

MARCH 2021

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Advocating for Government Spending on Family Planning

ASSESSING THE COMMON FRAMEWORK APPROACH

This brief was informed and made possible by the efforts, experiences and insights of the following partners:

EAST AND SOUTHERN AFRICA

Centre for Reproductive Health and Education (CRHE), Zambia

Malawi Network of AIDS Service Organisations (MANASO)

Samasha, Uganda

Tanzania Communication and Development Center (TCDC)

FRANCOPHONE WEST AFRICA

Centre pour la Gouvernance Démocratique (CGD), Burkina Faso

Groupe de Recherche, d'Action et de Formation en Epidémiologie
et en Développement (GRAFED), Benin

Initiative pour la Justice Sociale, la Transparence et la Bonne
Gouvernance en Côte d'Ivoire (Social Justice)

Mission des jeunes pour l'Education, la Santé, la Solidarité et
l'Inclusion (MESSI), Côte d'Ivoire

Social Watch Benin

SOS Jeunesse et Défis (SOS/JD), Burkina Faso

Domestic resource mobilization in low- and middle-income countries has been increasingly prioritized since the Third International Conference on Financing for Development in 2015 and the adoption of the sustainable development goals.

These global agreements, combined with the London Summit on Family Planning, catalyzed governments in sub-Saharan Africa to commit to mobilizing internally generated revenue for sustainable family planning financing and greater country ownership. To fulfill these financial commitments made in national strategies as well as through regional and international initiatives, such as the Ouagadougou Partnership, governments must allocate funds during national and subnational budget processes and, most importantly, guarantee disbursement and expenditure of that funding. In many of these countries, civil society is leading accountability efforts to ensure governments meet their commitments to comprehensively fund family planning programs and contraceptives.

PAI's Government Accountability for Family Planning Budgets project supports civil society advocates in Benin, Burkina Faso, Côte d'Ivoire, Malawi, Tanzania, Uganda and Zambia to hold their governments accountable for increasing domestic investments in family planning and improving the transparency of budget data. All of the Government Accountability partners are implementing the Common Framework for Tracking Government Spending on Family Planning (see Annex, page 12), an accountability approach created and refined by civil society advocates and PAI over a period of three years. This approach and its tools were developed to measure the performances of country governments investing in family planning supplies and services. Comprised of a standard set of indicators that can be used across country contexts, the Common Framework follows the planning and budgeting cycle – from funding need to allocation, disbursement, expenditure and outcome.¹

Civil society can use the Common Framework to monitor government disbursement and spending of family planning allocations. Without a comprehensive budget tracking mechanism, civil society would have difficulty holding governments accountable for their commitments to ensure that supplies and services are delivered to those who need them. If governments fail to spend allocated funds, this can result in decreased access to family planning and, in turn, increased rates of unintended pregnancy and maternal and infant mortality. Budget advocacy and accountability have become even more critical during the COVID-19 pandemic, as country governments around the world slash health budgets due to the economic impact of lockdowns and shift funds from other health programs to the COVID-19 response. Family planning budgets must remain a priority during health crises, given the serious consequences of decreased access to family planning supplies and services, particularly for women and girls – all of which have future resource implications for country governments. The pandemic has underscored the value of the Common Framework for civil society advocates, who can use this approach and its tools for assessing the extent of the COVID-19 impact on family planning budgets and determining advocacy priorities and strategies as economies recover and more financial resources become available.

KEY FINDINGS

Budget Performance and Transparency

CIVIL SOCIETY ADVOCATES in East and Southern Africa were the first to begin implementing the Common Framework in late 2018. During the following year, the four original Government Accountability partners — Centre for Reproductive Health and Education (CRHE) in Zambia, Malawi Network of AIDS Service Organizations (MANASO), Tanzania Communication and Development Center (TCDC) and Samasha in Uganda — used the Common Framework to develop country-specific family planning budget scorecards as advocacy and accountability tools.² In West Africa, Government Accountability partners have applied the approach in Burkina Faso and Côte d’Ivoire since early 2020 and have produced their first set of country scorecards. Government Accountability partners in a third West African country, Benin, joined the project in mid-2020, and began implementing the Common Framework shortly thereafter.

Across country contexts, the Common Framework highlights the need for publicly available budget data. Tracking disbursement and expenditure data in real time is a key feature of the methodology, as it allows civil society to identify budget implementation issues and advocate for changes during the budget year.

