WISH2ACTION

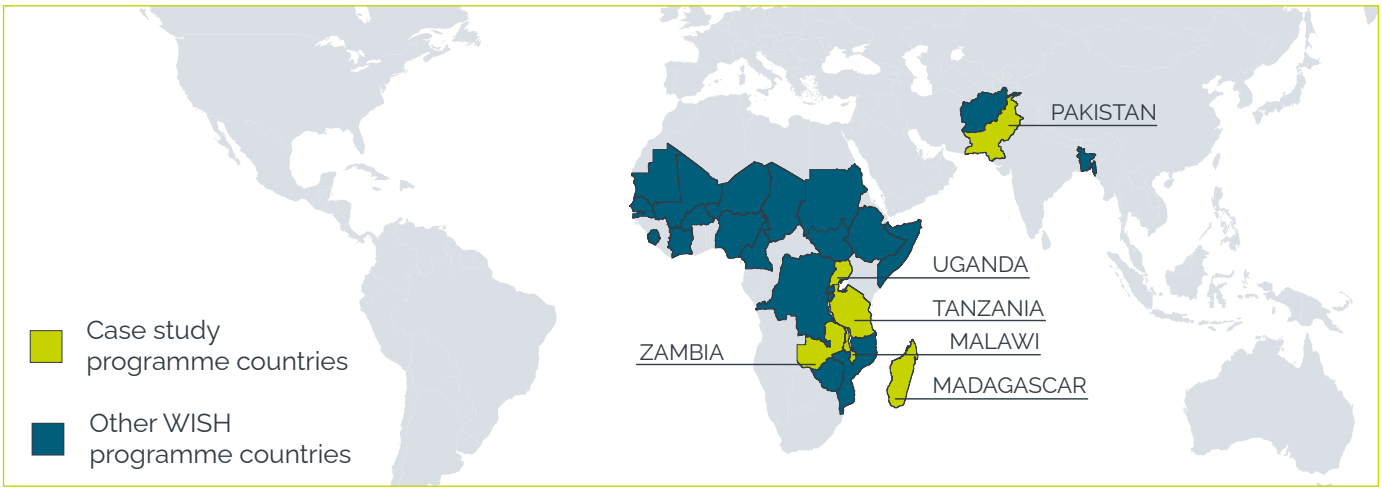
Technical brief

Influencing public sector investment in family planning through budget monitoring and tracking

Lessons from six low- and middle-income countries

WISH2ACTION is a 3-year programme that aims to expand access to family planning and integrated sexual and reproductive health and rights (FP/SRHR) for women, men and young people across Africa and Asia. Central to this ambition is that, by the end of the programme, the government in each supported country is fully committed to and has leadership of the SRHR agenda, ensuring the programme has a catalytic and lasting impact. This includes strengthening accountability for public investment in FP/SRHR so that sufficient funding is available and that scarce funds are channelled to where they are needed most. A key approach to achieving this is to establish systems and processes for routine budget monitoring and tracking. This enables governments and civil society organizations to assess the extent to which budgets are being implemented as planned and gives them the data needed to take timely action when they are not.

Working across a wide range of countries, at both national and sub-national level, and with government and civil society partners, the **WISH2ACTION** programme has gained rich insights into how to establish and institutionalise budget monitoring and tracking to strengthen accountability for public investment in FP/SRHR. This technical brief brings 4 key lessons learned from six WISH countries: Malawi, Madagascar, Pakistan, Tanzania, Uganda and Zambia.



Key lessons on budget monitoring and tracking (BMT):

1. The BMT process contributes to strengthened demand for and use of data for decision-making among government officials.
2. Engaging CSOs as partners in the budget monitoring and advocacy process, is the key to sustainability in accountability.
3. Where possible, it is useful to undertake multi-level budget monitoring and tracking.
4. Embedding the BMT process into government structures is critical to ensuring ownership and routine use of the data.

