



CEGAA

Centre for Economic Governance and AIDS in Africa
Accountable, efficient use of resources for wellbeing

ANNUAL REPORT 2016

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A MESSAGE FROM THE DIRECTOR

CEGAA has continued to show considerable growth in its tenth year. This has been due to our dynamic team of dedicated and skilled staff, our supportive and informed Board of Trustees, our committed and energetic partners throughout Southern and East Africa, and not least, our donors and clients who have continued to believe in our services and potential. I thank you all for your contribution, energy, enthusiasm and commitment, which have played an important role in driving CEGAA's vision forward.

“We are planning for expansion towards achieving enhanced economic governance in Africa”

We have been able to respond to needs timeously and professionally, meet the challenges head-on, listen and learn from each other, and thereby grow as a team and an organisation. We have made considerable progress in strengthening the capacity of both civil society and public officials to understand and manage public budgets for health and HIV/AIDS, to develop improved financial systems, to mobilise funds and to ensure their efficient use. We believe that these efforts will lead to improved transparency, accountability and ultimately, enhanced economic governance in Africa.

Importantly, CEGAA conducted a strategic review of its 5-year strategic plan, appraising our past performance to inform our strategic planning for the coming years. The findings of the Review have been invaluable and many of the findings and outputs will be shared in this Annual Report. The times ahead may be challenging, but certainly exciting, as we look forward to expansion and continued engagement with all our partners and colleagues, and strive to achieve our mission and vision.

We are planning for expansion towards achieving enhanced economic governance in Africa. Despite the clear downscaling of donor support for budget and advocacy work in South Africa and the region, CEGAA strives for excellence in its work, ensuring that African governments are monitored and supported to improve their governance systems and processes to improve resource mobilisation, allocation and utilisation on key health and other social development interventions.



Nhlanhla Ndlovu
1 March 2017

1. ORGANISATIONAL OVERVIEW

Mission:

CEGAA is a regional NGO committed to achieving efficient, effective, equitable and developmental economic governance responses to ill-health in Africa through capacity-building, research and advocacy with relevant stakeholders.

Vision

Our vision is for a world in which economic policies and financial systems allow for efficient, effective and equitable health and welfare systems that can respond to HIV/AIDS and TB and other development imperatives in a multisectoral way, leading to overall development and the achievement of the rights and wellbeing of all people.

CEGAA's Goal

Our goal is to improve economic governance, fiscal policy and financial management and accountability in the public sector, through the building of capacity and evidence for effective policy advocacy at all levels: senior public financial decision-makers, policy-makers, parliamentarians, financial and programme planners, managers and implementers, civil society and researchers.

Impact:

Improved African governments' economic response to ill-health and HIV/AIDS as a developmental issue.

CEGAA's Strategic Results Areas

After extensive review and planning, we have refined CEGAA's strategic results areas as follows:

- 1. Increased civil society influence in health and social sector budgeting and expenditure processes.*
- 2. Increased transparency and accountability of governments and other stakeholders for health spending in general and HIV/AIDS spending in particular.*
- 3. Improved use of evidence for effective allocations and spending on public policies, general health systems and disease specific-areas.*
- 4. Increased and improved spending for a multi-sectoral development response to HIV/AIDS.*
- 5. Enhanced influence through strategic global, regional and national opportunities for increased access to financial resources for the response to ill-health, including maternal and child health, reproductive health, HIV/AIDS and TB in Africa.*
- 6. Enhanced organisational functioning of CEGAA.*

CEGAA's Added Value

CEGAA has added value to a range of organisations in the region by:

- 1. Facilitating organisations' recognition of the budget as a tool for advocacy;*
- 2. Sharing a sound understanding of the regional health context and the dynamics of health sectors in respective countries;*
- 3. Providing resources and tools that are practical, effective and easy to use;*
- 4. Offering ongoing follow-up support and guidance;*
- 5. Enhancing the technical skills of governments, civil society and policymakers in the region;*
- 6. Increasing influence through strategic global, regional and national opportunities for greater access to financial resources for health in Africa.*

Our work is underpinned and governed by principles of participatory research, empowerment through the research process, and full ownership by our partners (civil society or government bodies) of the process, outputs and outcomes, for use in their strategic plans and advocacy campaigns.

