

# PARTNERSHIP FOR SOCIAL ACCOUNTABILITY (PSA) ALLIANCE

Achievements & Lessons - Phase 2 (2019-2023)

MARCH 2024





Agency for Dev

act:onaid











**The Partnership for Social Accountability** (PSA) Alliance is a regional consortium, led by ActionAid International (AAI), Public Service Accountability Monitor (PSAM), Eastern and Southern Africa Small-Scale Farmers' Forum (ESAFF), and SAfAIDS, that works collaboratively with partners at local, national, and regional levels.

The PSA Alliance seeks to improve accountability and gender-responsiveness in public resource management (PRM), particularly in the areas of sexual and reproductive health (SRH) services for adolescents and youth and agricultural services for smallholder farmers, contributing to the realisation of regional commitments across five countries (Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe).

### **Regional commitments**

PSA Alliance focuses on:

- SADC\* Food and Nutrition Security Strategy (FNSS)
- SADC Regional Agricultural Policy (RAP) & Investment Plan (RAIP)
- SADC SRHR Strategy and Scorecard

\*The Southern African Development Community (SADC) is a regional economic community of 16 member states.

2

Between 2019 and 2023, the PSA Alliance implemented *Phase 2* of the project Strengthening Social Accountability and Oversight in Health and Agriculture in Southern Africa, with support from the Swiss Agency for Development and Cooperation (SDC), in five countries: Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. This followed Phase 1, from May 2016 to April 2019, in four countries: Malawi, Mozambique, Tanzania, and Zambia.

From July 2023 to December 2024, the PSA Alliance will focus its activities in Zambia and Zimbabwe, and at the regional SADC level.

### >> Where was Phase 2 implemented?

### Regional

Southern African Development Community (SADC)

### National

Malawi, Mozambique, Tanzania, Zambia, Zimbabwe

#### Local

Malawi – Mchinji & Nsanje Mozambique – Chibuto, Mocuba & Lugela Tanzania – Mbozi, Kilosa & Mvomero Zambia – Nalolo, Mongu, Chipata & Monze Zimbabwe – Binga & Mutoko

### The PSA Alliance six stakeholder groups

#### **Duty bearers**

- government departments
- district and parliamentary committees
- traditional leaders

### **Rights holders**

- civil society organisations,
- smallholder farmers associations,
- media outlets



# Phase 2 Activities



#### **Capacity building**

localised, multi-stakeholder, action-oriented training on social accountability monitoring.

# 6,903

(3,867f; 3,036m) duty bearers and rights holders were trained and mentored using localised social accountability monitoring curriculum and tools.

### 45%

of duty bearers trained took specific and tangible measures to improve accountability and gender-responsiveness in health and agricultural services.



Action critical social accountability monitoring and advocacy.

# **8,048**

people (4,834f; 3,214m) were supported to participate in political processes to influence public service provision at district level.

3

rounds of annual communityand district-level social accountability monitoring exercises were undertaken using PSA Alliance regional monitoring tools, including community scorecards, district questionnaires, and public expenditure tracking surveys.



Learning platforms for collaboration and learning.

50% of rights holders trained utilised their knowledge to

utilised their knowledge to engage duty bearers on public resource management issues.

Findings from social accountability monitoring were presented during

interface meetings, public dialogues and hearings at district and national levels that identified solutions. These inspired 36 joint actions with duty bearers, including joint monitoring visits, investigations, and hearings.

#### Community members in Mchinji, Malawi, take part in a scorecard exercise. PHOTO: ACTIONAID MALAWI



## Phase 2 Results

Government departments and district councils acted in response to advocacy by PSA Alliance-supported civil society organisations and smallholder farmers associations to improve service delivery in health and agriculture. In total, 61% of issues raised by rights holders were addressed by duty bearers.

In Zambia, a water borehole and community goat house were completed in Monze district. In Chipata district, the city council completed construction of the stalled mother's shelter at Madzimoyo Health Facility. In Mongu district, urban health facilities established youth-friendly spaces, and peer counsellors were provided with materials and motorcycles. In Nalolo, a youth friendly space is being constructed at Muoyo health facility.

In Tanzania, in Kilosa and Mbozi districts, 10 agroecological farmer field schools were established, 15 extension workers were employed, women farmers were granted permits to start seed production, health facilities started using innovative approaches to provide SRH to adolescents and youth, and the road to the Hasamba Dispensary was improved. Additionally, the Mlali irrigation scheme in Mvomero district was completed.

