

**The COVID-19**  
**Transparency and Accountability**  
**Journey so far**

# About CTAP

**C** COVID-19 Transparency and Accountability Project (CTAP) is an initiative that seeks to promote accountability and transparency through the tracking of COVID-19 intervention funds across 7 African countries – Cameroon, Ghana, Kenya, Liberia, Malawi, Nigeria, Sierra Leone.

CTAP is sponsored by Conrad Hilton Foundation and Skoll Foundation and executed by BudgIT Foundation, Connected Development and Global Integrity.

Global integrity is a learning-centered organization that connects frontline actors and global players to help them navigate complex governance challenges with a systems change mindset. Global Integrity aims to support locally-led efforts to solve governance-related challenges and that public resources are used effectively, to deliver public services and meet people's needs.

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With the contribution of CTAP Country Partners.

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Nigeria



Liberia



Ghana



Sierra Leone



Malawi



Kenya



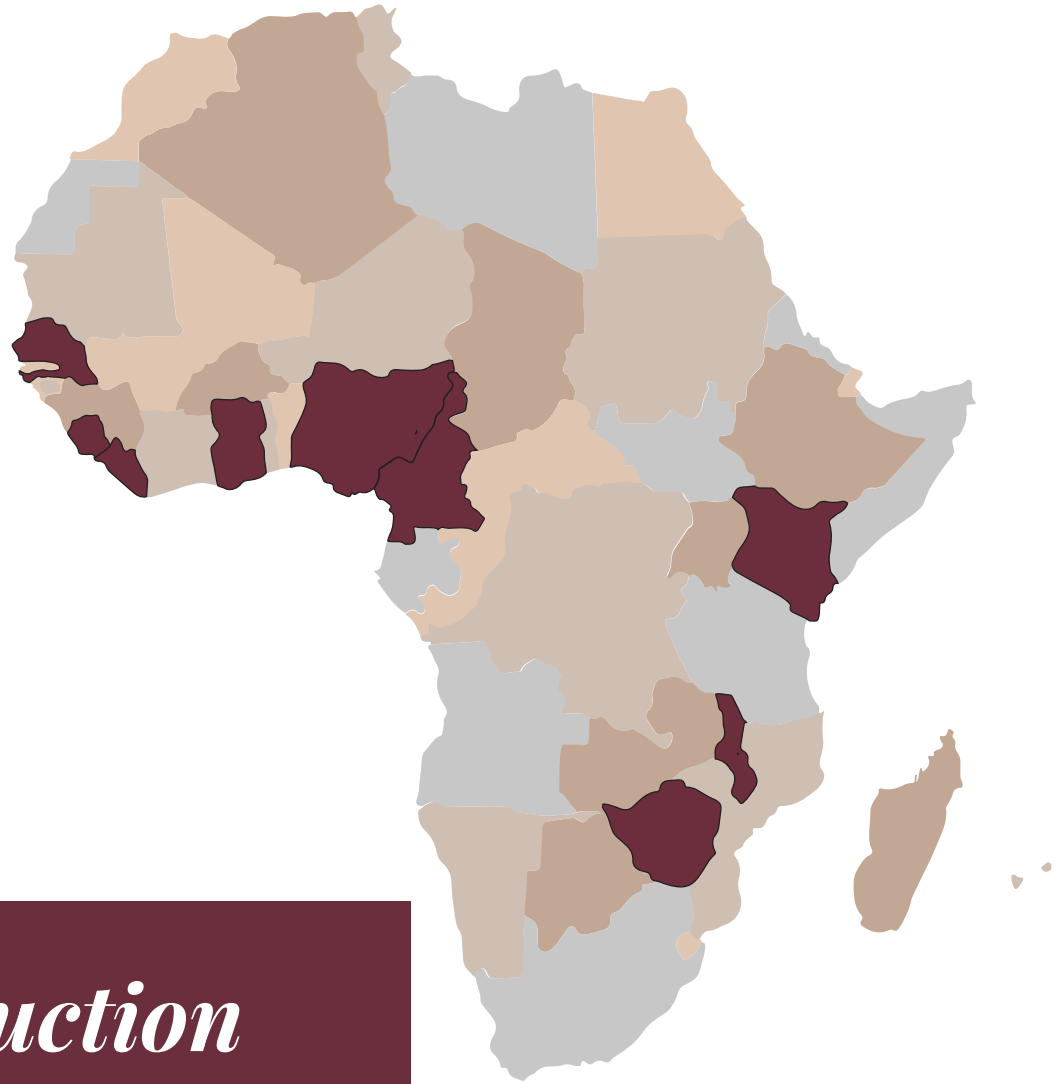
Cameroon



Senegal



Zimbabwe



# Introduction

The pandemic has both exacerbated and exposed existing health sector challenges across the world. During the second phase of the COVID-19 Transparency and Accountability Project (CTAP), partners across 9 African countries utilized the multiple challenges of the crisis as a window of opportunity to advance health policy priorities.

The organizations leading the CTAP work on the ground pivoted to create inclusive platforms for citizens to be informed and heard at the grassroots level, build coalitions with other CSOs to have greater collective impact, and call on governments for change through advocacy, and increasingly, collaboration to design and implement better policies going forward.

This report provides a brief overview of what we did and what we learned, illustrative snapshots from each CTAP partner country, as well as

insights into cross-country collaboration and the way forward. Together with our partners CODE and BudgIT, Global Integrity has helped to facilitate the CTAP journey since 2020 and served as a learning partner for the implementing organizations in Africa.

The organizations leading CTAP work across 9 countries are: (1) BudgIT and CODE in Nigeria, (2) BudgIT Liberia, (3) BudgIT Ghana, (4) BudgIT Sierra Leone, (5) Positivo (with Follow the Money) in Malawi, (6) Slums Information Development and Resource Centers (SIDAREC) in Kenya, (7) Actions for Development and Empowerment (ADE) in Cameroon, (8) LEAD Afrique Francophone in Senegal, and (9) Magamba Network in Zimbabwe. Notably, CTAP grew in its second phase with the addition of two new coalition partners in Sierra Leone and Zimbabwe.