Our unique niche

The Centre for Economic Governance and AIDS in Africa (CEGAA) was founded in 2006 to respond to the needs of African states and organisations requiring skills and support in budget monitoring and expenditure tracking of health funding in general, and HIV/AIDS funding in particular.

Each founding member of the CEGAA team has contributed the right combination of experience and knowledge to respond to these needs. The expertise accumulated by the leading CEGAA members has been developed and nurtured mainly through the work they had previously done for and through the AIDS Budget Unit of the Institute for Democracy in Africa (IDASA), which played a pivotal role in initiating and expanding HIV/AIDS budget work throughout Africa.

*The International Budget Partnership (IBP) supported CEGAA during our initiation stage by providing us with some *ad hoc* projects, and with subsidised office space for a year. We are grateful for these contributions and for the IBP's continuing financial support and mentorship.*

2. 2016 IN REVIEW

CEGAA's Key Strengths:

CEGAA underwent a strategic review in 2015/16 which combined elements of a traditional evaluation with elements of a strategic planning process, focused on the tactical positioning of the organisation as we grow and advance. The internal review component appraised the functioning of CEGAA's strengths, weaknesses, opportunities for growth and development, and lessons that were learnt. The external review engaged with the CEGAA team on issues of a strategic nature within the organisation, and with a range of stakeholders on CEGAA's impact and positioning.

The review indicated that CEGAA is evolving from a pioneering phase towards being an established entity, and from a small organisation to one of medium size. This implies a movement from a reactive stance to a grounded strategic response, from versatile functioning to an established approach with clearly defined roles, responsibilities and systems, and a greater emphasis on long-term programme planning as opposed to a project-focused approach to functioning.

Over our ten-year history, CEGAA has established an impressive track record in the field of economic governance and HIV/AIDS in Africa with a range of stakeholders and has become a sought-after service provider and partner. Success factors in CEGAA's set-up and initial ten-year period of functioning have included an in-depth understanding of the networks and role-players in the field, our niche as specialists in health financing, and the skills, knowledge and insights offered by the CEGAA team in the field of economic governance and HIV/AIDS in the region.

The review highlighted our key strengths as follows:

- *Our team of committed and skilled individuals*
- *Our reputation as a credible organisation with a reputation for excellence*
- *Our very strong technical skills in the field of HIV/AIDS, health financing and economic governance in Africa*
- *A work environment that enables a high level of outputs, characterised by flexibility, engagement and open communication, which has greatly facilitated the individual growth and development of respective staff members and the work of the team.*

During CEGAA's first ten years, we pursued a responsive functional approach, partly due to the organisation's pioneering phase, partly in response to sustainability and financial requirements, and partly as a result of our two-

pronged approach using both donor funds for community capacity-building and specific funds for research-based projects.

CEGAA's role was defined as a mission-driven NGO; however, based on demand, the organisation evolved and developed a wing that acted as a consultancy providing technical services. Synergising the two core roles has facilitated our heightened presence as an important role-player within civil society, amplified our advocacy voice and strengthened our ability to build financial sustainability as a credible service provider. In enhancing these two strategic areas, CEGAA has embarked on strategic planning for a coherent and yet diverse organisational roadmap, as the two require different kinds of inputs and approaches to growth, with the consultancy function being based on a business growth model, and the NGO function adhering to a developmental organisation model.

