

DOLLARS AND \$ENSE

Budget Advocacy for Reproductive Health Event Report

Suzanna Dennis
January 29, 2014

In recent years, organizations across the globe have undertaken advocacy to mobilize government funding to meet public sector reproductive health needs, particularly for family planning. But to date, there has been little sharing of experiences across projects and countries. On November 14th, 2013, PAI convened an inaugural roundtable bringing together project managers and staff working on reproductive health budget analysis and advocacy. The purpose of the event was to increase information-sharing and strategizing among practitioners. The event was held alongside the 3rd International Conference on Family Planning in Addis Ababa, Ethiopia.

The conversation in Addis was structured around a set of questions that had been crowd-sourced ahead of the meeting:

- 1 How do participants understand budget advocacy for reproductive health?
- 2 How can advocates reach the lowest levels of government to ensure that they prioritize reproductive health in their plans and budgets?
- 3 How can organizations get and maintain the attention of policymakers in the health budget process?
- 4 What are the biggest budget advocacy successes, and how were they achieved?
- 5 What kind of information or resources would practitioners like to learn from or share with colleagues in the future?

The discussion questions stimulated a rich conversation that we analyze and summarize in this report, organized by theme. We conclude by highlighting next steps, including a follow-up meeting and the establishment of a mechanism to enhance coordination and collaboration between practitioners in the future. Annex 1 contains a list of participants. Annex 2 includes

information collected on colleagues' projects ahead of the event. Annex 3 is the concept note for the event.

DEVELOPING A COMMON UNDERSTANDING OF THE FIELD

Over the last decade, there has been growing recognition of the importance of mobilizing government funding for meeting reproductive health needs, even in low-income countries.

This is notable in a field which continues to be highly dependent on donor funds. This focus on government funding came about for a number of reasons, including: recognition by civil society organizations that governments should take responsibility for ensuring the rights of their citizens; acknowledgement that a reliance on donor funding is unsustainable because aid can be unpredictable, unreliable, or come with harmful restrictions; and donor requirements that governments take on a greater share of funding for reproductive health services.

Budget advocacy for reproductive health is a diverse field. Simply put: budget advocacy for reproductive health uses budget information to create messages with an “ask” to advocate for policy change. Civil society advocacy often involves influencing the budget allocation for reproductive health, either through building political will or facilitating accurate cost estimates for programs and supplies. It also involves comparing the budget allocation with actual spending, and assessing gaps between actual funding and needs/costs. Access to information is essential for budget advocacy to be successful. For example, Zambia committed to increase their (family planning or contraceptive) budget by 200 percent, but civil society organizations (CSOs) are unaware of the baseline amount.

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Budget advocacy takes place at all phases of the budget cycle and with various actors. Before planning any activity, advocates need to map the budget process and make sure to engage at the right moments in the budget cycle. Local leaders responsible for funding family planning programs in decentralized settings often request help with budget planning and defense. Parliamentary champions have been useful in helping defend Ministry of Health budgets during budget hearings.

There have been some big successes in budget advocacy in recent years. For example, in Uganda, Partners in Population and Development Africa Regional Office and its partners lobbied the Ministry of Finance, Planning and Economic Development to increase the government’s expenditure on contraceptives and select reproductive health supplies more than five-fold from FY 2009/10 to FY 2012/13. The government of Uganda has become a leader in financing, increasing its contribution to the country’s provision of contraceptives from less than 5 percent in FY2009/10 to 36 percent in FY2010/11.¹ In Tanzania, in response to Health Promotion Tanzania (HDT) and colleagues’ work, the government established budget lines for contraceptives at the national and district levels and members of parliament formed an active family planning club. Also in Tanzania, Pathfinder International partnered with a local research institution and the government to ensure that family planning is present in PlanRep, the district budgeting tool. More work is needed to document and share these experiences.