When these data are only available annually after the budget year has ended, civil society advocates have no means of addressing time-sensitive problems with budget implementation.

Drawing on official government data, the Malawi, Tanzania, Uganda and Zambia scorecards provide stark evidence of how policymakers have neglected family planning programs and contraceptives in national budgets. In particular, the amount of unspent allocations is a wake-up call to all sexual and reproductive health stakeholders — allocations are meaningless if the funds are not being disbursed and spent. This underspending, combined with a lack of transparency around disbursement and expenditure data, is a red flag that requires urgent responses in the form of monitoring, organizing and advocacy by local civil society, international nongovernmental organizations and donors worldwide to hold these country governments accountable. Given that the lack of transparency around COVID-19 response funds is already a major focus of advocacy in a number of countries, family planning budget advocates have an opportunity to leverage and/or team up with these budget transparency campaigns.

As governments in low- to middle-income countries grapple with the pandemic's economic impact on revenues — by redirecting funds within health budgets as well as cutting budgets — PAI and its Government Accountability partners anticipated backsliding on family planning investments. For instance, the contraceptives allocation in the Malawian government's fiscal year (FY) 2020/21 budget proposal was 10 million kwacha lower than the previous fiscal

year, and in Tanzania's FY 2020/21 budget proposal, the health ministry's development budget was nearly 200 billion shillings less than the previous year. At the same time, it is critical for civil society to sustain budget monitoring, advocacy and accountability work during health crises. In response to the pandemic, Government Accountability partners have adapted their budget advocacy activities to continue this important work.

Budget Performance

Family planning allocations comprise a small fraction of Ministry of Health budgets.

In the Common Framework, the share of funds allocated to family planning programs and contraceptives in Ministry of Health budgets is an indicator of government priorities. In all four countries, the family planning programs allocation was less than 1% of the total Ministry of Health budget. In three of the four countries, the contraceptives allocation was also less than 1% of the total Ministry of Health budget — the percentage was marginally higher in Tanzania, at 1.5%. These minimal shares demonstrate that family planning is a low priority for these country governments, despite the negative effects that this lack of investment has on maternal and infant mortality and teen pregnancy, thus increasing the future costs of programs designed to address those issues.

Contraceptive budget lines receive more government investment than family planning programs.

When governments invest in contraceptives while neglecting family planning programs, they are not providing a full package of supplies and services. To be effective, contraception must be accompanied by services such as counseling and education on family planning. Despite this imbalance in government investment, contraceptives allocations are still a small share of the estimated funding need and donors are filling the gap. Among the four countries, Malawi allocated less than 3% of the funding need, followed by Zambia at 14% and Tanzania with 28%. There was no contraceptives allocation in Uganda, given the country's existing contraceptive overstocks from donors. Malawi and Tanzania fully relied on donors to fund family planning programs, and Zambia's allocation was less than 2% of the funding need. Uganda did not have a programs budget line but contributed a small fraction of the funding need to family planning activities within the Reproductive Health Division's (RHD) Community Health Services program.

Expenditure, not allocations, provides the evidence for investment and ownership – and indicates that contraceptives are being purchased and services are being delivered.

Governments are spending their contraceptives allocations, although performance varies.

In Malawi, Tanzania and Uganda, quarterly expenditure data were not available to the public, although MANASO and TCDC were able to gain access to these data from internal documents shared by their government contacts. CRHE was able to access only annual expenditure data in Zambia. In Uganda, quarterly expenditure data are available on the government's budget website, but only for reproductive health items, which include contraceptives and safe delivery kits. There is no disaggregated expenditure data for contraceptives only. For the most part, civil society advocates have to draw family planning programs and contraceptives spending data from publicly available annual reports, which are produced long after the budget year ends. While Zambia and Malawi had high expenditure rates (86% and 103%, respectively) for contraceptives allocations, Tanzania spent only 36% of its allocation and Uganda reported no spending due to overstocks. One common cause of under-expenditure is the late and/or low disbursement of allocations from treasuries to ministries of health. This can be caused by insufficient revenue collection, which results in treasury cash flow problems, and/or the lack of prioritization of family planning in ministries of health.

There is minimal government ownership of family planning programs and contraceptives.