CEGAA's unique niche as an organisation lies in our coveted and scarce skills, which enable us to access valuable information that can leverage influence and change. Through the services CEGAA has provided to a range of governments, we have developed access to critical information and built important relationships with key decision-makers. CEGAA has sought ways to ensure that the information we gather and produce is optimally utilised towards a broader change agenda of securing access to health services for those affected by AIDS and TB in the region. Critical elements such as purposeful partnership-building and deepening our approach to regional interventions have been identified. Most significantly, CEGAA has recognised the need to establish a functional unit for advocacy in our new structure, the core role of which will be to ensure that information generated through our projects is applied to fulfil our change agenda. At the same time, it is important for external stakeholders to understand that CEGAA has been and continues to be engaged in strategic advocacy work at different levels, particularly in relation to our engagement with governments. This has included activities such as:

- *developing reports and information for government in ways that facilitate a change agenda;*
- *moving important information from government to civil society in ways that facilitate constructive engagement;*
- *strategically positioning the organisation to provide input into critical processes and to network with key decision-makers, and;*
- *identifying critical points of influence in the policy and budget process, whilst consciously mobilising these decision-makers to leverage change.*

Internal operations

Various areas of improvement have been incorporated into CEGAA's internal functioning, including the decentralisation and systemisation of management functions and processes. Measures have also been put in place to broaden the technical skills of the team, and internal financial management systems have been strengthened through a systems review conducted by Pro Mentor, who continue to work alongside us in reviewing systems and processes.

Technical Skills

CEGAA's primary focus for the next 12 to 18 months will be targeted on the following key areas:

The technical skills required to do CEGAA's work constitute an important resource. Therefore, we will be assessing the core competencies and skills required for us to continue to grow our profile and programming, and devising a systematic approach to capacity development that will source and cultivate these competencies for the organisation.

Expanding the Board

We will be seeking to appoint new Trustees to expand the Board in a strategic manner and to improve the governance of CEGAA.

CEGAA Organisational Development by FHI360/Capacitate

USAID, the funding source for the HE2RO FINCAP project, suggested that CEGAA should become part of their capacity building effort run through Family Health International 360 (FHI360). This effort provided an organizational assessment which then informed an organizational development component of FHI360. The main concern CEGAA staff had was CEGAA's sustainability. CEGAA and FHI360 then prioritized CEGAA's sustainability

assessment and planning in the package of services to be provided to by FHI360 to CEGAA. Capacitate was contracted by FHI360 to assist CEGAA with sustainability assessment and planning, and the initial workshop has been conducted by Capacitate (January 2016), Four CEGAA management staff and two board members participated in the sustainability planning workshop.

Overcoming challenges

The challenges which CEGAA has faced over our ten years of operation largely relate to issues of resourcing and alignment between organisational growth and systems and capacities. A dependence on project funding has compromised our ability to engage in long-term strategic interventions and has resulted in a constant juggling of cash flow, which in turn has impacted on decision-making in relation to human resourcing and other management issues. By integrating insights from our strategic review, we are aligning systems, roles, responsibilities and processes with the current phase of growth. In working towards securing additional core funding, we acknowledge and thank our project funders for their investments in us that have allowed us to expand and strengthen our work.

3. CURRENT PROJECTS: 2016/17

CEGAA undertook the following projects in 2016/17:

HE2RO-USAID (FINCAP Project of the INROADS Programme) grant to improve provincial HIV financial and programme management (5 years 2013 - 2017) in the provincial health departments and Provincial AIDS Councils. The project has achieved great success in uplifting the capacity of provincial programme and finance managers to develop sound business plans and prepare good quarterly expenditure and variance reports. The HIV and AIDS Conditional Grant Business Planning Tool that CEGAA developed, in partnership with SDC, has been used extensively in all nine provinces and provinces are now submitting budget plans with very little changes to be made after submission, and usually the changes are due to last minute budget changes by national government. The problem of unexplainable budget lump-sums which characterized provincial budget plans in the past has been resolved through technical support, where CEGAA staff worked with all provincial managers to break their unit costs down, and to develop very informative unit costs notes where lump-sums were involved and additional details are provided to make sense of what is contained in big figures.

