0	1	1	1	1	1	1
3.	Ghana	3	3	3	2	2	2	2	2
4.	Kenya	2	2	2	2	2	2	2	2
5.	Malawi	2	2	1	2	2	3	3	2
6.	Nigeria	0	0	1	0	0	1	0	1
7.	Rwanda	2	2	2	2	2	2	2	2
8.	South Africa	4	4	4	4	4	4	4	4
9.	Tanzania	1	1	1	1	1	1	2	1
10.	Zambia	1	1	1	1	2	2	2	2
11.	Zimbabwe	3	2	2	2	3	4	4	3
Aggregate Mean		2	2	2	2	2	2	2	2

Source: <http://apps.who.int/nha/database/Select/Indicators/en>

A further analysis of the out-of-pocket expenditure (OoPE) for the same period sourced from World Bank indicated that 10 countries in Sub-Saharan Africa have met the Abuja declaration committing to allocate 15 % of their annual government spending on provision of health. Out-of-pocket payments have been described as costs that individuals pay out of their own cash sources to meet health expenditures. This has been partly attributed to low allocation of resources to the health sector and such countries are far from achieving UHC. This situation has pushed households into poverty by having to pay impoverishing and catastrophic out-of-pocket

payments for healthcare. According to WHO’s recommendations, out-of-pocket payments should be no more than 10-20% of total health expenditure. From analysis of data presented by the facilitator, on average, Nigeria had the highest OoPE at 74% followed by Cameroon at 68%, Ethiopia at 41% and Ghana at 38%. South Africa and Rwanda had the least Out-of-pocket averages at 8% followed by Malawi 10%, Zambia 16%, Kenya at 30%, and Zimbabwe at 31%.

Table 1. 2: Out-of-pocket as % of Current Health Expenditure

No.	Country	Out-of-pocket as % of Current Health Expenditure							
		2010	2011	2012	2013	2014	2015	2016	Average Spending
1.	Cameroon	72	51	70	71	71	70	70	68
2.	Ethiopia	42	47	42	42	38	38	37	41
3.	Ghana	33	36	40	39	45	36	38	38
4.	Kenya	30	31	32	32	30	29	28	30
5.	Malawi	11	9	10	7	8	11	11	10
6.	Nigeria	78	75	73	71	72	72	75	74
7.	Rwanda	12	10	9	9	8	8	6	9
8.	South Africa	9	8	8	8	8	8	8	8
9.	Tanzania	32	28	25	24	26	26	22	26
10.	Zambia	24	22	17	11	14	12	12	16
11.	Zimbabwe	36	40	35	30	25	26	21	31
Aggregate Mean		34	33	33	31	31	30	30	32

Source: <http://apps.who.int/nha/database/Select/Indicators/en>

Analyzed data on external health Expenditure as a percentage on current health expenditure was further presented to participants. This was data sourced from world bank covering the same period for the 11 countries. Malawi led with an average of 62% External Health Expenditure to current health expenditure followed by Rwanda at 50% while the least was South Africa and Cameroon with 2% and 8% respectively.

Table 1. 3: External Health Expenditure (EXT) as % of Current Health Expenditure (CHE)

No.	Country	External Health Expenditure as % of Current Health Expenditure							
		2010	2011	2012	2013	2014	2015	2016	Average Spending
12.	Cameroon	5	14	7	6	9	8	9	8
13.	Ethiopia	35	38	28	23	23	16	15	25
14.	Ghana	8	9	8	16	16	25	13	13
15.	Kenya	29	26	24	23	22	21	19	24
16.	Malawi	63	64	71	68	63	54	54	62
17.	Nigeria	6	8	8	12	12	10	10	10
18.	Rwanda	52	50	54	46	49	50	51	50
19.	South Africa	3	2	2	2	3	2	2	2
20.	Tanzania	39	45	48	48	44	38	36	43
21.	Zambia	46	37	44	55	33	36	42	42
22.	Zimbabwe	29	23	20	27	32	23	25	26
Aggregate Mean		29	29	29	30	28	26	25	28

Source: <http://apps.who.int/nha/database/Select/Indicators/en>

Reactions from participants on DRM session

This session triggered different reactions from participants inspired by the performance of their respective countries. Although this was viewed as good indicator for advocacy by the CSOs, conflicting data from the World Bank (presented by the facilitator) and that of World Health Organization (presented by participants) created a heated debate on whose data source was more credible. It was agreed that going forward the participants together with all stakeholders need to advocate for uniformity in data presented by world Bank and WHO or any other body that collects data on health meant to influence policies. Another critical issue that arose from the discussion was how CSOs can be effective in conducting advocacy on DRM. The facilitator noted that there was need for the CSOs to partner with relevant government institutions and other

networks, speak the language of government, have documented evidence and pursue country commitments as far as DRM is concerned.