## CTAP at a Glance



CTAP's strategic actions focused on strengthening transparency and access to evidence about public spending and resource use, especially in the health sector, catalyzed by the response to the COVID-19 pandemic. These efforts improved advocacy and civic engagements that promote accountability, transparency, and open governance that go beyond the immediate pandemic response. Partners in 9 countries across Africa took results-driven action at various levels, from grassroots communities to national governments, to demand more accountable governance and stronger health systems.



# Research

**7** Research reports provided the 'African picture'

**22** Research reports were developed at the country level to

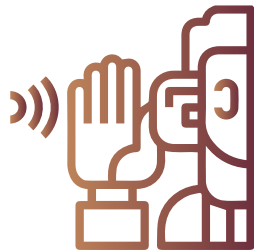
Democratize Vaccines and Demand Vaccine Equity  
Improve Health Policies Accountability

Research produced information to improve the availability and accessibility of COVID-19 relief funds by engaging in fact-finding and mapping of in-kind and cash donations received by each country from large multilateral organizations, international foundations and donors, and local stakeholders. Twenty-two research reports were developed at the country level to persuade policymakers to improve health policies, demand official answers to people's daily problems, and influence public opinion. Other 7 research reports provided the 'African picture'. Research reports addressed different health sector accountability issues, such as tracking resource allocation and equitable distribution of the COVID-19 vaccines.



## *Coalition meetings*

Coalition meetings have brought stakeholders from Civil Society Organizations (CSOs), government institutions, and the media to promote health sector transparency and vaccine equity through stakeholder engagement. These 30 meetings across 9 countries were instrumental in building local coalitions, which have in turn strengthened the overall impact of CTAP. Collaboration with different actors fostered trust and partnership among members, keeping them motivated by acknowledging their contributions. It has generated commitments to provide more support for joint actions. For example, showcasing reports on community radio programs to boost awareness, was one way to broadcast collective work and move it forward.



## Communications campaigns

Communications campaigns nourished citizens' mobilization. CTAP bolstered tracking service delivery to raise citizens' voices and awareness about what services they are eligible for and how their governments are delivering them. The campaigns ensured that health problems were discussed publicly and addressed by policymakers. Social media campaign engagements and virtual spaces spotlighted health-related problems and brought accountability conversations beyond government spaces. Radio stations also engaged marginalized communities through community media networks to demystify fake news with segments about COVID-19. The awareness-raising advocacy worked well to change attitudes, influence policies, and improve practices.



Town Hall Meeting in Malawi



Town Hall Meeting in Cameroon



Town Hall Meeting in Ghana



Town Hall Meeting in Zimbabwe

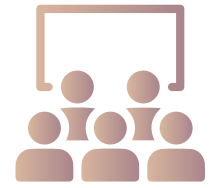


Town Hall Meeting in Sierra Leone



Town Hall Meeting in Liberia

# Town hall meetings



Town hall meetings included government institutions, CSOs, and civic leaders, among other stakeholders. The meetings empowered leaders of local communities and civic organizations in each country to voice their concerns and propose practical solutions. More than 130 town hall meetings were held to discuss relevant health topics and build relationships with stakeholders. Savvy synergies emerged among governments, civil society, the private sector, and other key actors when they had the opportunity to engage in collective action to address health accountability gaps together, rather than in silos.



Town Hall Meeting in Kenya



Town Hall Meeting in Nigeria



Town Hall Meeting in Senegal

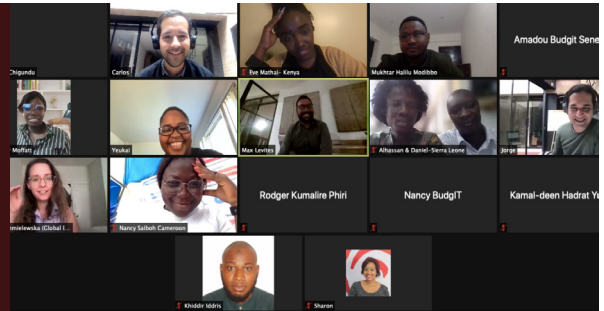


# Strategic conversations

Strategic conversations happened among CTAP countries and other relevant stakeholders to support each other in identifying needs and common challenges. CTAP hosted several learning events that brought the partners together with global players to build capacities, exchange lessons, and reflect on issues of interest for advocacy strategies. **Open Gov Week discussions** in May 2022 provided an opportunity to CTAP country partners to collaborate and co-create solutions around healthcare commitments. This laid the groundwork to advance **OGP Plans** at the national and local levels, and discuss strategies on how to advance the implementation of those commitments. Other virtual events held pan-African conversations related to **tracking COVID-19 funds**, equity and social justice of the COVID-19 **vaccine in Africa**, and **vaccine fraud and misinformation**. We also held a hybrid knowledge cafe in partnership with the Open Gov Hub (an initiative of Global Integrity) with guest speakers from OGP and the Open Contracting Partnership (OCP) in February 2022, as well as two virtual fireside chats with leads from 6 partner countries.



# Team-building activities



created space to pause and reflect about common experiences and lessons along the way. The activities encouraged effective communication, trust, and collaboration between CTAP country partners. Peer-learning sessions supported team building activities and helped connect the work on the ground to practical lessons. Together, partners had the chance to talk about what they do and how they do it – and then distill key approaches and outcomes through continuous reflection sessions. A series of 4 blogs followed to add value by sharing emerging reflections from applying these approaches in nine different contexts.

Additionally, two guidance notes were published on African transnational collaborations operating at different levels with inspiring stories of better health sector service delivery through local advocacy. The notes outlined various lessons on how to make progress toward addressing complex health sector challenges.