Some specific achievements of the project during this period are:

- Ongoing review and upgrading of the HIV and AIDS Conditional Grant Business Planning Tool. The tool has gone through trial and error and has reached Version 6.0 which has addressed all the functionality issues provinces had with the old versions.
- Training of provincial and district HIV and AIDS programme and finance managers on the Business Planning Tool Versions 5 and 6.
- Provision of technical support to all nine (9) provinces on the development of the first draft of the 2016/17 HIV and AIDS Conditional Grant Budget Plans.
- Provision of technical support to NDOH on the review of the nine (9) provincial draft business plans.
- Participation in the quarterly provincial HIV and AIDS expenditure review meetings.
- Provision of distant or electronic technical support to provinces on an ad-hoc basis.

The CEGAA team has been encouraged to think more of the district part of the project as USAID is already moving the district direction. Fortunately, CEGAA has started making the inroads to the districts through FINCAP, and has some ideas of what needs to happen next to make an impact in government budget planning and implementation at sub-national level.

As part of the cost projections work for the HIV/TB Provincial Strategic Implementation Plans and training of provincial government managers to budget and track expenditures, the FIN-CAP project team has achieved the following:

- Sustained technical support to the provincial health departments for business planning and expenditure monitoring and reporting.

- Including quarterly expenditure review meetings with provincial health departments in conjunction with the National HIV/AIDS Cluster managers.
- Conducted training workshops for all PDOHs except for Western Cape who expressed no interest in the FINCAP training workshop.
- Conducted training workshops for all health districts (hosted at provincial level). The project scope covers two districts per provinces except one province with three districts covered in the project. However provincial managers felt the need to expose all districts to the trainings and technical support, and then organized provincial trainings involving all districts in each province. Further work is being planned to get the districts more involved in the technical support aspect of the project so that they can develop sound business plans and develop good reports for their provincial managers.

CEGAA received additional financial resources from SANAC to expand the project to the Departments of Basic Education (DBE) and Social Development (DSD) in the Eastern Cape (EC) and Mpumalanga (MP) Provinces. The project went very slowly due to access and buy-in issues, however as soon as the project was introduced there was great interest from the provincial departments in both EC and MP. The provincial departments were oriented to the approach, tools and lessons learnt from the FINCAP project involving the provincial health departments and Provincial AIDS Councils.

World Vision South Africa/EU Project

The project was launched in June 2015, seeking to combine community monitoring with budget monitoring to track progress on budgeting and implementation of primary health care policies of the health department as well as the scholar transportation policy of the education department. The project has kicked off well, though delayed. Our teams have conducted baseline studies in five districts in three provinces (two in KZN, two in EC and one in FS). We are working closely with WWSA to analyse the information and to design an intervention out of the findings, including a curriculum design to respond to capacity needs of community based organisations, schools, clinics and all the governance structures relevant to our intervention.

Open Society Institute for Southern Africa (OSISA) – Maternal, Child and Women’s Health Budget Project in Zambia

The project seeks to influence health policy implementation in order to improve health systems and the resultant health care services for women, new-borns and children. The project objectives include investing technical skills at national level for effective and efficient utilization of resources, expenditure tracking and output monitoring; Generating evidence on the budget and service delivery performance of the Ministry of Health in Zambia, and; Strengthening advocacy for improved health care programming and service delivery by decision-makers and service providers respectively. The ultimate outcome of the project is a patient-centred, accessible, acceptable and good quality health care services for patients in general, and HIV/AIDS and maternal and child health clients in particular. CEGAA has a sub-grant agreement with the Treatment Advocacy and Literacy Campaign (TALC) in Zambia for TALC to coordinate and lead the project at the country level.

The BMET process started with sensitisation meetings held in the Lusaka District for CSO members and government officials. These meetings were important in ascertaining the relevance of the BMET project, and to get inputs on how the project should be structured. The meetings went well, however with limited participation of senior government officials due to their busy schedules. Subsequently, TALC members visited those senior health officials to introduce the project, and to get buy-in which was important for accessing information. The project was well received, and CSO stakeholders are fully on board, including some government officials who are, unfortunately not senior enough to make the required decisions. The project staff will continue in the next project phase to lobby senior public servants to participate in the project activities, especially in strategic advocacy meetings where findings and resolutions will be tabled as the project continues.

