



# TRAINING ON SMART ADVOCACY, SOCIAL ACCOUNTABILITY + BUDGET TRACKING FOR EFFECTIVE HEALTH SERVICE DELIVERY IN

## REPORT

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30<sup>th</sup> – 31<sup>st</sup> August 2023

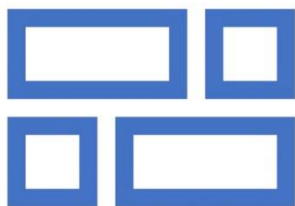
## OUR GRATITUDE

TO THE PARTNERS OF THIS EVENT: POPULATION ACTION INTERNATIONAL (PAI), RMNCAH-CSOS, MEDIA, AND YOUTH-LED COALITION

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PRESENTED BY VICTOR LANSANA KOROMA

## WORKSHOP OVERVIEW

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STRENGTHENING SOCIAL ACCOUNTABILITY IN SIERRA LEONE'S HEALTH SECTOR: BUILDING ADVOCACY AND ACCOUNTABILITY CAPACITY OF HEALTH ALERT/RMNCAH CSO& YOUTH COALITION TO TRACK WORLD BANK/GFF CONTRIBUTION IN THE HEALTH SECTOR.

## 001: INTRODUCTION:

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Health Alert, with support from the Population Action International (PAI)<sup>1</sup>, from 30<sup>th</sup> – 31<sup>st</sup> August, 2023, trained 50 RMNCAH-CSO, media, and youth-led Coalition members, promoting social accountability and improving health services delivery, in Sierra Leone. Generally, the Training workshop seeks to empower 50 Sierra Leonean CSOs on Smart Advocacy, Social Accountability, and Budget Tracking of GFF Funds for effective Health Service Delivery and promote social accountability systems and mechanisms across Five Districts<sup>2</sup> in Sierra Leone.

More specifically, the workshop seeks to:

- Empower 50 Sierra Leonean CSOs 50 RMNCAH-CSO, media, and youth-led Coalition members, promoting social accountability and improving health services delivery, across 5 districts<sup>3</sup> in Sierra Leone;
- Improve the understanding and knowledge of CSOs on the concept of social accountability and its relevance in the health sector;
- Equip CSOs with practical knowledge and tools for effective health sector advocacy and accountability initiatives;
- Strengthen network, partnership and collaboration among CSOs, enabling them to collectively address health sector challenges;
- Develop concrete action plans for CSOs to implement social accountability projects in their respective communities.



### Background:

Sierra Leone's health sector faces various challenges, including limited access to quality healthcare services, inadequate resources, and lack of citizen engagement in decision-making processes. Civil Society Organizations (CSOs) play a vital role in promoting social accountability, which is crucial in holding duty-bearers accountable and advocating for improved health services.

To enhance the effectiveness of CSOs in advancing social accountability, this training workshop aims to build their advocacy and accountability capacity to monitor health service delivery in five (5) districts funded by the World Bank through the GFF Funds. This training workshop will therefore empower Sierra Leonean CSOs with the necessary knowledge and skills to monitor, track funds provided by the GFF and how those funds were expended and advocate for better health services and promote social accountability. By strengthening their advocacy and accountability capacity, CSOs will contribute to positive change and improved health outcomes for communities across Sierra Leone.

This report summarizes and presents the content covered, discussions, lessons learnt, best practices, key and emerging issues, and concludes with practical and actionable recommendations and approved way forward<sup>4</sup>.

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<sup>1</sup>PAI has been working for nearly 60 years to advance universal access to sexual and reproductive health and rights through advocacy, partnerships and the funding of changemakers.

<sup>2</sup>Bonthe, Falaba, Kailahun, Tonkolili, and Western Area Rural districts

<sup>3</sup>ibid

<sup>4</sup>The content of this report is extracted from the presentations and discussions of the training sessions that took place from 30 to 31 August 2023

## THEME 1: SOCIAL ACCOUNTABILITY IN THE HEALTH SECTOR:

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FACILITATOR: *Musa Ansumana Soko, Chairman – WASHNET*

This session was interactive and significantly scaled up participants knowledge and understanding on the concepts and principles of social accountability and its importance in the health sector, the roles and responsibilities of CSOs in promoting social accountability and their wealth of experience on the successes, challenges of social accountability initiatives in Sierra Leone beyond.