The COVID-19 pandemic propelled healthcare

systems into the spotlight like never before, putting urgency behind fixing existing health system gaps. The pandemic also highlighted how a lack of transparency and mismanagement of public funds leads to waste and corruption, costing lives and negatively impacting vulnerable populations the most. One of the key remedies to address these challenges, which CTAP partners have utilized, is engaging in open governance advocacy – especially utilizing the Open Governments Partnership (OGP) – a global multi-stakeholder platform that brings together government and civil society actors. Collective action that is anchored in bigger initiatives with significant visibility, like OGP, has the power to enable greater citizen engagement, address corruption, and advocate for corrective actions and better policies.

The following section will expand on how CTAP achieved several milestones, including OGP engagement, and how we estimated indicators with a savvy team in 9 African countries.



# *Achievements and Impact*

The implementation of the project across 9 African countries provided many opportunities for success, along with some challenges: empowering local partners, understanding the different approaches needed across contexts, and generating opportunities for peer learning and collaboration. CTAP partners tailored activities to take advantage of local opportunities and devise innovative ways to address challenges caused by COVID-19 shocks to health systems, as well as additional obstacles including embedded corruption and narrowed civic space.

Partners worked to promote citizen mobilization, demand transparency and accountability, and create opportunities to collaborate with governments around issues including vaccine rollout, health spending, infrastructure, and service delivery. Through these approaches, they were able to improve public policy and service delivery. In this section, we present the most relevant instances of impact by CTAP partners in each country



# *Raising citizens voices and finding solutions to their demands*

Health service delivery is a highly technical and complex subject that is not easily navigated by most citizens. Still, they know first hand what is failing and how these failures in the system affect their lives. They often demand improvements from authorities, but for these demands to be heard and answered, citizens need to understand what public services are available and how to get them. The COVID-19 outbreak created additional barriers for citizens including reduced mobility, misinformation about the pandemic, and lack of sufficient healthcare. Low trust in government, weak health systems, and limited collaboration between citizens and civil society made the situation even more challenging, causing additional silos to take root.

CTAP partners realized that effective citizen mobilization needed much more than motivation. They needed to build their own capacities, the capacities of other national and local CSOs, and the capacity of citizens to understand what was happening – and what they could do together to find solutions.

CTAP partners have built partnerships with other organizations in their country contexts, provided clear information about health service delivery to citizens, fought misinformation, and augmented citizen voices that demanded change.

## *Overcoming political roadblocks by training Local creative content creators in Zimbabwe.*

The CTAP Zimbabwe team, led by the Magamba Network, has endured a challenging political climate. To work around this challenge, they have relied on community radio and other local communication channels, which are very effective tools for reaching the most vulnerable populations. The CTAP team trained 20 local content creators, so they can understand issues related to health transparency, accountability, and service delivery and disseminate key messages to their audiences. These content creators have incorporated these themes in their stories, multimedia content, and local radio programs. By doing so, they have contributed to other efforts led by CTAP Zimbabwe engaging government agencies, carrying out town hall meetings, and building a coalition to advocate for change.

## ***“Actions for Development and Empowerment (ADE), in Cameroon, and BudgIT Sierra Leone engaged citizens directly to promote dialogue and build trust.”***

They engaged young entrepreneurs, community elders, religious leaders, and local chiefs to participate in town hall meetings, lending legitimacy to the process and helping dispel existing local suspicion and distrust. Dozens of people attended town hall meetings, which gained media attention on TV, radio, blogs, and social media. These meetings enabled dialogue among citizens, service providers, and government officials to identify and address challenges. CTAP partners sometimes combined their strategies for citizen mobilization, research, and advocacy to increase their impact.

## ***Mobilizing citizens to track 2000+ health projects in Ghana.***

Highly centralized information was part of the challenge to pick and follow up on issues with the government's disbursement allocation in health. The CTAP Ghana team got citizen advocates involved in organizing Town Hall meetings and building their capacities to access and use public information. This approach increased local receptiveness to advocate for health accountability and engaged local government agencies. Using a bottom-up approach created enthusiasm among stakeholders to align health priorities with policy making and implementation. It also enabled citizen monitors to tracking over 2000 projects and present queries health sector authorities. Their results were boosted by radio stations delivering critical messages in local dialects about health transparency, accountability, and vaccine equity.

## ***Tracking public spending and the state of health infrastructure***

In Nigeria, BudgIT and Connected Development combined research tracking public spending and the state of health infrastructure by mobilizing their country-wide networks: Tracka and Follow the Money. This approach enabled them to increase their capacity to detect waste of resources and evidence of corruption, while making citizens an integral part of the process.

## ***Citizens' voices across the country about local needs and accountability gaps.***

Similarly, BudgIT Liberia gathered and augmented citizens' voices across the country to inform the Ministry of Health about local needs and accountability gaps. They used a bottom-up approach, building on town hall meetings and engagement with health institutions and service providers across counties. In this process, they built a network of experts, service providers, and citizens that created space to discuss research findings with the Ministry of Health and demand corrective measures.

# *Demanding changes in health policy and practice*

Providing information, supporting local action, and empowering citizens to oversee and demand accountability is essential, but in most contexts it's not enough. Citizens can quickly fall into disillusion if their efforts do not lead to changes in how services are provided and public money is used. CTAP partners used different approaches to ensure that their efforts do not fall into deaf ears. Overcoming these issues has required ingenuity to find ways to encourage government agencies to respond and address the identified problems.

All CTAP partners have carried out coalition meetings with relevant stakeholders in their countries. These meetings have brought different voices together to develop advocacy strategies to advance issues of transparency, accountability, and health service delivery to the forefront. For instance, two lead implementing partners, Magamba Network in Zimbabwe and the LEAD Afrique Francophone in Senegal have designed advocacy strategies and implemented them with their partner networks to put pressure on government response. They brought together representatives from CSOs, the media, health sector professionals, unions, private sector, and the parliament – among others – to produce advocacy notes that have guided their engagement with government officials. These joint campaigns have moved forward issues such as vaccine equity and access, procurement oversight, budget allocation, and health regulations. These campaigns have enabled them to liaise with government officials and push

for more health sector accountability.