Phase 2 of the World Health Organisation (WHO) Budget Monitoring Technical Support Consultancy (5 countries). Programme on Maternal, Newborn and Child Health (PMNCH).

Building on initial health budget advocacy work done in Kenya, Liberia, Sierra Leon, Tanzania and Uganda, WHO decided in February 2015 to replicate the project in five new countries, i.e. Zimbabwe, Zambia, Malawi, Ghana and Nigeria. CEGAA signed a contract with WHO for a technical assistance consulting role in the project.

Mapping of research & development (R&D) budget allocations and expenditures in South Africa, with a special emphasis on health R&D.

This tracking exercise indicates that the consolidated (provincial and national) government R&D expenditures have been steadily growing from R8.5 billion in 2012/13 to R11,7 billion in 2016/17. The budget is estimated to increase to R12,7 billion in 2018/19. In 2013/14 the total R&D expenditure grew by 15 per cent, whilst in the recent years it is planned to grow at a much slower pace, with the budget having grown by 4 per cent in 2016/17, and is estimated to grow by 4,5 per cent in 2018/19. These estimated growth rates are below the estimated average inflation rate of 6 per cent, indicating that the budgets are not enough to cover real costs, and that funding is not enough to expand on the current R&D plans because the funding will not allow it.

The South African government has demonstrated its commitment to innovation through nominal financial allocations in different ministries and programmes, and at both national and provincial levels. Despite the fluctuating allocations for R&D in some ministries and programmes, overall R&D spending in the public sector increases from R11.7 billion in 2016/17 to R12.7 billion in 2018/19, having seen a promising increase from R8,5 billion four years ago. Health R&D has also seen a minimal increase overall from R1,4 billion in 2012/13 to R2,2 billion in 2016/17, and some fluctuations between DOH R&D programmes. However, it is concerning that there is no real increase in the health R&D spending in the medium term, as the DOH R&D allocation increases normally by a mere 4 per cent on average, which is below a 6 per cent inflation rate, and thus reduces the purchasing power of the Rand for health R&D.

Moving forward, the government should assess its budget commitment to R&D, and calculate if the allocations meet the R&D needs of the public sector. Additional resources should be made available to enhance evidence generation and innovation, in order to design and implement sound policies and effective programmes. The government should also measure contributions of other sectors, such as donors and the private sectors, in R&D to ensure that its investments cover the high priority needs and plan to sustain R&D efforts should the other sources of R&D funding run dry.

4. CLOSED PROJECTS AND SHORT TERM CONTRACTS

ARASA

ARASA contracted CEGAA in 2015 to conduct a health budget exercise in Botswana, Malawi and Tanzania, in order to build evidence for Key Population advocacy campaigns demanding increased allocations for health and HIV/AIDS interventions generally, and for key population health programmes specifically. There were some delays in getting the countries involved, which delayed data collection and report writing. Once done, the reports presented interesting findings about how key populations health interventions and budgets did not appear in key government documents, and how difficult it would be to find any budget information attached to these groups. CEGAA prepared policy briefs as well as press releases for the country teams to modify for in-country advocacy purposes.

amfAR Data Watch Project

The project sought to examine opportunities to strengthen both data collection and utilisation to optimize needs based resource allocation for key population health needs at the local and national levels, in Kenya and South Africa. Specifically, the project sought to:

1. Review public systems and processes for resource allocation for health and HIV/AIDS interventions.
2. Review existing epidemiological data used in priority setting and resource allocation for key populations health interventions.
3. Highlight information gaps in resource allocation for key populations.

4. Develop recommendations for further research to inform health interventions to benefit key populations.

Two country reports were developed, presenting interesting findings from both countries. Most key population interventions were funded by donors, which threatened sustainability should the donors decide to leave the countries or run out of funds. CEGAA supported in-country budget advocates to generate local level evidence to challenge government structures to prioritise health investments in their domestic financing mechanisms to enhance ownership and reduce donor dependency.

