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Promoting Independent Oversight of Revenues, Public
Expenditure, Service Delivery and Public
Infrastructure

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Promoting Independent Oversight of Revenues, Public Expenditure, Service Delivery and Public Infrastructure

The presentation examines two initiatives:

- Public Expenditure Tracking.
- Community monitoring using Citizen Report Card and Community Score Cards techniques.

Both promote the three elements:

- Transparency.
- Voice.
- Oversight.

Introduction

- Many countries have undertaken
 - Poverty Reduction Initiatives.
 - Increased real expenditures in basic services; primary education and primary health care.

BUT

- **Quality** and **Quantity** of services are poor.

For example approx. 11 million children under-five die each year. More than half of these children (in sub-Saharan Africa) die of diseases that could have been easily prevented or treated if the children had **access** to a small set of proven, inexpensive services.

Why poor quality of services?

Evidence points to weak incentives of service providers.

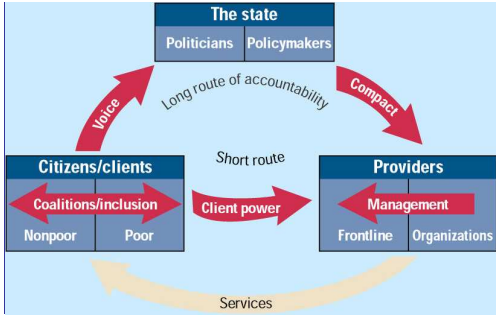
- schools and health clinics are not open when supposed to;
- teachers and health workers are frequently absent from schools and clinics and;
- when present, public workers spend a significant amount of time not serving the intended beneficiary;
- equipment even when fully functioning, is not used; and
- drugs and vaccines are misused;

Responses to this scenario are supply related reforms.

Other factors affecting performance (World Development Report 2004)

- supply-side reforms to be complemented by demand-side of governance and service delivery;
- strengthening accountability relationships between policy makers, service providers and users to improve service delivery;
- involving poor people in improving service delivery;
- and increasingly applying **participation** and **social accountability** approaches.

Short and Long routes of Accountability (Source: World Bank,2004)



The Two Initiatives.

Public Expenditure Tracking:
Using public dissemination of information on funds received and spent by different stakeholders in the fund track; and

Community Monitoring Project.
Supporting civic engagement of **providers** primary health care services and **users** of the services to improve health service delivery.

Public Expenditure Tracking

- Collaborative effort of WB and Government of Uganda in 1996.
- Motivated by the observation of poor educational and health indicators despite real increases in public spending.
- Suspicion was that funds are not reaching the intended targets (schools).

Process

Establishing: fund tracks, funds allocated, disbursed, received and spent at three tiers of government:

- central government.
- District.
- School/Health Facility.

Also collect qualitative information on services and related issues using structured questionnaire.

Challenges

- Poor data at district level.
- Willingness to provide data.
- In kind transfers to districts and health facilities; making it to get cash values.
- Lack of a dissemination strategy of results.
- Institutionalizing the initiative in the ministries/sectors.

Impact of the PETS

- Reforms in public expenditure management.
 - Transfers of grants to districts and schools/health facilities improved.
 - Publicizing of grant transfers to districts in national newspapers.
 - Posting of funds received and spent on public notice boards at district and schools.
- Applied in other sectors and is done on a routine basis in education sector (institutionalized). Other countries applying the tool.
- Reduction in fund capture from 87% to 5%.

Community Monitoring Project

Accountability in Local Service Delivery.

- In the market, dissatisfied consumers can successfully use exit options.
- Such action influence producer profitability and its survival in the market.

Exit option may not work well in public sector because:

- Alternatives may not be easily available.
- Weak link between provider performance and financial position.

Weak public accountability often compensated by increasing control but with limited results.

This situation underscores the need for complementary demand side approaches.

Complementary Approaches

Demand approach; strengthen citizen voice as in short route above.

Citizens voice and client power might be the only option when exit option is weak or available.

Community monitoring built on these premises.

Community Monitoring Project

The two variables:

- Access to information
- Participation and local capacity organization.

Project involved:

Approximately 5,000 households from 50 "communities" from nine districts in Uganda have been surveyed in two rounds, covering approximately 110,000 households residing in the treatment and control communities.

Randomly assigning communities into a treatment group and a control involving:

- Total of 50 Health facilities in 9 districts and the communities served.
- 25 facilities randomly selected (as treatment group) were facilitated for civic engagement between providers and users of services.
- 25 facilities and their communities served as a control.

Evaluation Results

One year into the program the following results were observed after evaluation of the **civic engagement intervention**.

- Utilization (Quantity of services) for general outpatient services was 16 percent higher in the treatment communities compared to controlled facilities;
- 68 percent increase in deliveries;
- 20 percent increase of patients seeking antenatal care;
- 63 percent increase in visits for family planning.
- Also households reduced visits to traditional healers.
- The weights of the infants was higher, and the number of deaths among children under-five was markedly lower.
- Treatment communities began to more extensively monitor the providers following the intervention.