Senegal also engaged in 6 townhall meetings during which they engaged local CBO, the managers of health district agencies as well as local media to exchange and propose recommendation for a better health service delivery and accountability.

Additionally, CTAP partners have built relationships with national and local media to disseminate their messages and research findings. This is often easier said than done, as it not only requires investing time and effort into creating and maintaining these connections. It also requires identifying the best ways to present research findings, strategic positions, and policy recommendations so they resonate with journalists and thus get featured in stories, radio, and TV debates.

For instance, in Malawi, Positivo used media pressure to increase the salience of national scandals and local needs for decision-makers to achieve government response. They held a press conference in which they brought up instances of misuse of public resources identified by national authorities. Positivo's engagement with media outlets and finding ways to express the magnitude of the scandal accurately, led journalists to make the issue central in public opinion. This forced the government to take uncommon measures, such as initiating inventions against those involved and even firing high-level officials.

## *Creating a multi-stakeholder Health Sector Observatory in Senegal.*

LEAD and BudgIT Senegal have built on their research findings and coalition meetings to advocate the creation of a multi actors Observatory for accountability in the Senegalese health sector. They have brought together 14 organizations, including, CSOs, health professional, private sector and unionist who elaborated an advocacy plan to be submitted to the state government by the Ministry of Health and social action for creating the Observatory. This Observatory will work towards increasing the use of evidence from budget and policy analysis, monitoring of spending and service delivery, and participatory spaces with citizens to strengthen the health system in the country.

## *Strengthening vaccine delivery and increasing uptake in Malawi.*

Despite the government's efforts, misinformation, distrust, and general hesitancy kept COVID vaccination rates in Malawi down. The CTAP team tested several ways of combating misinformation and hesitancy in local communities. They engaged trusted leaders – chiefs, religious leaders, etc. – to motivate their constituents to get the vaccine and show them that it was not dangerous. They also encouraged peer-to-peer exchanges between these leaders. They experimented with meeting citizens where they gathered for entertainment – for instance, a football match – to deliver vaccines with major results. Building on these successes they worked with health authorities to bring about changes to the way in which they were reaching to citizens.

## *Leveraging OGP to improve health service delivery*



The second phase of the CTAP project sought to more actively leverage the multi-stakeholder Open Government Partnership (OGP) platforms in each country. This advanced ideas for collaboration with government agencies to improve transparency and accountability, budget allocation, infrastructure, and service delivery. Delivering on this goal required CTAP teams in all focus countries to complement their project activities with conscious efforts to navigate the OGP dynamics in their countries, reach out to government agencies leading these processes, and build connections to participate in OGP and advance commitments in the health sector.

CTAP partners adapted their strategies to the contexts in which they work. These strategies ranged from finding points of entry to add up to existing conversations about the use of open government approaches in health, to partnering with health agencies to bring health challenges to the OGP space, to building on media awareness and citizen mobilization to highlight health issues and create opportunities for the inclusion of these issues in OGP conversations. It's important to note that Zimbabwe and Cameroon are not OGP members yet, but CTAP partners have mobilized with their coalitions to advocate for their countries to consider joining OGP.

## *Advancing the co-creation of health sector commitments in the 5th OGP Action Plan in Liberia.*

BudgIT Liberia used the evidence from the research and town hall meetings to engage health authorities and the OGP Secretariat. These findings and their engagement strategy enabled the CTAP team to bring together work from different government and civil society organizations to begin the co-creation of a commitment to be included in Liberia's action plan. This commitment is focused on addressing transparency and accountability gaps in the health sector and putting in place a mechanism to get and use feedback from citizens to improve service delivery.

## *In Kenya, Slums Information Development & Resource Centres (SIDAREC), focused on accountability and participation on health budget allocation and spending to get a seat at the OGP table.*

CTAP Kenya and their partners trained advocates on health sector budgeting and accountability and implemented town hall meetings in local areas. They also held virtual campaigns to increase the salience of health issues and partnered with community radio to engage citizens in native languages. Using evidence from these activities enabled them to strengthen community action and create opportunities to engage the Ministry of Health and other relevant government agencies and secure the political will to co-create an OGP commitment to improve health policy and service delivery.

Similarly, BudgIT Ghana engaged in one-on-one conversations with government agencies at national and local levels to find solutions to citizens' needs and open opportunities for collaboration. When the CTAP project started, there was limited engagement between the government and CSOs in Ghana regarding health issues. The research report published by the CTAP team raised community concerns and provided government agencies with insights on what wasn't working in the health sector in the local areas. The CTAP team found entry points with the Ghana Health Service and hosted roundtables with government officials to discuss the findings. This initiative led the CTAP team to be a leading voice with the government concerning health service delivery and to be invited to participate in the country's OGP steering committee and advance the co-creation of commitments in the sector.

## *Making health sector accountability a national priority in Sierra Leone.*

Using the research and input from local communities, the CTAP Sierra Leone team engaged the OGP steering committee and is advancing the formulation of a health sector accountability commitment into the following National Action Plan. Current work in preparing the commitment includes the Ministry of Health and the Anti-Corruption Commission on monitoring health resources and spending, and reporting discrepancies to the Commission. CTAP Sierra Leone is also engaging members of parliament to improve allocation and monitoring of resources for the health sector.

# *Collaborating with governments to increase responsiveness*



CTAP partners innately know the importance of collaboration for changing health systems. They are seeking to generate synergies between civil society and government that have the potential to alter day-to-day practices in service delivery in the long run, not just during the pandemic. They have done this by complementing the demand of immediate action with approaches that are aware of the political dynamics underlying challenges in health service delivery and creating the conditions for the implementation of sustained initiatives that shift how governments and civil society interact, and the ways in which health service delivery can change over time.