5. MOVING INTO 2017/18 AND BEYOND

Strategic positioning for the next five years

The contextual issues highlighted in a paper developed in 2006, which outlines CEGAA's potential role, remain pertinent. The paper identified the need for an organisation that would link a research focus to one of advocacy, using research as an important tool for community advocacy initiatives to push for more efficient, effective and equitable HIV/AIDS services. Specific areas such as health system financing, community-level analysis, HIV/AIDS expenditure, costing and estimations of resource needs are all areas that were identified and have been taken up by CEGAA as relevant focus areas.

Our review of the African context has highlighted several critical factors, such as: too few resources, too many leakages, too much corruption, too low a voice for those who most need the resources to meet their requirements, inadequate oversight, and poor financial management systems, exacerbated by a lack of skills on the part of government officials. In addition, there is a lack of capacity at a civil society level to hold government accountable, and a dwindling donor interest regarding HIV.

Strategically, CEGAA will continue to focus on contributing towards enabling people living with HIV/AIDS (PLWHA) to access the health system and other services, and to engage on specific points within the budget cycle or economic governance systems that would have the greatest strategic impact. We recognise that the current context is characterised by a decrease in the size of the budget envelope and an increased demand for services.

- Building on CEGAA's historic strength of its in-depth knowledge base on HIV/AIDS and economic governance in the region, with clearer strategic results within the area;
- Engaging in programming with an emphasis on health systems strengthening in the response to ill-health generally;
- Taking an integrated approach that deepens the budget advocacy within the health sector, whilst giving meaning to a developmental response of governments to poor health and poverty;
- Amplifying the voices of citizens – and particularly women – in determining how resources are spent and holding governments accountable;
- Increased presence, impact and recognition by governments as key players for strategic planning and budgeting processes.

This review has yielded the following strategic implications for CEGAA:

- Purposeful partnership-building with networks and organisations that share our change agenda and can enrich CEGAA's advocacy strategies;
- Sustained relationship-building with a range of stakeholders, including civil society, government and donors;
- Widening the resource base for delivery on CEGAA's programme;
- Expanding the technical skills base within the organisation;
- Consolidating our presence in countries where we have been working, such as South Africa and Kenya;
- Deepening our approach to regional interventions, resulting in more sustained evidence-based interventions.

The CEGAA team developed a *Results Framework* which articulated the results we will focus on over the long-term and the specific strategic results we have set for the next five years. Short-term results that contribute towards the achievement of these strategic results have also been identified within each area.

CEGAA's key contribution towards societal change is captured within our two overarching strategic results, which concretely express how we see ourselves implementing our mission statement moving forward:

- (1) Active engagement by civil society in holding governments accountable for effective resourcing of their responses to ill-health which is symptomatic of poverty and vulnerable people's inability to access quality health-care and other developmental resources, and
- (2) Increased effectiveness of the use of financial resources by African governments to strengthen their commitment to sustainable development goals broadly, and health and gender specific goals in particular.

In pursuit of these overarching strategic results, CEGAA is focused on achieving the following strategic outcomes over the next five years:

1. Increased civil society influence in health and education budgeting and expenditure processes;
2. Increased transparency and accountability of governments and other stakeholders for health spending;
3. Improved use of evidence for effective allocations and spending on HIV/AIDS and related health systems;
4. Increased and improved spending for a multi-sectoral developmental response to HIV/AIDS;
5. Enhanced influence through strategic global, regional and national opportunities for increased access to financial resources for health in Africa;
6. Enhanced organisational functioning of CEGAA.

Results (1) and (2) relate directly to strengthening CEGAA's role in supporting and informing advocacy initiatives by civil society in demanding equitable, efficient and effective service delivery.

Results (3) and (4) relate directly to CEGAA's role in building the capacity of government to improve management of financial resources for health for optimal impact.

Result (5) will serve to take our advocacy work to a regional and international level, whilst building and consolidating important relationships in the regional and international arena.

Result (6) focuses on the internal functioning of the organisation, which is crucial for achieving all our strategic results over the next five years.

