

JANUARY 2016

CSOs ENSURE THAT MALAWI INCREASES CONTRACEPTIVE BUDGET LINE, FUNDING IS SPENT

Suzanna Dennis



CHAMPIONS
OF GLOBAL
REPRODUCTIVE RIGHTS
pai.org



ACKNOWLEDGEMENTS

This case study greatly benefited from review by a number of individuals. The author is grateful to: Velia Manyonga, Brenda (Nini) Sulamoyo, and Ethel Chavula with Jesus Cares Ministries; Ndidza Chisanu, Advocacy Officer, Family Planning Association of Malawi; Charlene Mwafulirwa, principal at the Coalition for Gender, HIV and AIDS Advocacy in Malawi; Elizabeth Leahy Madsen, Senior Technical Advisor, Palladium; Olive Mtema, Country Representative, Malawi, Palladium; Abdelylah Lakssir, International Programme Officer, Partners in Population and Development Africa Regional Office (PPD ARO); and PAI colleagues for their thoughtful review and feedback.

Cover photo: Mount Mulanje, Malawi.
All photos in this report are taken in Malawi.

ZIMBABWE





SUMMARY

Starting in 2014, a consortium of civil society organizations supported by PAI expanded on existing advocacy to increase Malawi's budget for contraceptives and ensure that funding allocated is spent as planned. The consortium successfully supported champions in Parliament to: (1) Ensure that the MWK 60 million (US \$141,210) allocated for contraceptives in financial year (FY) 2015 budget is spent; and (2) Increase the FY 2016 budget allocation for contraceptives by 17%. Current efforts must be sustained, or momentum could be lost. The goals of this publication are to: Document the experience and success of our partners; and Share their approaches and lessons learned, so they can be adapted and replicated in other geographies.

1. MALAWI FULFILLS LONDON SUMMIT COMMITMENT

Every woman has the right to decide freely the number, timing and spacing of her children, and have the information and means to do so.¹ However, in Malawi, poor access to contraceptives and inconsistent quality of services contributes to over half of all pregnancies being unintended.² Expanding access to contraceptives in Malawi would help realize women and girls' reproductive rights, limit their exposure to the significant risks of childbearing,³ and achieve the Sustainable Development Goals.

The Government of Malawi took a huge step forward in addressing the needs of women and girls at the London Summit on Family Planning in July, 2012. At the Summit, Malawi pledged to create a budget line for contraceptives and increase funding for the health system that supports the family planning program.⁴ The London Summit commitment builds on the government's earlier Abuja Declaration commitment to spend 15% of the total government budget on health.⁵

Leading up to and following the London Summit, the USAID-funded Health Policy Project (HPP) and Partners in Population and Development's Africa Regional Office (PPD ARO) trained a number of Malawian parliamentarians to be family planning champions. They then led efforts to work with Parliamentarians to create Malawi's budget line, and got MWK 26 million (US\$80,000) allocated in Financial Year (FY) 2014.⁶ The approach that HPP and PPD ARO used in Malawi was adapted from a model for engaging Parliamentarians that PPD ARO had used successfully in Uganda.⁷ These financial commitments, coupled with a recent donor withdrawal (see Box 2), created an increased need for advocacy and accountability efforts in Malawi.

Recognizing this positive shift in the funding environment, PAI supported Jesus Cares Ministries (JCM) to convene a consortium of Malawian civil society organizations (CSOs) to complement existing work by HPP, and help ensure that the contraceptive budget is increased and spent. The family planning champions affiliated with JCM had been trained in advocacy by PPD ARO (supported by HPP), and were subsequently mentored by HPP throughout the project. The CSO



Consortium included the Family Planning Association of Malawi (FPAM), the Coalition for Gender, HIV & AIDS Advocacy in Malawi (COGHAAM), and the Integrated Health Initiative (IHI).⁸ Indigenous CSOs play an important role in holding the government accountable for meeting its commitments and sustaining momentum over time. Since June 2014, this consortium and HPP has worked alongside key Members of Parliament (MPs) to achieve the following advocacy wins:

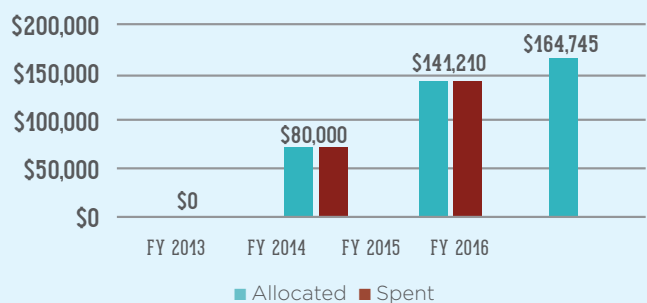
- Malawi Ministry of Health (MOH) spends the full MWK 60 million (US \$141,210) for contraceptives allocated for Financial Year (FY) 2015.⁹ MWK 37 million (US \$87,079) worth of contraceptives are delivered as of July 7, 2015.
- MOH spends an additional MWK 12 million (US \$28,242) to support Central Medical Stores Trust's (CMST) distribution of contraceptives for FY 2015.
- Malawi government allocates MWK 70 million (US \$164,745) for contraceptives in FY 2016. This represents a 17% increase in funding.

While the government's modest support meets a mere 3 percent of the funds needed to provide contraceptives to the public sector in FY 2015, the sustained growth and full execution of Malawi's contraceptive budget is remarkable (for more, see Annex 1. Data and Analysis). The government's funding is more than a symbolic victory: its FY 2015 spending has the potential to protect 25,000 additional women and girls from unplanned and unwanted pregnancies this year.¹⁰

BOX 1. CSO CONSORTIUM OBJECTIVES

1. To have Ministry of Health's Reproductive Health Directorate fully spend the FY 2015 budget for contraceptives by July 1st, 2015; and
2. Ministry of Health and Ministry of Finance to increase the FY 2015 FP budget by 20% in FY 2016 by July 1st, 2015.

Malawi's Contraceptives Budget Line



Sources: FY 2015 and FY 2016 allocation data taken from the Government of Malawi's "Draft Estimates of Expenditure on the Recurrent and Capital Budget for the Financial Year 2015/16, Vote 310 (Ministry of Health)"; Spending verified by FY 2014 and FY 2015 procurement documents.

2. CULTIVATING MP CHAMPIONS

In May 2014, a new wave of MPs took office in Malawi, alongside a newly elected president. The CSO Consortium worked with HPP to continue adapting PPD ARO's Uganda model to the Malawi context. They identified their most important potential allies within parliament: members of the Health Committee and the Women's Caucus. The support of these MP champions was absolutely necessary to achieve the CSO Consortium's objectives.

To help the MPs appreciate the need for the government to fund contraceptives, the Consortium and HPP convened orientation meetings with MPs and staff at the MOH's Department of Reproductive Health (DRH) who explained the family planning and maternal health challenges in the country. They also engaged with MOH's budget office to outline the implications and benefits of increasing the government budget for contraceptives.

The Consortium and HPP also invited the MPs to visit health facilities in both urban and rural areas to help them understand first hand the reproductive health challenges faced by women and girls who rely on under-resourced public facilities for services. The field visits in particular were very effective at sensitizing the MPs, who in turn became passionate champions for maternal health and family planning (if they were not already). At each of the meetings with MPs, the Consortium and HPP invited members of the local media. This gave visibility to the MPs, who were then able to publicly demonstrate their commitment to family planning and maternal health through the news coverage.¹¹ Providing the MPs with a public platform, in turn, helped the CSO Consortium ensure good attendance and vocal leadership by the MPs.



3. MPS TAKE ACTION

The CSO Consortium and HPP then supported the same MPs to increase the budget allocation for contraceptives during the FY 2016 budget planning process. They convened in-person interface meetings as opportunities for the MPs to persuade MOH's DRH and budget office to continue increasing the contraceptive budget. At the same time, the MPs also received assurances from Malawi's Ministry of Finance (MOF) that the contraceptive budget would not be cut, provided that MOH stayed within its overall budget ceiling. MOH initially planned to increase the FY 2016 contraceptive budget to MWK 100 million, then lowered it due to a stockpile of donor funded contraceptives in CMST. The final, approved FY 2016 budget includes MWK 70 million (\$164,745) for contraceptives under the Reproductive Health Services sub-program, "Medical Supplies and Expenses."¹² This represents a 17% increase in the contraceptive budget from the previous year.

“When we stand up in Parliament and say, ‘we know what is going on,’ it is from this (field visit) meeting.”

— Dr. Jessie Kabwila, MP

The Consortium and HPP also worked with the MPs to ensure that the funds allocated for contraceptives for FY 2015 were spent as planned. Initially, MOH had placed the request for procurement but the release of funds was delayed. The interface meetings were a helpful space for the MPs—prepared with status updates from the consortium—to ask questions of MOH and CMST to help keep the process moving. In June 2015, MOH sent the full MWK 60 million (\$141,210) for procurement in FY 2015 to CMST, including an additional MWK 12 million (\$28,242) that CMST requested to cover distribution costs.

