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Towards A Common Framework for Measuring Government Spending on Family Planning

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Governments in the global South are in a position to generate significant additional domestic public resources for funding family planning. However, budgets for family planning in many countries still remain far below what is actually required to meet needs. Looming shortfalls in funding for UNFPA, one of the biggest providers of contraceptives globally, and other donor cuts are threatening to undermine tenuous contraceptive security gains that have been achieved. Creative and new approaches to mobilizing government funds for family planning are needed to realize the Sustainable Development Goals (SDGs), which promise to ensure universal access to reproductive and health care services by 2030.

PAI convened CSO budget advocacy experts from Kenya, Malawi, Tanzania, Uganda, and Zambia in South Africa in March, 2016 with the ultimate goal of stimulating sustained domestic resource mobilization for family planning.¹ The objectives of the convening were to: (1) develop an understanding of common trends in the availability and quality of data to monitor domestic resources for family planning in the region; and (2) build a framework for measuring government spending across countries. This report shares the outcomes of that meeting, and identifies the next steps.

Family Planning Budget Advocacy is Paying Off

Budget monitoring and advocacy are important tools that civil society organizations (CSOs) use to increase government funding for the reproductive health of women and girls around the world. Important locally owned efforts to build self-sufficiency, as well as global efforts like FP2020, Advance Family Planning, PAI's partnerships and ongoing work by DSW and others have considerably increased governments' domestic funding for family planning in sub-Saharan Africa. This work is helping to shift low and middle income countries'



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The Lungu Lungu Clinic in Nairobi offers all contraceptive methods including IUDs, oral contraceptive pills, injectables and implants.

reliance on unpredictable and often volatile donor funding for contraceptives, towards greater government leadership and self-sufficiency in meeting the reproductive needs of women and girls.

Some CSOs have seen the positive effects of budget monitoring in their country, including:

- In Kenya, DSW Kenya and others helped increase their government's budget line items for reproductive health from US \$2.5 million for 2005-2006 to US \$6.6 million for 2012-2013.²
- In 2015 in Malawi, Jesus Cares Ministries, Health Policy Plus (HP+) and a consortium of civil society organizations supported champions in Parliament to ensure that the government actually spent the US \$141,210 allocated to its fledgling contraceptive budget; and were able to increase the 2016 budget allocation by 17%.³
- Family planning advocacy partners in Tanzania influenced the government to establish a line item for family planning in the national budget. Sustained engagement has increased the allocation of locally generated funding for family planning 2010/11. In recent years, the central government has disbursed more than double the funds allocated: In 2013/14, the government allocated US\$447,694 (TZS 1 billion) but disbursed a total of US\$1.3 million (TZS 3 billion). In 2014/15, the government allocated US\$895,387 (TZS 2 billion) but disbursed US\$2.2 million (TZS 5 billion). At sub-national level, between 2013 and 2015, Health Promotion Tanzania (HDT), CCP Tanzania and Sikika helped ensure that seven Tanzanian local government councils allocated funding for

the first time to family planning from their own revenue, and three increased similar funding from the previous year.⁴

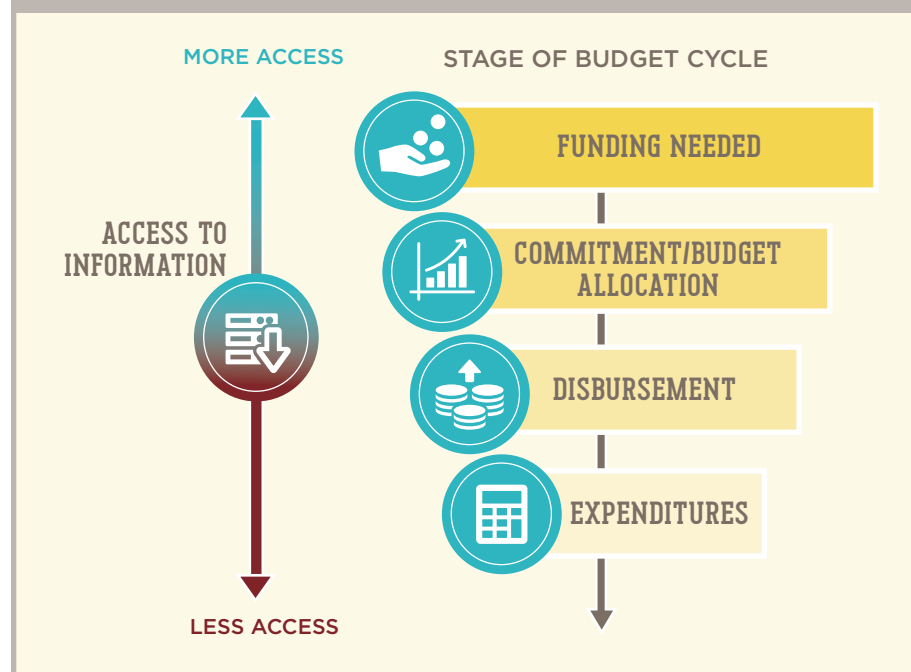
- Advocates in Uganda including from the Samasha Medical Foundation, Partners in Population and Development, Africa Regional Office with support from Advance Family Planning and UNFPA engaged with the government over a series of years to allocate US\$6.3 million (20.9 billion Ugandan Shillings, or UGX) for reproductive health (RH) commodities in 2015, up from US\$1.6 million (5.4 billion UGX) five years earlier.⁵
- In 2014 in Zambia, Planned Parenthood Association of Zambia (PPAZ) and the Centre for Reproductive Health and Education (CRHE) worked with the government to reinstate the