BEST PRACTICES, TOOLS & TACTICS

Organizations use various approaches to strengthen their ability to do budget advocacy. A minority of organizations have a full-time budget expert on staff, though many project managers have attended trainings to bolster their budget analysis skills. Reproductive health organizations do not need to be experts. Staff members can easily learn the basics of how to access information and do simple analysis. The biggest difficulty can be getting the right information

(both in terms of raw data and analysis used), and then using it to tell a compelling story that touches the target audience. To gain access to difficult-to-obtain information and do complex budget analysis, organizations with limited in-house capacity often partner with technically savvy organizations and consultants. DSW’s work follows a model where: in Year 1, they hire consultants to do the baseline analysis; in Year 2, consultants train project officers, and do analysis together; in Year 3, the consultants supervise the work; and in Year 4, the consultants leave.

Effective engagement with policymakers is essential to gaining access and achieving results. It is important to gain policymakers’ trust by being transparent about objectives. It is also essential to build policymakers’ capacity on family planning and work with them in a collaborative way. It is useful to develop relationships and work with champion members of parliament, technical officers, district/council officials and clinical officers, etc. to get timely, accurate financial data. It is important to use information in a constructive manner to maintain relationships and have the desired impact. **Decentralized budgeting and planning requires advocates reach the lowest levels of government to ensure that they prioritize reproductive health.** Understanding the context is important. There are typically three funding streams for family planning coming to local governments: (1) supplies; (2) conditional grants from the Ministry of Health (MOH) to implement district activities (unless MOH implements them directly); and (3) locally generated revenue. In Tanzania, districts budget for the program costs of family planning programs while the national government budgets for contraceptives. Kenya is moving from a “push” to a “pull” model, where county-level facilities request commodities they need. DSW is doing trainings in four counties to help them with planning and budgeting. Some county officials are resistant; others are supportive.

In Tanzania, HDT is engaging with district medical officers and reproductive & child health coordinators to access district directors, who can grant permission to go to district councils with

messages. This approach has yielded good results. It is important to gain the trust of decision-makers at local levels and work with them in generating locally-relevant data. Advocates can work with local leaders to identify solutions and link budgets and reproductive health. For lasting change, it is important to work with and educate citizens to become more engaged with their policymakers.

NEW FRONTIERS IN BUDGET ADVOCACY FOR REPRODUCTIVE HEALTH

Budget analysis is a powerful tool to promote rights and empowerment. It is important to see whether public funds disproportionately benefit certain geographic areas or populations. Budget analysis can assess whether the contraceptive methods that facilities request match the method mix that facilities receive. This has an impact on whether women and girls who rely on those facilities can access the methods that meet their needs. Also, contraceptives are not equally accessed even when they are free: access tends to favor the urban rich overall, and the urban poor over the rural poor. Future work is needed to map public expenditures to pockets of need.

Sexual and reproductive health programs are budgeted in lots of lines, and include more than contraceptives. These line items include salaries, training, outreach programs, education, and more. Many efforts focus on contraceptives because they are relatively easy to track, but other costs are equally important for strong programs.

There is a need to strengthen supply chains that support commodity distribution, but little understanding of how supply chains are funded across countries. Latin American countries typically allocate 20 percent of contraceptive budgets to supply chain maintenance and commodity distribution. In Kenya, it is 10 percent.

One of the greatest challenges is measuring the impact of budget advocacy work. Some budget tracking work is real-time monitoring of budgets, so any monitoring of the work needs to be flexible. It is hard to know what to measure since

the short-term objectives evolve. That said, it is important to identify objectives (define success or intended impact), then establish benchmarks along the way, like getting access to information, using the information, etc. Advance Family Planning measures impact by delineating steps and benchmarks within the budget process, and identifying objectives along the budget cycle. Once one objective has been achieved, say an increased in the budget allocation, it must be revisited in the next phase of the budget cycle to ensure follow-through. Budget advocacy is a circular, rather than linear process.

Using effective messaging that gives meaning to the numbers is an important challenge. For example, in Mexico, the disbursement of funding from the federal government comes so late that states end up returning 70 percent of it. This data alone is useful for advocacy. But to develop a more powerful message, it is essential to bring in a human face that resonates with audiences.

NEXT STEPS: CULTIVATING THE FIELD

There is a huge opportunity for practitioners to share information and tools, to contribute to a broader body of work, and nurture the next generation of projects. Program managers and staff currently rely on personal relationships to share information, tools, and strategies. With limited communication there is potential to duplicate work, and multiple requests for the same information can overburden government officials. There is also a missed opportunity to share resources and tools—such as budget documents or interview questionnaires—that could benefit other projects.