The key highlights were:

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- Many CSOs including the media and youth-led groups lack the capacity including knowledge and experience on the concepts and principles of social accountability, and their importance in improving health service delivery in Sierra Leone;
- The Training workshop has empowered 50 Sierra Leonean CSOs on Smart Advocacy, Social Accountability, and Budget Tracking of GFF Funds for effective Health Service Delivery and promote social accountability systems and mechanisms across Five districts in Sierra Leone;
- The training has improved knowledge and understanding of 50 activists from across 5 districts including CSs, the media and youth-led groups on the concepts and principles of social accountability – a mechanism for right-holders to demand from and hold public duty-bearers) accountable for their actions, decisions, and the delivery of public services;
- It was learnt that when citizens are empowered to actively participate in monitoring, evaluation social accountability programmes, they promote transparency, responsiveness, and good governance in public health service delivery;
- It was understood that social accountability framework empowered citizens to inclusively participate, provide feedback, and engage in decision-making processes, for improved service delivery;
- Also, participants familiarized themselves with the key principles of social accountability in the health sector – including transparency, participation, responsiveness, inclusivity, empowerment and their relevance in promoting social accountability and enabled citizens to understand how resources are allocated, services are delivered, and policies are formulated in the health sector;
- It was also reported that applying social accountability principles enhances the effectiveness of social accountability mechanisms, fostering stronger citizen-government relationships, transparent governance, and improved service delivery;
- It was also learnt that fostering collaboration, open dialogue, networking, collective actions, the rule of law and partnerships between government agencies, civil society organizations, and citizens inspired shared responsibility for social accountability and improved outcomes;
- Additionally, it was appreciated that applying the principles of social accountability enhance the effectiveness of social accountability mechanisms, fostering stronger citizen-government relationships, transparent governance, and improved service delivery;
- On how social Accountability works, participants learnt that, Social Accountability provides a direct communication channel between people and service providers, facilitate and support communication and strengthen the link between people and public administrations can be used for information provision (TRANSPARENCY), accountability (MONITORING) or involvement (PARTICIPATION);

- More precisely, in the Health Sector, it was revealed that social accountability strengthens the effectiveness of horizontal accountability by pressuring servicers to do their jobs more effectively as well as empowered marginalized groups including women, children and persons with disability issues, which might not have a voice or communication channels in established systems of accountability;
- The key challenges in implementing social accountability model include: limited administrative capacity, lack of community trust, limited evidence-based advocacy, conflicting and special interests, low level of security, and increased rate of discrimination in accessing essential services;
- Accordingly, participants also appreciated the main tools of social accountability including Citizen Report Cards (CRC), Public Hearings and Consultations, Participatory Budgeting, Community Monitoring, and Citizen-Led Research and Advocacy showing their relevance and application in enhancing social accountability in the health sector;
- Participants also learnt that social accountability mechanisms while involving communities applies amongst others in policy planning and development, setting budgets, tracking expenditure and monitoring the performance of projects.
- Participants also empowered themselves with the use of Mentimeter to for partipants to ascertain the most applicable social accountability tools with media engagement scored the highest;
- They also familiarize themselves with effective Health Facility Assessment Tool which they will be using to collect evidence-based data on health services in communities – they jointly reviewed the tool and now set to be finalize

## SOCIAL ACCOUNTABILITY TOOLS

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- 1. Citizen Report Cards (CRC)
- 2. Community Scorecards
- 3. Public Hearings and Consultations
- 4. Social Audits
- 5. Participatory Budgeting
- 6. Community Monitoring Groups
- 7. Online Platforms and Technology
- 8. Whistleblower Protection Mechanisms
- 9. Citizen-Led Research and Advocacy
- 10. Independent Monitoring and Evaluation

## THEME 2: SMART ADVOCACY:

FACILITATOR: Darlton John, Health Alert Sierra Leone.

The interactive session equipped participants with knowledge and skills for evidence-based advocacy campaigns, and initiatives, to improve health service delivery in Sierra Leone.

The key learnings were:

- Empowered 50 CSOs representatives including the media and youth-led groups on the key concepts and principles of SMART advocacy, its relevance steps, and cycle as well as its application in the health service delivery in the context of Sierra Leone
- Trainees effectively understood the importance of evidence and data for impactful advocacy and policy influencing in the health service delivery sector;
- There was also improved knowledge and understanding on the concept and principles of quick advocacy and its focus on influencing policies, and practices on funding, policy and visibility;
- Clearly participants understood the 3 Part 9 main steps in SMART Advocacy in the health sector including: building consensus, set smart objectives, and identifying key decision makers or stakeholders;
- Participants were also empowered on the 4 main SMART Advocacy approaches which are Landscape Assessment, SMART Objectives, Quick Win Achievement and evidence of impact
- Participants were also trained and inspired discussion on how to effectively design advocacy ASK, compelling advocacy messaging and engaging policy makers and stakeholders in the health sector for improved health service delivery;
- Attendees also improved their knowledge on the 5-point message box: decision maker's name; concern; anticipate concerns and response; Articulate the Smart Ask – apparently, each point in the message box represents a critical aspect of the advocacy effort to influence a specific health service delivery outcome;
- Clearly distinct the similarities between an advocate and an activist within the context of improved health service delivery;

### How is SMART Advocacy Different?

**SMART  
ADVOCACY**



Leverages key decision-makers who can enact change

**ACTIVISM**



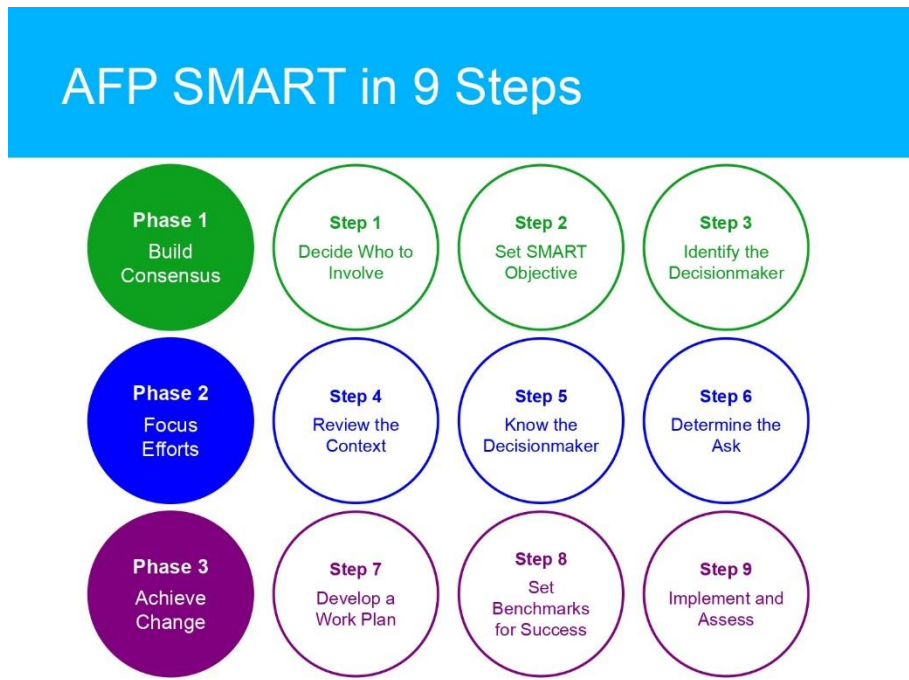
Builds collective action for change

**SOCIAL  
BEHAVIORAL  
CHANGE  
COMMUNICATION**



Shifts norms and behaviors through communication campaigns

- Attendees also appreciated the vital role and importance of evidence-based data collection for advocacy for sustainable health service delivery at all levels, at communities, districts and national levels;
- Appreciated the Alternative models to contact, connect and engage decision makers and other key stakeholders to influence advocacy priorities including connecting with them in the informal settings;
- Over 50 participants fully appreciated the concept of evidence-based advocacy including it being a set of activities by an individual or group of individuals that aims to influence decisions within political, economic, and social institutions;
- Participants can now effectively distinguish and establish the relationships between SMART Advocacy, Activism and Behavior Change Communication. For instance, while social behavioral change shifts norms and behavior in a larger community to create change, Activism builds collective action and pressure to achieve change;
- It was learnt that SMART Advocacy influences key decision-makers who can enact change and relies on near-term advocacy wins that add up to larger gains in the long term. It is always guided by specific and achievable goals, objectives and a quick and immediate win – fundings, policy and visibility;
- Participants additionally learnt that SMART Advocacy Model is a cyclical approach that is purposefully guided by four processes - Landscape Assessment, SMART objectives, Quick Win Achievements and finally show evidence of impacts. This approach is responsive to the policy environment, focuses on decisionmakers and near-term change, monitors and tracks progress and validates results;
- Participants also learnt the processes on how to develop SMART advocacy messages to achieve a specific SMART goal and objectives;