In Zimbabwe, water was re-connected at the Sianzyundu Clinic in Binga district, and youth-friendly spaces were provided at both Sianzyundu and Simatelele Clinics. In Mutoko district, refurbishment of the East Hunyani-Masoka road begun, construction of a central farmers market started, and a borehole at Kawere Clinic was sited; local council also agreed to pay input transporters from the Community Development Fund.

In Malawi's Nsanje district, the number of health personnel at Mlolo Health Post increased from two to five, the availability of drugs at Masenjere Health Centre has improved, and an additional extension officer was employed in Ngabu traditional authority. In Mchinji district, the Zulu Village Clinic was completed, and construction of a youth centre at M'duwa Health Centre was included in the village action plan.

#### In Mozambique,

local authorities in Lugela district trained 22 extensionists in local seed production and construction of improved barns for food conservation. A male and female restroom was constructed at Munhamade health post, and an incinerator was installed at Tacuane health centre. **Engagement by PSA Alliance-supported media outlets prompted responsive government actions.** *In total, 42% of investigative journalists supported produced reports leading to government action.* 



**In Malawi**, a media report that profiled how unfinished infrastructure projects in Nsanje district are being misused prompted commitment by the Minister of Local Government to finish the projects. Also, in Nsanje district, in response to an investigative story on health services, the Department of Health and the Ombudsman committed to resolve all issues and strengthen complaints mechanisms. In Mchinji district, local chiefs improved fertiliser distribution in response to media reports of corruption and sexual abuse at farm input support programme (FISP) selling points. An ambulance was also provided at Kochilira Rural Hospital following local advocacy and radio reports.



**In Mozambique**, the Chibuto district's budget included the construction of a health centre in Tlhatlhene village, reducing the distance travelled by community members, prompted by investigative journalism reports.



**In Zambia**, local authorities in Chipata investigated claims of defective government subsidised seeds, prompted by a media report.

District councils have responded to PSA Alliance advocacy by increasing the size and sensitivity of their budgets to health and agriculture.



**In Malawi**, the Nsanje Department of Health revealed plans to advertise 12 health positions to be recruited in the year 2023 (using the 2023/24 district budget). In the 2022/23 national budget, allocation towards SRHR increased from MK200 million to MK475 million.



**In Tanzania**, 25% of the issues raised by smallholder women farmers in Kilosa and Mbozi districts, respectively, were addressed through increases in budget towards agroecological extension services and quality declared seeds, and allocation of funds for demonstration farms. Likewise, the Mvomero District Council allocated the agricultural sector 6.8% of the total budget in 2023/24, up from 6% in 2022/23 and 0.3% in 2020/21.



At the national level, **in Zambia**, in the 2022/2023 budget, government allocated funds to recruit 500 extension workers countrywide and reform the farm input support programme (FISP), while also increasing allocations to the Constituency Development Fund (CDF) from K27 to K28 million. Additionally, CDF was allocated to the construction of youth-friendly spaces in Nalolo district, with applications pending in Mongu and Chipata districts.

Increased numbers of community members accessed public services, following PSA Alliance-led awareness raising and advocacy.



In Mchinji district, **Malawi**, agricultural inputs were more fairly allocated, with an increase in the number of beneficiaries.

In Chipata district, **Zambia**, community members reported greater transparency and access to the farm input support programme (FISP), as the process was previously perceived as corrupt, resulting in an increase in the number of FISP beneficiaries from 59 in 2021 to 139 in 2022 across five wards.

In Binga district, **Zimbabwe**, from January to March 2023, 1,161 (947f; 214m) adolescents and young people accessed SRH services, in comparison to 406 and 689 in the previous two quarters, respectively. There was also an increased access to pre-exposure prophylaxis (PrEP).

National governments acted to improve their consultation, monitoring, implementation and reporting of selected SADC regional commitments, following engagement by the PSA Alliance.

Following the SADC Parliamentary Forum (PF)'s adoption of the Model Law on Public Financial Management (PFM) in July 2022, the governments of **Malawi**, **Zambia**, and **Zimbabwe** began revising their PFM legislation.

SADC governments acted to better track adoption and implementation of regional commitments. For example, in Malawi, the Ministry of Foreign Affairs updated the member list of the SADC National Committee to be more inclusive. In Tanzania, the Ministry of Foreign Affairs agreed to establish a SADC National Committee, to be proposed in parliament in 2024.