budget line for reproductive health supplies funded at US\$9.3 million, of which US\$1.9 million came from locally-generated revenue.⁶

Access to Information is a Serious Challenge

The strongest theme linking CSOs experiences across the five countries was the challenge accessing accurate budget information from governments needed to track follow-through on budget advocacy wins. Access to accurate, public budget data decreases further into the budget cycle (See Figure 1). These challenges are explained in greater detail below.

FIGURE 1: Access to Information Becomes More Challenging Since Further into the Budget Cycle⁷





A mother waits to see a provider at the Lunga Lunga clinic in Kenya

Information on funding needs for family planning has become available in most countries as part of Family Planning Costed Implementation Plans (CIPs). Annual quantifications estimate the funding needs for contraceptives are produced in most countries, but not always public.

It is relatively easy to identify funding allocations in publicly-available budget documents. This is in part because in recent years, many countries have created budget line items for reproductive health, family planning, and even reproductive health supplies (including contraceptives). These line items are often created as part of commitments to the FP2020 initiative.⁹

Verifying whether the government has disbursed funding during the budget cycle is a greater challenge. However, there are a few exceptions. In Zambia, colleagues from CRHE and MSZ are using formal channels such as White and Green reports to verify family planning budget disbursements. In Malawi, JCM working with members of Parliament is granted access to procurement requisition

forms and other documentation from the Ministry of Health to verify that funding has been disbursed and contraceptive procurement is underway. This real-time budget tracking is similar to what is described in the 11 Step Guide to Ensuring Public-Sector Contraceptive Financing and Expenditure.⁹

Otbaining official documentation to verify expenditures in the most challenging, particularly for activities in an integrated system (such as integrated outreach activities combining immunization and family planning). Data on spending by line item is typically produced but not published, not produced at all, or published too late to be useful. Budget advocates therefore must rely on back-channel discussions which can result in “unofficial” and inaccurate information. Budget information is often not freely available and advocates find themselves walking a thin political line between being distant enough from the government to hold them accountable, while also fostering close relationships with government officials to more easily collect information.

These common challenges led participants to agree on the importance of moving beyond verifying budget advocacy wins by any means necessary, to pushing for more public access to disbursement and expenditure data over time to enhance accountability. A good example of a tool to enhance accountability is the transparency scorecard by the Africa Health Budget Network.¹⁰

A Common Framework for Measuring Government Funding

After developing an understanding of access to budget information across countries, participants at the meeting identified a set of 12 indicators to measure governments’ financial support for family planning within the constraints of the available data (Box 1 and Appendix 2). The indicators can be used to track government support for family planning over time. They can also be used to compare government funding for family planning across countries, which is discussed in the next section.

BOX 1: The indicators are organized into the seven types of information needed to measure government action in support of family planning.¹¹

- 1. Funding needs:** How much funding does the government perceive is needed for FP, and for what? Have they got it right?
- 2. Commitment:** Of this need, what has government committed to fund from locally generated domestic revenue?
- 3. Allocation:** How much does government intend to spend, as expressed in the budget? This may be government's expression of commitment.
- 4. Disbursement:** Were the disbursed funds less or more than the allocation made? How much did the government actually disburse or release for spending to the agencies responsible for supplies and services? Was it disbursed in a timely manner?
- 5. Expenditure:** How much did the government actually spend? Was it spent on initially intended areas, services or supplies or diverted to other areas?
- 6. Impact:** Has funding achieved the government's desired impact? Have commodities even reached facilities, and are women accessing services?
- 7. Budget Transparency:** How much budget information is the government making publicly available? What is the level of detail and timeliness of the information?

Some of these indicators will require data that is more accessible than others, and some indicators will be easier for certain countries to collect than others. Meeting participants were already collecting information on budget allocations, which is easy to find. As discussed in the previous section, data on disbursements is not as easy to access, but it is necessary to make sure spending is on-track while there is still an opportunity to influence government action within the current financial year. Expenditure data is even more difficult to track, but absolutely essential to proving that funding was actually spent.