- Participants now have a clear list of decisionmakers in Sierra Leone including in the private sector, economists and healthcare providers; academia: researchers and professors; Government: Minister of Health, Minister of Gender, Minister of Finance, Advisors to the Minister and Technical Officers; Civil Society: Nongovernmental Organizations; Faith-based Organizations; Women’s Associations; Youth Groups and Advocacy Officers and health Healthcare Providers including Doctors, Nurses and Midwives - that can influence their advocacy across all sectors including at communities, districts, regional and national levels;
- However, partipants still struggle to effectively identify and influence advocacy stakeholders, and decision makers, designing Advocacy Asks and conduct evidence-based advocacy.





## THEME 3: HEALTH FRIENDLY BUDGET + BUDGET TRACKING:

FACILITATORS: Musa Ansumana Soko and Victor Lamin Turay.

The key learnings were:

- Attendees increased their understanding and knowledge on the key components of health budget analysis, including strengthening health systems, enhancing referral systems and nutritional support, capacity building and improved governance, climate resilience integration, robust data and monitoring mechanisms, community involvement and empowerment, collaborative oversight and implementation, and data security measures;
- Participants also learnt that the World Bank and the Global Financing Facility \$50 million grant sought to improve healthcare services in Sierra Leone through the Quality Essential Health Services and Systems Support Project (P172102);
- Participants now understands that the project aims to address complex healthcare challenges, such as maternal and child mortality rates, diseases, and constrained infrastructure;
- Participants improved their knowledge and understanding on health friendly budget analysis as it entails an examination of the processes and impacts of budgets on the realisation of people's rights;
- It was also noted that the primary objective of budget analysis is to ascertain progress, challenges and opportunities for improving the quality and quantity of public spending on children;
- Additionally, it was learnt that budget analysis is crucial because it generate the evidence required to engage effectively with policy and budget makers – telling whether spending on children is increasing or decreasing and is adequate or not;
- Moreover, the key elements were additionally explained including: - analysis of policy and legislative frameworks, analysis of budgetary allocations and spending patterns, analysis of revenue architecture and trends to ascertain fiscal space available to improve public spending

### HEALTH BUDGET ANALYSIS

Health-friendly budget analysis entails comprehensive assessment of the processes and impacts of budgets on the realisation of people's rights. The primary objective of budget analysis is to ascertain progress, challenges and opportunities for improving the quality and quantity of public spending on children. Budget analyses generate the evidence required to engage effectively with policy and budget makers. Through budget analysis we can tell whether spending on children is increasing or decreasing and is adequate or not.

**Health budget analysis has different elements, notably:**

- analysis of policy and legislative frameworks
- analysis of budgetary allocations and spending patterns
- analysis of revenue architecture and trends to ascertain fiscal space available to improve public spending on children
- assessment of the level of transparency and accountability in public spending
- assessment of spaces and opportunities for civil society and children's
- participation in budgeting processes.

on children, assessment of the level of transparency and accountability in public spending, assessment of spaces and opportunities for civil society and children’s led groups to effectively participate in implementing and participation in budgeting processes;