“We passed it (the budget), we want it implemented.”

— Dr. Jessie Kabwila, MP

4. NEXT STEPS

Budget advocacy and tracking is a continuous cycle. As the CSO Consortium gears up for the FY 2017 budget formulation, they are monitoring to ensure the FY 2016 procurement is fully executed. Furthermore, they are making sure that commodities procured actually translate into commodities provided. During their procurement monitoring for FY 2015, the CSO Consortium discovered that the first shipment of MWK 37 million worth of Depo Provera, which arrived in July 2015, is set to expire in November 2016. While this shipment has 18 months of shelf life, there is a high risk that the contraceptives will expire before they reach the intended users. The CSO consortium alerted the MPs, who put it on the August 2015 Health Committee meeting agenda. The Consortium is currently engaging with CMST to make sure they fulfill their commitment to push out any expiring commodities first.



5. LESSONS LEARNED

Success in Malawi was possible because of strategic partnerships across countries. Each partner brought something important to the table. The advocacy capacity building workshops for Women MPs convened by PPD ARO in Uganda, supported by HPP, helped secure the funding commitments and develop strategies to get them implemented. PPD ARO's advocacy experience from Ugandan also provided a viable model for the CSO Consortium and HPP in Malawi to adapt. In Malawi, HPP directly contributed to achieving the objectives through strategy development, cost-sharing, and direct advocacy. And HPP's advocacy coaching and mentoring helped develop the capacity of the CSO Consortium to achieve their shared objectives. The CSO Consortium brought more local CSO attention to budget advocacy, which contributes to sustainability of the wins. They also contributed direct advocacy and indirect support to the MPs, cost-shared expenses, and had a strong focus on documenting actual expenditures to ensure follow-through. Through effective collaboration, the advocacy wins were greater than what each partner could have done alone.

Tracking the expenditures and procurements was essential for the MPs to assume their oversight role, and for the CSO consortium to achieve their objectives. Tracking provided the CSOs with the evidence necessary for the MPs to meaningfully engage with MOH and CMST, and to make sure funding was released and the commodities were procured. Similarly, working with MPs gave the CSO consortium access to valuable information that they may not have had if they were working alone.

Despite the level of access to information the CSO consortium has enjoyed, there are challenges verifying the official data. In particular, it is difficult to locate data on actual expenditures within the budget. For example, JCM refers to the commonly-used Detailed Estimates for Ministry of Health (the Pink Book) for the budget allocation and the revised budget. But it is extremely challenging if not impossible to verify actual spending data from budget documents. Instead, they rely on requisition forms, delivery notes and other procurement documents provided by MOH and CMST to check that funds were actually spent. This information should be verifiable through an easily accessible, official source within the budget. Regrettably, this is typical but underscores that real-time budget advocacy is convoluted, time-intensive and CSOs have to cross-reference multiple budget documents.

“MOH accepted to add MWK 12 million because they knew that the MPs will take them to task if they don't procure the full MWK 60 million worth of contraceptives.”

—Velia Manyonga

BOX 2. THE UPSIDE OF A CORRUPTION SCANDAL

Malawi's recent corruption scandal was an important factor in helping the MPs and government understand the need to increase its own funding for the national budget, including for contraceptives. Before FY 2014, Malawi's budget for public sector contraceptives was entirely funded by external donors. However, in 2013 government revenue from external donors declined sharply following the so-called Cashgate corruption scandal, in which public officials appropriated an estimated \$250 million.

Cashgate was a wakeup call to MPs, Ministry of Health, and the Ministry of Finance alike: they cannot rely on donors forever. Donor withdrawal has helped government officials realize that they need to start taking greater responsibility for meeting the needs of their population through internally generated funds, and improve financial management. As the Honourable Minister Goodall E. Gondwe, head of Malawi's Ministry of Finance, Economic Planning and Development explained in his latest budget address:

"It is critical that we should change our mindset and stop assessing our performance in the management of public finances in terms of how much donor support we have managed to receive. Instead, we should start congratulating ourselves based on how well we have performed with the meagre resources available to us."

As the country with the lowest Gross National Income per person in the world, Malawi will continue to rely on donors to fill funding gaps for the foreseeable future, including for contraceptives. In the long term, more efforts are urgently needed to grow the government's budget through internally generated funds. Prudent financial management, curbing corruption, and careful planning to reduce waste are good places to start.