Participants also stressed on the need to go to the ground and assess the situation vis-a vis what the figures on the indicators analyzed indicated. It was resolved that this is the only sure way to conduct effective advocacy, as it is not enough to ensure resources are allocated but equally to evaluate the legitimacy of government plans, by assessing what is implemented and the impact it has on service delivery.

The strategies for achieving UHC including health financing were also discussed at length. The facilitator brought to attention of participants the upcoming UN general Assembly in September 2019 that will discuss UHC and the progress made so far. However, it was noted that there was need to unpack what is contained in Essential Benefits Package (EBP) of UHC. The CSOs were asked to champion for UHCs slogan of “*leaving no one behind*” in their own countries.

SESSION 2: OVERVIEW OF BUDGET PROCESS IN AFRICA

The facilitator began by appreciating that budget process differs between countries but stressed that the budget documents prepared are similar in principle. Nevertheless, budget advocacy should be timely to support meaningful engagement with the decision makers. The facilitator mapped the budget cycle and the key documents to expect in every stage of the cycle, the facilitator asked the participants to mention any of the key stages of the budget process to assess the extent to which this session would stretch in enhancing their clarity and understanding on the topic. The facilitator then mapped out the four budget stages in the budget cycle in the plenary; Formulation, Approval, Implementation and Audit. The participants were issued with the budget cards containing the names of all the key budget documents and were tasked to place each card in its appropriate stage in the budget cycle some were placed accurately while others were misplaced. In addition, budget calendar for the 11 countries were discussed at length with the guide of the facilitator as follows:

1. Kenya: July- June

2. Rwanda: July- June
3. Tanzania July- June
4. Malawi: July-June
5. Ethiopia: July- June
6. South Africa: April- March
7. Cameroon: January- December
8. Ghana: January- December
9. Nigeria: January - December
10. Zambia: January – December
11. Zimbabwe: January – December

The facilitator discussed each of the four stages of the budget cycle in detail and mapped the key budget documents under each stage.

Four stages of a budget cycle

Formulation stage: This is the first stage of the budget cycle. The Executive arm of government are the key players who prepare integrated development plan which shall include both long-term and medium-term. The overall budget estimates are prepared at this stage.

Key documents

1. Pre-budget statement
2. Executive Budget Proposal
3. Enacted Budget
4. Citizen Budget

Approval stage: at this stage parliament both national and sub-national levels amend and approve or approve budget estimates for appropriation. Parliament can only change the budget to a certain degree depending on individual country.

Key documents

1. Enacted Budget
2. Appropriation Bill

3. Budget Committee Reports

Implementation stage: This is the execution stage whereby the Executive implement budgets approved by parliament. Other key players include parliament and controller of budget. Parliament provide the oversight role while the controller of budget authorize the withdrawal of funds from consolidated accounts and prepare quarterly implementation reports.

Key documents

1. In-year reports
2. Mid-year review reports
3. Year-end report

Audit stage: This is the last stage of the budget cycle. Here independent offices such as the office of the auditor general prepare audit reports. These reports should confirm whether government spent public resources prudently. Key players are the accounting officers and controller of budget