The technical approach

Overview of the problem

Box 1: Understanding the context

A context analysis and political economy analyses were done to first understand the health financing terrains in each country, the gaps that affect availability and flow of funds and the opportunities to influence FP/SRH investment decisions. The two analyses highlighted priority gaps in the health financing system that hindered the achievement of the set FP/SRH targets, these were: non prioritization of FP/SRH services in the annual plans and budgets, late and/or incomplete disbursements, diversion of FP/SRH allocated funds to other programmes.

https://options.co.uk/sites/default/files/2._bangladesh_funding_flow_fp.pdf

The **WISH2ACTION** programme, through Options, works in partnership with Ministries of Health (MoH) to strengthen public sector investment in FP/SRH across seven countries in Africa and South Asia. While countries are making some progress in allocating funds for FP/SRH programmes, efficient utilization of these resources is still a challenge, owing to weak, or even lack of, budget monitoring processes. Some of the key cross-cutting gaps identified at initial stages of the programme include:

1) Non prioritization of FP/SRH services in the annual plans and budgets, resulting in little or no allocation of funds for FP/SRH.
2) In countries where funds are allocated for FP, they are not disbursed at all or there are late and/or incomplete disbursements.
3) In some cases, funds allocated for FP/SRH were diverted to other activities perceived as more of a priority than FP/SRH.

A key underlying factor that contributes to these gaps is the invisibility of FP/SRH budgets at the political level, within MoH and even at sub national and facility levels. Improving the transparency of FP/SRH budgets would enable ministries of health to strengthen the link between budget allocations and policies and plans that would enable stronger accountability for the funds committed to ensure they deliver results (**WISH2ACTION**-Pakistan, 2020).

What we did

In response to the above-mentioned gaps, the **Options-WISH2ACTION** program designed interventions to improve visibility of FP/SRH program investments in the intervention countries, using the budget monitoring and tracking (BMT) process as an approach to generate evidence for advocacy. The approach used in the BMT process includes: stakeholder analysis, tool design, capacity building, data packaging and use and finally influencing prioritization through advocacy (see figure 1).