In the Common Framework, government ownership is the family planning programs and contraceptives expenditure as a percentage of the total funding need for each. Expenditure, not allocations, provides the evidence for investment and ownership — and indicates that contraceptives are being purchased and services are being delivered. Based on the findings of the first four scorecards, there is little to no ownership of family planning programs and only marginally better ownership of contraceptives. Zambia was the best performer, with government spending at about 2% of the programs funding need and nearly 15% of the contraceptives need. Among all four countries, more investment progress is needed before governments can claim ownership of family planning.

Budget Transparency

Disbursement data are not publicly available.

None of the country governments make disbursement data publicly available. In Malawi and Tanzania, respectively, MANASO and TCDC were only able to access partial-year disbursement data through relationships of trust with government officials, since the data are produced for internal use only. In Zambia and Uganda, CRHE and Samasha resorted to using annual expenditure data as a proxy for disbursements, which made it impossible to confirm whether the funds were disbursed in a timely manner during the budget year.

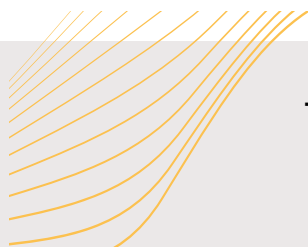
Disaggregated data, essential for tracking family planning budgets, are difficult to access.

Quarterly disaggregated data on disbursements and expenditures are needed to ensure that funds are being released and spent as planned and on time. It is critical that the data are disaggregated by

budget line item so that family planning programs are identifiable separate from other reproductive health programs, and contraceptives are distinguishable from maternal health commodities or drugs and medicines. In all four countries, the lack of disaggregated data — quarterly and by budget line item — was a major obstacle to tracking and accountability efforts.

Expenditure data are published late.

In countries that publish quarterly expenditure data, the data are often published too late to be useful for advocacy during the budget year. For example, in Uganda, the fourth quarter budget execution report for FY 2018/19 had not yet been posted online over six months after the budget year ended. In adherence to international standards for budget transparency, governments must publish quarterly expenditure reports no later than three months after the reporting period ends.³



The lack of disaggregated data – quarterly and by budget line item – was a major obstacle to tracking and accountability efforts.



BUDGET ADVOCACY WITH SCORECARDS

Successes, Challenges and Lessons

BEFORE AND THROUGHOUT THE PANDEMIC, PAI and Government Accountability partners have observed successes, challenges and lessons implementing the Common Framework approach and advocating with family planning budget scorecards. Two of the most difficult challenges family planning advocates have faced during COVID-19 are reduced government transparency and limited opportunities to participate in decision-making on the use of public resources. Government Accountability partners report that country lockdowns prevented their participation in planning and budgeting processes and, in some cases, were used by government officials to justify their outright exclusion. Behind closed doors, governments shifted budget allocations to quickly respond to the pandemic, eliminating the possibility for civil society to track which funds were being diverted and how they were being used by decision-makers.

Despite these exacerbated transparency challenges, PAI's Government Accountability partners in East and West Africa persisted in collecting budget data for the Common Framework, although their efforts were delayed. Because of the urgent need to maintain family planning supplies and services during COVID-19, some

partners had to juggle budget advocacy alongside working to ensure that communities could continue accessing family planning in safe facilities and maintain sufficient stocks of contraceptives at the district level. In their advocacy, each Government Accountability partner emphasized the consequences of lack of access to contraceptives and family planning services during the pandemic, all of which will require more resources to address after the pandemic has ended.

In the spirit of shared learning, PAI is disseminating these lessons and challenges so that family planning advocates seeking to implement similar budget tracking efforts can leverage our strategic assessment in their project designs. The Common Framework's key strength is that it provides much-needed structure and guidance for budget tracking and advocacy in the family planning space. Over the next year, PAI and Government Accountability partners plan to continually reflect on, learn from and refine the scorecard advocacy approach, while keeping the family planning budget advocacy community updated as we learn more about the Common Framework's impact.

Successes



Creation of Family Planning Budget Line

After Samasha shared the Uganda scorecard with sexual and reproductive health stakeholders from civil society and government, the Assistant Commissioner of the RHD agreed to create a family planning programs budget line in the RHD's FY 2020/21 work plan. This budget line informs both RHD officials and civil society of the allocation to family planning programs each year so that they can then track the amount spent during the budget year. Previously, family planning programs fell under broader programs within the RHD, so it was difficult to ascertain the allocation for family planning and impossible to track expenditure.



