

**LOCAL GOVERNMENT AUTHORITY
EVIDENCE-BASED ADVOCACY LED TO
BUDGET ALLOCATION FOR
FAMILY PLANNING**



THE WHITE
RIBBON
ALLIANCE

TANZANIA

WANAWAKE WENYE AFYA,
ULIMWENGU WENYE AFYA.

Photo by Rose Mlay, 2017 in Dodoma

INTRODUCTION

In 2019, the USAID Health Policy Plus (HP+) project released the Champions for Accelerating Family Planning Success in Tanzania (CATALYST) grants opportunity for Tanzanian Civil Society Organizations (CSOs) with the aim of supporting proven and/or innovative advocacy strategies to advance the achievement of the country's family planning goals as articulated in the country's National Family Planning Costed Implementation Plan 2019-2023 (NFPCIP 2019-2023). HP+ issued grants to five CSOs, one of which was the White Ribbon Alliance Tanzania (WRA Tanzania). The CATALYST II award to WRA had a discrete focus on **improving family planning budget allocation and execution at local government authority (LGA) level, specifically in Sumbawanga District Council of Rukwa Region.**

BACKGROUND

Tanzania has set a favorable policy environment for family planning programs and services through commitments as laid out in national policies and strategic plans, including in the Reproductive, Maternal, Newborn, Child, and Adolescent Health 2016-2020 (also known as One Plan II)¹, the Health Sector Strategic Plan IV (2015 – 2020)², the National Family Planning Costed Implementation Plan (NFPCIP 2019 – 2023), among others. The government has also made international affirmations of its commitment in multiple occasions over the years, including the International Conference on Population and Development (ICPD Cairo and Nairobi), Millennium Development Goals, and Sustainable Development Goals among others. Particularly in 2012 and later in 2017, Tanzania joined other commitment makers during the London Summit for Family Planning and committed to accelerate family planning use among the country's population. As articulated in the NFPCIP 2019-2023, Tanzania aims to reach a modern contraceptive requirements (mCPR) of 40% among all women in 2023 from 30% in 2019³.

Meeting the increasing demand for contraception requires a heightened level of resources that can be sustained over time; Tanzania has been making efforts towards sustainable financing including improving domestic resource mobilization. Local government authorities (LGAs) are an increasingly important source of financing for health, including family planning. In the 2019/20 government fiscal year, 0.7% of the local government health budget was allocated for FP, (equivalent to TZS 3,797,234,909/US\$1,648,821.06).⁴ Recently, the government enacted reforms under the Direct Health Facility Financing (DHFF) program, which further decentralized fiscal

¹ Ministry of Health and Social Welfare, The National Road Map Strategic Plan to Improve Reproductive, Maternal, New-born, Child, and Adolescent Health in Tanzania (2016 – 2020): One Plan II, Tanzania

² Ministry of Health and Social Welfare, Health Sector Strategic Plan IV (2015 – 2020), Dar Es Salaam

³ <https://tciurbanhealth.org/wp-content/uploads/2019/07/National-Family-Planning-Costed-Implementation-Plan-2019-2023-INSIDE-%E2%80%A2-F....pdf>

⁴ HP+ CCH Budget Analysis 2019

management, including financing, to health facilities. The DHFF presents another opportunity to mobilize domestic resources for family planning. In essence, the institutional arrangements the government has put in place mandate the LGAs, through Council Health Management Teams and Health Facility Governing Boards, to be responsible for not only ensuring efficiency and effectiveness in developing and implementing family planning district and facility action plans but also budget allocations and timely execution. The LGAs are made responsible for domestic resource mobilization for FP, apart from heavily relying on central government and development partners funding streams.

RATIONALE

While LGAs are potential players towards achieving the country's FP commitments and goals, they have limited fiscal space to allocate adequate funds to cover their FP needs from their health budget. Further, even when LGAs receive approval for allocated FP funds, they face difficulties maintaining the allocation levels and timely disbursing funds. To attempt to address the challenges, the CATALYST grant set out to define and generate a scalable approach to influence FP budget allocation and execution at LGA level, i.e., the council and health facility levels. The CATALYST grant to WRA Tanzania envisioned efforts to develop, implement, and test appropriate advocacy strategies at the district council and facility level to influence the budget process for family planning, specifically relative to budget formulation and execution.