Box Sources: 2015/16 Budget Statement Delivered in the National Assembly of the Republic of Malawi. http://www.finance.gov.mw/index.php?option=com_docman&task=doc_download&gid=199&Itemid=55.

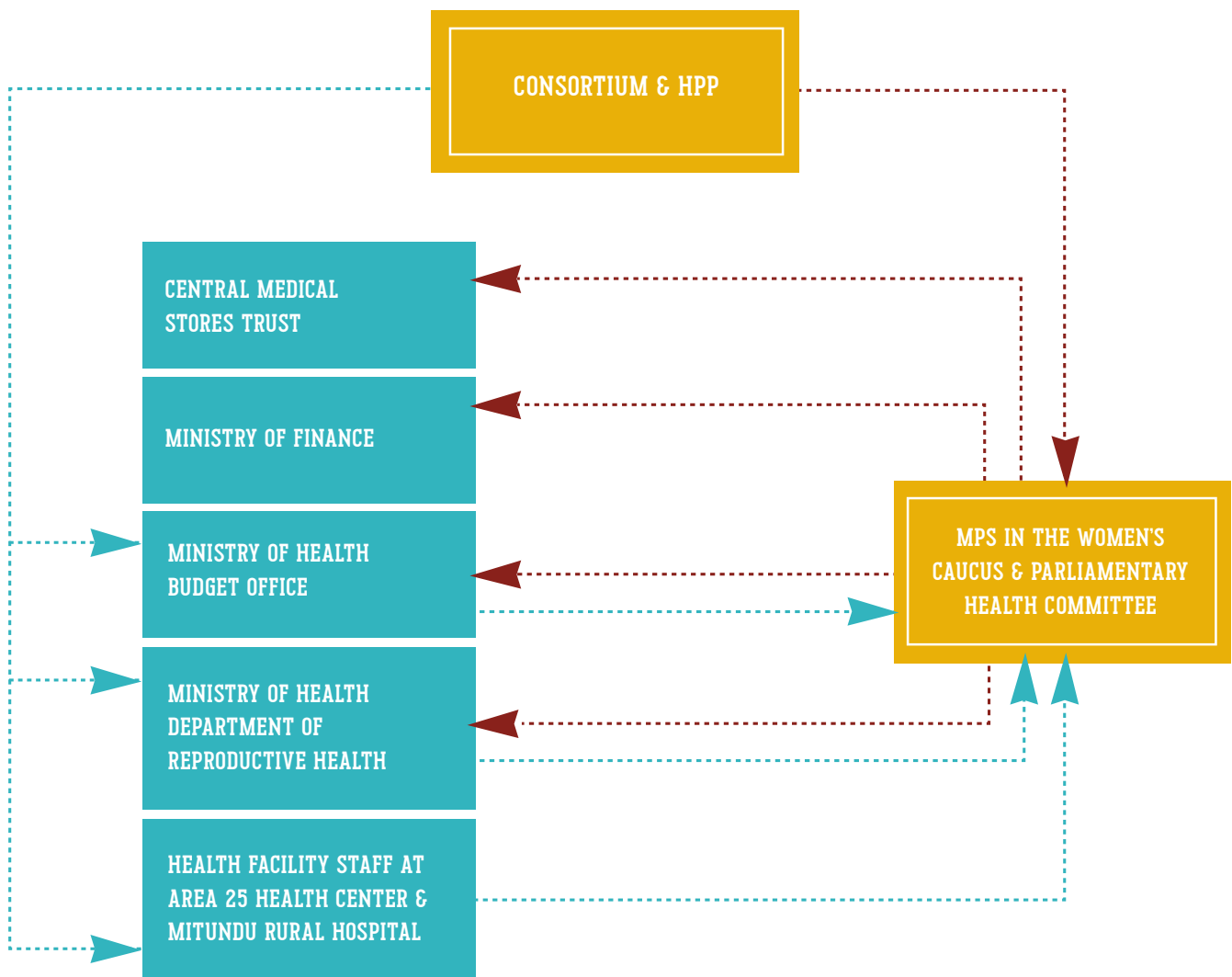
Contraceptive budget advocacy must factor in distribution and related supply chain costs. If there is no budget allocated for distribution, there is a risk that either: (a) Distribution costs will come out of the budget intended for procurement; or (b) There will be no funding to cover the costs of distributing goods to end users. Since FY 2014 was the first year Malawi budgeted for contraceptives, the MOH neglected to ask for funds for CMST, who reluctantly found a way to cover their distribution costs. In FY 2015, CMST negotiated with MOH to spend an additional MWK 12 million for distribution, roughly 20% of the FY 2015 contraceptive budget.¹³ Heightened attention to the need to factor in distribution costs reportedly led a donor to commit to cover these costs in FY 2016. But there is no certainty what will happen in FY 2017, particularly without strong advocacy or a standard practice regarding how the costs should be covered.