Establish a mechanism to continue communicating, sharing information and resources. The best mechanisms to facilitate communication and sharing would be regular conversations by phone, skype, or in person quarterly, or twice-yearly; and an online repository for information. The types of information that would be useful to share are: budget documents, with the ability to make comments on why the document is important/useful; budget analysis and advocacy

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tools; resources to build the capacity of decision-makers; publications; best practices in terms of data visualization; and tools for building the capacity of local CSOs to mobilize resources to support their work.

PAI is excited to carry forward this important conversation, and nurture a strong community of reproductive health budget analysis and advocacy practitioners. We are currently exploring venues (including spaces for virtual participation) and preparing to convene a follow-up meeting in the first half of 2014. If you are interested in being part of the conversation, please contact Suzanna Dennis at sdennis@popact.org.

¹ http://advancefamilyplanning.org/sites/default/files/resources/Uganda_policy_brief.pdf

ANNEX 1. LIST OF PARTICIPANTS

Amos Mwale	Youth Vision Zambia
Caroline Poirrier	Results for Development
Christine Lasway	FHI360
James Mali	Health Promotion Tanzania (HDT)
Jesse Rattan	CARE
Kim Brehm	The William and Flora Hewlett Foundation
Laura Malajovich	International Planned Parenthood Federation WHR
Margot Fahnestock	The William and Flora Hewlett Foundation
Moses Muwonge	Health Logistics Consultant
Peter Ngure	DSW (Deutsche Stiftung Weltbevölkerung) Kenya
Rebecca Koladycz	International Planned Parenthood Federation WHR
Sabrina Karklins	Johns Hopkins School of Public Health, Gates Institute
Suzanna Dennis	Population Action International (PAI)
Suzy Sacher	John Snow International (JSI)
Wendy Turnbull	Population Action International (PAI)

**ANNEX 2. INFORMATION ON CURRENT BUDGET ADVOCACY PROJECTS
NOVEMBER 14, 2013****Center for Study of Adolescence (CSA), Kenya**

Since 2011, CSA has collaborated with local partners in Kenya to galvanize support for increased budget allocation for reproductive health/family planning in Nairobi County. Specifically, CSA and its partners sought to enhance the participation of Kenyan members of parliament (MPs) in monitoring the health sector budget. Their outreach efforts included forming a toolkit for budget monitoring and working with MPs to understand how to use the toolkit to review the budget to ensure adequate funds are allocated for health annually.

Deutsche Stiftung Weltbevölkerung (DSW)

In Kenya, the DSW led *Healthy Action* project enhanced non-state actors and citizens' knowledge and skills in budget advocacy to enable their meaningful participation in decentralized policy and budget decision-making processes. NSAs and citizens were mobilized through civic education processes, educated on government budget cycles, and engaged in budget studies and advocacy strategy development. The empowered NSAs and citizens, in collaboration with DSW, organized consultative forums to build community consensus on their most pressing reproductive, maternal, newborn and child health (RMNCH) financing needs and petitioned for the re-prioritization of RMNCH into facility, national and donor budgets.

Health Promotion Tanzania (HDT)

HDT is engaged in advocacy to increase the family planning budget at the national and district level under the Advance Family Planning (AFP) project. As profiled in their *Influencing Government Health Budgets in Tanzania* report, HDT recently examined the non-commodity costs of providing reproductive health services like outreach and demand creation. Since service delivery is largely done at the local government level, HDT led a coalition to advocate for allocation for family planning in the local budget in the Kinondoni district. By 2014, HDT will be working in eight districts largely in the Lake Zone of Tanzania where health service coverage is the lowest.

Health Rights Advocacy Forum (HERAF), Kenya

HERAF conducted research to assess the Government of Kenya's budget allocation and expenditure for contraceptives in recent financial years and determine the factors influencing family planning program budget allocation and expenditure. From their research, HERAF found that the government

allocation is not sufficient to meet the public sector family planning needs and is inhibited by budget ceilings set by the Ministry of Finance. HERAF is a partner within PAI's *RH Budget-Watch* project.