Overall, 69% of participants in project learning, mentoring and reflection activities improved the effectiveness of their work, with PSA Alliance recording 78 examples of improved social accountability monitoring practice.



Local district councils undertook efforts to increase accountability and transparency of their proceedings and interactions with community members. In both Nsanje and Mchinji districts, Malawi, for example, radio stations began airing live planning and budgeting sessions.

Support for parliaments strengthened the ability of MPs to conduct analyses. The Parliament of Zambia created an 'Accountability Desk', and the Parliamentary Budget Office (PBO) supported MPs in their analyses. Budget analysis was used by the Public Accounts Committee (PAC) to question the health ministry on improper procurement of defective medication, leading to dismissals of the permanent secretary and minister. The PBO in Malawi, the establishment of which was facilitated by the PSA Alliance in Phase 1, was strengthened by state support, further institutionalising its existence. The Office of the Ombudsman (OoO) in Malawi was strengthened through media awareness raising and *civil society-led monitoring.* In Mchinji district, the OoO investigated journalism reports of missing medical equipment, theft of hospital drugs, and neglect of critical patients in health centres. The National Audit Office and the OoO also conducted investigations on the abuse of COVID-19 funds by district councils, prompting arrests and interdiction of public officials.

Sustainability of community formations was deepened through their inclusion in formal local government accountability structures. In Malawi, during interface meetings, reflection action circles (RACs) were invited to join planning and budgeting processes at community and district levels (in area, village, and district executive committees). The district council in Kilosa, Tanzania, invited women smallholder farmers to a full council meeting and a District Coordinating Committee to discuss the 2022/23 budgets. Women SHFs were also invited by the Ward Development Committee in Ulaya village to participate in the annual budget meeting for 2022/23. Also in Tanzania, health facility governance committees agreed to integrate young people in all seven wards at Kilosa and three wards of Mbozi and reduced the minimum membership age to 18. In Zambia, adolescents and young people formed SAM youth advocacy groups in three health facilities in Chipata district. In Zimbabwe, health centre committee (HCC) leaders at Sianzyundu and Simatelele clinics invited adolescents and young people to join. HCC members, including duty bearers, also began participating in meetings of adolescent girls and young women.



Local government-led accountability structures became stronger and more inclusive. In Malawi, the Mchinji and Nsanje District Councils included members of RAC and HIV positive youth groups in planning and budgeting sessions at village/area development and executive committees. In Binga district, Zimbabwe, the HCC in Simatelele ward, was revived, and committee members were elected, including two young people.

Awareness raising in SRHR and agroecology, as well as training in social accountability monitoring resulted in increased, independent, action by community members. In Malawi, 75% of trained community groups actively conducted social accountability monitoring and advocacy, including youth groups advocating for improved access to SRH services, and RACs raising concern on improper use of the CDF and health service delivery issues. In Tanzania, 12 youth groups and 10 smallholder women farmers forums were established in Kilosa and Mbozi; women have identified and adopted agroecological practices; and smallholder women farmers actively participated in monitoring budgets and accountability in both districts. In Zambia, 51% of trained farmers used monitoring findings to engage officials and conduct monitoring and sensitisation visits. Additionally, traditional leaders in Chipata participated in explaining the role of the

constituency offices in fostering social accountability.

# Phase 2 Lessons



Adaptive and flexible training and curriculum: By tailoring the PSAM curriculum to suit the issues identified in each country and district, the PSA Alliance enabled it to be user-friendly for local work, aligned to needs of the trainees (and challenges experienced in their daily lives), appropriate to political, socio-cultural, and institutional factors, and focused on putting theory into action. As a result, the project built technical, substantive, and procedural capacity among all partners, as noted by the project's 2022-23 capacity development review.



Ensuring government buy-in: Where context and culture have presented challenges, the PSA Alliance partners were strategic, working with foreknowledge of the environment, the barriers, and the risks. Appropriate what-if scenarios and courses of action were identified, based on analyses of prevailing political, socio-cultural, legal, and institutional conditions. Proactive, prior consultation with local leaders to clarify that the mandate of the project is to improve service delivery through collaborative action, and not to exclusively 'name and shame', strengthened acceptance and legitimacy of the project. In some cases, formalised MOUs with district councils and parliaments facilitated honest engagement. Consistent

communication with authorities swiftly addressed concerns or unsanctioned threats from individuals within

government, reinforced acceptance, and led to action on identified issues.