There is a need to better integrate family planning budget advocacy efforts with overall health budget advocacy. Without a robust health sector budget, the public sector's capacity to deliver health services including contraceptives will remain a challenge. Despite increases in the reproductive health budget in recent years, the government of Malawi is moving farther away from reaching their Abuja target and adequately funding the health budget.¹⁴ In the future, it will be important to ensure that family planning budget advocacy helps increase the overall health budget.

Finally, the momentum for the government to fund family planning in Malawi must be nurtured for it to continue to grow. The MPs' dedication to family planning and maternal health will live on. But without continued support from civil society, particularly in tracking the spending of the budget, the MPs' attention may be diverted to other areas. Current efforts must be sustained and expanded, or current gains could be lost.

Figure 1. Advocacy Strategy

- > **Cultivating parliamentary champions:** The Consortium and HPP worked with Ministry of Health and staff at the field visit facilities to make a strong case for the need for government to support maternal health, including family planning. Outcome: Majority of MPs from Health Committee and Women's Caucus champion Malawi's contraceptive budget.
- > **MPs take action:** The Consortium and HPP work with MPs to ensure spending and an increase in the budget allocation. Outcome: MOH spends full contraceptive budget for 2014/15 and procurement is underway, MOH spends additional funds to support distribution; Budget allocation for 2015/16 is increased by 17%.



ANNEX 1. DATA AND ANALYSIS

Table 1. Analysis

INDICATOR	CALCULATIONS	RESULT
% increase in funding allocated for contraceptives between FY 2015 and FY 2016	$(\$141,210 - \$164,745) / \$141,210 = 0.166667 * 100$	17%
% of public sector contraceptive needs satisfied by government funds in FY 2015	$\$141,210 / \$7,775,921 = 0.0182$	2%
% of public sector contraceptive needs satisfied by government funds FY 2016	$\$164,745 / \$8,001,424 = 0.0206$	2%
Government spending on contraceptives per woman of reproductive age	$\$141,210 / 3,960,000 = \0.04	\$0.04 per woman of reproductive age
FY 2015 execution rate	$\$141,210 / \$141,210 = 1$	100%
% internally generated resources FY 2015	$\$141,210 / \$141,210 = 1$	100%

Table 2. Data

DATA POINT	VALUE
Total funding needed for public sector contraceptive procurement in 2015:	US \$7,775,921 ¹⁵
Total funding needed for public sector contraceptive procurement in 2016:	US \$8,001,424 ¹⁶
Government funding allocated for contraceptives FY 2015:	MWK 60,000,000 ¹⁷ US \$141,210
Government expenditures for contraceptives FY 2015:	MWK 60,000,000 ¹⁸ US \$141,210
% externally generated (donor) funds in FY 2015 budget line:	0%
Government funding spent on distribution of contraceptives in FY 2015 (source):	MWK 12 million US \$28,242 (MOH, additional)
Government funding allocated for contraceptives FY 2016:	MWK 70 million US \$164,745
Government funding spent on distribution of contraceptives in FY 2016, anticipated (source):	MWK 30 million (UNFPA)
Population of women age 15-49 (women of reproductive age or WRA) in Malawi	3,960,000 ¹⁹

ANNEX 2. CSO CONSORTIUM MEMBERS



Jesus Cares Ministries (JCM) is a Faith Based Non-Governmental Organization with headquarters in Zambia that is dedicated to reducing the vulnerability of adolescent girls and women to HIV&AIDS through access to sexual reproductive health rights and quality education. Contact: Ethel Chavula, Advocacy Manager: echavula@yahoo.com.



Family Planning Association of Malawi (FPAM) is a local nongovernmental organization that provides comprehensive, youth friendly sexual and reproductive health services to young people 10-24 years old in 8 Districts in Malawi. FPAM provides both static and community based SRHR services. Their main focus is on the hard to reach and underserved communities in order to increase access and information to the services. Its programming focus on 5As i.e. Advocacy, Adolescents, Access, HIV/AIDS and Abortion. Contact: Thokozani Mbendera, Executive Director: tmbendera@fpamalawi.org; <http://www.fpamalawi.org/>; Facebook- Family Planning Association of Malawi; Twitter - @FP Association of Mw



The Coalition for Gender, HIV & AIDS Advocacy in Malawi (COGHAAM) is an alliance of civil society organizations, networks and individuals advocating for gender responsive and HIV AIDS transformative programming in Malawi. The coalition works to harmonize Gender- HIV and AIDS approaches with the aim of contributing to the achievement of HIV and AIDS policy objectives. Contact: Charlene Mwafulirwa, National Coordinator: charlenemwafulirwa@gmail.com; <http://www.coghaam.org/>

Integrated Health Initiative (IHI) is a Malawian NGO established in 2007. IHI is currently implementing a project "Improving Pregnancy Outcomes" to improve the knowledge and decision making among sexually active girls and women regarding family planning, access to essential obstetric maternal and newborn care especially for teenagers and young women living in remote rural areas. Led by the United Nations Children's Fund, partnered with IHI, Kamuzu College of Nursing and the Ministry of Health, the consortium seek to improve health seeking behaviour through social norms and behavioural change communication. Contact: Evelyn Mwaungulu: evahmwaungulu@yahoo.co.uk.

Endnotes

- 1 Paragraph 7.3, International Conference on Population and Development Programme of Action.
- 2 Page 3, Guttmacher Institute. "Benefits of Meeting the Contraceptive Needs of Malawian Women." In Brief. 2014 Series, No. 2. <http://www.guttmacher.org/pubs/IB-Malawi.html>.
- 3 Page 3, Guttmacher Institute. "Benefits of Meeting the Contraceptive Needs of Malawian Women." In Brief. 2014 Series, No. 2. <http://www.guttmacher.org/pubs/IB-Malawi.html>.
- 4 <http://www.familyplanning2020.org/entities/69>
- 5 http://www.mamaye.org/sites/default/files/evidence/Malawi%20Abuja%2B12%20factsheet_0.pdf
- 6 JCM and FPAM were involved in these earlier efforts. See: Health Policy Project. 2013. "Malawi Parliamentarians Secure First National Funding for Family Planning Commodities." <http://www.healthpolicyproject.com/index.cfm?ID=MalawiFPCommodities>
- 7 Partners in Population and Development Africa Regional Office. 2013. Reproductive Health Financing for Uganda: Commitment to Action. <http://advancefamilyplanning.org/sites/default/files/resources/Uganda%20policy%20brief.pdf> (<http://advancefamilyplanning.org/sites/default/files/resources/Uganda%20policy%20brief.pdf>)
- 8 See Annex 2 for descriptions and contacts for each of the CSOs involved
- 9 Malawi's financial year runs from July 1st to June 30th. Therefore, FY 2015 includes July 1st 2014 to June 30th, 2015.
- 10 Couple Years' Protection based on MWK 60,000,000/600 unit cost=100,000 vials of Depo-Provera that offer 3 months protection. 100,000 vials/4 times per year=25,000 Couple Years Protection.
- 11 See, for example: Macdonald Thom. 3 December 2014. "NGOs lobby MPs for More Family Planning Funding." BNL Times. <http://timesmediamw.com/ngos-lobby-mps-for-more-family-planning-funding/>; Mphatso Nkuonera. 21 February 2015. "Malawi: JCM, Parliamentary Health Committee Upbeat about Family Planning Progress." AllAfrica. <http://allafrica.com/stories/201502210431.html>.
- 12 Page 21, Malawi Pink Book 2015/16, Vote 310-Ministry of Health.
- 13 Key informants indicate that in Malawi, 20% to cover distributions costs is recommended given the road systems that can be hard on vehicles.
- 14 Personal communication from Davies Mwachumu, Essential Service Project Officer at the Malawi Health Equity Network. 8/17/2015.
- 15 Ministry of Health Department of Reproductive Health
- 16 Ministry of Health Department of Reproductive Health
- 17 Page 8, Malawi Pink Book 2015/16, Vote 310-Ministry of Health.
- 18 Payment Voucher #31OPV3012374, from the Malawi Government Ministry of Health dated June 25, 2015.
- 19 UN Population Division. World Population Prospects, 2015 Revision. Percentage by Broad Age Groups - Female. <http://esa.un.org/unpd/wpp/DVD/>.



1300 19th Street NW, Suite 200, Washington, DC 20036-1624 USA

**CHAMPIONS
OF GLOBAL
REPRODUCTIVE RIGHTS**
pai.org