International Planned Parenthood Federation Western Hemisphere Region (IPPF-WRH)

Through the *Joining Voices for Accountability Initiative*, IPPF WHR has focused on strengthening the capacity of CSOs to hold national governments accountable for their commitments to universal access to sexual and reproductive health services and gender equality. Managed by a consortium led by IPPF/WHR in partnership with IPPF's European Network, *Voices* is a five year project being carried out in five countries in Latin America (Dominican Republic, Peru, Mexico, Bolivia and Panama) and six countries in Central Asia/Eastern Europe. The project works to develop robust CSO coalitions, fortify partner advocacy skills and strategies and demand transparency and responsiveness from country governments.

John Snow International (JSI)

The USAID | DELIVER PROJECT has recently developed a guide called *Enhancing Contraceptive Security through Better Financial Tracking: A Resource Guide for Analysts and Advocates*. This guide helps stakeholders monitor financing trends and map funding flows to determine how best to mobilize resources for contraceptives. The project piloted the guide in Ghana and then, with Advance Family Planning, in Uganda. The project has now begun to use the guide to further build in-country capacity for quality financial tracking and evidence-based advocacy, with assistance from PAI. The USAID | DELIVER PROJECT is currently developing a training curriculum to complement the guide; USAID | DELIVER will conduct the training and work with training participants to implement finance tracking action plans. In addition, the project collects information annually from approximately 45 countries through the Contraceptive Security Indicators survey. This information includes information about funds needed, committed, and spent on contraceptives. This data and related dashboards, maps, and other resources are available on the USAID | DELIVER PROJECT website (deliver.jsi.com).

Pathfinder International, Tanzania Country Office

Pathfinder and Ifakara Health Institute conducted a study to assess how the district-level planning and budgeting process affects resource allocations for family planning. The researchers established how districts plan and budget for family planning, identified different segments of the service package, and determined the proportion of the family

planning budget against the overall district health plans. Results showed that budgets for family planning were by far smaller than needed, especially where partners are absent. Targeted, evidence-based advocacy helped decision-makers, partners and the Ministry of Health decide on strategies to ensure that family planning is accounted for in district health plans. Pathfinder International, Tanzania Country Office is a partner within PAI's *RH BudgetWatch* project.

Population Action International

In January 2012, PAI launched *RH BudgetWatch*, a two-year project to promote access to contraceptives by fostering greater oversight over budget expenditures as well as allocations. The project aims to 1) build evidence on the proportion of national budget lines for contraceptives that are spent, and identify the essential factors that facilitate complete expenditure and programming of funds; 2) enhance the capacity of PAI and its partners to analyze and influence budgets for RH supplies; 3) promote robust and effective funding for reproductive health in the long term. This work is undertaken in collaboration with national partners in Kenya (Health Rights Advocacy Forum) and Tanzania (Pathfinder International, Tanzania Country Office) with support and additional technical assistance from the Centre for Economic Governance and Aids in Africa.

Reproductive Health Uganda

RHU is a partner in the DSW led Health Action project which aims to empower East African non-state actors to advocate effectively on health issues by increasing their capacity to formulate policy priorities, monitor their implementation and hold decision-makers accountable. To respond to the need of decision makers and advocates for clear health data on health and RH funding in Uganda, RHU completed *Health Budgeting in Uganda: A Reality Check*. It is expected to guide future improvements in policy and practice by the Ugandan government and donors.

Results for Development

Through TAP, Results for Development supports the development of CSO capacity to monitor and improve public spending and service delivery. Research and advocacy projects are designed and led by CSOs and incorporate social accountability tools, including Public Expenditure Tracking Surveys (PETS), Citizen Report Cards (CRC) and Community Score Cards (CSC) to inform citizens, identify important issues in public spending and service delivery and advocate improvements.

ANNEX 3. CONCEPT NOTE

Dollars and Sense: Budget Advocacy for Reproductive Health (Breakfast Discussion)

Suzanna Dennis

October 30, 2013

In recent years, organizations across the globe have undertaken advocacy to mobilize government funding to meet public sector reproductive health needs, particularly for family planning. This concept outlines the background and rationale and objectives in convening these groups at a satellite session on reproductive health budget analysis and advocacy at the 2013 International Conference on Family Planning.

