PEA - CARE's experience

London- 14th OCT 2014

Defending dignity.
Fighting poverty.

care

What is Political Economy Analysis?

*the interaction of **political and economic processes** in a society: the **distribution of power and wealth** between different groups and individuals, and the **processes that create, sustain and transform these relationships over time** (OECD-DAC)*

- *Emphasis on the centrality of politics*
- *Focus on understanding contextual realities*
- *Underlying factors that shape the political process*

	Traditional Context Analysis	Political Economy Analysis
Service Delivery	Poor service delivery outcomes are attributed to a range of technical, financial, capacity and organisational weaknesses within the sector concerned.	Analysis identifies **how** structures, institutions and stakeholders interact, and **why** different populations are prioritised, and who the **"winners"** and **"losers"** might be. Action is informed by an understanding of these constraints, where the most appropriate entry points might be, and the medium-term strategies to help overcome obstacles.

Why PEA in CARE?

- Bad governance has been identified as a UCP – need to make sure governance is incorporated into the analysis → PEA Guidance Note

- "**Tool approach**" to SA does not work: SA is a **political process**
- "**Strategic approach**": **plug into the context**, leverage opportunities, make the most of existing political accountability mechanisms (sandwich accountability), work with champions of change

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Thinking and working politically

PEA Guidance Note – what do we look at?

1. Category of analysis
   - Structures
   - Formal institutions
   - Informal institutions
2. Stakeholder Mapping and Analysis
3. Spaces

Level of analysis

- *Country*
- *Sector*
- *Local Level*

Structure

- *Features that affect the political economy of a country, sector or decentralized level.*
- *They tend to change slowly over time and are beyond the control of political agents.*