Measuring the impact of funds is important to determine whether government investments are (or are

not) actually improving women's access to reproductive health. It has been a powerful tool in the governance and accountability communities.¹² However, it is challenging to talk about the impact of government funds in countries that are dependent on external donors to provide the majority of funding for family planning. As governments continue to take on a greater share of funds, it will be important to develop this indicator further.

Even where countries do not produce or publish important information, participants expressed a desire to measure the full set of indicators to highlight gaps. Measuring access to information (or lack thereof) can start a

conversation with government about transparency, and be used to increase access to information over time. Tracking budget transparency—with a focus on expenditure data—will also facilitate opening up access to information.

Collecting data within this logical framework provides a more comprehensive perspective on what an individual government is doing well, and where they can improve. Further, these indicators can be used to stimulate dialogue about gaps in access to expenditure data, and further systematic changes that need to occur to ensure budget wins are followed-through with actions.

Cross-country Comparisons as an Advocacy Tool

When data is presented for a number of countries, this common framework and set of indicators can also facilitate comparisons of government support for family planning across countries. Comparing similarities and differences in government's performance with neighboring countries enhances learning among countries on what works best. It can also create positive competition among governments to outperform their neighbors. For example, efforts to measure government progress towards their Abuja Declaration target has urged some countries to increase funding for health. This suggests that something similar—albeit on a smaller scale for family planning—is worth exploring.

Cross-country comparisons also create opportunities for advocacy in regional settings. For example, the Africa Health Budget Network and Government Spending Watch developed the Health Spending Scorecard, which measures government progress towards the Abuja target across 30 African

countries.¹³ Dissemination of the Health Spending Scorecard in regional and sub-regional settings like the African Union, East African Community, and Southern African Development Community has helped to stimulate dialogue among government officials about their funding levels and how much their neighbors are funding.

Regional advocacy has an additional benefit expressed by participants: CSOs often have better access to high level government officials abroad, where they are compatriots in a foreign land. Relationships built abroad can be further developed when advocates return to their home country, then tapped in future budget cycles.

The benefits of harmonizing measurement through a common framework and set of indicators can also be applied to sub-national advocacy. As countries devolve and districts, states, or counties take more responsibility for their family planning budgets, then the use of comparable data can become an important sub-national advocacy tool. In a similar fashion to regional comparisons, district, state or county data can be used to create friendly competition for increased family planning allocation and expenditures, as well as provide a snapshot of how the country as a whole is doing on spending for family planning.

The Next Frontiers

The development of the framework and indicators is an important first step to be able to measure government spending in a way that is useful for advocacy within and beyond the national context. If advocates can begin to collect and analyze family planning budget data using a common framework, then they can track progress over time and across countries. Sharing this information can help CSOs more easily understand where their country is falling behind others, and use that as an advocacy entry point to engage with their governments. A next step is to pull this data together into a scorecard specific to family planning spending. The scorecard would present an important snapshot of how well countries are doing at allocating and spending their budgets in comparison to one another.

The process of developing a deeper understanding of the status of budgets for family planning, and the regional framework and indicators helped highlight a few important gaps. Namely, within the international community there are no standards on government spending for family planning similar to the Abuja target for health. Agreed-upon standards can help answer important questions such as: how much money should governments be expected to spend on family planning per person? What priority should be placed on family planning within health

budgets? As countries become more economically powerful, what share of funding to meet family planning needs should they be expected to meet? The identification of standards is important to move advocacy beyond interminable calls for increased funding from year-to-year to advocacy based on how close governments are to reaching an agreed-upon funding level. Governments may be hesitant to be responsive to advocates, particularly if they feel that the pressure for increased allocations lacks a clear end goal. Establishing benchmarks could help advocates mobilize government funds to meet actual funding needs for family planning.

Universal access to family planning cannot be achieved unless countries are willing to spend enough to eventually cover a majority of the publicly provided family planning supplies and services. To reach this milestone, governments need to increase their financing for family planning, and sustain increases in funding. Measuring government funding across a common set of indicators will enable us to compare government funding across countries. Comparison will provide a unique opportunity to create positive competition amongst governments, open up new advocacy spaces, and take important steps towards the development of accepted standards on government spending for family planning. Progress must be built on a strong foundation of access to information that allows advocates to track progress and hold governments accountable.

ANNEX 1. Participant List

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ANNEX 2.

Framework to Measure Government Spending on Family Planning With Indicators and Data Sources (All internally generated resources, IGR)

Note to the reader: This set of indicators is a work in progress that we hope to further refine through wider consultation and pilot testing.