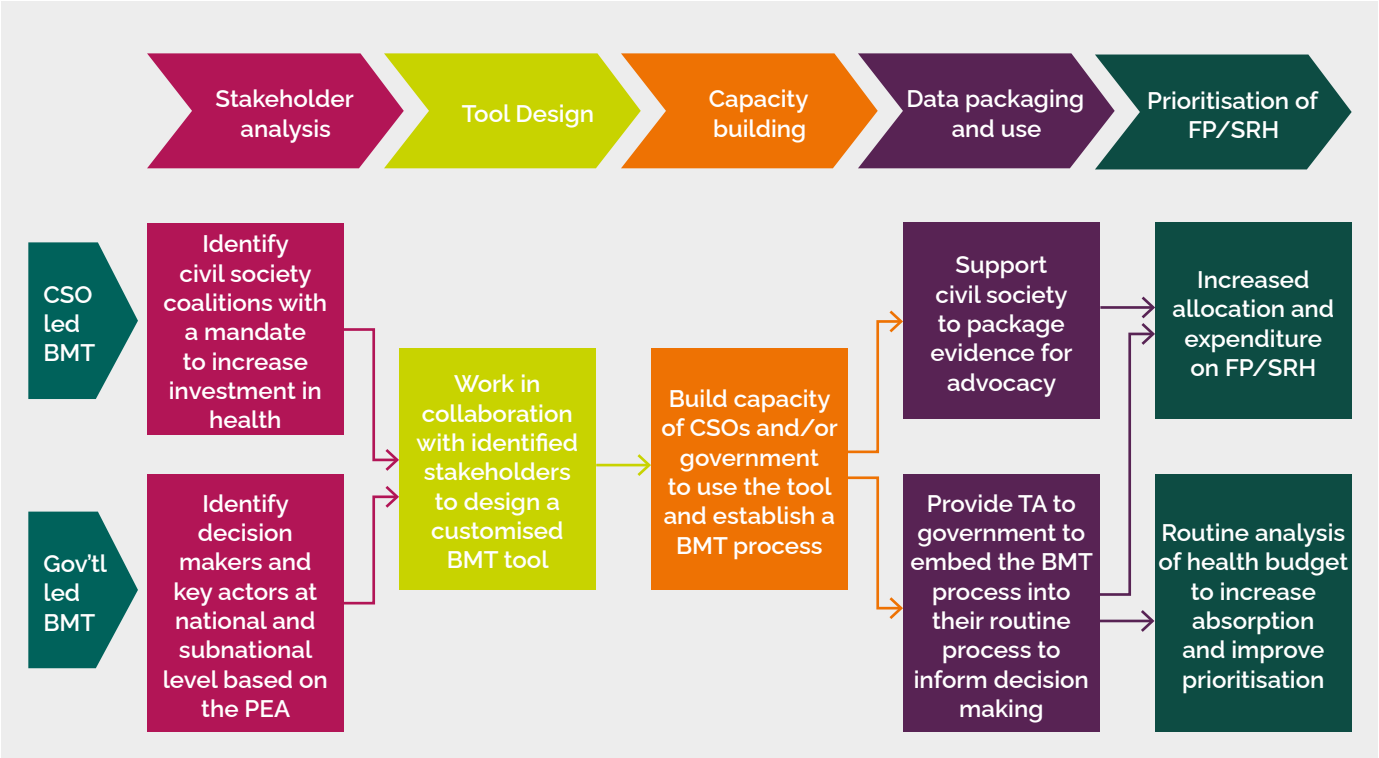


Figure 1: *Technical approach to budget monitoring and tracking (BMT)*

Step 1

The main activity undertaken in the initial stages of BMT is stakeholder mapping, engagement, collaboration and coordination. Mapping of the key actors in all stages of the budgeting process was done to identify those with most influence and interest in process as well as those who could potentially hinder or delay it. This includes actors at all levels of the health system, both inside government and those such as civil society organisations, working to strengthen accountability from the outside.
The diagram below summarizes the categories of stakeholders who were engaged in the BMT process across the countries.

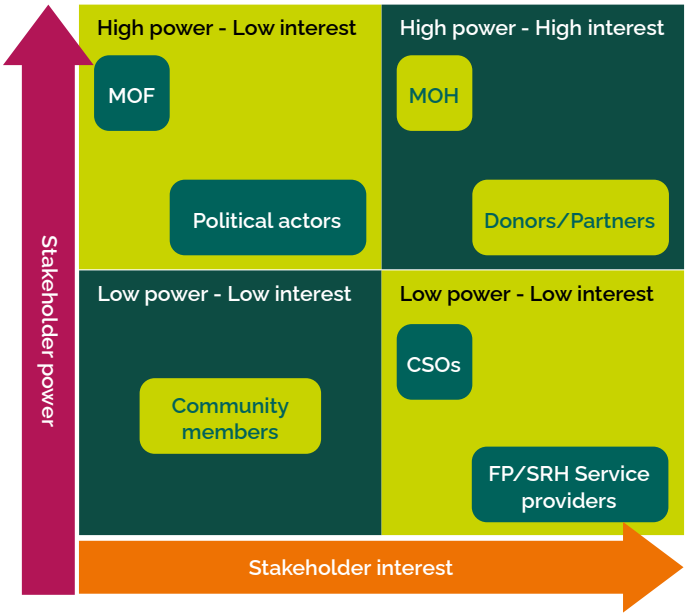


Figure 2: *Stakeholders' power and interest in the BMT process*

Broadly speaking, there have been two broad approaches to designing the BMT process across **WISH2ACTION** countries. In countries that have an active accountability mechanism with a mandate for or interest in tracking RMNCAH budgets, we engage them to drive the accountability process. On the other hand, in countries where our main entry point is a department or working group within the MOH, we work with relevant government officials who drive the BMT process. In countries like Zambia, Uganda, Madagascar Malawi and Tanzania, we work with both MoH/MoF and accountability mechanisms. While in Pakistan we work directly with the Population Welfare Department in The MoH.

Step 2

The next step in the BMT process is the development of the budget monitoring and tracking tool. Options has designed an Excel based tool, that is customisable depending on the budget structure (e.g. if it is input-based or programme based) and on the data of interest by local stakeholders. The tool has a series of tabs for data entry, to capture amounts allocated, released and spent on a quarterly and annual basis. The tool then draws on this data to auto-generate dashboards and tables for easy interpretation. Regardless of the design, it is important for the tool to be visually appealing and very user-friendly as many stakeholders have limited proficiency in the use of Excel.