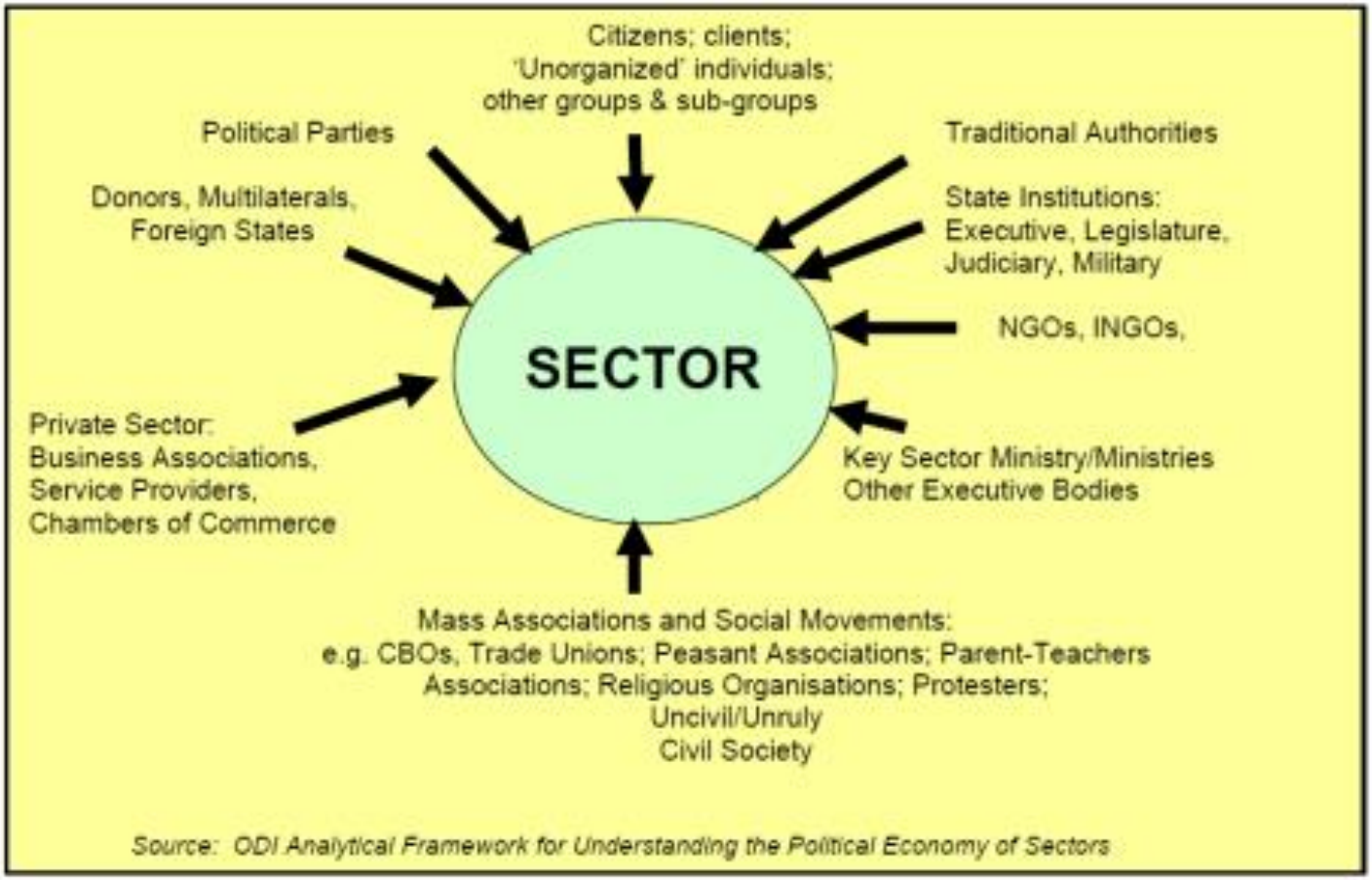
Formal Institutions

- Related to the "rules of the game"
- Rules and procedures that shape and constrains human interaction and individual choices
- Codified and have formal sanctioning mechanisms to make them effective

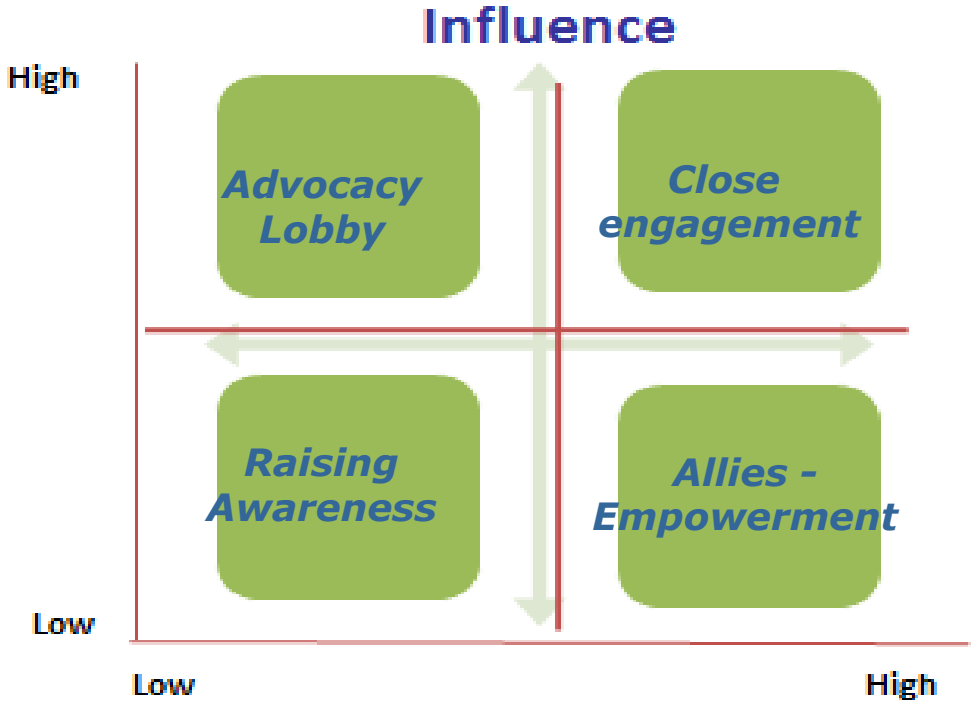
Informal Institutions

- Not formally codified
- enforcement mechanisms range from adherence to internalised norms, expectations of reciprocity, social shunning, threats and violence.