DEFINITION	INDICATOR	SOURCE OF DATA	ACCESS TO INFORMATION
Funding Need: How much funding does the government perceive is needed for FP, and for what? Have they under or overestimated needs?	Amount of funding for FP needed to meet demand for services provided through the public sector.	<ul style="list-style-type: none"> Costed Family Planning Implementation Plans (CIP) GFF Proposal One Plan (TZ) 	Produced and published
Commitment: Of this need, what has government committed to fund from locally generated revenue?	Domestic Commitment from IGR as % need (may or may not be the same as allocation)	<ul style="list-style-type: none"> Budget policy statements (broad) budget guidelines Gap analysis CIP Quantification tables Government online portals such as ePROMIS 	Produced and published
Allocation: How much does government intend to spend, as expressed in the budget?	Allocation as a % of commitment (if any) [Adequacy] Allocation per user [Progress] Year to year % increase [Priority] FP allocation as a % health budget	<ul style="list-style-type: none"> Budget books Medium Term Expenditure Frameworks (MTEFs) budget speech 	Produced and published
Disbursement: Were the disbursed funds less or more than the allocation made? How much did the government actually disburse/release for spending to the agencies responsible for supplies and services? Was it disbursed in a timely manner?	Disbursement as a % of allocation [Quality of funding] % Quarterly disbursements met	<ul style="list-style-type: none"> Quarterly implementation/ expenditure reports Interviews Auditor general reports 	Documents often published late, if at all. Quality varies. Problems with lack of disaggregated data.
Expenditure: How much did the government actually spend? Was it spent on initially intended areas/ services/ supplies or diverted to other areas?	Expenditure as a % disbursed or allocated (absorption rate) [Adequacy] Spending per user/ Spending per capita [Priority] FP spending as a % health budget	<ul style="list-style-type: none"> Quarterly implementation/ expenditure reports Annual sector reports Budget for subsequent years Budget speech Contracts & delivery notes Procurement Vouchers and Commodity Procured Summary Sheets Auditor general reports 	Produced. Often not published/ not published in a timely manner.
Impact: Has funding achieved the government's desired impact? Have commodities even reached facilities, and are women accessing services?	Indicators on spending linked to health outcomes such as the number of women provided with FP services, changes in Modern method use (mCPR), etc.	<ul style="list-style-type: none"> Annual sector reports Commissioned studies to measure impact (interviews) public participation forums on budgets 	Produced and published in some countries. Evidence of this can also be generated by CSOs.
Budget transparency: the amount, level of detail, and timeliness of budget information governments are making publically available.	Document(s) not produced; Produced but not published; Published; Produced, but not published for free.	Country specific documents in "expenditure" row	Not applicable

Endnotes:

- 1 See Annex 1 for a list of participants.
- 2 "Archived Commitments for Kenya." *FP2020*. 2015. <http://www.familyplanning2020.org/entities/77/commitments>. Accessed May 11, 2016.
- 3 Dennis, S. CSOS Ensure that Malawi Increases Contraceptive Budget Line, Funding is Spent. Washington, DC: PAI. <http://pai.org/reports/csos-ensure-that-malawi-increases-contraceptive-budget-line-funding-is-spent/>.
- 4 Exchange rates as of July 5, 2016. Kitinya, Wilson and James Mlali. "Tanzania Budget Advocacy: Sub-National Level Experiences." March 9, 2016. PowerPoint.
- 5 Exchange rates from July 1, 2015. Muwonge, Moses. "RH Budget Tracking, FY 2014/15." March 9, 2016. PowerPoint
- 6 Kyongo, Brian and Amos Mwale. "Budget Advocacy Zambia." March 9, 2016. PowerPoint
- 7 The authors' thank Halima Shariff of CCP Tanzania for developing the initial version of this graphic, which we have built upon.
- 8 <http://www.familyplanning2020.org/>
- 9 Muwonge, Moses. 2014. The 11 Step Guide to Ensuring Public-Sector Contraceptive Financing and Expenditure. <http://pai.org/advocacy-guides/the-11-step-guide-to-ensuring-public-sector-contraceptive-financing-and-expenditure/>
- 10 <http://www.mamaye.org/en/evidence/africa-health-budget-network-transparency-scorecard>
- 11 This framework strongly resembles and benefitted from insights in: Van Zyl, Albert and Carlene Van Der Westhuizen. 2015. Public Monitoring of School Infrastructure in South Africa: What Data Needs to Be Produced and Published? <http://www.internationalbudget.org/publications/public-monitoring-of-school-infrastructure-in-south-africa-what-data-needs-to-be-produced-and-published/>.
- 12 The presentation from CEGAA expressed this point powerfully. Ndlovu, Nhlanhla. "Enhancing Advocacy through Health Budget Research and Capacity Strengthening." Centre for Economic Governance and AIDS in Africa (CEGAA). March 10, 2016.
- 13 <http://www.mamaye.org/en/evidence/africa-health-budget-network-and-government-spending-watch-health-spending-scorecard>