ADVOCACY EFFORT

OVERVIEW

With funding from the USAID HP+ project CATALYST II grant, WRA Tanzania implemented advocacy efforts in Sumbawanga District Council (DC), a rural remote council of Rukwa Region. In 2019, Rukwa region was projected to have a mCPR of 30.4% among all women of reproductive age; which was within the national average of 30.2%. The projected mCPR for regions ranged from a high of 51% in Lindi to a low of 13.7% in Geita. Through analytical exercises and stakeholder consultation, the government set a goal in the NFPCIP 2019-2023 for Rukwa to increase its mCPR to 42.6%. (NFPCIP)⁵

WRA Tanzania have been implementing activities in Rukwa Region since 2013 and has its established district CSO coalition network coordinated by the WRAs Regional Focal Person (RFP). Furthermore, Sumbawanga DC is among the councils that have poor performance in FP but also in budget allocation for FP services.

⁵ Ministry of Health, Community Development, Gender, Elderly and Children MoHCDGEC - Tanzania Mainland, National Family Planning Costed Implementation Plan, 2019-2023.

GOAL AND OBJECTIVES

The goal of the advocacy effort was to improve budget allocation and execution for family planning at the Sumbawanga District Council. Specifically, advocacy efforts aimed to ensure that the Council Health Management Team (CHMT): (1) allocates at least 2% of the total health budget to family planning, and (2) ring-fences funds allocated to family planning in the Comprehensive Council Health Plan (CCHP), i.e., restricting reallocation of funds allocated to family planning and execute on approved budget funds on time in the 2021/ 2022 or 2022/2023 government fiscal years.

TARGET AUDIENCES

With technical support from HP+, WRA Tanzania developed a decision-making pathway, which described the different steps and audiences to engage during the advocacy effort. These audiences included the Health Facility Governing Boards (HFGB), Health Facility Planning Teams (HFPT), who are responsible to oversee the budget process at health facility level. They will influence what goes into the budget. Council Health Management Team (CHMT), Council Health Planning Team (CHPT), District Executive Director (DED), District Medical Officer (DMO), who are the decision makers at the district level who will approve or disapprove the budget before submitting to the Regional Health Management Team (RHMT). CSOs working in Sumbawanga DC, to help the follow-up to ensure sustainability of FP budget when the project ends; and Sumbawanga DC Citizens, the beneficiaries who will create demand and becoming aware of what and why the project was implemented so they share the difficulties they experience when seeking for FP. This way the decision-makers will realize the problem was not made up by the advocates, but it is real, and so they will be influenced to bring about the required change.

ACTIVITIES

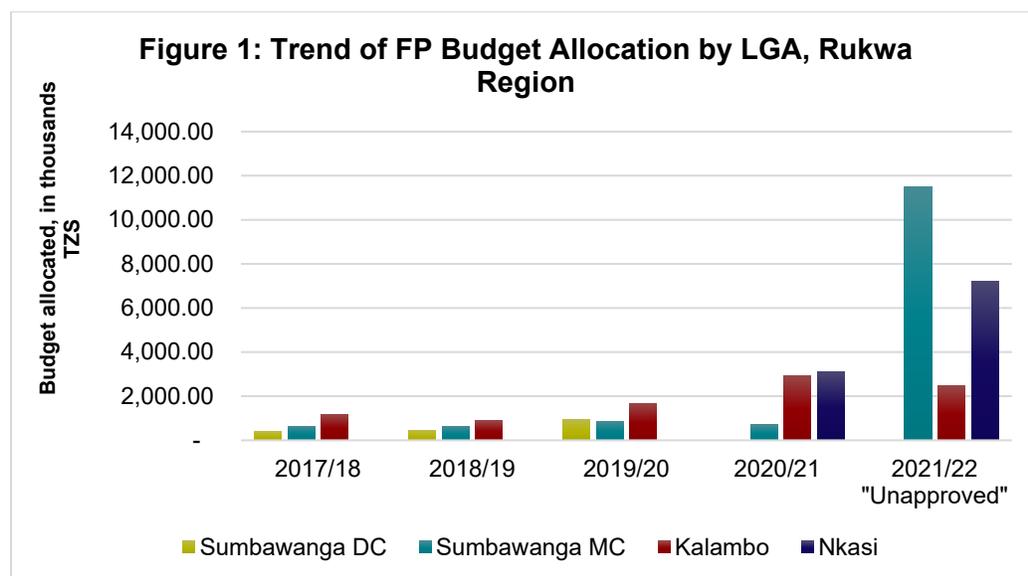
WRA Tanzania implemented the following main activities, further described below: (1) Situational analysis of the FP budget allocation, execution, and ring-fencing; (2) citizens' hearing to assess demand for FP among women, men, and girls of reproductive age; and (3) advocacy/capacity enhancement meetings with key players⁶ on the importance of allocating at least 2% of total health budget to FP.