## *Raising citizen voices to inform policy and practice in Cameroon.*

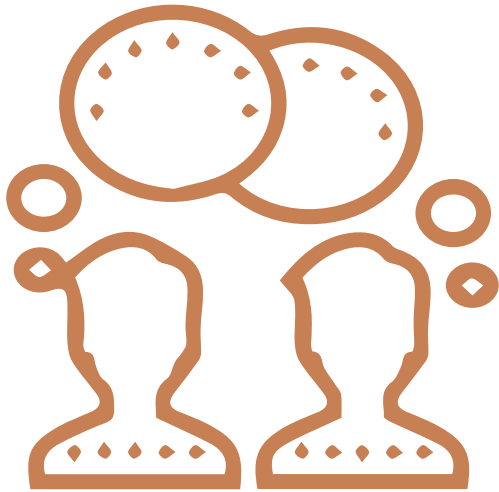


CTAP Cameroon meeting with Health Ministry to sign MoU

A serious lack of information, particularly at the local level, kept stymying efforts to improve health sector service delivery. ADE kept trying, inviting health ministry officials to events and engaging with them directly until their persistence paid off.

Over time, they built a relationship with the Ministry of Health, explaining the objectives of CTAP and their approach. Eventually, the Ministry and ADE signed an “Letter d’Accord Collaboration” to sustain collaboration to identify the needs of local communities and sound evidence to inform their policies regarding service delivery, transparency and accountability, and other relevant issues.





Beyond using advocacy, citizen mobilization, research, and communication to create the political will in government to engage in conversations with civil society, it's also important to frame the evidence and expertise offered by CSOs in ways that resonate with government and can lead into collaboration that can bring benefits to citizens. In the case of Malawi and Cameroon, Positivo and ADE respectively, focused on addressing gaps in the approaches used by the government and the information in which they based their decisions for service delivery. Addressing specific needs faced by government agencies enabled CTAP partners to build strong ongoing relationships to effectively work with the government to identify problems and work to co-create and implement solutions that add value to people's lives.

## *Participation in County budgeting and planning in Nairobi, Kenya.*



CTAP Kenya Team hosting a multistakeholder workshop on health accountability and service delivery

SIDAREC's work in budgeting, engagement with citizens in slums, and advocacy has secured the CTAP team two appointments in the institutional space for the elaboration and follow up of "County Integrated Development Plans". These appointments provide an opportunity to represent citizen voices in planning, reviewing the plans and allocation of resources to meet community needs, and working with other CSOs and government agencies in overseeing that the implementation of the plan actually deliver benefits for citizens.

## *Collaborating with the government to put citizens at the center of improving health infrastructure and service delivery in Nigeria.*



BudgIT and CODE meeting with six Directors of National Primary Health Care Development Agency



Coalition meeting in Nigeria

Building on findings from a report on the state of health infrastructure and service delivery based on citizen-generated data, CODE and BudgIT engaged health authorities to demand responses and take this effort to all the country. Given the strength of the evidence presented the CTAP team in Nigeria and the National Health Agency signed an MOU to share information, support citizen monitoring efforts, and find solutions to the issues that this monitoring is providing. This collaboration has informed changes in budget allocation, use of public resources, and coordination across levels of government to improve health access and quality of service delivery across the country.



In other instances, government agencies are not aware of the challenges they face or fail to recognize them. In these cases, citizen-generated data and rigorous analysis of budget and policy implementation based on a bottom-up perspective can make this evident and irrefutable to the relevant decision-makers and implementers of policy at the central level. The use of this evidence to target decision makers and generate citizen awareness can bring the issues to the forefront and create avenues for engagement in existing formal participatory spaces and informal collaboration with government agencies.