The strategic results provide the framework for all our programming, including any new projects and interventions that CEGAA may embark on in the next five years.

CEGAA's Capacity Enhancement Efforts

CEGAA continues to develop and deliver training modules on health financing, costing, budgeting, financial management and community monitoring tools. One such workshop was delivered to ARASA members to equip key population groups with skills to track government health spending and results and advocate for sound and impactful domestic resource mobilisation for health.

At programming level, organisational tools for capacity development have been consolidated and are being enhanced. The steps taken include customising training approaches through the use of local case studies relevant to the country and the particular network, foregrounding the advocacy components within the training, and being more responsive to the capacity levels of respective participants.

- focusing on supporting partners to engage with political processes;
- facilitating local partners' ownership of these processes for effective implementation;
- sharing good practice and experiences of BMET advocacy across the region, and;
- where possible, asking partners at the start-up research phase to explore additional avenues for funding the advocacy component.

6. STAFF AFFAIRS AND ORGANISATIONAL WELLBEING

The CEGAA Board of Trustees ensures that CEGAA is a safe and conducive environment for productive and satisfied staff. It does this through sound organisational policies and practice. CEGAA's organisational culture allows for an environment of learning and high quality performance whilst simultaneously ensuring staff wellbeing and protection from any form of danger or harm in the workplace. Policies are in place to protect CEGAA staff and its clients or stakeholders from any form of abuse or inappropriate behaviour. Disciplinary measures are in place to ensure that inappropriate behaviour is punished. Such behaviour may include verbal and non-verbal action, such as sexual harassment, verbal abuse, or any form of action by a CEGAA member that is seen as offensive to the other, including women and children. CEGAA does not tolerate inappropriate behaviour and will take all necessary action, including suspension, firing and legal procedures in a court of law to punish such behaviour.

7. THE CEGAA TEAM:

TRUSTEES, STAFF AND RESEARCHERS

Alison Hickey-Tshangana, Trustee

Currently working as an independent consultant in the areas of urbanisation and human settlement policy research and development, Alison has served on the Board of CEGAA since its founding. She has senior management experience at provincial level in both the housing sector and Treasury. As Director: Policy, Research and Information Management at the Western Cape Department of Local Government and Housing, she was responsible for developing Western Cape housing policy. Her areas of interest include human settlement policies and programmes, intergovernmental finance, and public expenditure analysis of HIV/AIDS. Alison spent two years heading the budget office at the Western Cape Provincial Treasury. During her four years at IDASA, Alison spearheaded the AIDS Budget Unit, which undertook research and capacity-building activities on budgeting for government's response to HIV/AIDS. Alison obtained a Master's Degree in Public Policy from the Kennedy School of Government at Harvard University in 2000, having earned her Bachelor's degree in Political Science (*cum laude*) and Religious Studies from Brown University in Rhode Island, USA, in 1994.

Clinton Langenhoven, Financial and Human Resources Manager

Clinton is an accountant by profession and responsible for all CEGAA's Finance and Human Resources activities. Prior to joining CEGAA, he served for five years as Financial Manager of Disabled People South Africa. In 2010, he successfully completed his BCompt. Honours degree, majoring in Financial Accounting, Auditing and Taxation. As a keen sportsman, he avidly competes in the annual Argus Cycle Tour and plans to undertake a course in Sports Management.

Jacky Viglino, Project Office Manager

Jacky has extensive experience in office and administrative management of non-profit programmes, gleaned at organisations such as Impumelelo, IDASA (AIDS Budget Unit) and the International Center for Transitional Justice (ICTJ). She joined CEGAA in 2010 and is responsible for our overall office and project management functions. She holds a postgraduate degree, a Project Management Certificate, and a Small Business Management qualification. Jacky is also one of the founding members of the organisation and has served on the Board since its inception in 2006.