1. SITUATION ANALYSIS

WRA Tanzania reviewed and analyzed the Sumbawanga DC CCHPs for the past five years to assess the extent by which funds were allocated for FP interventions. As seen in *Figure 1* below, compared to other districts in Rukwa region, Sumbawanga DC had the lowest budget allocation for FP over the four years and a zero allocation in the 2020/21 CCHP. In addition, information collected through consultations with the CHMT

⁶ Health Facility Governing Board (HFGB); Council Health and Health Facility Planning Teams (CHPT & HFPT), Council Health Management Teams (CHMTs), District Executive Director (DED) and District Medical Officer (DMO)

members during WRA's visits in January 2021 revealed that the 2021/22 CCHP that was just submitted for review by Regional Health Management Team (RHMT), President's Office Regional Administration and Local Government (PORALG) and Parliament Budget Committee did not include any funding for FP. WRA thought this was an opportunity to intervene the process since the submitted CCHP was still in review stage and unapproved.



Since the goal is to advocate for allocation of at least 2% of the council health budget, WRA also looked at the trend of total health budget to FP in the past five years and found results are rather discouraging, highest proportion over the four years being 0.05% (Table 1 below).

Table 1: Percent of FP in Council Health budgets for 5 years, before advocacy efforts

Financial Year	Total CCHP Budget	Budget allocated for FP	% of FP in CCHP budget
2017/2018	5,097,569,364.00	420,000.00	0.01%
2018/2019	2,546,786,966.00	460,000.00	0.02%
2019/2020	1,774,713,976.00	960,000.00	0.05%
2020/2021	3,839,432,339.43	0	0%
2021/2022	757,511,000.00	0	0%

2. CITIZEN HEARING

Citizen hearing is an approach in which by the help of local authorities' citizens of that locality are convened to discuss a problem one intends to advocate for a change. It helps provides evidence or proof that the citizens are facing that particular problem and not made up by advocates. As a results, the decisions makers are forced to bring the

change in favor of the citizens they are leading. The WRA Tanzania believes in citizen-led advocacy, meaning we advocate on what citizens feel is their need and are willing to demand for it. The WRA Tanzania, in collaboration with two CSOs (KAESO and RUSUEDO), conducted citizen hearing in three divisions of Sumbawanga DC. The aim of the activity was to educate citizens on FP methods and capacitate them to demand the methods when not available. For example citizens were led to discuss about types of family planning modern methods, where to get them, effects, side effects, and where to seek help in case of a problem. Then they were encouraged to speak of gaps experienced when seeking FP methods and where to demand them. The district and health facility authorities, including the DMO, were also invited to be part of the hearing. The DMO chaired the meetings and responded to issues raised by citizens.

The WRA Tanzania Advocacy Officer facilitated sessions on the importance of allocating funds for FP to increase domestic finances for FP. Additionally, the Program Manager from RUSUDEO elaborated on the importance of using FP services and to practice family planning for health of a mother and that of a child's wellbeing. A total of 100 citizens from the three divisions of the council participated in the hearings. Citizens provided feedback and asked questions to facilitators and experts on FP services. The issue of implant and injection side effect was voiced. In addition, most women voiced concerns regarding health care worker responsiveness to addressing their problems effectively, including answering their questions related to FP. Citizens also raised issues of the costs associated with seeking FP services at the health facility; specifically, although they are told the services is free, health facilities demanded them to buy things, like gloves, to get the services. DMO responded that this was the case due to shortage of equipment and medicine, and later agreed that allocation of FP budget will help in solving the problem.



Photo by Lucy Nzuki, 2020: Citizen hearing at Muze and Laela Division and DMO responding to issues

3. ADVOCACY AND CAPACITY ENHANCING MEETINGS

With the generated evidence and feedback from the citizen's hearing, the WRA Tanzania along with the two local CSOs, presented the gathered information to

representatives of several key governing authorities⁷, starting with the HFGB and HFPTs, followed by the CHMT. Specifically, during the session, the WRA Tanzania team presented feedback from citizens including, (i) commodity stock-outs, (ii) inadequate staff with knowledge about FP e.g., health providers not giving adequate information on side effects related to injectable and implant use, (iii) charges imposed to FP services at health facilities, particularly on supplies, and lastly, (iv) zero or limited budget allocation to FP in the CCHP budget. Since the LGA had already submitted their council health plans to the RHMT, PORALG and MOHCDGEC for review before final approval and the fact that the submitted plan had zero allocation for FP, the meeting focused on showcasing the importance of including FP in future council budgets, starting with plan, pending approval considering revising the council health, to include FP.



Photo by Lucy Nzuki, 2020: Advocacy meeting with HFMT, HFPT and CSOs at Laela Health Centre

Upon presentation of this evidence, the representatives from the council authorities decided and committed on the following:

1. To allocate 2% of the district council health budget to FP. They also agreed to include this request in the 2021/22 CCHPs upon receipt back from reviewers.
2. To direct health facilities to create a FP budget line item and allocate funds for FP in their facility health plans.



Photo by Lucy Nzuki, 2020: Meeting with DED at Sumbawanga District Council

⁷ Health Facility Governing Board (HFGB); Council Health and Health Facility Planning Teams (CHPT & HFPT), Council Health Management Teams (CHMTs), District Executive Director (DED) and District Medical Officer (DMO)

RESULTS OF THE ADVOCACY

While the advocacy period was short, the project observed several results as follows:

HIGHEST ALLOCATION OF FP BUDGET

Review of the updated FY2021/22 CCHP for Sumbawanga DC revealed that the local government authorities managed to establish a line item for family planning and allocated 1.51% of the health budget to family planning. This is the highest allocation of FP in the Sumbawanga DC in the past five years and 12 times amount that what was allocated in FY2019/2020, see Table 2. Authorities stated that a ceiling barrier prevented them from allocating a higher percentage over 1.51%, especially when the FY2021/22 total council budget was lower than the previous years' budget, Table 2. Furthermore, changes of allocation were also observed in some of the facilities (who as part of the reforms under the DHFF were able plan, budget and manage budgets) where funding for FP was included in their FY2021/2022 budgets i.e., Sumbawanga DC Hospital allocated TZS. 2,400,000.00; Mtowisa Heath Centre allocated TZS 4,720,000.00, and Kizungu Health Centre allocated TZS 4,350,000.00. Of note is that, the establishment of FP budget line item and allocation of 1.51% health budget was when they received the 2021/2022 Comprehensive Council Health Plan (CCHP) for correction just advocacy sessions.

Table 2: FP budget allocation trend in Sumbawanga DC, after advocacy efforts

Financial Year	Total CCHP Budget	Budget allocated for FP	% Of FP in CCHP budget
2017/2018	5,097,569,364.00	420,000.00	0.01%
2018/2019	2,546,786,966.00	460,000.00	0.02%
2019/2020	1,774,713,976.00	960,000.00	0.05%
2020/2021	3,839,432,339.43	0	0%
2021/2022	757,511,000.00	11,470,000	0%

CHANGES IN FP USE

During monitoring visits, a considerable increase of FP use was also noted in the following month after citizen hearing campaigns in the three division one health facility each, making three health facilities. For example, in April 2021, implant users at the Laela health facility in April were 66 compared to 43 in March 2021; 62 for Depo Provera compared to 12 in March, indicating an increase of 53% and 400% respectively. There were no significant differences in FP users in Ilemba and Muze health facilities in March compared to April 2021 although there was a tremendous increase in Depo Provera users in Muze in April (42 users) compared to March (2 users).

LIMITATIONS

While objectives of the CATALYST II were to work on allocation and execution, the WRA Tanzania was unable to complete the second objective on ring-fencing and execution due to the short time of the grant period. WRA was able to conduct advocacy activities as per the agreed strategies and monitored results on allocation, however WRA could not report on results for ring-fencing and execution of allocated funds because of time limitation.

LESSONS LEARNT

CITIZEN HEARING

There is a WRA saying that goes ***“There is nothing for me, without me”***. This was true for Sumbawanga women. After being involved and given the opportunity to voice up their issues concerning FP during the Citizen Hearing in March 2021, there was a notable increase of the FP use as reported by some of the Sumbawanga DC health facilities in the following month of April. This shows the benefit of involving the beneficiaries in FP program implementation and service delivery.

EVIDENCE-BASED ADVOCACY

Our efforts and achieved results re-affirm that evidence-based advocacy campaign is key to bringing about change. This was true for health facility and district authorities, upon presenting evidence from the situational analysis coupled with citizen hearing results, the authorities were convinced and opted to establish a budget line item for FP with 1.51% of health budget in the 2020/2021 CCHP, a significant increase, 12 times more than the FY2019/20 budget. Through evidence-based advocacy district councils can establish budget line items, which has a long lasting effect on budgeting. This is groundbreaking because this budget line item for Family Planning will stay in the CCHP calling for increased budget each year. It is important to also note that ceiling was a barrier for the Sumbawanga DC to attain the committed 2%, as noted this was not reached as expected because of the total budget ceiling they had received from national authorities, therefore instead they allocated 1.51% of health budget to FP which to start with, is not bad. This groundbreaking achievement is something we should continue advocating for, for the sustainability of Domestic Financing for Family Planning. The 2% of council health budget advocated to go to FP was simply a starting point requiring a push for increase

LOCAL CHAMPIONS

Working through local organizations in the area is important to facilitate ownership, credibility, and continuity of efforts beyond the project period.

RECOMMENDATIONS

Based on the experience and lessons learnt through this project, the WRA Tanzania and other stakeholder recommend the following to the following stakeholders below:

CENTRAL-LEVEL GOVERNMENT:

- The Reproductive and Child Section of the MoHCDGEC should liaise and advocate to councils to ensure CHMTs includes FP line item in their council plans and ensure execution. While LGAs noted that funds are provided through non-governmental organizations to support FP service delivery, including commodities from the central government, health facilities also face a lack of supplies and equipment. Procurement of such items could be managed with a budget allocation within the CCHP and reduce dependency on the NGO/donor.

COUNCILS:

- The CHMTs should supervise the HFGB and HFPT to ensure there is a FP budget line item in facility health plans to allocate FP funds. This will ensure sustainability of domestic financing for FP countrywide.
- Considering the importance of family planning, the CHMT should ring-fence the budget so as not to be used for other areas.
- There should be timely disbursement of funds from the treasurer to the regions, to districts and to health facilities on time so that no women fails to get family planning services.

CSOs:

- The two CSOs (KAESO and RUSUEDO) in Rukwa, who were heavily engaged during implementation of activities, should continue advocating and monitor outcomes related to ring-fencing and execution of the FP budget to health facilities on time now that there is an approved FP budget line item in the 2021/2022 CCHP. In addition, they should continue to monitor use of FP methods.
- CSOs conducting advocacy efforts should engage local CSOs to facilitate ownership, credibility and sustainability of efforts beyond project periods.
- Advocates should liaise closely with LGAs to set realistic goals and targets for resource mobilization with understanding of the budgetary guidance.

Written by WRA Tanzania Team including:

Rose Mlay, Lucy Nzuki, Domeniko Simon, and Zaynab Nasib.

Technical Support from HP+ Tanzania Team and WRA Global