Increased Allocations

Before MANASO began its budget advocacy with the scorecard in Malawi, both civil society and government officials had paid little attention to the contraceptives budget line since it was almost entirely donor funded. However, given its focus on the small size of the government's allocation compared to the funding need, MANASO credits the Malawi scorecard with pushing the contraceptives budget line up to 100 million kwacha for the first time in FY 2019/20. In Zambia, the Ministry of Health nominally increased the national family planning programs allocation by 16% in FY 2020. CRHE attributes this success to multiple factors, including its advocacy with the Zambia scorecard and the organization's influence in the multistakeholder Family Planning Technical Working Group.



Official Data Not Publicly Available

Since official data were not always publicly available, Government Accountability partners sometimes had to rely on internal data from trusted government officials. However, budget data without publicly available source documents cannot be used with the media and, in some cases, can even be challenged by high-level government authorities.



Different Interpretations of Budget Data

Government Accountability partners found that there are diverse interpretations of health budget data based on the source document. For example, some found conflicting figures for allocation or total funding need in different policy and budget documents, and others noted that budget figures in civil society reports did not align with those in official documents.



Expenditure of Family Planning Budget Allocations

In Uganda, Samasha used the scorecard to convince family planning coalition members to collectively advocate for full expenditure of allocated family planning funds rather than increased allocations. In Tanzania, TCDC disseminated the scorecard to the country's primary reproductive health coalition and three parliamentary committees, including the one responsible for the budget. Once the coalition reviewed the Tanzania scorecard, it incorporated the call for full disbursement of the contraceptives allocation into its advocacy agenda and worked closely with TCDC to identify data sources and target audiences as well as develop key messages. Following meetings with TCDC, the parliamentary committees pledged to hold the government accountable for the full disbursement of the annual contraceptives allocation.



Data Validity Questioned

For each indicator on the scorecards, Government Accountability partners listed the relevant source of official budget data. Although these data came from government budget documents, some government officials questioned the data, likely because they were unaware of the actual budget figures.

SCORECARDS POINT OUT SYSTEMIC FLAWS

The scorecards identified flaws in contraceptive funding and procurement systems, which required partners to uncover the root causes of low expenditure so they could recommend strategic, practical solutions. In Malawi, MANASO found that the small allocation to contraceptives was consistently underspent – and that any existing spending was erratic, with small amounts of funding used to purchase various types of contraceptives and no identifiable spending pattern over several years. MANASO also found that most contraceptives disbursements were made late in the year, forcing the Reproductive Health Directorate to wait until the fourth quarter to purchase commodities. MANASO developed several specific and pragmatic recommendations to improve Malawi's commodity funding and procurement system:

- 1 release the resources allocated for contraceptives as a lump sum at the beginning of the fiscal year;
- 2 change the current disbursement and procurement modality from "one-off" orders to framework agreements (i.e., long-term contracts with suppliers), which increase efficiency, shorten procurement time frames and reduce procurement and transaction costs; and
- 3 spend the entire allocation on one commodity – ideally, the one most commonly used – so that the government can fully take over the procurement of that commodity over time.

Lessons

1 The scorecards raise many potential advocacy issues, making it necessary to identify one or two priorities.

Government Accountability partners highlighted the need to be strategic by choosing one or two priority issues and, if possible, to focus advocacy on an issue that hasn't been raised before — for example, increasing the expenditure rate of allocations or increasing an allocation so that it meets a greater share of the funding need.

2 Effective advocacy relies on a nuanced understanding of political spaces, relationships of trust and the ability to provide practical solutions.

Government Accountability partners needed to combine both activism and advocacy skills to negotiate political spaces where established practices and systems need to be critiqued. The ability to provide critical feedback to officials rests on relationships of trust. It also requires a partnership approach — civil society organizations need to offer practical solutions to help officials solve problems and achieve their goals.

3 Expenditure tracking and budget advocacy require collaboration with transparency organizations.

Before implementing the Common Framework approach, Government Accountability partners had not collaborated with transparency-oriented organizations or coalitions. However, given the challenges around budget transparency, they joined forces to encourage their governments to put existing budget data online. In Uganda, Samasha teamed up with a leading national transparency organization to strengthen the capacity of its family planning budget advocacy coalition on transparency.