Key documents

1. Budget review reports
2. Annual audit reports

Participants were eager to know whether there are opportunities for engagement and at what stage they are supposed to conduct budget advocacy based on the countries' contexts. The facilitator explained that opportunities for the citizens to engage in each of the four stages of the budget cycle exist but, equally appreciated that there are challenges such as the supplementary budgets which in most cases are not subjected to Public Participation. In addition, it was observed that the Audit reports are released way too late after the process has been concluded and their recommendations are rarely taken into consideration. The other challenge that was shared was the extent at which parliament can change the budget. Although it's contextual, in most cases it favors the interests of parliament and the consistency in parliament adjustments is most cases seeks to advance political profile than address the needs of the public. A case of Zimbabwe was shared whereby in a meeting organized by CSOs to conduct budget analysis; a resolution was

made by the parliament representatives present that they were going to lobby their counterparts not to approve the budget unless the Cabinet Secretary reviewed the health budget upwards. From this, it was agreed the organized interest groups play a critical role in budget process and they should make allies with government in order to gain much information as possible as governments tend to conceal critical information, more so on budgets. In conclusion of this session, it was recommended that the CSOs should advocate for budgets that are transparent and comprehensive to provide as much details to the public for meaningful participation in the process. The CSOs were asked to be keen and ensure government align budgets to policies at formulation stage putting into consideration citizen priorities as a mechanism to ensure that their agenda will be factored in during the budgeting stage. Other concerns that participants wanted clarity on included who is responsible for budget formulation, whether donor funding is factored in during budgeting and the extent to which parliament can influence a budget. In addition, participants wanted to know whether political leaders especially those in the ruling regimes influence budget processes. Discussions on these concerns ensued; while countries differ contextually, public finance management standards are consistent across board with public participation being the backbone of budget decisions. The facilitator explained that the Executive arm of government is responsible in formulation of the budget, but this should be done in consultation with the citizens. Likewise, while parliament is approving the budget citizens should also be engaged to legitimize any adjustment that parliament makes on the budget and to confirm that what is submitted to them by the Executive is in line with citizen priorities. In practice however, it was observed that in most cases public consultation is done to meet legal dictates but not much to influence budget decisions.

From the pictorial presentation and flow charts showing the budget cycle, one participant wanted to know whether the budget cycle for countries with sub-national governments are like the national one. The participant noted that in such a case, budgets runs concurrently and in countries such as Kenya where Revenue is shared among the two levels of government, the subnational governments prepare budgets based on their share of revenue.

SESSION 3: PUBLIC FINANCING OF NON-STATE ACTORS

This session was steered by Matt MGreenall a global fund consultant to bring into perspective the concept of “social contracting” for ease in understanding by participants. The global fund consultant began by asking participants to brainstorm on what is special in the way GF money gets spent as opposed to the one by MOH. The major distinction on the two sources of funding identified was the high level of transparency and accountability associated with GF funding. The other was that GF funding is only used to finance 3 health conditions of HIV and Aids, Malaria and TB.

He introduced the concept of social contracting; The process by which government resources are used to fund entities which are not part of government (non-state actors (NSAs) to provide services in order to assure the health of its citizenry. This is viewed as the best way to maintain effective service delivery in post- GF contexts. Social contracting may have different names and slightly different mechanisms in different countries. Regardless of the terminology used, social contracting mechanisms must; include a legally binding agreement, in which, the government agrees to pay a CSO for services rendered, and, the CSO agrees to provide certain deliverables in exchange, either as services provided or as health outcomes reached.

Further a justification as to why government should fund CSO were discussed which included the following;

- CSOs are heavily involved in service provision
- The uniqueness of service to be delivered
- Specific populations have unique needs or face unique barriers and
- Sometimes it’s the only way to get it done

It’s because of the above reasons why much emphasis is placed on the vulnerable and the key populations because they are most affected by the three diseases and less likely to access services for multiple reasons, including stigma and discrimination. For example, key populations groups often face more barriers than others in accessing HIV testing and treatment and, once

started on ART, to retention in care and adherence to treatment. This is often compounded by stigma and discrimination and other forms of exclusion.

Participants were able to identify some of the barriers to public financing of non-state actors as; Trust issues, Unhealthy competition-conflict of interest, Disintegration of CSO, highly fragmentation, Tendency by government to pick sycophants and Bureaucracy in disbursing government money.

From this presentation, the key takes away messages were;

- CSOs are often a very important part of implementation, *particularly if we don't want to leave anyone behind.*
- But CSOs are not always or inherently the best or most efficient route for implementation.
- There are barriers to government funding non state actors and mechanisms are required.
- Any contracted organization (profit or non-profit) must be accountable.
- It may be suitable for funding service delivery but probably not for funding accountability, advocacy, or activism.

