



CENTRE FOR ECONOMIC GOVERNANCE AND AIDS IN AFRICA



## **BUDGET MONITORING AND EXPENDITURE TRACKING (BMET) PILOT PROJECT**

**“GIVING POWER TO THE COMMUNITY: BUILDING  
COMMUNITY LEVEL CAPACITY TO MONITOR AND  
INFLUENCE HEALTH, HIV/AIDS AND TB EXPENDITURES  
IN TWO PILOT SITES IN SOUTH AFRICA”**

## **OVERALL PROJECT AIM:**

To increase the delivery, accessibility, affordability and quality of treatment for people living with HIV/AIDS and TB, thus ensuring that ARVs and TB treatments are available as lifesaving and prevention mechanisms.

**CHANGE FOR THE CEGAA/TAC DISTRICT MONITORING AND EXPENDITURE TRACKING**

**Overall Aim:** To increase the delivery, accessibility, affordability and quality of treatment for people living and preventing HIV/AIDS and TB, thus ensuring that ARVs and TB treatments are available through existing mechanisms.

**COALITION BUILDING:**  
 Facilitation and strengthening of a coalition of civil society actors to participate in HIV/AIDS and TB budget monitoring and expenditure tracking. On-going support on BMET for improved planning and social and financial accountability.

**CAPACITY BUILDING & TECHNICAL SUPPORT:**  
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**DATA COLLECTION & ANALYSIS:**  
 District targets, current status of patients, ANA...

- STAKEHOLDERS (Members of Coalition):**
- C NGO
  - GAA NGO
  - udumalo NGO
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  - kisiki Municip
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- STAKEHOLDER (Primary Auditors):**
- District Health
  - District Health
  - (D) Health
  - municipal health
  - managers
  - community health clinic
  - managers
  - Offices of the Premiers
  - DOH Provincial HAST
  - Officials

**Action 1.** Coalition building, planning and building capacity of local government and CSOs at district level to participate in budget formulation and to actively monitor implementation of health, HIV/AIDS and TB interventions

**Action 2.** Facilitation and strengthening of local level advocacy campaigns to ensure the improvement of health care services, specifically the provision of HIV/AIDS and TB services

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**Outcome 1.** Increased access to affordable and equitable quality health care services for persons infected by HIV/AIDS and TB at sub-national (local) level in Lusikisiki and uMgungundlovu

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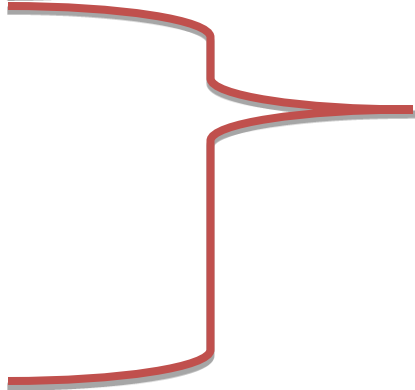
# STAKEHOLDERS (Members of Coalition)

## Partners demanding change in budgeting processes at district level

- TAC NGO
- CEGAA NGO
- Imfudumalo NGO
- Centre for Social Accountability (CSA) NGO
- Olive Leaf Foundation NGO
- LPAC NGO
- MANEPHA NGO
- UMG District AIDS Council
- LUS / O.R. Tambo AIDS Council
- Lusikisiki Municipality
- Umkhambathi - Municipality
- Umshwathi Municipality
- Umsunduzi Municipality
- Health clinic & Hospital managers



To build capacity on budget monitoring & strengthen advocacy skills so that they can analyse the budget and exert pressure on the government to allocate more resources for HIV/AIDS & TB Treatment



To build their capacity on budget process so that they understand their role in the process and engage more actively with the planning and budgeting aspects of their work. This is aimed at increasing resources for HIV/AIDS & TB Treatment at local health & municipal facility level

# STAKEHOLDERS: Primary Audience

Partners to receive concerns, findings & recommendations, to develop their interest and buy-in in order to propose changes and exert pressure on the provincial government

- CSOs
- District AIDS Councils
- District health system (DHS) managers,
- District hospital managers
- Local municipal health managers
- Community health clinic managers
- Offices of the Premiers
- DOH Provincial HAST Officials

# STAKEHOLDERS: Secondary Audience

Partners receiving proposals on the budget process involving the district level and pushing these proposals to be adopted and implemented