- Participants were also empowered with knowledge on the key concepts of child friendly budgeting including: Budget allocation – planned money to be spent on a given area over a specific period of time; Budget released – available money assigned to an entity; Expenditure or utilisation - money spent by an entity carrying out activities over the period and Budget execution – proportion of funds committed that were executed over the period;
- On the Five steps of budget analysis, participants were equipped on the need to decide on the overall scope and scale of the proposed budget analysis, develop the specific objectives of the proposed budget analysis, decide on specific indicators to be analysed, decide on sampling strategy, data collection methods, research instruments, risks and ethical considerations, and finally, data analysis and presentation, conduct a budget analysis study using the latest data and evidence;
- Participants were also informed on the various formulas, methods and processes of calculating budget including for Health budget, Administration, Child Health, and Budget Increase;
- Depended partipants’ knowledge and understanding on the World Bank project appraisal documents with a focus on: current health expenditure of GDP, concept of grant, Areas of Intervention; the project key components; financial management and procurement standards;
- Participants now understand the use, relationship and distinction between budget and budging, and grant comparatively before their participation in the training; Participants were also empowered on the three mains’ types of budgets: balanced budget, surplus budget and deficit budget. However, Sierra Loene uses more of the balance budget and deficit budget;

### Calculation Methods and Formula

**1. HEALTH BUDGET:** To find out if the Republic of Wonderland is meeting the Abuja Commitment, we must calculate the **percentage of health budget to total government expenditure**.  
 The answer is found by **dividing total MoH expenditure** in FY 2014/15 by **total government budget** and then **multiplying by 100**, i.e.  $1,962,255/15,000,000 \times 100$ . The answer is 13.08%. This means Wonderland is spending below the Abuja Commitment.

**2. ADMINISTRATION:** This is found by dividing the total administration budget by total budget for the ministry and then multiplying by 100, i.e.  $1,220,000/1,962,255 \times 100$ . The answer is 57.08%.

**3. CHILD HEALTH:** This is found by dividing the amounts allocated to/spend on child nutrition and then dividing by the total budget estimates/spend for the Ministry of Health. In FY 2014/15 the percentage of child nutrition spending is 3.5% ( $68,900/1,962,255 \times 100$ ).  
 This means a lot more money is required to reach out to **everyone**.

**5. BUDGET INCREASE:** The level of increase in government spending on health, assuming there was no inflation, between the two financial years is calculated by subtracting the budget estimates in FY 2014/15 from FY 2015/16, dividing by the estimates for FY 2014/15 and then multiplying by 100.

• **That is:**

$$\frac{=FY\ 2015/16 - FY\ 2014/15 \times 100}{FY\ 2014/15}$$

$$= \frac{2,441,650 - 1,962,255 \times 100}{1,962,255}$$

$$= 24.43\% \text{ increase}$$

Please note that for FY 2014/15 we are using actual expenditures rather than budget estimates.

- Participants were also empowered on how to prepare a budget including its key elements: budget name and code, Activity No., Activities: Direct Project Cost; Indirect Project Cost and Admin cost; Unit, Frequency, Unit Cost, Total Cost and Exchange Rate and finally Notes to Budget/comment;
- Moreover, they were additionally informed that lumpsum and miscellaneous cost should not be included in a budget;
- Participants were also empowered on the purpose of budgeting including focus of income, a tool for decision making, and a means for monitoring project performance;
- Accordingly, budget tracking was appreciated by attendees as a process of tracking expenses, receipts and invoices to track that project is completed within allocated budget – this can be done using budgeting and forecasting software;
- Attendees were also skilled on the key elements of a valid receipt including a date, stamp, date signed and letterhead, address, contact, description, signed and amount clearly stated;
- Participants were also educated on the distinction and similarities between an invoice (before payment) and receipt (after payment) and source quotation, proforma – telling you the unit cost of an item, and the usages;
- Attendees were additionally introduced to and improved their knowledge on several and applicable software being used to do budget tracking including excel, google sheets etc.;
- Participants were also educated on the effective use of cash book and its importance to the day-to-day cash flow and management of their organisations;
- Participants also improved their understanding on the distinction and similarities between a budget tracker – spends, remained and percentage and an expense tracker – record of money already spent;
- Clearly, it has been understood that budget tracking helped us to get our budget tracked and ensure a long-term financial goal is achieved; prevent an officer from over spending – it is useful for the continuous cycle of planning and evaluation;
- Attendees inspired themselves with the various tools to track and evaluate budget including system setting; software like QuickBooks, excel; baseline go recast the budget, outline resource usage, put someone in charge, monitoring of schedules and manage scope – don't allow one person to manage the budget. However, participants were informed that the key budget lines to track including procurement done over the period, utilities including fuel, gas and top up, salaries (checklist, starters and leavers, and salary review, and project activities;
- Attendees improved their knowledge on the elements of effective internal control system including ensuring all cheques and cash payments vouchers are complete advances should be settled, weekly monitoring;
- Participants now understand the need to collective management of project budget as it provides limited opportunities for corruption and mismanagement of project or organisational budget;
- It has also been realized by attendees that communicating with donors on crucial budget or project cost related issues is crucial for effective management of budget and project implementation plans to implement additional activities;
- They also learnt that collective planning, partnerships and networking is an effective way for effective management of budget;
- Clearly understood the sources of data collection on health service delivery including from the Ministry of Finance, Local government Finance Department and Budget Bero at the Ministry of Finance; district councils, DHMT, PHU;