Finally, the CSOs were challenged to think beyond HIV, TB and malaria and how such mechanisms would contribute to health reform, efficiency and UHC in overall. However, CSOs should bear in mind that governments cannot fund advocacy initiatives.

SESSION 4: BUDGET TRANSPARENCY, PARTICIPATION AND BUDGET OVERSIGHT

The facilitator began the presentation on posing rhetoric question to participants on how governments make budget information available. The facilitator further elaborated on Open Budget Survey (OBS) a bi-annual study done by International Budget Partnership which publishes and summarizes individual country findings and individual recommendations on Budget transparency, Public Participation and Oversight. The OBS assess whether governments in 115 countries produce and disseminate comprehensive and timely information to the public in 8 key budget documents as recommended by international good practices as follows.

Pre-Budget Statement: discloses the broad parameters of fiscal policies in advance of the Executive's Budget Proposal; outlines the government's economic forecast, anticipated revenue, expenditures, and debt.

Executive's Budget Proposal: submitted by the Executive to the legislature for approval; details the sources of revenue, the allocations to ministries, proposed policy changes, and other information important for understanding the country's fiscal situation.

Enacted Budget: the budget that has been approved by the legislature.

Citizens Budget: a simpler and less technical version of the government's Executive's Budget Proposal or Enacted Budget, designed to convey key information to the public.

In-Year Reports: include information on actual revenues collected, actual expenditures made, and debt incurred at different intervals; issued quarterly or monthly.

Year-End Report: describes the situation of the government's accounts at the end of the fiscal year and, ideally, an evaluation of the progress made toward achieving the budget's policy goals.

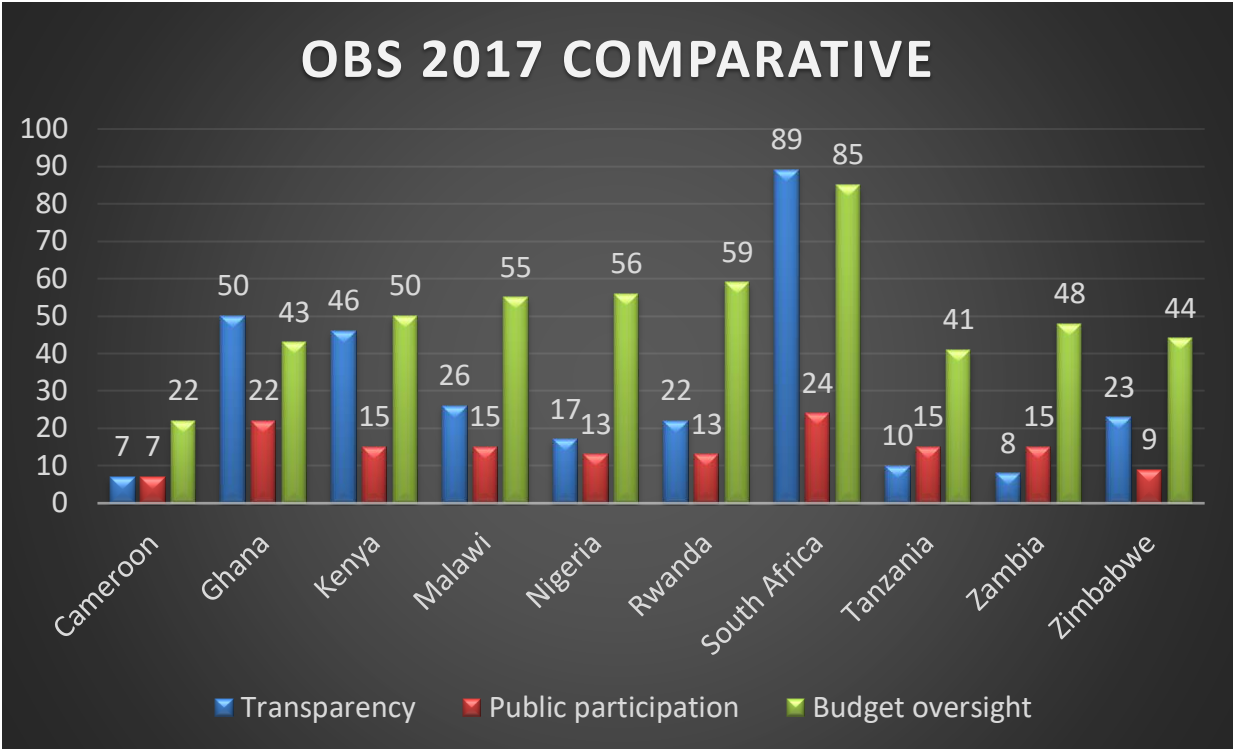
Audit Report: issued by the supreme audit institution, this document examines the soundness and completeness of the government's year-end accounts.