- Provincial legislature: Health Portfolio Committee
- Provincial Health HOD Offices (KZN & EC)
- Provincial Social Cluster Forums (Premier's Offices)
- National DOH HAST Office
- National Treasury (Social Services)

# COALITION BUILDING:

- A coalition of HIV/AIDS and TB community organisations facilitated to *exert influence* on *implementation phase* of the budget process at local level whilst simultaneously building local capacity on BMET for improved budget planning and social and financial accountability
- The coalition to push for performance based budgeting and strategic planning at district level, with *comprehensive budgets* developed and utilised with *efficiency* as well as *cost-effectiveness*

## **CAPACITY BUILDING & TECHNICAL SUPPORT:**

- Facilitation and strengthening of a coalition of civil society and state actors to participate in HIV/AIDS and TB budget monitoring work;
- On-going capacity building on BMET and monitoring for CSOs and other partners through technical support, refresher training workshops, and one-on-one mentoring, e.g. CEGAA staff providing mentorship to TAC budget monitors (CHAs); TAC providing technical support to CEGAA on media and advocacy

# DATA COLLECTION & ANALYSES:

- DATA: District targets, current coverage of treatment for AIDS and TB patients,
- ANALYSE: budgets, plans & progress reports
- REVIEW :AIDS statistics—prevalence, incidence, AIDS and TB deaths recorded; Hospital admissions data for AIDS and TB
- SURVEY: Community & health facility assessments to understand status quo to be changed; Identifying presenting problems and suggesting corrective actions
- DISSEMINATE Budget briefs, workshops & print and online media; public hearings (Imbizo's)

# **INFLUENCING BUDGET PROCESS:**

- Participation of all stakeholders in formulation of district AIDS and TB plans, treatment targets and budgets
- This will increase participation of health service recipients in decisions that affect their lives
- District treatment targets and budgets are known, revised and justified with participation of Coalition

# INFLUENCING BUDGET POLICY:

- If necessary, the coalition will develop 'shadow budgets' which would pose a challenge to the government budget should there be any serious discrepancies in allocations

# BUDGET CHANGES:

- More financial resources are allocated to increase access to and quality and quantity of treatment for HIV/AIDS and TB;
- CSOs contribute in budget changes;
- MPs are capacitated to challenge and influence budgets (budget changes)
- CSOs present the “shadow budget” to compare with what is estimated by the government
- There are active virements between programmes to ensure essential programmes are funded

# ACCOUNTABILITY:

- Stakeholders (Civil society, governmental, parliamentary) hold government accountable for budgets and implementation of health, HIV/AIDS and TB services;
- Social accountability enforced through citizen participation and collaboration of all stakeholders
- Importance of Imbizos

## **FOLLOW-UP:**

- Satisfaction surveys by CSOs indicate that more people needing treatment are accessing it and that most people are happy with the quality of service they receive at local and district health facilities
- Follow-up technical support and research to assist decision-makers inform their decision

# **INFORMING POLICY DISCUSSIONS AT PROVINCIAL LEVEL:**

- The Social Cluster forums include departments of health, social development, education, agriculture, key CSOs, etc. that come together every month for government departments to account to the Office of the Premier for priority mandates these departments are tasked with

## **IMMEDIATE OUTCOME:**

- More awareness raised about health services available for people living with HIV/AIDS and/or TB
- Real expenditures on HIV/AIDS and TB are analysed and widely disseminated;
- Recommendations for increased allocations are made and discussed with policy/ decision makers;
- CSOs, AIDS councils and other stakeholders are trained on the budget process and understand their roles in monitoring the budget implementation phase

## **INTERMEDIATE OUTCOMES:**

- Government health officials are proactively planning and budgeting for optimistic targets for AIDS and TB treatment;
- CSOs are consulted by government officials in drafting their district budgets and strategic plans
- There are increased budget proposals, pending approved budgets
- More people are accessing available HIV/AIDS and TB services, especially people needing treatment for AIDS and TB

# ULTIMATE OUTCOME:

- District budgets allocations for HIV/AIDS and TB are increased
- Where unsatisfactory budgets are presented, MPs will propose that budgets are revised before voted [very optimistic!]
- The quality of life of people living with HIV is improved and there is reduction in TB incidence and prevalence rates due to adequately funded and improved TB control activities
  - Reduced HIV infection rate in the district
  - Reduced mortality rate among AIDS and TB patients
  - Reduced admission rate of AIDS and TB patients in the district hospitals

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**STAKEHOLDERS:**