

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

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It is clear that many of us in civil society do not speak the same language as Ministers of health, economists and others. Civil society budget analysis aims to close that language gap. The budget is the government's single most important policy instrument. It shows the true priorities and values of government, and affects the lives of all citizens, especially those who are poor and marginalized. The budget process and budget system is critical in determining the openness and democratic and participatory nature of governance.

Civil society's engagement with budgets

Civil society budget work helps to demystify the notion that 'budgets are a government's issue', and brings citizens closer to the decisions that affect their everyday lives. It has the potential to shift the balance power between citizens and their governments, enabling people to understand themselves not as beneficiaries of government policies but rather as rights holders

Civil society budget work is an independent assessment of governments' priorities and decision-making processes. It contributes to push governments to understand budgets not only as a tool for 'growth' but also as an instrument that will allow and contribute to the advancement of human rights and the equitable distribution of resources. Civil Society budget analysis and advocacy contributes to identifying leakages and waste in revenue collection and expenditure, it promotes and increases citizen participation in decision-making processes related to policies and budgets, and through this, promotes , transparency and accountability.

Reframing the fight against maternal mortality

In some cases, governments have made maternal mortality a priority in policy terms, but not necessarily in budgetary and service delivery terms. Where there is political will, there is a lack of sufficient, efficient and sustained resources to address the causes of maternal mortality, which includes strengthening the overall health system. In addition, in most countries the budget process and decision –making about the budget are closed to citizen participation.

We therefore need to reframe the struggle against maternal mortality and emphasize that it is not only a policy issue but first and foremost a budgetary issue as the public budget is one of the most important instruments for policy implementation.

By this, we not only mean that we need more resources for maternal health. More resources is the first step, but it is not enough. Looking at maternal mortality as a budgetary issue entails ensuring that those increased resources are efficiently spent and allocated on the right priorities. Budgets for maternal mortality reduction need to be sustained, efficient, measurable and transparent. It is very important to underscore that when it comes to maternal mortality reduction we should not only ask for increased resources for maternal health, but very importantly, for strengthening the health system

a as whole as maternal mortality is primarily a reflection of a poor health system. To ensure this, governments need to open budget information and institutionalize mechanisms for accountability. This can be achieved by holding governments accountable, which is a job for citizens, civil society and other actors.

Types of civil society budget work

Analysis of **policies and budget allocations** involves looking at trends in public spending on health against other policy areas, commitments and needs. It asks 'how much is the government spending on maternal health policies?' and 'Are funds targeting the real challenges of and gaps in reducing maternal mortality?' **Resource flow** analyses monitor leakages in the flow of resources from one level of government to the next. How much of the original allocations actually reach the intended targets 'on the ground'? **Expenditure tracking** looks at procurement of goods and provision of services against budget allocations, while **social audits** monitor whether health services on the ground reflect reported spending, as well as the quantity and quality of service delivery. Finally, **costing** estimates the cost of specific services that are needed or that are inadequately budgeted for.

Case study: Maternal health and budgets in Mexico (Fundar)

In 2003, Mexico's government established the Seguro Popular, or 'Popular Health Insurance', to provide health services to the unemployed and those in the informal sector. This was a serious first attempt to deconstruct longstanding inequities between the employed and unemployed populations, but it had an immediate negative impact on transparency. Detailed budget information that had been previously available became hidden within huge budget categories. In addition, Seguro Popular did not initially include emergency obstetric care among the services available to pregnant women.

Fundar, a research centre for public participation in Mexico, conducted budget research with three state-based partner organizations. It costed out the provision of basic and comprehensive emergency obstetric care, demonstrating its financial viability, and arguing for its lifesaving relevance. As a result, a series of services and interventions related to emergency obstetric care were ultimately included in the programme.

Despite Fundar's successful advocacy work, maternal mortality and the precarious character of health among poor communities have only changed marginally in the country.¹ Undoubtedly, however, more money has been allocated to the health insurance scheme. But questions remain as to whether the scheme has really benefited the poorest population. This case perfectly exemplifies why more resources are a necessary but not sufficient condition for maternal mortality reduction.

Tanzania: Costing delivery kits

The NGO Women's Dignity along with the Health Equity Group did budget analysis by tracking funds destined for 'delivery kits', which are essential for preventing some of the causes of maternal mortality and morbidity. According to the government's own health policy, delivery kits should reach most, if not all, women free of charge.

¹ Based on Fundar's work with the coalition against maternal mortality

Women's Dignity began by developing a basic costing exercise to assess how much the government would have to invest to provide free delivery kits to all women in vulnerable situations. Using the figures in the UN Millennium Declaration, the exercise determined that providing kits to 1.7 million women would cost the Tanzanian government only 0.55% of its total health budget. The same costing exercise was applied to a more comprehensive delivery kit, which would cost the government 1.7% of the total health budget to provide to all Tanzanian women.

Through interviews, Women's Dignity found that delivery kits are not available in all health facilities; and even when they are available, women are often charged for them or advised to bring their own delivery supplies. These findings led the organization to track the budget for the delivery kits within the national health budget in an effort to determine where the supplies – and the money for the supplies – actually were. This proved very difficult, but was a critical step in beginning to measure the Tanzanian government's commitment to women's right to safe motherhood.

Citizens rights and governments' responsibilities

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, and governments have a responsibility to OPEN BUDGETs and make budget information easily available. Maternal health advocates and budget activists should develop a Global Standard for Transparency when it comes to maternal health strategies and budgets. The current economic crisis is a challenge and an opportunity to do this – when resources are scarce there are greater incentives for opacity!