The three parameters used in OBS include budget transparency which is the extent and ease with which citizens can access information and provide feedback on government revenues allocations and expenditures. The other parameter is public participation which refers to opportunities for citizens and non-state actors to participate directly in the design and implementation of fiscal policies. Finally, budget oversight which refers to budget implementation and its impact. These assessments should be conducted by independent bodies that should have adequate capacity to perform these tasks.

The facilitator presented a comparative analysis of performance of each of the 10 countries for the two years 2015 and 2017 for each of the OBS parameters. Finally, the facilitator gave a

comparative analysis for the three parameters for the year 2017 for the 10 countries. However, data for Ethiopia was not available as it does not subscribe to the OBS. From the analyzed data presented Cameroon was the least in performance in terms of Transparency, public participation and oversight parameters while South Africa was the best in average though their Public Participation parameter was way below the average mark of 50%.

Table 4. 1: OBS comparative analysis for 2017



Presentations made for individual countries excited the participants as they anticipated to know how their respective countries performed on budget transparency, public participation and oversight. It elicited emotions as participants celebrated where they deemed to have done well and seemingly registered disappointments, where the country’s performance was poor. Recommendations given for each country was a basis for the participants to advocate to improve the indices discussed. The participants highlighted while they have taken part in public participation what curtailed their participation mostly was inadequacy and limited understanding on a budget discourse and the government was not doing enough to help this. In addition, he

applauded the organizers of the workshop, since the platform had provided more breadth and insight on government budgeting.

SESSION 5: HEALTH FINANCING ADVOCACY: WHAT COUNTS?

The facilitator gave a pictorial presentation of a network and asked participants to interpret what they saw. He asked participants to give their own interpretation of what a network is. Participants suggested that most of them were already in networks working in the health sector. Increased synergy to conduct advocacy was suggested as one major advantage of being in a network.

A representative from CSOs based in Rwanda gave a success story of being in a network. He mentioned that through coalition building and mobilizing other CSOs in his country they managed to pull resources together they wrote a proposal and that is how they succeeded in getting their first grant from Global Fund.

Missing out on budget networks was noted as a major impediment to their budget advocacy work. The situation varying between countries, some worse than others. In some countries the CSOs could not identify a single organization that works in the public finance space. Even those who were able to identify, very few had existing partnerships. Moving forward it was agreed that IPFK would share contacts of organizations in those countries. The list was shared on the last day of the training.

SESSION 6: ENHANCING BUDGET CREDIBILITY

The facilitator began the session by a story line on love and how it related well with those who work in the public finance space. She outlined that sometimes you must suspend disbelief in order to reconcile reality with expectation. Budget credibility is the ability of governments to accurately and consistently meet their expenditure and revenue targets. At its core, budget credibility is about upholding government commitments and seeks to understand why governments deviate from these commitments. The key player in budget credibility is the office of controller of budget.

Benefits of budget credibility.

- Budget credibility is important both for the attainment of macroeconomic goals and the effective delivery of public services.
- It promotes social acceptance of taxation and spending and contributes to a general strengthening of the power of formal institutions to shape the behavior of individuals.
- Budgets are the key policy tool that governments have at their disposal to translate their policies and plans into specific programs and activities. They have been defined by some as a “social contract” between governments and citizens, where citizens pay taxes in exchange for the delivery of a specified set of goods and services (Wildavsky 1984; Schick 2011)

It was discussed that some of the consequences that threatened credibility of budgets include external economic shocks and indicative of smart managerial decisions to address unanticipated events. The soundness budget systems can be judged by the following principles;

Comprehensiveness

- Is the coverage of government operations complete?
- Are estimates gross (inclusive of Appropriation in Aid) or does netting take place?

