Automate the collection and importation of government data

1. identify the data to use for estimating government health expenditure

It is important to identify what is or what are the best sources of data that will provide :
  - executed expenditure amounts (and not budgeted or committed);
  - sufficient detailed information to best map expenditures against the several 2011 classifications (in particular functions, diseases, age, factors provision).

If automation is more easily guaranteed when there is only one source of data, it is still common for teams of health accounts to use a combination of data sources, such as Ministry of Health and District health expenditures (the latter for more details on spending by districts).

Some examples:

DRC: in the Democratic Republic of Congo, it was necessary to use the State budget records to monitor government expenditure, and complement it with data collected at regional level (by survey) on details of expenditures incurred by the health districts. Finally, when reports are re-edited following audits, the amounts are checked to confirm the exact amounts spent. This can even be done after the release of health accounts and may revise the first estimates.

Uganda: Uganda's "final accounts" are used for the amounts executed and completed by performance accounts to get details of the activities at the district level.

Tanzania: Tanzania used budget files for the details by activity they provide, and expenditures for the amounts. The two files are linked through the budget code.

The Burkina Faso and Niger: Burkina Faso used the ministry of health strategic plan expenditure report. Its level of details is richer than the data provided by the Ministry of Finance (SIGFIP). The data that the Ministry of Finance provides through action plans includes details on inputs used and support the mapping of the classification of factors Provision (FP) for each amount of the Ministry of Health file.

2. One unique budget code for each amount

Expenditure files obtained by the Ministry of Finance will include budget codes as defined and presented in the book of budget codes. The codes are typically composed of several groups of numbers juxtaposed, each group having a meaning. For example, the first two digits are unique for each ministry; the following four codes indicate the structures incurring the expenditures (office, hospital, etc.). The following group of codes generally describe the type of inputs used.

Files from the Ministry of Health are usually organized by functions or activities and the structure of these files is not necessarily systematically encoded as are the records of the Ministry of Finance. For this reason, it is necessary to supplement or create a grid code that will take the different information in a systematic way so that each activity has a unique code and each code is assigned to only one expenditure that will remain the same each year. All this information will be concatenated to form a single integer code (see attached Excel functions).

Some examples:

In Burkina Faso, the information from the Ministry of Health was available as shown on the left, and was coded as shown on the right:

3. Linking two additional files

Detailed data obtained from the Ministry of Health will probably be supplemented by data on expenditure on inputs by activity that the ministry of finance. It is therefore necessary to establish a correlation table between the system proposed by the Ministry of Finance (eg SIGFIP) and classification of factors providing the input SHA 2011.

A distribution key will be prepared for each type of activity (groups of activities used in the reporting system of the ministry of health), using a sample of expenditures by activity. These distribution key will be used to map FP of each activity.

Examples:

In Burkina Faso, distribution key 1 will be used for training, workshop, preparation of documents, supervision, meetings, etc.; key 2 for activities of monitoring and evaluation; key 3 for dissemination, organization of day; etc. ...).

4. Importing the data into the production tool

The health accounts team will import government data that would have been exported from the system, and assigned budget codes (supplied or concatenated), and formatted in Excel as per the description below:

Amount	Budget Code	Additional descriptive information
MANDATORY	MANDATORY	Optional (up to 5 columns)

The steps in the tool are:

1 - specify in module 3.5 that a gvt source of data that will be used will be the Ministry of Health (add the Ministry of Health under the module 3.5);

2 - import data in module 4.5, and link fields:
- Budget Code
- Amount
- Source (actor) government data (as specified in 3.5);

3 - encode data in module 5.5 (select the actor specified in module 3.5 in the top left corner of the screen (1)).

5. Map the first year data

The first year, each expenditure (amount) will receive a code for each classification. Typically, the budget code informs the source of funding (which will encode classifications and FS.RI FS), the provider (which informs the HP classification), activities (which will inform classifications HC, DIS, AGE, and PNDS if the team has added this last classification), region or district (which informs the REG classification that the team will choose to add or not).

Regarding factors provision, if the team uses distribution key prepared with the file of the Ministry of Finance, these keys can be imported into the library of split rules (Module 5 - select rule - import) and thereafter they will be used for the relevant activities.

6. Use the budget codes to encode the government data imported in the following years

Each year, it will be possible to encode government data from the same source using the common budget codes. The first year, the work is time-consuming to encode precisely all amounts with all classifications chosen by the health accounts team. In some cases, the team will distribute an expenditure between two or more codes, such as between two or more functions or factors provision. These distributions may not have the same proportions from one year to another and the team will want to review these amounts in subsequent years. To do this, it suffices to click on "review for future."

The following year, the MoH health care expenditure file will be imported as in year 1, with a budget code for each amount. The team will then ask the tool to encode the amounts and their unique budget code using the mapping work of the previous year: