



INTERNATIONAL BUDGET PARTNERSHIP  
Open Budgets. Transform Lives.

## Civil Society Budget Analysis and Advocacy as a Tool for Maternal Health Accountability

EuroNGOs Conference  
Riga, Sept 7, 2009  
Manuela Garza

# The IBP at a glance

- The IBP is an independent, non-partisan, non-governmental organization, at the forefront of the effort to build civil society's capacity to analyze government budgets, to participate in budget processes, and to engage in evidence-based advocacy leading to greater government transparency and accountability.
  - Particularly interested in working with CSOs that focus on the impact of the budget on poor people in developing countries and new democracies.
  - Budget work: applied or impact-oriented work that is of direct and timely relevance to current budget and policy decisions.
  - Budget work used by think tanks, NGOs, membership and community-based organizations. Some groups were established to advance budget issues; others have used budget work to strengthen their existing policy and advocacy work.



# Why focus on budgets and budget processes?

## The budget:

- Is the government's single most important policy instrument;
- Shows the true priorities and values of government;
- Affects the lives of all citizens, especially those who live in poverty and marginalization

**The budget process and budget system:** critical in determining the openness, democratic, and participatory nature of governance.

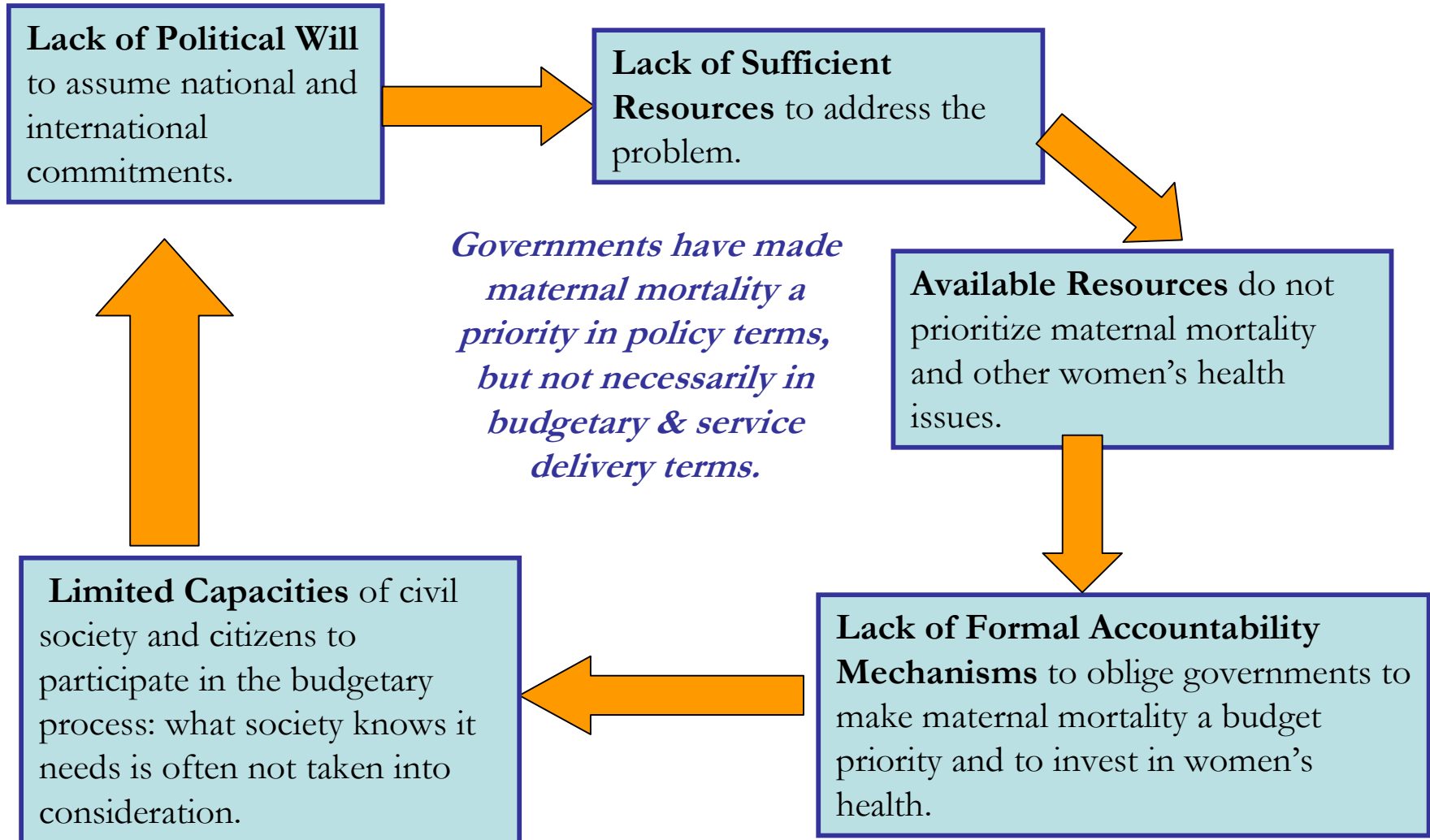


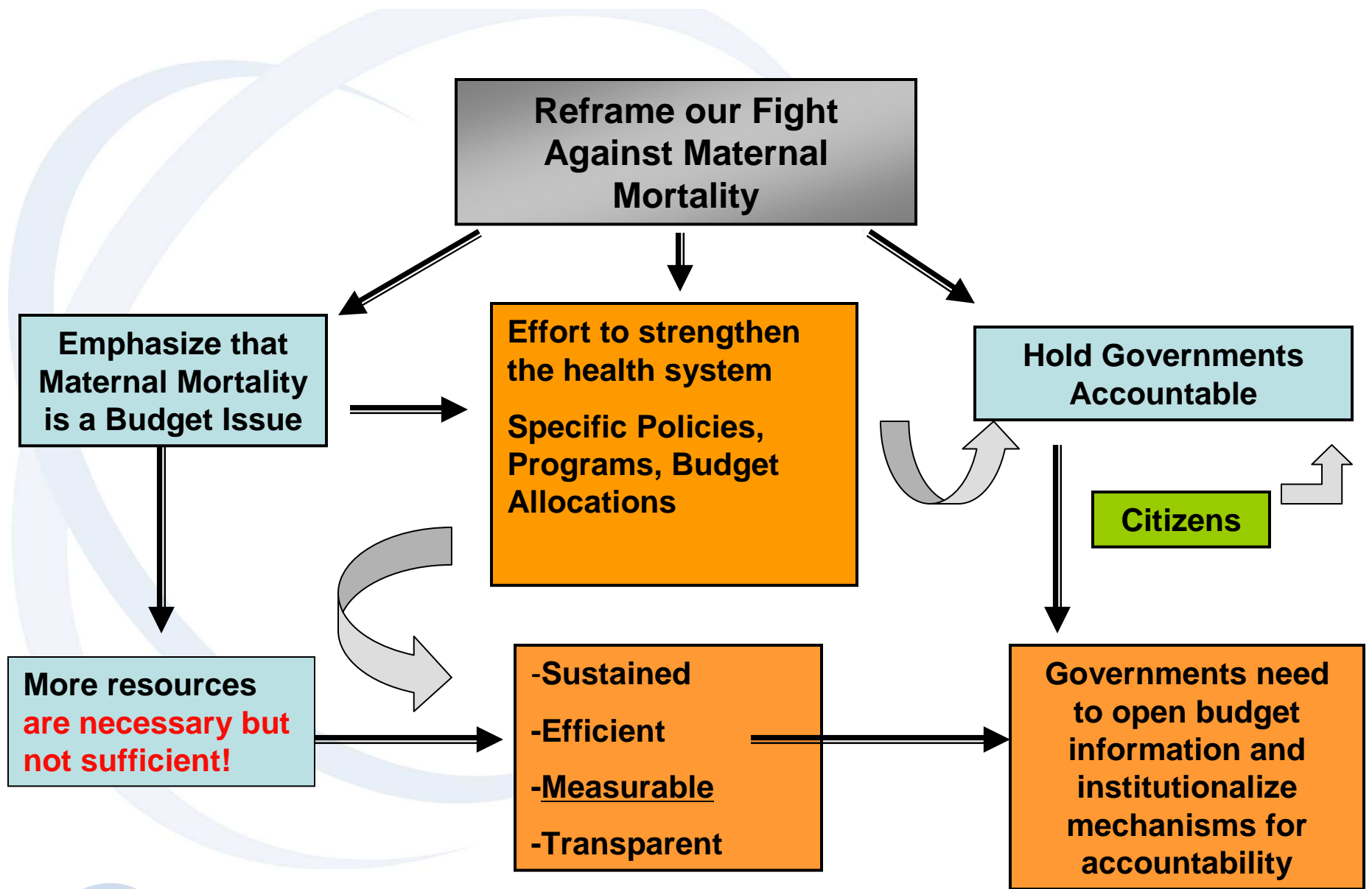
## Civil Society's Engagement with Budgets

- Demystifies the notion that 'budgets are a government's issue' and brings citizens closer to the decisions that affect their every day lives;
- Promotes an independent assessment of government's priorities and pushes governments to revisit their vision of the budget from a tool of 'growth and management' to one that can advance human rights and the equitable distribution of resources.
- Shifts the balance of power among the government and the people;
- Reduces leakages and waste in revenue collection and expenditure;
- Increases participation, accountability and ultimately, democracy.



# The Circle of Contradiction





## Types of Civil Society Budget Work Relevant for Maternal Health

- **Policies and Budget Allocations** – analyzing trends in public spending for health against other policy areas, commitments and needs.
  - How much is the government spending on maternal health policies?
  - Are funds targeting the real challenges of and gaps in reducing maternal mortality?
- **Resource Flow** – to monitor leakages in the flow of resources from one level of government to the next. How much of the original allocations actually reach the ground?
- **Expenditure tracking** – procurement of goods and provision of services against budget allocations.
- **Social Audits** – to monitor whether health services on the ground reflect reported spending, as well as the quantity and quality of service delivery.
- **Costing** – estimating the cost of specific services that are needed or that are inadequately budgeted for.



# Maternal health and budgets in Mexico (Fundar)

- During the last decade, the Mexican government implemented several targeted programs to offer maternal health services to the poorest communities (1998-2002):
  - Their budget was insignificant;
  - Per capita expenditure was lowest where the concentration of poverty was highest, failing to revert inequality;
  - User fees hit poor households the hardest;
  - Targeted programs did not contribute to improve infrastructure, nor increase the number of available physicians (lowest in poor states).
- Activists started to put pressure on the government, to increase decentralized funds and earmark portions for maternal health:
  - Formulas were working against the goal— rich states with low MMR got more money than poor states with high MMR. (2003)

Based on Fundar's work with the Coalition for Women's Health.



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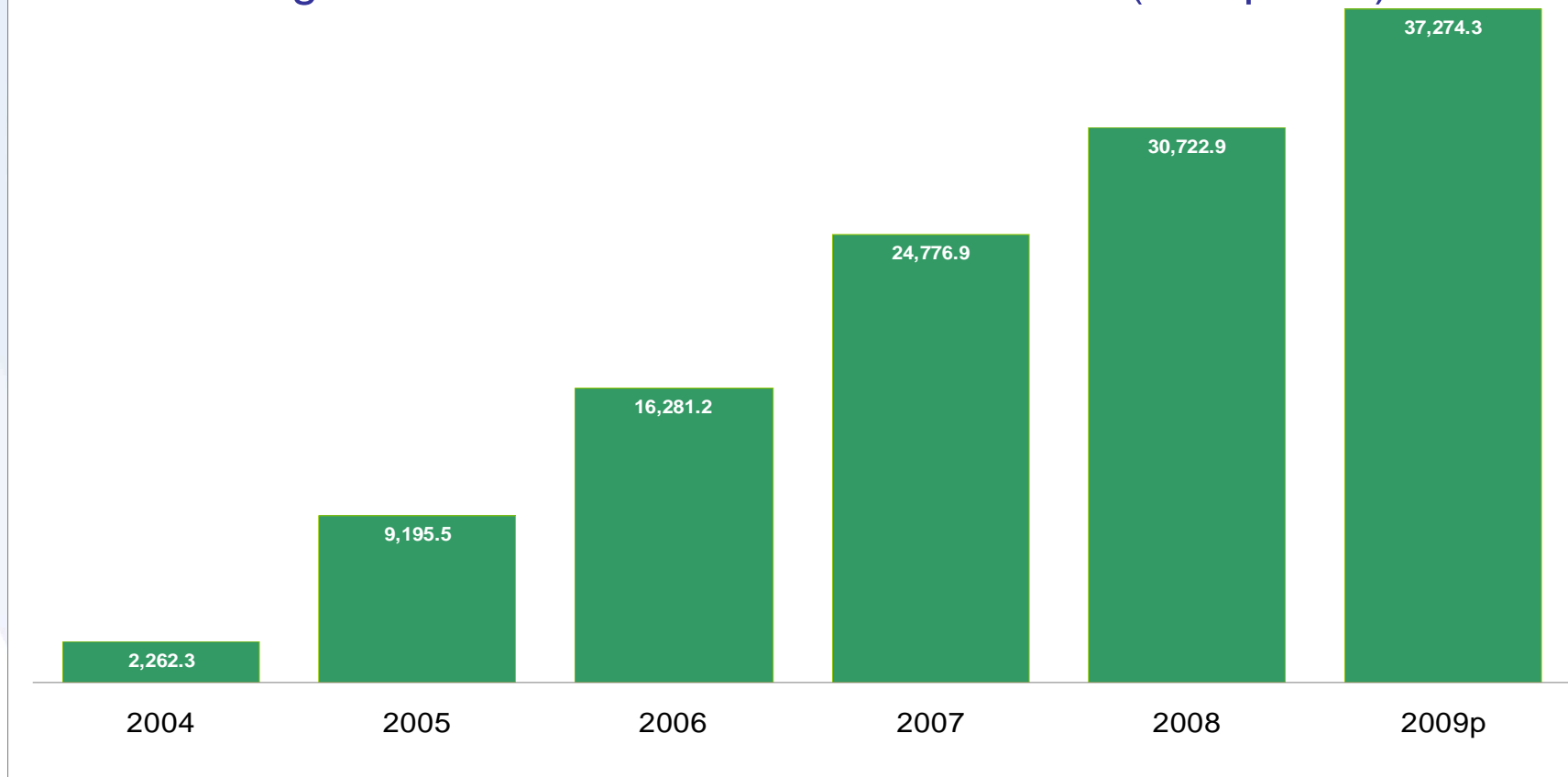
- Due to huge inequities in the health system, which provided better services and more options to formally employed population, who have access to social security, the government committed to a big health reform, creating a health insurance for the unemployed (or those employed in the informal sector).
- Emergency Obstetric Care, a key intervention for the reduction of maternal mortality, was not included in the services provided by this scheme. Activists cost out the provision of EmOC, demonstrated financial viability, and got it included in the catalogue of services of the health insurance scheme (2005).
- Nevertheless, maternal mortality and the precarious character of health among poor communities have only changed marginally.

Based on Fundar's work with the coalition against maternal mortality.



## Undoubtedly, more money has been allocated to the health insurance scheme...

Budget of the health insurance 2004-2009 (mill. pesos)



Mariana Pérez, Fundar, 2008.



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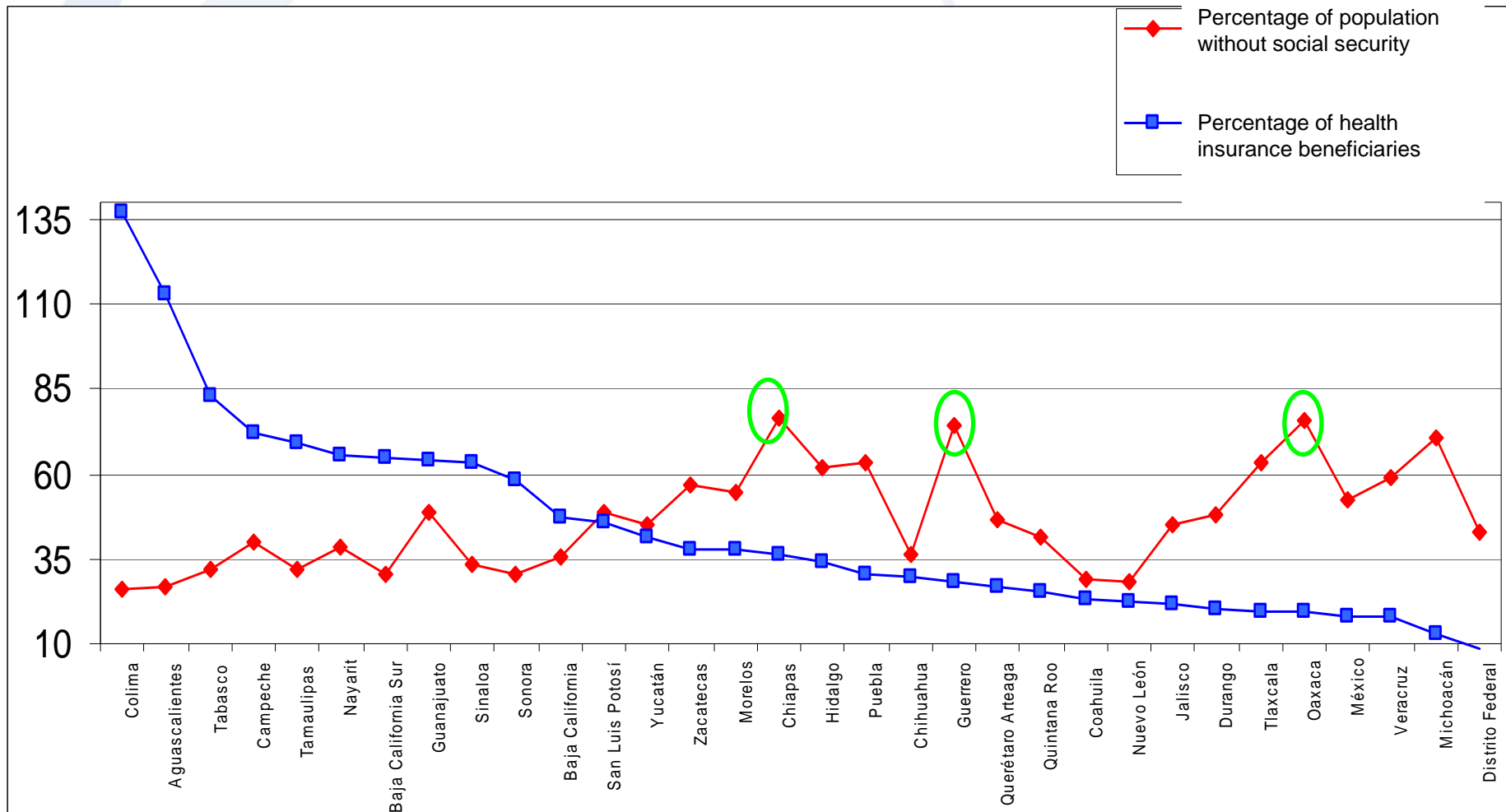
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Fuente: Solicitud IFAI, PEF 2008 y PPEF 2009; para la Aportación Solidaria Estatal

# Has it really benefitted the poorest population?

Population without social security vs. beneficiaries of the health insurance (2007)



Mariana Pérez, Fundar, 2008.



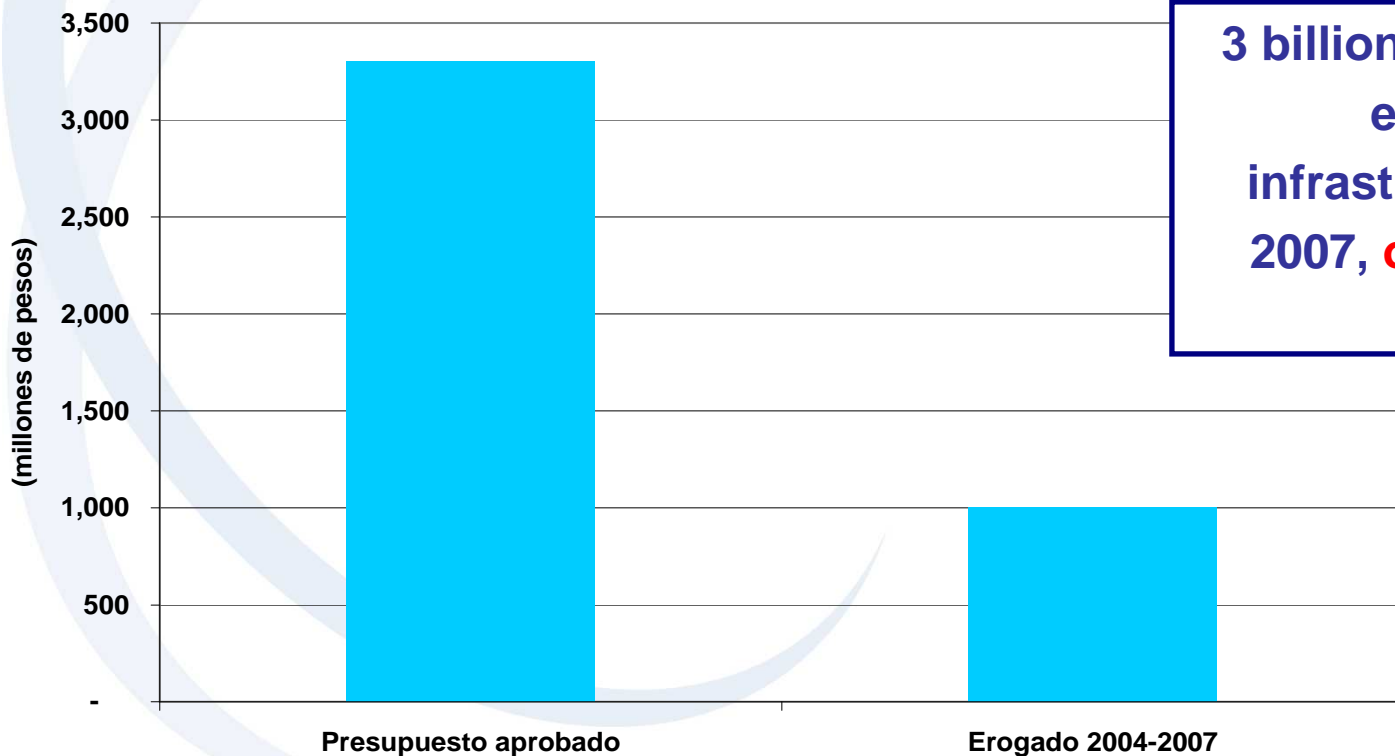
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# Systemic weaknesses remain unaddressed...

## Special fund for infrastructure (mill. pesos, 2004-2007)

Fondo de Previsión Presupuestal 2004-2007\*



3 billion pesos have been earmarked for infrastructure from 2004-2007, **only 30% has been used.**

Mariana Pérez, Fundar, 2008.

\*/ parte federal correspondiente al Fondo de Previsión Presupuestal (FPP)



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# Tanzania: Women's Dignity Costs Delivery Kits

- **Costing Out Delivery Kits.**
  - In policy DK are supposed to be free, however:
    - Monitoring service delivery through interviews to users illustrated that women were being charged for delivery kits or advised to bring their own supplies.
    - Using MDG calculations (US\$5.24 per delivery kit) they calculated that it would cost 1.7% of the total health budget to provide DK to 1.7 million women.
- **Monitoring maternal health budgets: where is the money for DK?**
  - Central Level and District Level Analysis: **\$217,629,545** for Medical Supplies and Services (MoHSW+District Budgets) but no disaggregation for maternal health supplies!
  - Impossible to locate anything related to delivery kits or their components in the budget.



# Transparency and Access to Budget Information vs. Maternal Health

Country	MMR (deaths per 100,000 live births) (1)	Open Budget Index (2)
Afghanistan	1,800	8/100 = Scant or No Information
Angola	1,400	2/100= Scant or No Information
Chad	1,090	7/100 = Scant or No Information
Malawi	984	29/100 = Minimal Information
Tanzania	578	35/100= Minimal Information
Bolivia	229	6/100 = Minimal Information
Mexico	60	54/100 = Some Information

More money to countries with high MMRs is urgent, but we also need to monitor what that money is being used for!

Note: OBI measures information from a rate of 0 to 100 where 0 means no information and 100 means all of the information.

(1) [http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/mm\\_update05.p](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/mm_update05.p)

(2) [www.openbudgetindex.org](http://www.openbudgetindex.org)



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# Conclusions

- More resources for maternal health are **a necessary but not sufficient condition** in reducing maternal mortality and disability.
- We need to hold governments accountable for the way in which they **allocate and spend resources** for maternal health.
- Funds must be allocated in a **sustainable way**, they must be spent **efficiently and transparently**, and their results have to be **measured**.
- Civil society engagement with budgets generates **evidence based advocacy** and enhances citizens' power to **hold governments accountable** for their commitments.



- Citizens have the **RIGHT TO KNOW** and to **ENGAGE** with policy and budget processes and decision-making.
- Governments need to **OPEN BUDGETS** and make budget information for maternal health easily available, if they are committed to MDG 5.
- Maternal health advocates and budget activists should develop a **Global Standard for Transparency** when it comes to maternal health strategies and budgets, for the final countdown of 2010-2015.
- The current economic crisis is a challenge and an opportunity to do this! **When resources are scarce there are greater incentives for opacity!**



# Contact Information

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