Transparency

- How useful is the budget classification? Are there separate economic and functional classifications that meet international standards?
- Is it easy to connect policies and expenditures through a program structure?

Realism

- Is the budget based on a realistic macroeconomic framework?
- Are estimates based on reasonable revenue projections? How are these made, and by whom?

- Are the financing provisions realistic?
- Is there a realistic costing of policies and programs and hence expenditures (e.g., assumptions about inflation, exchange rates, etc.)?
- How are future cost implications considered?
- Is there a clear separation between present and new policies?
- How far are spending priorities determined and agreed under the budget process

The consequences of having non-credible budgets may have different kinds of impacts. For example, non-credibility of the budget in terms of overall revenue and expenditure will have an impact on a country's fiscal balance, with associated macroeconomic implications. Non-credibility of allocations to high-level votes within the budget may not have macroeconomic implications if overall expenditure levels are adhered to, but it might undermine legitimacy and trust in government if it appears that the government is disregarding the allocative decisions presented by itself and approved by Parliament.

In conclusion, it was noted that there is need for the CSOs to consider budget credibility as part of budget advocacy. CSOs should move beyond championing for allocation to specific interventions in the budget and follow up on actual implementation of budget which is more a credibility issue. This will help in restoring public trust in governments on implementing what was agreed during budget formulation.

In breakout sessions, the facilitator grouped participants in 3 groups and gave each group a budget implementation reports from three different countries; Kenya, Tanzania and Nigeria. The facilitator then gave the following list of questions to guide the group discussion;

1. Does the country have a problem of underspending?
2. Which sector/department has the most share of deviation and why?
3. What is the impact of this?
4. What impact, if any, does revenue performance have on underspending?
5. How is the budget implementation presented does it contain reasons and justifications for the deviation?

Each group had 30 minutes to look through the documents presented to them and make a presentation based on the above questions. From the group presentations, the team that was tackling Nigeria 2012 budget implementation report could not interpret terminology “amount cash backed” which was a component in their budget document and yet no explanation of the term was given.

From this group work, participants wanted to know why there is no standardization in budget analysis and why earmarking of budgets is not encouraged. The facilitator indicated that there was no standard way of budget analysis as different stakeholders have different interest while conducting budget analysis. Earmarking of budgets on the other hand is discouraged because it restricts government development plans as revenues are always limited and thus budgeting is a negotiation process. Earmarking is only encouraged when government is implementing “*special projects*”.

Reactions from participants indicated they related well with the group work discussions as it gave them a practical example on where to look out for while conducting budget credibility advocacy in their individual countries. Here are the sentiments from one of the participants

“I want to appreciate the exercise because it opened my mind, whatever you did all day while presenting became clear to me”.

SESSION 7: UNDERSTANDING GOVERNMENT BUDGETS

The facilitator began by asking participants to define a budget. It was defined as a document that contains an estimation of revenue and expenses over a specified future period normally a year and is utilized by governments. The factors that determine how much a sector should receive include the following;

- Previous ceilings/ historical allocations/ongoing projects
- Priorities and changing priorities over time
- Government proposal
- Emerging issues

- Source of funding

The facilitator further gave a sample a Kenyan budget illustrating allocation to different sectors over a period with emphasis on the health budget. He illustrated health programmes and programme objectives within the budget and indicators for specific programmes that make up the health sector. He further explained to participants how to determine priorities and changing priorities. The facilitator said one way of looking at priorities and changing priority is to focus on the percentages relative to the change in the budget instead of looking at changes in absolute figures. He emphasized that the cost of running services is different in varies with the sectors. Giving an example with health and water sectors, it was argued that it would be more expensive to purchase a theater equipment for the health sector than to drill a bore hole or install water pipes in the case of water sector.

A case of procuring supplies and drugs in the health sector was used to illustrate opportunities for engagement by the CSOs. The critical asks that CSOs would pursue are; what was the process like? Was it open? How did beneficiaries' benefit?