Collaborative 'multistakeholder' action with duty bearers and rights holders: The term "partnership" in the project name was very well received, as it represented a collaborative initiative between rights holders and duty bearers to address service delivery failures. This promoted mutual accountability and trust networks between stakeholder groups, changing the adversarial image of social accountability, and creating an enabling environment for future work. A critical approach of the PSA Alliance was to strengthen

civil society and state capacities simultaneously as a way of creating an effective synergy between the two. Strengthening the capacity of government representatives to work with social accountability monitoring processes and tools increased their ability and willingness to receive and respond to the issues and concerns raised by civil society actors around budget allocations and the management and implementation of basic services. Similarly, training women and youth groups prior to activities led to effective monitoring and advocacy. The inclusion of traditional leaders promoted their involvement as key intermediaries between communities, government officials, and councillors.



Institutionalising social accountability: The PSA Alliance emphasised that social accountability mechanisms are improved when they are institutionalised and when the state's own internal mechanisms of accountability are rendered more transparent and open to civic engagement. Focusing on champions in government institutions helped the PSA Alliance change mindsets and encourage questioning

of social norms and perceptions of gender roles and practices. The project inspired champions to make credible commitments that were within existing mandates and resources available. To address the loss of capacity due to election cycles and encourage strong oversight, the project also involved technical staff in district councils and parliaments.



Strengthening formal accountability mechanisms: The PSA Alliance focused on strengthened existing government structures dedicated to ensuring mutual accountability and oversight. At national level, the project helped to establish the parliamentary budget office (PBO) in Malawi, provided training to PBO staff in Zambia and Zimbabwe, and supported the formation of an accountability desk at the Zambian parliament. At local level, the project trained members and encouraged inclusivity of health centre committees, ward/village level development committees, and constituency offices, among others. At regional level, advocacy focused on strengthening SADC National Committees as well as the establishment of the Regional Non-State Actors (NSA) Engagement Mechanism, and participation in other multistakeholder platforms.



Supporting governmental priorities: The PSA Alliance worked to strengthen social accountability in public resource management by improving the implementation of governments' own rules. Likewise, where possible, PSA Alliance monitoring and advocacy sought to advance the priorities of international and regional agreements, or national policies. Recognising the massive devolution of funds and functions to local authorities in Zambia and Zimbabwe, the project directed focus toward constituency development funds (CDF). In line with health commitments, the project pushed for the introduction of youthfriendly SRH spaces in clinics. In agriculture, the PSA Alliance capacitated extension workers on agroecology and climate adaptation.



Joint action and collaboration between partners: The PSA Alliance worked with partners that were already working with primary rights holders at the district and community level, as well as collaborated with like-minded partners to conduct analysis of national planning and budgeting, lead the development

of policy briefs and positions, and strengthen advocacy spaces. At regional level, it gathered multiple regional networks to amplify messages on accountable implementation of regional strategy. Making use of existing structures at all levels was a cost-effective methodology, allowed for the smooth inception of interventions, helped avoid duplication of efforts, and encouraged sustainability.



Engaging at multiple levels: Interventions traversed the regional (SADC), national, and sub-national levels to ensure capacity, and consistency of understanding and practice for effective social accountability initiatives across governance systems. This recognised that addressing public resource management issues requires change at multiple levels; for example, while there may be advocacy at local level, the ultimate decision on budgets is often centralised nationally. Likewise, engagement at policy level is more effective when it is matched with implementation at community/local government authority levels. Work at regional level with SADC Parliamentary Forum, for example, also reinforced engagements with national parliaments.



Integration of health and agriculture: Efforts to better integrate health and agriculture work enhanced project outcomes. In Zambia, involvement of farmers in SRH-focused monitoring and advocacy encouraged them to support access to SRH services for young people. In Zimbabwe, young people involved in SRHR advocacy adopted income-generating agricultural activities.



Adapting to disasters, elections, and pandemics: The project adapted to changing contexts to remain relevant and facilitate implementation. Electoral processes across all five project countries disrupted smooth project delivery, requiring project activities to be postponed. Cyclones affected target communities in Malawi, Mozambique, and Zimbabwe, resulting in the project reallocating funds to provide farmers with seed and young people with dignity packs. The outbreak of the Covid-19 pandemic in March 2020 also meant delaying, downsizing, adapting, or cancelling activities. The project developed contingency plans, integrated the use of virtual social accountability monitoring platforms, and engaged stakeholders through teleconferencing platforms, or, where face-to-face interactions were possible, also provided personal protective equipment. Restrictions on travel reduced meetings at national and regional level, leading to the reallocation of funds to support media initiatives (such as radio talk shows and live broadcasts) and local level activities, with the positive consequence of also enhancing ownership and sustainability. Regional virtual and hybrid meetings increased the reach of the project's interventions. Increasing economic pressures on households also led to the integration of livelihood strategies, particularly for young people.