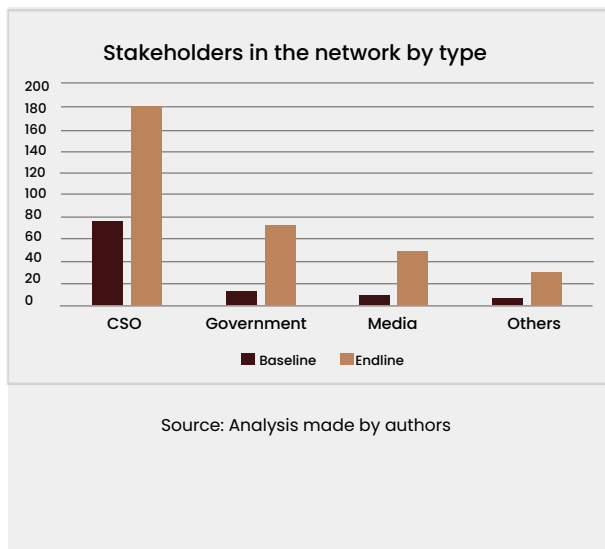
# *Connections & Collaboration*

## *Building a Pan-African movement for health*

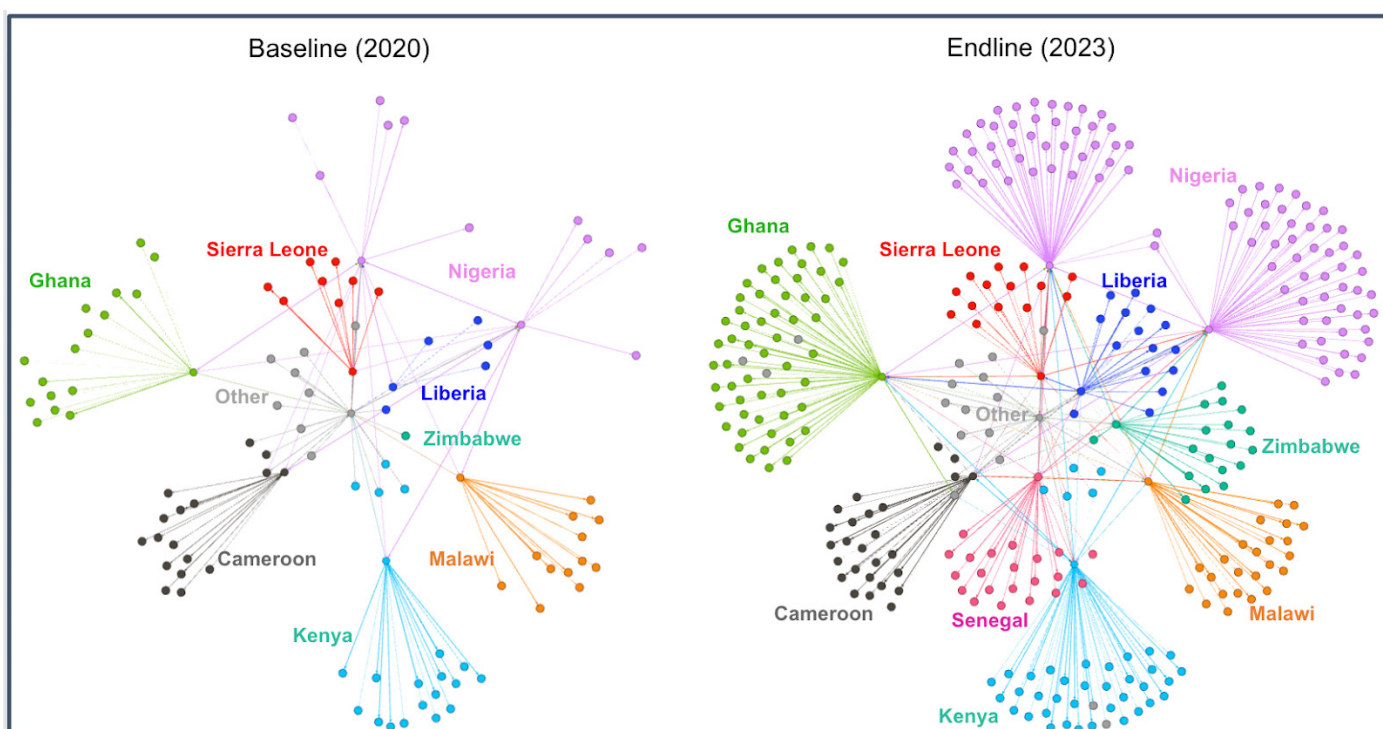
Since its inception, CTAP has been about strengthening relationships and collaboration to improve health systems and ensure that citizens' needs are met. The impact that CTAP partners have achieved is closely related to how they have increased, diversified, and strengthened their networks within each country and across them. When the project started, we had a loose network of 107 organizations composed mainly of CSOs, 77 out of 107 or 72%, with limited connections with stakeholders in government (12%), and Media (9%). Nowadays, we have been able to more than triple this network, reaching 333 organizations, with more stakeholders engaged in each country.

*Growing this network has required a lot of investments in relationship-building with different stakeholders and trying out different ways for partners to get known and seen as adding value to improve health service delivery in their countries.*

Country partners have been intentional in growing their networks to bring about change. They have reached out to Civil society organizations focused on transparency and accountability, health, and vulnerable groups, which has enabled them to work with these organizations to improve their research and mobilization capacity and the framing of recommendations to demand government action.



## CTAP Network Analysis Map



Source: Data collected and analyzed by authors

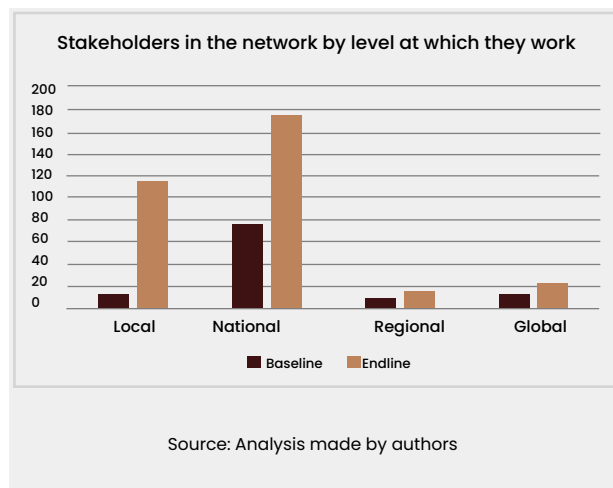
They have also placed relevance on building up and sustaining their relationships with mainstream, independent, and local media, which has provided resonance to their work and the possibility to elevate the voices of citizens in marginalized communities demanding change to the public debate in their countries. Finally, these efforts have opened opportunities to engage the government, which has provided increased access to information, strengthened their advocacy, and most importantly moved from demanding change to actually collaborating with government agencies to help them implement those changes.

***Partners also intentionally ensured that their networks were not limited to national level organizations with centralized agendas.***