Group discussion

Participants were put in three groups to discuss and analyze the Executive Budget Proposal (Budget Estimates) documents for Kenya, Zimbabwe and Rwanda. The sessions were meant to give participants a practical knowledge on what to look for and especially on the health budgets the area of interest when analyzing budgets. The facilitator then gave guiding questions to groups for them to interact and interrogate the document fully.

Are there some observations you could highlight for this session?

The takeaway messages during this exercise were for participants to know the amount of resources allocated for development i.e after recurrent expenditure is deducted. The other key message was how to know if a sector is a priority or not. From the exercise it was noted that the CSOs need more capacity building in budget tracking and analysis and that there is need to link the CSOs with organizations working around PFM in individual countries.

SESSION 8: COMPONENTS OF AUDIT REPORTS

The objective of this session was; enhancing understanding of the audit process and the content of audit reports. The facilitator began by introducing supreme audit institutions (SAIs). SAIs are independent and professional that acts as an important actor in a country's accountability chain. They are a government entity whose external audit role is established by the constitution or supreme law-making body. SAIs are traditionally known for their oversight of public expenditure, which remains a core part of the audit portfolio.

The key player in the audit process is the audit office. In some countries the audit office is referred to as the Office of the Auditor General (OAG) which is a constitutional office mandated to confirm whether public money has been applied lawfully (following budgets and financial procedures for procurement and spending) and in an effective way.

Types of Audits

- 1. Financial audit:** It looks at whether an entity's financial information is accurate (free from errors) and presented in accordance with the applicable financial reporting and regulatory framework. Financial audit does not on its own establish corruption in most cases, as it only shows that procedures were not followed, but not what ultimately happened to the funds.
- 2. Performance audits:** It examine the economy, efficiency and effectiveness with which public money is spent. This applies to the overall country and specific country projects evaluating whether citizens got value for their money.
- 3. Forensic audits:** These establish fraud, corruption or other financial improprieties.
- 4. Procurement audits:** Examine the public procurement and asset disposal process of a state organ or a public entity with a view to confirm as to whether procurements were done lawfully and in an effective way.
- 5. Compliance audits** that look at the extent to which the relevant regulations and procedures have been followed.

The types of audit queries that arise during auditing process include, unsupported expenditure, excess expenditure, pending bills and management of imprests by government officials who travel to attend meetings which need to be accounted for.

Group discussion

Participants were put in 3 groups and given the following reports from the offices of the auditor general from the following countries.

- Ghana for the financial year ended 31 December 2014
- Rwanda for the year ended 30 June 2015
- Zimbabwe financial year ended December 31, 2014

The facilitator then asked participants to have a look at their respective document and navigate the entire document to have a look at the following;

1. *A summary of findings and key recommendations and report on one thing that stands out*
2. *Audit opinions given by the Auditor General and for which departments mention at least two (with a bias in health).*
3. *What are the practical opportunities for advocacy that can be pursued in the issues observed?*

It was observed from group work that participants were able to interact with the audit reports from the three countries and were able to point most of the audit queries. Unsupported expenditure was the most outstanding query across the three documents and was consequently identified as one opportunity for the CSOs to conduct advocacy on in their individual countries.

One issue that was observed by all the groups in the three documents had unsupported expenditure. This was identified as one opportunity for the CSOs to conduct advocacy on in their individual countries.

EVALUATION OF PARTICIPANTS' EXPECTATIONS

At the end of the training, participants were given an opportunity to evaluate presentations by facilitators based on their expectations. Below is a summary of expectations, scores and recommendations, given by participants. The scores were in a scale of 1-5 with 1 being the least and 5 being the highest score.

Figure 1. 1: Participants' Expectations

Themes	Expectations	Score	Recommendations
Budget process	❖ To learn basic budget analysis	5	<ul style="list-style-type: none"> - Need for more information on where CSOs need to influence - What should the CSOs push for in revenue distribution
	❖ To demystify budgets	4	
	❖ To understand the budget cycle	5	
	❖ Clear understanding of financial budgeting process	3	
	❖ Where and when to influence on the budget cycle for advocacy	2	
	❖ To clearly understand government revenue distribution	4	
DRM and Advocacy	❖ To clearly understand the role of CSOs in DRM at national, regional and global level	2.5	
	❖ To learn more on how to best push governments to commit to DRM	3	
	❖ To gain the necessary skills to for effective advocacy in DRM	4	
	❖ To make a clear distinction between 5% allocation to health in the GDP and 15%	3	