## RECOMMENDATIONS:

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At the end of the training participants agreed on improving social accountability, health service delivery, and budget tracking of GFF Funds in Sierra Leone, with the following recommendations and next steps:

- Developing a working document outlining the scope of the program and coordinating groups supporting its implementation in various districts and communities.
- Develop and effectively implement inclusion policy especially for persons with disability issues to effectively participate in the implementation of the program in communities;
- Health Alert should develop an MOU with health-related structures, such as DHMT, DMOs, and other essential service providers, to facilitate data collection on health service delivery. A clear plan and exit meeting with stakeholders are also necessary.
- Health Alert should provide Identification Card for all coordinators
- Develop a plan a conduct an exit meeting with stakeholders with clear plan of actions;
- All coordinators should engage relevant structures and partners to ensure effective partnerships for the successful implementation of the programme in communities;
- Health Alert should introduce RMNCAHM Coalition members and increase their visibility with the District Health Management Team in order to enhance their work and operations in the districts;
- Health Alert should promote the inclusiveness and participation of young people in monitoring the project's implementation in all of the districts;
- All training and related meetings should be held at district levels, and coalition members should coordinate meetings with Health Alert;
- Health Alert should only perform oversight functions in the implementation of the program - including the provision of budget;
- Strengthening relationships between field coordinators and Coalition in project implementation communities is also necessary.
- Strengthen the relation with PIH and other implementing partners to effectively understand the areas of interventions for specific partners;
- Continue to attend district health related meetings including meetings at chiefdom levels;
- The next activities will commence next month in Tonkolili. The project aims to provide social accountability and budget tracking tools for CSOs, accelerate human resource, institutional, and organizational capacity,
- Health Alert, and MNCAHM Coalition members should continue to improve collaboration and partnership between implementing partners to ensure the effective implementation of the program in communities
- partners should continue to empower CSO leaders, share lessons, and generate increased knowledge for CSOs on donor funding utilization and management.
- field officers should always invite Health Officials and service providers during the deliberations including meetings and conference held by the Coalition with support from Health Alert;
- Coalition members should be following up the implementation of the programme by the district in all of the 5 districts where the project is being implemented to provide updates during coalition meetings;

- Provide vital social accountability and budget tracking and reporting tools and practical guides for CSOs to improve social accountability and increase essential health service delivery;
- Accelerate the human resource, institutional and organisational capacity of CSOs including the media and youth-led organisation on evidenced based advocacy, and budget tracking for sustainable health service delivery and social accountability;
- Improve on collaboration and partnership between implementing partners for improved health service delivery and social accountability in project communities across the 5 districts;
- Empower CSOs leaders including Community Based Organisations on how to prepare credible financial management reports and foster accountability and transparency for Donor funding;
- Share lessons, learning and best practices and actionable models on financial management and reporting for CSOs including grassroots organisations in Sierra Leone;
- continue to generate increased knowledge for CSOs to trace, document and communicate internally and externally on the utilization and management of donor founding.