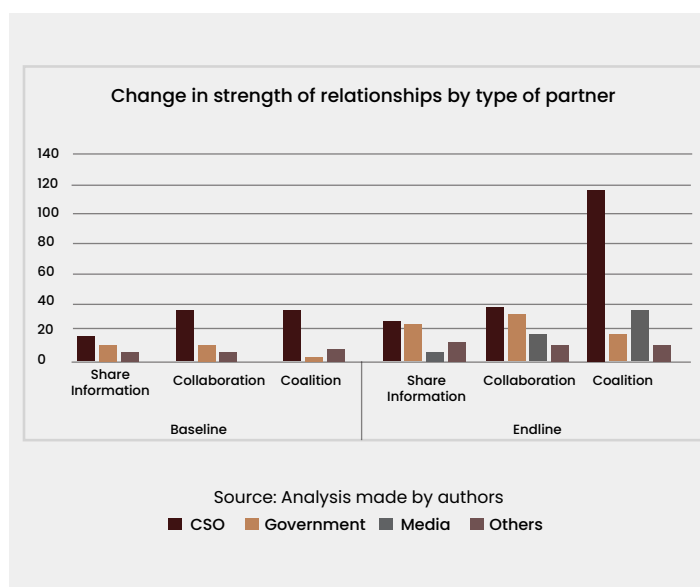
In each country, they also tapped into national networks with solid relationships at the local level. They carried out town hall meetings in more than 60 localities across their countries. This has enabled them to increase the participation and representation of 20 times more local organizations in the network. These activities and the ways in which CTAP partners have taken advantage or created opportunities for advocacy and mobilization in their contexts have also been relevant to ensure that they not only work with more stakeholders but that the relationships they have with them

***The strength of the relationships that CTAP partners have built in their contexts follows the same pattern as the overall growth in their networks.***

They have seen increases in their collaboration with like minded organizations as a step to bring health issues to the forefront of the public agenda. They have also built ties with media that go beyond journalists covering CTAP events into supporting the development of stories and analysis about service delivery failures and instances of waste and corruption. Other stakeholders have also played vital roles in different countries including opposition parties, parliamentarians, academia, and oversight agencies. These other stakeholders have enabled CTAP partners to navigate closing in civic space, poor government responsiveness, and lack of necessary entry points to engage government agencies with research findings and recommendations. The combination of the collaboration with these CSOs, media outlets, and other relevant actors



grow stronger. In many cases, these relationships have moved from just sharing information to intentionally collaborating with them, to agreeing on goals and activities to deliver on those goals as coalitions for change.



have boosted CTAP partners' capacity to bring about change in the form of sustained collaboration with governments to discuss issues related to health access, budgeting, service delivery through OGP platforms and in the formalization of relationships via Memorandums of Understanding (MOUs) to inform decision making and collaborate in the implementation of activities such as oversight of service delivery and health reform.

# Cross-country conversations & convenings

The pandemic initially forced people to be apart due to global public health risks. At this point, 3 years later, pandemic's lessons give people a renewed opportunity to come together in new and more intentional ways. During CTAP, we created several opportunities for leads from different countries to convene – mainly virtually – to share insights about their work at the national, regional, and local levels.



We facilitated platforms for knowledge exchange and collaboration – opening up for a cross-country conversation among different country partners and other experts. When engulfed in policy advocacy and grassroots community work, it is often hard to find the time and space to reflect on actions and outcomes. Likewise, separated by distance and pandemic-induced obstacles, it is challenging to convene with partners working in different countries and exchange valuable lessons.

Nevertheless, several seminal events took place throughout CTAP implementation. Most notably, several country leads from Kenya, Ghana, Cameroon, Malawi, and Nigeria, gathered in person during the OGP Africa and Middle East Regional Meeting in Marrakesh, Morocco (November 1–3, 2022). They participated in several sessions and organized a CTAP-focused event on Strengthening Health Sector Accountability to exchange lessons on project implementation and overcoming health sector challenges (takeaways here, more here). CTAP's collaborative, cross-country work was also represented at one

of the opening panel discussions on corruption during crises: Procurement Reform: Corruption Risks, Emergencies, and Effective Service Delivery.

Likewise, virtual convenings created opportunities for partners to connect but in easier ways with more frequency. The online events curated knowledge exchanges among CTAP partners with a shared platform for wider conversations on public procurement, health spending and open government approaches in public health across African country contexts. Partners shared lessons and experiences on how to creatively engage people in vaccine campaigns through soccer matches and community radio – and inspiring each other to be continuously innovative. During these conversations, they drew close comparisons to overcoming similar challenges in different contexts. They shared tips on facilitating dialogue among various actors, navigating political dynamics around multi-stakeholder platforms, advocating for better national preparedness plans, building stronger partnership networks across sectors, and advancing bottom-up approaches for more responsive and accountable service delivery.



# *Lessons & Next Steps*

## *What did we learn?*

CTAP has provided many opportunities for learning at the country level and across countries. Since the project's inception, we have carried out reflection sessions with country partners and peer learning sessions that complement conversations and learning exchanges about approaches and project implementation. At mid-point of the project, we wrote and published a comprehensive CTAP Phase I Lesson Report, in tandem with a short blog and engagement videos that we co-created and disseminated with CTAP country leads and their comms teams.

The diversity of contexts in which partners worked, as well as their existing networks and organizational strengths, significantly shaped project implementation and drove achieved results. The implementation of CTAP has been adaptive, innovative and collaborative.

## *There are 5 cross-cutting lessons that will inform the work moving forward:*

1

### *Know your audience and test different approaches*

Generating strong evidence is essential to ensure that your research can help inform stakeholders' decisions. The way in which that evidence is framed and presented to different audiences is just as important to ensure uptake and action based on it. CTAP partners tried different approaches to engage their audiences ranging from formal letters, framing findings in ways that resonated with pressing issues in their contents

and turning research findings into clear and actionable recommendations that could be acted upon by authorities and other partners. This testing and adapting of the ways to engage relevant stakeholders enabled them to grow and increase the strength of their relationships, thus advancing policy and practice changes.



Coalition Meeting with Budget Sierra Leone

2

### *Invest time in understanding how health systems work, how they are perceived from different perspectives, and the political economy around them.*

CTAP included different pieces of research and engagement that were clearly connected. Partners' research about transparency and accountability gaps enabled them to understand the key issues and compare them with the realities they saw on the ground engaging citizens, service providers, and authorities. This information was complemented and framed in ways that resonated with government agencies by engaging with experts and reformers in the coalition meetings and day-to-day work with members of the coalition. These activities enabled partners to deploy different approaches to collaborate with government and other relevant stakeholders.