Adoption of digital tools: In response to COVID-19, the project piloted the digital social accountability tool, MobiSAfAIDS App, that some members of the PSA Alliance were already using in target districts. Integrating the digital tool has encountered setbacks such as poor network connectivity, prohibitive cost of airtime, lack of personal smart phones, and lack of incentives for reporting by rights holders and response by duty bearers. To mitigate these challenges, the PSA Alliance partners procured smart phones for the rightsholders, provided monthly airtime supplies and frequent mentoring support to tool users. The PSA Alliance also provided bicycles to rights-holders to increase their motivation and mobility across the wards.



Access to information: Although some PSA Alliance countries have progressive access to information legislation, the documents required to inform social accountability monitoring can still be difficult to access. National and local teams often faced bureaucratic procedures to access information from senior government officials. Developing and nurturing relationships with officials, including through engaging them in training and interface meetings, and supporting joint activities, facilitated the provision of requested information.



Social accountability media reporting: Training provided at both national and regional levels, as well as the encouragement and recognition offered by the virtual training and media awards run by Highway Africa, inspired journalists to expand their investigative reporting. In Phase 2, learning from the previous lack of involvement of editors, PSA Alliance further engaged senior editorial staff to ensure publication or airing of content, particularly by citizen journalists. National level journalists were also supported to mentor local reporters, leading to more social accountability-focused reporting on community radio stations or in sponsored accountability sections of national newspapers. Live media coverage of interface meetings, particularly during the COVID-19 period, also provided space for duty bearers to reach the public with explanations.



Mobility of young people: As young people can be extremely mobile in their search for new opportunities, many of those trained were not consistently involved in project activities. To account for this, the PSA Alliance provided frequent refresher trainings for existing and new mentees in Binga district, Zimbabwe. Meetings were also timed to avoid conflict with fishing schedules, for example, to ensure that young men could also participate.



Increasing reach beyond target districts: To ensure the project could have a broader reach, the PSA Alliance supported exchanges between districts both within and outside the project. Farmer-to-farmer learning exchanges assisted in influential changes in agricultural practice and adoption of social accountability monitoring amongst smallholder farmers.

# **Sustainability**

The PSA Alliance phased out local and national project support from Mozambique in August 2022, and Malawi and Tanzania in June 2023. Consortium members and partners in each of these countries, however, remain engaged in the project's regional advocacy and learning. By the end of the extension - December 2024 - the project will phase out of Zambia and Zimbabwe, as well as at the regional SADC level.

As sustainability has been purposefully built into the project design, many PSA Alliance activities were phased over - meaning that approaches supported by the project are integrated into the work of partner organisations, volunteer social accountability monitoring committees, and government-led spaces (i.e., health centre committees, development committees, parliamentary budget offices, etc.).

Reassuringly, the project's mid-term review and capacity development review both reported that PSA Alliance's strategies are likely to influence the continuity of project results, such as government buy-in and community ownership, and that many project beneficiaries felt their interventions were sufficiently mature to continue without external support.



The Partnership for Social Accountability (PSA) Alliance is a consortium of organisations working to strengthen social accountability in health and agriculture across Southern Africa. The consortium consists of ActionAid; PSAM - Public Service Accountability Monitor of Rhodes University; SAfAIDS; and ESAFF - Eastern and Southern Africa Small Scale Farmers' Forum. The PSA Alliance is supported by the Swiss Agency for Development and Cooperation (SDC). For more information visit http:// copsam.com/psa/, or email psaalliance@actionaid.org. To follow the PSA Alliance on Twitter or Facebook see @PSAAlliance.

Acknowledgements: The PSA Alliance applauds the work of all its members and partner organisations, as well as the ongoing participation of the many courageous individuals advocating for social accountability throughout Southern Africa. We are grateful for the generous support of the Swiss Agency for Development and Cooperation (SDC).





Malawi Health Equity Network



Observatório do Cidadão para Saúde