To customise/adapt the tool and make it fit for local context the team worked with smaller teams from MoH and CSOs (where both were engaged) to obtain data from various sources including: approved annual work plans and budget documents, performance reports, strategic plans, Integrated Financial Management Systems (IFMIS), among other documents. The customized BMT tool is what the larger teams of MoH and CSOs are trained on for implementation.

Step 3

Building the capacity of MoH and CSOs entails two aspects; training and mentorship. The training focuses first on budget process as described in the national Public Financial Management (PFM) guidelines; then on the budget monitoring and tracking process itself (identifying data sources, data extraction, data entry, data analysis and packaging and presentation done practically); and finally on the use of BMT results for decision making and advocacy. This training prepares the participants to embark on actual BMT most of which is done quarterly. The mentorship process is ongoing with the aim of ensuring that CSOs and government officials have adequate capacity to continue implementation beyond **WISH2ACTION** program.

Step 4

The creation of a dashboard within government existing electronic tracking systems is a critical step in ensuring a sustained use of the BMT system. **WISH2ACTION** program supported the MoH and MoF in countries to link the BMT tool to their existing financial monitoring systems and developed dashboard interface for real time visualization of the data as it comes in. This improves visibility for FP/SRH and facilitates decision makers to access data readily and easily on emerging scenarios in FP/SRH for quick action.

Step 5

Beyond the use of BMT results for internal discussion and prioritization at the MoH, externally, the CSOs also package the data into advocacy pieces for reaching different target audiences. These include media articles, advocacy briefs and investment cases. The advocacy briefs and investment cases are used to advocate and convince parliamentarians, MoF and even other stakeholders on why it is important to prioritize and invest in FP/SRH.

Key Lessons learned in implementing budget monitoring and tracking

This section outlines the four key lessons that the programme has learned through the implementation of budget monitoring and tracking in six countries. To consolidate the lessons, virtual key informant interviews with purposively selected respondents were held with Health Financing advisors, accountability mechanisms (CSOs) and other local stakeholders including MoH and MOF officials, where possible.

Lesson 1: The BMT process helps to strengthen the demand for and use of data for decision-making

In a number of countries (Pakistan, Zambia, and Tanzania), the BMT process has reinforced the demand for and use of data for decision making in a number of areas. Below are the examples of how and where data was demanded and used for decision making.

Box 2: Evidence informed decision-making in Pakistan

A Population and Welfare Division (PWD) Official had this to say: ***"Historically prioritization was motivated by incumbent government's party priorities and election promises. And traditionally, priority was given to setting up new tertiary care hospitals or increasing funding of existing tertiary care facilities. However, with the introduction of BMT and advocacy efforts by Options team in support of evidence-based prioritization, a shift of focus towards preventive public health, including FP/SRH is being seen".***

In Pakistan, results from the BMT process influenced prioritization of FP/SRH in the subsequent plans and budgets. The introduction of a BMT dashboard to support decision making and advocacy in Pakistan, resulted in a shift to evidence-based prioritization with the focus changing towards preventive public health, including FP/SRH (see box 2). Below is an interface of the dashboard