4 In-year and mid-year budget reports provide timely insight on budget implementation.

Rather than focusing on reports that provide expenditure data after the budget year has ended, Government Accountability partners highlighted the importance of using reports produced during the budget year. For example, quarterly budget execution reports and midterm budget reviews have expenditure data that civil society can use to identify underspending, promptly raise the issue and ensure that it is addressed as the budget is implemented. Of course, utilizing these reports depends on whether governments produce them and make them publicly available in a timely manner.

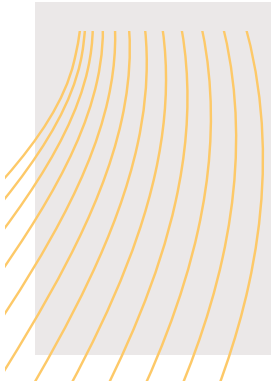
CONCLUSION

The Future of the Common Framework

DESPITE THE CHALLENGING CIRCUMSTANCES of 2020, PAI's Government Accountability partners succeeded in monitoring family planning budget data and advocating for the allocation and, more importantly, disbursement and spending of funds for family planning programs and contraceptives. Together, PAI and partners produced the second set of scorecards, featuring budget insights from Benin, Burkina Faso and Côte d'Ivoire for the first time. In 2021, these advocates will continue to apply the Common Framework to expenditure tracking and produce a third round of scorecards.

Before the pandemic, lack of budget transparency was a significant challenge to partners' tracking efforts, and in many countries, this has worsened during the COVID-19 pandemic. Without data disaggregated by line item and quarterly disbursement and expenditure data available,

civil society cannot collect the data needed to sufficiently assess government performance on family planning financing commitments. This seemingly intractable problem is one that civil society at the national level cannot tackle alone. To make concrete progress, all stakeholders — local civil society, international nongovernmental organizations, private foundations and bilateral and multilateral donors — must make a concerted push for budget transparency at the local, national and global levels. The sexual and reproductive health and rights community must also proactively seek opportunities to collaborate with transparency organizations, initiatives and coalitions to push this common agenda, because without budget transparency, there can be no accountability for government commitments to invest in family planning.



To make concrete progress, all stakeholders – local civil society, international nongovernmental organizations, private foundations and bilateral and multilateral donors – must make a concerted push for budget transparency at the local, national and global levels.

ANNEX 1

Common Framework

Updated August 2018

PLANNING AND BUDGETING STEPS	INDICATOR AND DEFINITION	USE
FUNDING NEED	Amount of funding needed to achieve family planning (FP) goals in a given year, as understood by the government	Real-time tracking
ALLOCATION	Adequacy/sufficiency: Government allocation for FP as a percentage of total funding need in a given year*	Scorecard indicator/ Real-time tracking
	Priority: Government budget allocation to FP as a percentage of the government budget allocation to health	Scorecard indicator/ Real-time tracking
DISBURSEMENT	Funding disbursed to date as a percentage of funding allocated for FP	Real-time tracking
	Timeliness: Percentage of the government FP budget disbursed as scheduled	Scorecard indicator
EXPENDITURE	Budget Execution: Percentage of government expenditure on allocated funds to FP	Scorecard indicator
	Absorption: Percentage of government expenditure on funds disbursed from the Ministry of Finance to the Ministry of Health	Scorecard indicator/ Real-time tracking
	Coverage: Annual government expenditure on FP per woman of reproductive age	Scorecard indicator
OUTCOME	Performance/ownership: Government expenditure on FP as a percentage of total funding needed	Scorecard indicator
	Transparency: Allocation and expenditure information on each FP budget item that is publicly available, including level of detail and timeliness of information	Reflected on scorecard for each indicator

* All indicators measure domestic general government health expenditure (GGHE-D), as defined in the System of Health Accounts 2011 system of reporting. For the purposes of the framework, we simplify the language to just “government.”

Endnotes

- 1 In the Common Framework, this refers to the anticipated outcome of Common Framework use, which is increased government ownership over time, measured as a rising share of government spending on family planning as a percentage of total funding need over time.
- 2 The first set of scorecards from Malawi, Tanzania and Uganda assessed FY 2017/18 budgets. The Zambia scorecard assessed the FY 2018 budget.
- 3 International Budget Partnership. (2016, August). Guide to the Open Budget Questionnaire: An Explanation of the Questions and the Response Options. <https://www.internationalbudget.org/wp-content/uploads/open-budget-survey-2017-guide-and-questionnaire-english.pdf>



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