3

### *Research results are just as important as the process you use to get them.*

By not just carrying out desk research but also engaging stakeholders and giving them a role in the research process, CTAP partners were able to successfully deliver their research outputs as well as build relationships and buy-in for the results. Some of the approaches used by CTAP partners included: using citizen generated data; including citizens and service providers in the validation of findings; and continuously discussing the research process with different stakeholders in civil society, government, parliamentarians, and even opposition parties and accountability agencies.



## 4

## *Explore different ways to get around the lack of political will and create opportunities for change.*

CTAP partners did not have a clear and direct way to address the issues in health that they identified since the COVID-19 outbreak. In many cases they faced lack of responsiveness, closed civic space, agitated election periods, and other challenges that made it hard to find solutions to health service delivery issues. Partners often had to find different ways to raise the salience of the issues for decision-makers and create the political will to address them. Two of the main ways in which partners adapted, with context based differences, included engaging authorities beyond the health sector in order to get an entry point to advance health reform. This meant, for instance, reaching out to parliament oversight agencies to show them evidence and work with them to advance issues; tracking municipal expenditure as a way to show where lack of resources, poor allocation, or coordination problems trumped service delivery; and working with accountability agencies to disseminate their findings and use them to create space for change.

## 5

## *Focusing on citizens enables the emergence of solutions, the identification of connections, and the creation of pressure for change.*

The CTAP project always aimed to elevate the voices of citizens and seek ways to address the issues that were important to them. In the first phase of the project, this was done by sharing the stories and concerns of citizens and working with them to monitor service delivery at the local grass-roots community level. Building on this, the second phase of the project doubled down on working at the local level through town hall meetings and supporting groups of local stakeholders to find solutions to local issues. Strengthening the work at the local level provided CTAP partners with differ-

ent avenues for advancing the goals, working with local stakeholders to understand and address challenges, identifying how national policy was failing to deliver results at the local level, and using the evidence and relationships built at the local level to gain credibility and support for demanding changes and test solutions at the national level.



Amplifying voices in Malawi with community leaders



# *What is next for CTAP?*

CTAP partners have achieved substantial progress in identifying and advancing solutions to many challenges hindering health service delivery and enabling corruption and waste in the sector. However, there is still much work to do so that citizens across Africa can enjoy adequate access to health services that are responsive and proactive. There are several ideas highlighted by CTAP partners about the future of the initiative, synthesized below.

**1**

## ***Increase regional footprint and influence:***

CTAP has reached 9 countries in Africa and has begun to expand their influence to advance health reform across the region. In the future, partners would like to reach more countries and bring together results from their work to more actively engage with and influence the regional agendas around health transparency, accountability, and service delivery.

**2**

## ***Developing and sharing more innovative approaches to improve health service delivery:***

Building on the knowledge about challenges in the health sector and the solutions that CTAP partners have tested, they would like to explore the use of more innovative approaches to strengthen the engagement of citizens at the local level, such as working with volunteers, and bring up more local needs to the forefront. They are also looking forward to exploring the use of technology and other means to track service delivery processes, gather and use feedback, and increase coordination across levels of government.

**3**

## ***Strengthening the use of system approaches to bolster health systems:***

Partners have paid attention to political economy dynamics and how the rules, roles, and relationships among stakeholders sometimes hinder health services in their country contexts. Partners want to build on this through the use of systemic and more holistic approaches that can: (1) fuel changes in laws, policies, and practices for better coordination of national and local budgets and policy priorities; (2) more reliable delivery of health services to ensure access, quality, and value for money; (3) overall strengthening of health systems to deliver better results.

**4**

## ***Doubling down on collaboration with government agencies:***

Most CTAP partners have been able to get buy-in from government agencies for reforms. They have achieved this through direct engagement and collaboration, and by formalizing reforms in OGP co-creation processes. They want to continue taking advantage of these opportunities and creating new ones that focus on issues relevant to local citizens – such as health infrastructure and access to vaccines. They see themselves increasing the salience of health service delivery in OGP national and local action plans, as well as by engaging agencies in the health sector with more direct roles in these issues valued by citizens and working with them on implementing transparency and accountability initiatives and building the capacity of service providers, local government agencies, and citizens.

5

## ***Testing communication strategies for advocacy and citizen mobilization:***

CTAP partners have successfully used different strategies to mobilize citizens and to get the attention of decision-makers in the health sector. These strategies have evolved and diversified to include virtual spaces, working with local and community media, using social media advertising, building relationships with media to develop stories that provide context and engagement to research findings, and even using sports as a way to reach citizens and motivate them to take action. They see value in continuing to test and diversify the use of these approaches, including more participation in media and TV programs, developing more engaging jingles and infographics, and exploring new ways to engage citizens and provide them with opportunities for action to improve health services. They also see value in supporting local journalists and content creators, so that they can become leading voices on these issues in their communities.

6

## ***Strengthening relationships and collaboration with organizations representing and working for youth, women, people with disabilities, and other vulnerable groups.***

To date, CTAP partners have engaged in their coalitions with many organizations working with vulnerable populations. These relationships have been fruitful, but the project has not yet paid special attention to the needs and challenges these groups face or sought co-creative solutions with them. CTAP partners see a lot of potential in building on the success of their work to elevate the voices of these groups, and work with them to advocate for improvements in their access to health services and civic rights.

7

## ***Strengthening peer-learning and collaboration across countries:***

The first two phases of CTAP have facilitated activities to enable peer-learning and cross-country collaboration. These exchanges have been helpful for partners in their daily work by allowing them to learn from each other, to get much-needed perspective on the challenges they are facing, and to carry out joint activities like events or campaigns. Going forward, CTAP partners would like to have more spaces for peer-learning and more opportunities to meet in-person with their colleagues to strengthen their connections and deepen collaboration.

# CTAP

COVID-19 TRANSPARENCY AND  
ACCOUNTABILITY PROJECT