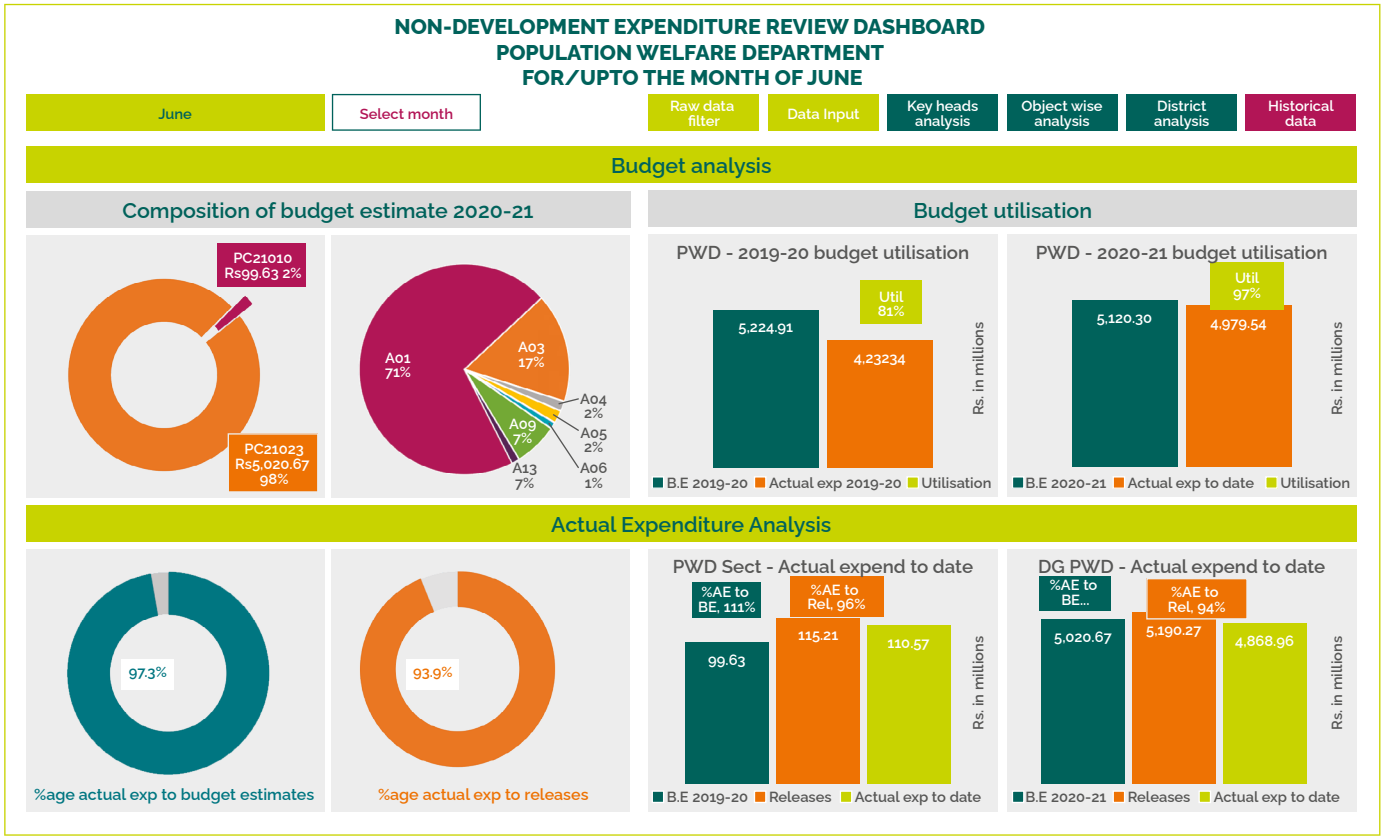


Figure 3: *Main interface of a non-development expenditure review dashboard for Pakistan*

In Zambia the BMT review done to assess expenditure against indicator performance for SRH/FP activities for sub-national health institutions in 9 out of 10 provinces for FY 2019/2020, revealed that one of the reasons for not achieving the intended performance for FP targets, was FP commodity stockouts, owing to gaps in the funding for last mile distribution. These results were presented to parliamentarians who used the results to demand an explanation from the Ministry of Health on why there were stock outs of FP/SRH commodities. The MoH in response cited late disbursement, evidenced by the BMT results. This led parliamentarians to further seek explanation from the Ministry of Finance on why there was late disbursements of funds to the Health Sector, amounting to lack of commodities at service delivery points. In the end, it was agreed that there was need for the MoH to undertake a bottleneck analysis for last mile distribution of contraceptive commodities to identify the root causes and address them. A bottleneck analysis report with an action plan approved by the Permanent Secretary for health was developed for action by both MoH and partners and is currently being implemented (Republic of Zambia, 2021).

In Tanzania, the BMT results revealed that the allocated funds for FP were not disbursed as per the approved budgets. During a budget review session by the Council members in Mara region, the BMT results were used as evidence to demand that MoF disburse RMNCAH funds as budgeted for. At the same time, the BMT results were used to demand the CHMT to source funds to ensure that FP activities are funded for implementation according to the approved plans and budgets. In a second region of Dodoma, the Council members used the BMT results to pass a resolution to support the Council Health Management Team (CHMT) to mobilize additional resources for FP through Community Health Funds (**WISH2ACTION**, Tanzania, 2020).

