

Budget Advocacy Challenges & Solutions

By Suzanna Dennis/PAI * 5/23/2014

Participants at the 2014 Advance family planning Partners Meeting identified the following challenges and solutions in carrying out budget advocacy and expenditure tracking. Their wisdom is supplemented with additional information. Countries are specified wherever information was based on a specific country experience. For more resources in Budget Advocacy for Reproductive Health, join the BAN.¹

SUBNATIONAL BUDGETS

Challenge: Engaging with District officials

- Cultivate with local champions to build political support among mayors (Senegal).
- Facilitate exchanges with communities and local leaders to identify their family planning challenges (transport, storage, supporting champions and social mobilization). Local leaders identify local resources to fill gaps (Uganda).
- Work with District RCH Coordinators to help them become more visible particularly in the eyes of District Councilors (Tanzania).
- Use district specific data in making the case (Tanzania).

Challenge: Budget request not approved by gatekeepers (Districts in Lake Zone)

- Anticipate gatekeepers and engage them early on.

Challenge: A Decision-maker says the budget is too small to fund/increase support for family planning from their own resources (Tanzania & Uganda districts)

- To build political will, look at District policies like maternal health. Show how family planning supports District priorities like the economy and environment (Tanzania).
- Leverage different streams of funding especially at the District level. For example, look at funding for gender/women, local government, maternal health, and youth. Show how family planning advances goals in these linkage areas (Kenya).
- Look for openings like the update of a District strategy plan. Then ensure financing, for example, to address high maternal mortality through funding family planning (Tanzania).
- Aim for reasonable targets so that X% of District budget goes for MCH, or Y% of local revenue goes for RH. This may not be enough to cover all costs, but it is a good starting place (Tanzania).

Challenge: District budget advocacy is resource intensive and gains are difficult to sustain across years.

How do we scale up and sustain momentum?

- Educate citizens and District leaders to dispel myths about family planning so they are truly convinced that it is beneficial, and do not backslide the next year.

¹ The Budget Advocacy Network (BAN) is a group of professionals engaging in budget analysis and advocacy for reproductive health, including family planning. BAN will support the existing community of practitioners with information, resources, tools, and networking opportunities; and help new actors integrate budget analysis and advocacy into their work. <http://groupspaces.com/BudgetAdvocacyNetwork/>

NATIONAL BUDGETS

Challenge: Decision-makers say that the government's budget is too small to use their own resources

- Show the health benefits of birth spacing; or how family planning makes national goals in other sectors easier to achieve.
- Demonstrate the economic benefits of family planning, for example through opening the Demographic window of opportunity (Futures Group's DemDiv model).
- Identify wasteful spending such as excessive allowances and per diems in the Ministry of Health budget, and make the case that funding will have a greater impact elsewhere (Tanzania).
- Explore revenue generation: innovative financing, closing tax loopholes (Burkina).
- Link up with anti-corruption efforts to stop leakages, so that funding can benefit women's health (Uganda's Black Monday campaign).²

Challenge: Ensuring funding is spent once you have allocation in place

- Cultivate allies in the Ministry of Finance to stay engaged during the closed-door budget revision process (Senegal).
- Hold meetings with Department of Reproductive Health to check status.
- Convene a Parliamentary hearing on the status of a contraceptive procurement to ensure that funds are expended (Malawi January 2014).
- Check the status of the contraceptive procurement with Medical Stores; request a copy of the procurement order to cross-check that quantities and funding match the budget allocation.
- Review quarterly or end-of-year national Expenditure Reports, if they are available and sufficiently disaggregated.
- See Dr. Moses Muwonge's "11 Step Guide" (Uganda).³

Challenge: Elections result in turnover of political allies (Indonesia, Malawi, India)

- Need to cultivate incoming politicians, for example through policy briefs (India, USA).
- Engage early to frame the issues and define the conversation (USA).
- Cultivate champion career civil servants who can be allies that outlast administrations.
- Engage "decision-movers" (women) in communities so that they become lobbyists to prevent any backsliding in a regime change.

Challenge: The Procurement system causes delays that undermine the efficient use of funds

- The Tanzanian Government endorses certain types of contraceptives to be covered by the Framework Contract, which ensures more timely procurement and consistent supply.⁴ This is a

² <http://www.actionaidusa.org/uganda/campaign/black-monday-movement>

³ Muwonge, Moses. 2014. [The 11 Step Guide to Ensuring Public-Sector Contraceptive Financing and Expenditure Tracking](http://populationaction.org/advocacy-guides/the-11-step-guide-to-ensuring-public-sector-contraceptive-financing-and-expenditure/). <http://populationaction.org/advocacy-guides/the-11-step-guide-to-ensuring-public-sector-contraceptive-financing-and-expenditure/>.

positive development, but delays continue because the Ministry of Health controls the contraceptives budget.

- In Morocco Medical Stores is autonomous. It has minimum and maximum stock requirements, and reserves. These prevent stock-outs and expiration of goods. They also follow a system where the first commodities that came in are the first to go out, which prevents waste. Regional hubs staffed by skilled personnel order from Central Medical Stores.

Challenge: Procurement system allows for leakages

- Uganda's Vote 116 established in 2010 authorizes the Ministry of Finance to transfer funds for contraceptives directly to Medical Stores, which cuts down opportunities for leakages.⁵

Challenge: Limited access to information (Tanzania)

- Rely on personal connections.
- Advance the transparency agenda, for example through linking with like-minded groups. For example, in Tanzania HDT joined a CSO coalition called the Policy Forum, who signed a Memorandum of Understanding with the government to specify which 17 government documents should be available. Unfortunately challenges in access to information persist.

Challenge: Too little funding/insecure funding for procurement & distribution (Nigeria)⁶

- Establish a system where a certain percent of commodity budget line for procurement & distribution (10% in Kenya pre-devolution, 17-18% in Tanzania).

Challenge: Successful advocacy to increase government funding for contraceptives has led to an increase in supply through the public sector, which is constrained in terms of logistics and health workers (Uganda).

- Try to anticipate and make sure the systems are in place to move the commodities.
- Advocate for a comprehensive package/ask, not just an increase in the contraceptive budget.
- Strengthen capacity of Medical Stores & health workers now; get donors to fund through government system (or distribute through public sector).

⁴ Advance family planning. 2014. Addressing Contraceptive Stock-Outs Caused by Procurement Delays in Tanzania. Case Study. <http://advancefamilyplanning.org/resource/addressing-contraceptive-stock-outs-caused-procurement-delays-tanzania>.

⁵ Advance family planning. 2013. Reproductive Health Financing for Uganda: Commitment to Action. Policy Brief. <http://advancefamilyplanning.org/sites/default/files/resources/Uganda%20policy%20brief.pdf>.

⁶ In Nigeria user fees used to pay for distribution and consumables. With a nation-wide abolition of user fees facilities experience stock-outs and users are actually paying more.