	allocation for Abuja declaration ❖ To understand well issues related to health financing ❖ To understand better what works in health financing advocacy from different countries' context- success stories	4 3.5	
Global fund transition	❖ To understand replenishment process and transition ❖ Understand global fund strategies for transition ❖ To identify areas of focus especially the Key and vulnerable populations during transition	4 4 3	-Further discussions on Key and Vulnerable populations on transition -Presentations via skype posed a technological challenge and it should be looked at next time

RECOMMENDATIONS AND WAY FORWARD

At the end of the 3-day training, participants who represented various CSO from different countries were tasked to commit to championed for domestic resource mobilization. Participants from the 11 countries outlined activities they will undertake going forward. In addition, the CSO were asked to mention organizations that work in the PFM space in their respective countries whom they have partnered with or potential partners they would work with.

The table below outlines the summary of all the CSOs, their commitments and organizations working in PFM space in the 10 countries. Ethiopia is not included because there was no CSO from there except WACI health which was the convener of this meeting.

Figure 1. 2: CSOs Commitments

Country	CSOs	CSO Commitments	Organizations working in PFM
Rwanda	Rwanda NGO's forum on HIV /AIDS & Health promotion -IMRO	<ul style="list-style-type: none"> • Take part in upcoming ICASA workshop to be held in Rwanda a session on Health Financing 	Not known
Tanzania	Tanzania Network of women Living with HIV/AIDS (TNW+)	<ul style="list-style-type: none"> • Track resources for adolescent girls and Young women • Capacity build CSOs and • Engage with members of the National Assembly to track budgets 	Sikika
Malawi	HREP-Malawi	<ul style="list-style-type: none"> • Orient CSOs on budget with the use of Accountability tool within their 3year project with HP+. • They will collaborate with CHAI, Options, Centre for social research and National assembly on accountability 	-Centre for social Research -Options -Chai
South Africa	Treatment Action Campaign (TAC) -ZOOLOOH international -Lwandle Youth Connect -Women 4 Change -Gugulethu Woman's Movement	<ul style="list-style-type: none"> • Work closely with MOH to follow up their commitments on the budget 	-Public Service Accountability Monitor -CEGA

Zambia	Community Initiative for TB, HIV/AIDS and Malaria (CITAM+)	<ul style="list-style-type: none"> Planned a 3-day Budget tracking training for TB& Nutrition budgets with approximately 20 CSOs in October 2019 	Not Known
Nigeria	Journalist Against Aids (JAAIDS) and 3 rd Sector support -3 rd Sector Support	<ul style="list-style-type: none"> Planned a CSO peer review forum to train CSOs on budget analysis and tracking in November in partnership with BUGIT Planned a session for sustainability co-financing 	-BUGIT Follow the Money -HP+ -PRF -Budget Transparency Network
Ghana	Health for Future Generations (HFFG)	<ul style="list-style-type: none"> Meet with SUN and see the plans they have and how to engage Mobilize CSOs to be budget advocates by December 2019 	-Send Ghana -Isodec
Zimbabwe	Community Working Group on Health (CWGH)	<ul style="list-style-type: none"> Organize capacity building for members of parliament in August. A position paper will be drawn in October on pre-budget 	-Budget coalition - HP+
Cameroon	CS4M	<ul style="list-style-type: none"> Work with CSOs to do a petition asking governments to step-up co-financing Will lead the same workshop on financial literacy for CSOs for Francophone countries the following week 	-Not known

Some of the recommendations that came out of this training were;

- i. Take advantage of technology e.g. webinars for feedback and follow-ups to sustain discussion on Domestic Resource Mobilization.

- ii. CSOs to be precise on commitments they have for their countries, state resources that they have and what they needed.
- iii. Connect CSOs with organizations who are in public finance space to support CSOs in those countries.
- iv. Map the needs of participants in future trainings for better results.
- v. Leverage on country ownership and pride by members of the GFAN to advocate for better performance in their countries' fiscal policies
- vi. Have a summary of take away messages- key issues that came out of the training.

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