Lesson 2: Engaging CSOs as partners in the budget monitoring and advocacy process, is the key to sustainability in accountability.

The BMT is a way for CSOs to examine how public resources flow from central government to local government and eventually to the intended beneficiaries. It has the potential to lead to stronger relationships and accountability between communities and government.

Box 3: The importance of BMT for CSOs in Zambia

A member of accountability mechanism in Zambia had this to say: ***"As civil society organisations (CSOs)/coalitions, we now have the knowledge, tools and messaging we need to increase the reach and impact of our work, and to articulate a common 'mass advocacy' campaign for targeted health care spending, legislation, policies and other actions"***

In several countries, the accountability mechanisms, recognised that budget monitoring and tracking requires identification of responsible actors and devising means to hold them accountable for the results. This is seen in the use of the BMT dashboards that relay real time data, promoting evidence use in prioritization. In Zambia, the accountability mechanism, indicated that in understanding the budget process and the relevance of BMT, they are able to identify gaps and leverage the best point to begin budget advocacy for SRH/FP budget allocations. This led them to develop a budget advocacy action plan that they are currently using to advocate for additional funding for FP/SRH.

Strengthened participatory platforms through the use of the BMT tool has enhanced public transparency and accountability for the fulfilment of FP and other health commitments made. CSOs have learned that effective use of interlocutors, including media in supporting active participation to influence policy is effective in advocating for increased funding for FP/SRH.

Figure 4: *Accountability mechanism in BMT session in Malawi*

In discussing the factors that enabled the BMT to yield success, the accountability mechanisms, including CSOs, stated that some of enabling factors are: Coming together as a group of CSOs to form an accountability mechanism; and working together for a common course. Policies and laws that support different stages of the BMT process made it possible to access data necessary to achieve success, e.g. in Malawi access to information law enabled the CSOs to access some protected information on budget expenditure and disbursement. Given that the BMT process is participatory and brings different stakeholders together, trust and transparency is an important virtue that contributes to the success of BMT process.

Lesson 3: Where possible, undertake multi-level budget monitoring and tracking

The budget monitoring and tracking process at national level rarely captures the service delivery aspects that elucidates the funds spent against the results achieved. To address this gap, the **WISH2ACTION** program designed a multi-level budget monitoring and tracking process implemented at the national, sub-national and facility level.

One of the key findings of the multi-level BMT, is the disconnect between the national priorities, plans and budgets and the health facility level implementation. For instance, in Uganda, financing for health facilities is through the Primary health Care (PHC) grants. Many of the health facilities did not allocate PHC resources to integrated health outreaches (including FP/SRH) in the FY 2019/2020 because they relied on partners support for this work. The PHC grants were then spent on other areas perceived as the health facility spending pressure points. In facilities where some PHC funds were allocated for integrated health outreaches, interviews with service providers (nurses and midwives) revealed that they did not undertake any outreaches especially for FP/SRH, only for immunization supported by EPI vertical program. This makes it difficult to tie spending to actual services provided on the ground.

Figure 5: *Assistant DHO addressing health facility in-charges in Uganda*

The BMT process at the health facility level has been a pleasant surprise to the health facility in-charges who are doing it for first time. They appreciate that the tool enables them to learn how it is important to align their facility plans with the District Costed Implementation Plans (DCIPs) and that the tool will help them track their annual FP budgets among other programs. The District Health Officers (DHOs) equally reiterates that the tool enables them to consolidate data from all the health centres on to a dashboard for better informed quarterly reviews.

Lesson 4: Embedding the BMT process into government structures is critical to ensuring ownership and routine use of the data.

Government recognition of an accountability process is critical to the success of the process. It is heavily dependent on how much the government (MoH/MoF) values and sees the accountability process as important and relevant to them. **WISH2ACTION** in its approach, works very closely with government ministries of health and finance at the outset to foster a good working relationship as a foundation to achieving desired results. In addition, they identified champions responsible for regular and timely data entry to inform the quarterly review and discussions.