Joshua M. Karume, Researcher

Joshua is a development practitioner from the DRC who joined CEGAA in September 2010 as the Field Supervisor and Data Collector for our NASA project. He was a researcher at the Development Research and Advocacy Project in Durban and an academic mentor and tutor at the University of KwaZulu-Natal (UKZN). He has served as a peace activist and facilitator, and conducted research in Gender Studies and Peace Studies. Joshua holds a Master of Commerce degree in Peace Studies (UKZN), an Honours degree in Peace Studies and Conflict Resolution (UKZN), a Bachelor's Degree in Rural Development (ISDR-Bukavu) and a Diploma in Theology (Life Centre International College, Durban).

Lloyd Lotz, Trustee

Lloyd Lotz is a lecturer in Law at the University of KwaZulu-Natal, Durban, teaching Street Law, Delict and Introduction to Law. He has co-authored several books, and presented papers at several local and international conferences. He runs workshops for professionals on aspects of medical law, crimes against women and children, and HIV/AIDS and the law. He has consulted for the Socio-Economic Rights Project at the Community Law Centre of the University of the Western Cape, SAHRIT (Zimbabwe), and UNICEF, and worked with the Department of Law at the University of Dhaka in Bangladesh on law and social justice. Lloyd is a director of Street Law South Africa, a human rights education organisation based at the University of KwaZulu-Natal.

Nhlanhla Ndlovu, Director

Nhlanhla is the director of CEGAA responsible for the organisation's strategic direction and leadership. He reports to the CEGAA's Board of Trustees and oversees CEGAA's programmes, administration, research and stakeholder relationships. Nhlanhla has a Master of Philosophy Degree in Public Policy from the University of Cape Town, an Honours Degree in Commerce from UKZN, and a Bachelor's Degree in Social Sciences, also from UKZN. He has lectured on Business Administration and Industrial Psychology, serves as Treasurer of the Board of Directors for SECTION27 incorporating the AIDS Law Project (ALP), and is a Member of the Rural Health Advocacy Project (RHAP) Board.

Portia Motsoeneng, Researcher

Portia is a researcher in the CEGAA team, holding a Master of Public Health Degree. She is responsible for provincial level capacity building and technical support to provincial health HIV programme and finance managers on business planning, expenditure tracking and reporting.

Silindile Shezi, Programme Manager

Silindile Shezi has immense passion for social and rural development, with an interest in systems and policies aimed at enhancing the general welfare of poor communities. At CEGAA, he heads CEGAA projects and supervises the research team. He focuses on capacity-building and HIV/AIDS expenditure tracking surveillance, which is a critical activity aimed at enabling South Africa to monitor its spending according to its National Strategic Plan for HIV/AIDS (NSP). Silindile has previously worked as a Senior Agricultural Economist for the Western Cape Department of Agriculture. He was responsible for market research on value-adding with specific emphasis on the new agricultural industries, and in evaluating the effect of international, national and provincial marketing trends and policies in agriculture. He holds a Master's Degree in Commerce specialising in International Economics and Managerial Finance. He has also worked as an academic and lecturer in Economics, Managerial Economics and Marketing Finance.

Siphethelo Simelane, Researcher

Siphethelo is one of CEGAA's researchers responsible for economic research activities including monitoring of budgeting and spending on health-related matters. He holds a Master's Degree of Commerce in Economics. His interests include tracking government spending on research and development (R&D) to ensure that government's decisions are evidence-based and that the country is informed to make and implement sound policies. He has a good understanding of government systems and processes and is able to provide advice to government officials on how to improve their budgeting and spending, and also provide costing support to ensure that budgets talk to real cost estimates and that cost estimates are sufficient to respond to community needs.

Mlungisi Majozi, CEGAA, Bachelor of Technology in Public Administration

Mlungisi works as Junior Researcher at CEGAA, responsible for the coordination and facilitation of community research into government planning, budgeting and delivery of community health services, working in close collaboration with civil society partners and sub-national government officials. He has experience working with the Treatment Action Campaign and its members, and has vast experience of facilitating community level research involving health care beneficiaries and providers.

8. FINANCIAL STATEMENTS

CEGAA's 2015/16 to 2016/17 financial statements are attached to this reporting, indicating the audited organisational income and expenditure for these two financial years.