BACKGROUND

Reproductive health programs, particularly family planning, have historically depended highly on donor funds. The last decade has seen an increase in focus on the importance of government funding for meeting reproductive health needs. This increase in focus has arisen for a number of reasons including: recognition by civil society organizations that governments are the rightful and primary duty-bearers in ensuring the rights of their citizens; acknowledgement that a reliance on donor funding is unsustainable because aid can be unpredictable, unreliable, or come with harmful restrictions; and donor requirements that governments take on a greater share of funding for reproductive health services.

CURRENT STATE OF THE FIELD

As reproductive health budget analysis and advocacy work has grown in recent years, the projects tackling this issue have a number of important similarities and differences. As part of our due diligence while beginning PAI's current budget analysis and advocacy project, RH BudgetWatch, we did an informal review of 19 other projects. We found that the majority of budget analysis and advocacy for reproductive health is carried out in Eastern Africa, particularly Tanzania, Uganda and Kenya. More than half of the projects reviewed were resourced by a small handful of private foundations. There were common challenges noted across projects, including problems disaggregating reproductive health funding from larger health funding, and lack of transparency. Researchers and advocates across countries used similar strategies to overcome these challenges, notably establishing strong partnerships with relevant government offices and informal networks to access data. There was a heavy reliance on interviews with government

officials particularly for gathering expenditure data, possibly due to a reluctance to be on record or provide official written documentation.

Communication between projects is thus far facilitated purely through the personal relationships between project managers or staff. With the recent proliferation of work in this area, there is a great need for a better mechanism to share information and lessons learned between projects. With limited communication there is potential to duplicate work, and multiple requests for the same information can overburden government officials. There is also a missed opportunity to share resources and tools that could benefit other projects, such as budget documents or interview questionnaires. Currently each project is contributing its impact, but it is not contributing to a broader body of work that nurtures the next generation of projects.

KEY CHALLENGES AND OPPORTUNITIES

This project-by-project approach is happening just as organizations are struggling to address common challenges and seize new opportunities. Some of the most important are:

- **Access to information:** In some countries such as Kenya, the government has passed a Freedom of Information Bill. In others, such as Tanzania, it has not. In an environment where information is limited, learning from the experiences of neighboring countries and building alliances with organizations working in other sectors to increase access to information is key. Even with the right to information, many projects have struggled with tracking funding for reproductive health separately from larger pots of money. Building on lessons from organizations with experience in this area will be essential to develop good practices. This is particularly important if we are to track spending on sub-groups, such as youth.
- **Decentralization:** many governments—including Indonesia, Tanzania, and Kenya—have devolved health planning and budgeting to sub-national governments. To seize upon this trend of decentralization, it is crucial that district and county governments develop skills to cost and budget for reproductive health programs. As a budget advocacy community, we need to facilitate the sharing of experiences from organizations who have successfully engaged sub-national governments.

- **Capacity needs:** Reproductive health advocacy organizations often lack the in-house technical skills to track and/or influence budgets. And budget monitoring organizations often lack the mandate to focus on a specific issue such as on reproductive health. Organizations use creative strategies to fill capacity needs such as partnerships, trainings, and engaging consultants. With greater sharing of strategies across projects, project managers could have more resources such as training materials, and useful contacts on hand to fill gaps when needed.
- **Sustaining engagement:** The budget operates in a cycle (formulation, enactment, implementation, assessment/audit). Mobilizing funding is important, but that must be followed up to ensure that funding mobilized survives the budget revision process, the projects are actually implemented, and that funding was actually spent. Then the cycle starts again. Unfortunately most of the funding for budget analysis and advocacy work only lasts a few months to years at most. How do we raise funding to achieve the level of sustained engagement necessary for long-term progress?

EVENT OBJECTIVES

Our objectives for the breakfast discussion are to increase information-sharing and strategizing among project managers and staff working on reproductive health budget analysis and advocacy. To this end, we are currently collecting and will circulate information on current projects ahead of the event. Having the “update” ahead of the event should leave ample time for participants to share strategies for seizing opportunities and overcoming common challenges. We are also looking for feedback on how to promote greater communication between organizations doing budget analysis and advocacy, such as establishing an informal community of practice or coalition, and/or an online space for sharing tools and documents.

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