Box 5: Usefulness of the tool by government officials in Pakistan

Pakistan MoH-PWD official had this to say: ***"BMT dashboard is an interesting tool – the utility changes depending on who is the user – for Additional Secretary -Budget & Finance and above levels, we use this tool for performance monitoring for the spending units. While for the spending units the tool is primarily for tracking expenditure, identifying gaps and taking timely remedial actions".***

Figure 6: *Zambia: Participants attending workshop to finalize the dashboard development in the NAV Dynamics ERP system*

One other critical factor that works in facilitating government ownership of the process is careful entry engagement process characterized with fluid and transparent communication with the MoH and MoF leaders and specific departments. Important at the outset, is articulating the value that the BMT process adds to their work and the existing systems. In most countries, this initial process led to the MoH/ MoF or the equivalent taking lead and identifying the technical lead persons to oversee the process and a focal person to work with the Options-**WISH2ACTION** team to implement the actual work. The game changer is with the seniority of leaders who led the process. In Pakistan, the process was led by the Additional Secretary (Budget & Finance) of the Population Welfare Department in the MOH, in Zambia the process was led by the Permanent Secretary, MoH, in Madagascar it was the Director of Family Health who lead and in Uganda the District Health Officer (DHO) led the team. This level of leadership and support facilitated discussions and took immediate decision on the actions required for sustainability. In the case of Pakistan and Zambia, this led to institutionalization of the BMT tool into the already existing platforms within the government systems.

In Pakistan the government entity responsible for FP services, the Population Welfare Department has embraced the BMT process, they have recognized the different functionality it gives to different officials, as noted in Box 5.

In Madagascar, through BMT, it was noted that the FP commodity budget line was expunged at the last minute and, based on this realization, the CSO accountability mechanism was able to launch a successful advocacy that saw the FP budget reinstated.

To make utilization of the BMT data possible, countries identify champions who are responsible for ensuring that data entry happens regularly and on time to inform the quarterly review and discussions.

Challenges

- In each of the **WISH2ACTION** countries, the sub-national levels are responsible for service delivery. Failure of the health facility budgets to align to the existing sub national and national SRH/FP plans makes it difficult to track allocation, release, expenditure of FP resources.
- Under the programme based budgets, the integration of the SRH/FP into a broader RMNCAH consolidated budgets makes it difficult for most sub-national level health institutions to extract the actual costs for SRH/FP during budget tracking process. This leads to the use of estimated allocations and expenditures and not actuals.

Conclusions and recommendations

In conclusion, efficient utilization of resources allocated to FP/SRH can be realized through applying some of the lessons we have drawn from the implementation of BMT process as outlined below:

- Budget monitoring and tracking helps to strengthen the demand for and use of data for decision-making including prioritization of key program such as FP/SRH.
- Engaging CSOs as partners in the budget monitoring and advocacy process, is the key to sustainability in accountability of health programs.
- Where possible, it is useful to undertake multi-level budget monitoring and tracking, to facilitate clear integration of plans and budgets for high impact interventions including FP/SRH from national to sub-national and health facility level.
- Embedding the BMT process into government structures is critical to ensuring ownership and routine use of the data, through user friendly visualized dashboards.

References

1. **Options** health financing experts . (2021, January 5th). Retrieved from **Options Consultancy Sevices**: https://options.co.uk/news/3-lessons-on-strengthening-countries-domestic-resource-mobilisation-for-health
2. Republic of Zambia. (2021). Zambia's Bottleneck Analysis for the Last Mile Distribution of Contraceptive Commodities to Service Delivery Points.
3. **WISH2ACTION**. (2020). Political Ecenomy Analysis - WISH Pakistan.
4. **WISH2ACTION** Bangladesh. (2020, April). Mapping of fund flows for Family Planning services and commodities in Bangladesh. Retrieved from **Options Consultancy Services**: https://options.co.uk/sites/default/files/2._bangladesh_funding_flow_fp.pdf
5. **WISH2ACTION**, Tanzania. (2020). Family Planning Budget Analysis, Tanzania.

Author: Linet Nyapada.

Contributors: Nasir Sarfraz, Joy Walubita, David Walakira, Mark Malema, Hope Lyimo, Romy Andrianarintsalama.

August 2021

Managed by Options

Options Consultancy Services Ltd.
options.co.uk

UKaid from the British people

WISH2ACTION

IPPF Options dmi MARIE STOPES INTERNATIONAL