Stakeholder Mapping



Stakeholder Mapping 1



Stakeholder Analysis

- *Roles and Responsibilities*
- *Interests and Incentives*
- *Capacities and resources*
- *Links and Accountabilities*

Methodology: e.g. sector

1. ***Structures and Formal - Informal Institutions*** regulating the sector – mainly **desk based review**

2. ***Analysis of the main stakeholders - workshop***:
    1. Mapping players
    2. Analysis of the players
    3. Assessing relations between players

3. ***Analysis of the Governance Spaces*** *in the sector*

Lessons learned – How to do it?

- Need to create an **approach** that suits **NGOs way of working**
- Need **clear and simple guidance**: More guidance, been less generic and methodologically loose
- "**Knowledge deficit**": major shift in the way of working and needs to build capacities
- Need to set up a **participatory process** that relies on a consultant but also builds on the knowledge of local staff and peer organisations: Trade-off between quality and capacity building
- **Using the analysis**: "what to do on Monday Morning?"

Zambia

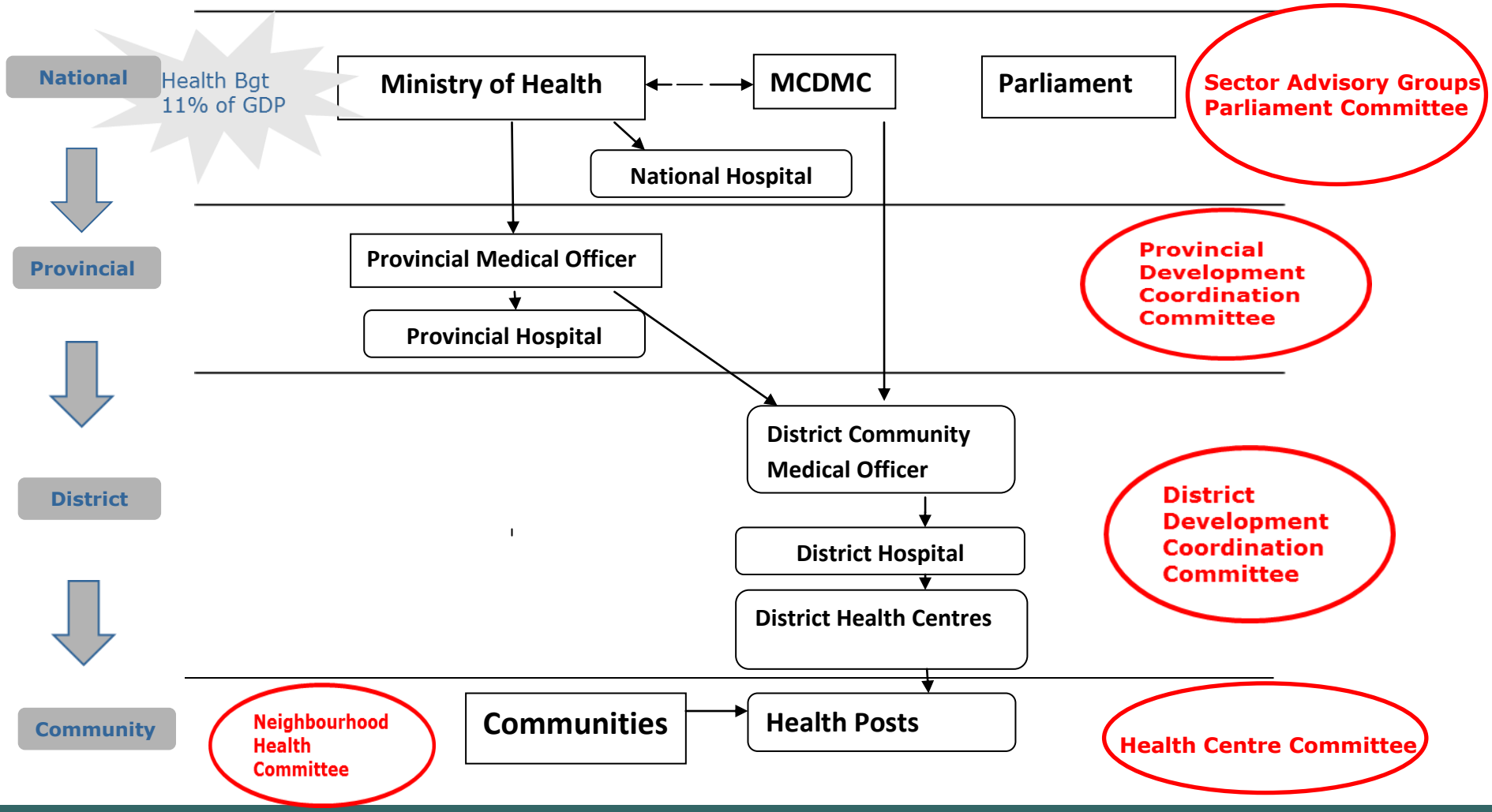
Research Question:

Given the current political economy context of the health system in ***Eastern Province****,* ***how can excluded citizens, particularly women, influence*** ***the quality health services delivered*** ***in the Province?***

Structural issues

- **Sectorial legacies:** Abolition of the Central Board of Health; re-centralisation of decision-making and take away voice from citizens

Formal Institutions



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Informal Institutions

- **Ideology:** Curative health - rural areas receive low bgt and health posts are in short supply
- **De facto behaviour:** District level does not want to report to MCDMC; staff refuse to move (prestige & money)
- **Social norms:** Women and girls in disadvantaged position (low education, child marriage, little participation)

Main Issues 

- **Budget for health services**: allocations, disbursements and use
- **Weak capacity of civil society** to engage in collective action, at all levels
- **Spaces for CS engagement**: limited inclusiveness of state led spaces at national, provincial and district levels
- **CS led spaces at community level are not well articulated and utilised**: users are poorly linked to the NHC, and NHC is poorly linked to the health facility (through the HCC)

Pathways of Change

SA approaches →

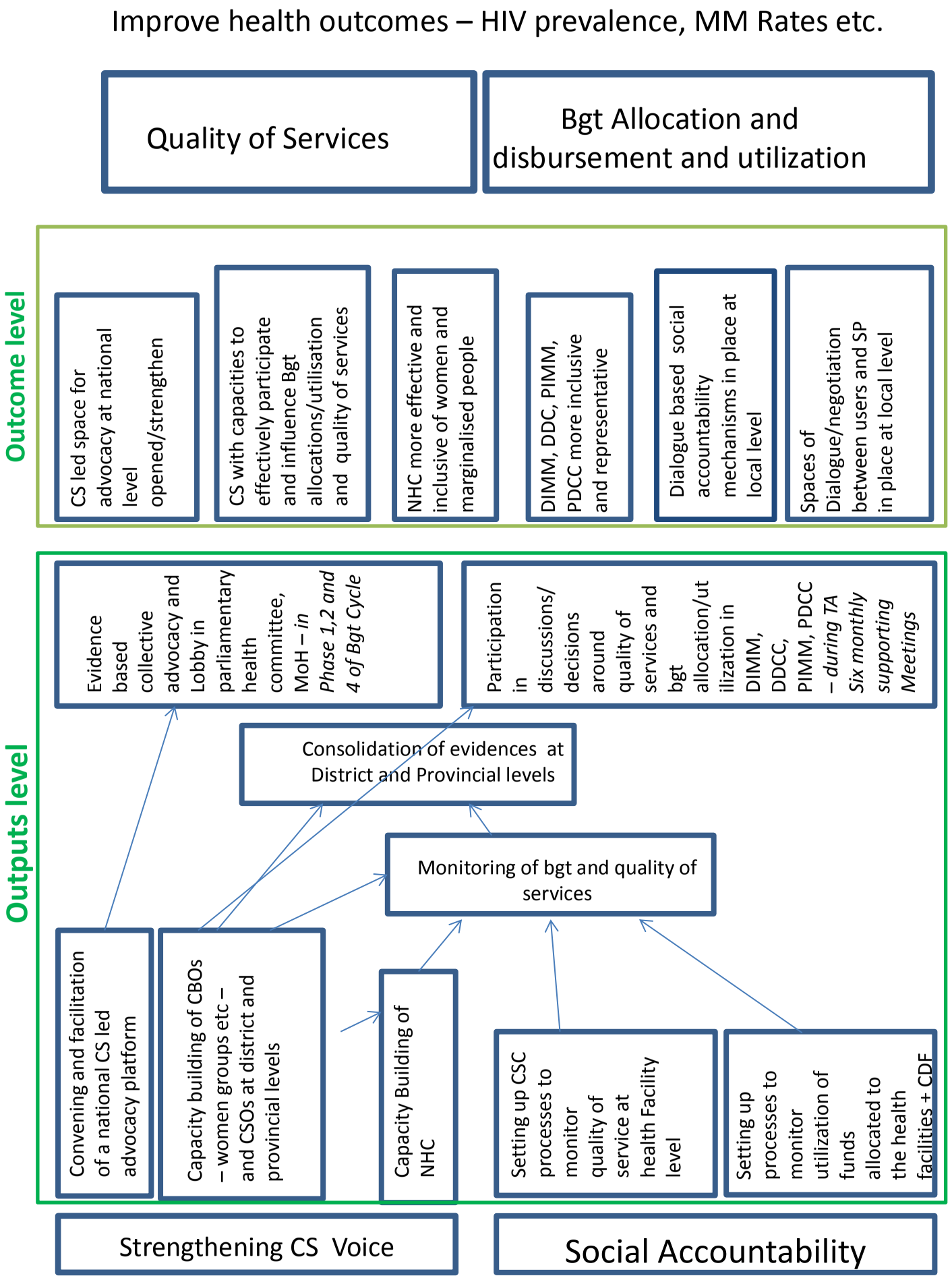
- CSC to monitor quality of health services
- Participatory Bgt monitoring

Strengthening CS →

- Neighbourhood health committee
- CS Platform at district/provincial/national

Strengthening spaces for participation →

- Health Centre committee
- District development CC
- Provincial development CC
- Sector Advisory Groups
- Parliament committees
- Technical Working Groups


Improve health outcomes – HIV prevalence, MM Rates etc.
Quality of Services
Bgt Allocation and disbursement and utilization
Outcome level
CS led space for advocacy at national level opened/strengthen
CS with capacities to effectively participate and influence Bgt allocations/utilisation and quality of services
NHC more effective and inclusive of women and marginalised people
DIMM, DDC, PIMM, PDCC more inclusive and representative
Dialogue based social accountability mechanisms in place at local level
Spaces of Dialogue/negotiation between users and SP in place at local level
Outputs level
Evidence based collective advocacy and Lobby in parliamentary health committee, MoH – in Phase 1,2 and 4 of Bgt Cycle
Participation in discussions/ decisions around quality of services and bgt allocation/utilization in DIMM, DDCC, PIMM, PDCC – during TA Six monthly supporting Meetings
Consolidation of evidences at District and Provincial levels
Monitoring of bgt and quality of services
Convening and facilitation of a national CS led advocacy platform
Capacity building of CBOs – women groups etc – and CSOs at district and provincial levels
Capacity Building of NHC
Setting up CSC processes to monitor quality of service at health Facility level
Setting up processes to monitor utilization of funds allocated to the health facilities + CDF
Strengthening CS Voice
Social Accountability

Conclusions ☺

- **Pick the right stakeholders**: Crucial to have buy-in of LA and SP – need to understand who are your allies/champion of change!

- **Pick the right level**: what is the right entry point?

- Plug into "**indigenous accountability system**": leverage what is already in place

Thanks! ☺

Questions?