Mobilizing Domestic Funding for Family Planning in Ethiopia

Family Planning by Choice project, June 2021

Background

Family Planning Context in Ethiopia

Ethiopia is committed to ensuring equitable access to safe, effective, and affordable contraception and family planning (FP) services across the country. The modern contraceptive prevalence rate (mCPR) among married women increased from 6% in 2000 to 41% in 2019 (mEDHS 2019). At the Family Planning Summit in London in July 2012, the country committed to resource mobilization and both internal and external financing to reach and support the rights of an additional 6 million women and girls in the country to use contraceptive information, services, and supplies, without coercion or discrimination, by 2020. The Ministry of Health of Ethiopia (MOH) has allocated an increasing annual budget for FP in recent years; however, limited government allocation combined with decreasing donor funding fall short of the country's growing FP demand.

Family Planning by Choice Project Advocates for Domestic Funding for FP

Approach: Sensitization and Advocacy

Launched in July 2018, Family Planning by Choice (FPbC) is a three-year project funded by the United Kingdom's Foreign, Commonwealth, and Development Office (FCDO) and implemented by EngenderHealth and Marie Stopes International Ethiopia (MSIE). FPbC is designed to support MOH goals of improving the quality, equity, choice, and financing—particularly domestic financing—of FP and comprehensive abortion care (CAC) services in Ethiopia. FPbC has worked to create awareness and advocate with the MOH and Regional Health Bureaus (RHBs) to revitalize their commitments toward domestic funding allocation for FP. Under MOH leadership, particularly the maternal and child health (MCH) directorate, FPbC has worked with RHBs' FP teams and relevant partners to increase the number of regions and city administrations budgeting for FP.

Impact: MOH and Regions Increase FP Domestic Budget Allocations

Before 2019-2020 (Ethiopian Fiscal Year (EFY) 2012), only two regions—Benishangul-Gumuz and the Southern Nations, Nationalities, and Peoples' (SNNP) region—out of twelve had allocated budget for FP. Somali, Oromia, and Harari regions brought that number to five for EFY 2012. The following year (EFY 2013), the Tigray and Gambela regions and Addis Ababa city administration also allocated budget for FP. The MOH has also increased the annual budget for FP program implementation, from 15 million Ethiopian Birr (ETB) in 2016-17 to 32 million ETB in 2019-2020.

Key Recommendations to Improve Domestic Financing of FP in Ethiopia

Several key practices support replication of successes to date in allocation of domestic funding for FP/CAC services. The MOH and RHBs should maintain continual awareness raising and advocacy on domestic FP financing for regional and federal staff and decision makers, highlighting decreasing trends in external resource allocation to motivate internal resource mobilization. Monitoring the utilization of budget allocations, building capacity, and sharing best practices across regions are critical.

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Assessment of FP Domestic Financing

FPbC staff assigned at the federal and regional levels conducted an assessment in September 2020 to better understand both progress and challenges related to FP domestic budget allocation and utilization over the last two years.

Objectives, Methods, and Focus Areas

The assessment aimed to identify:

1. The amount and status of the domestic budget allocated, utilized, and settled for FP/CAC services in each region during EFY 2012, and allocations for EFY 2013
2. Opportunities, problems encountered, and lessons learned related to FP/CAC domestic financing in the past two years
3. Ways to apply findings to support ongoing advocacy for domestic budget allocation for FP/CAC services and counseling in EFY 2014 onward

FPbC staff reviewed strategic FP documents and conducted 20 key informant interviews using a semi-structured interview guide. Interview participants included regional FP coordinators, technical advisors, finance and procurement staff, and RHB policymakers across nine regions and two city administrations. Document review included:

- The national healthcare financing strategy, with an emphasis on existing strategies and practices related to exempted and essential health services in Ethiopia
- Ethiopia's FP 2020 commitment and FP costed implementation plan (CIP) for 2016-2020
- MOH and RHB plans and reports

The assessment focused on FP/CAC budget allocations to increase access for all, including women, girls, adolescents, and youth. The assessment also reviewed the percentage of total health budgets that was allocated and utilized for FP/CAC in EFY 2012; the anticipated mobilization of resources for FP/CAC for EFY 2013; and challenges experienced in financing FP/CAC.

Assessment Findings

FPbC Responds to MOH Prioritization of Domestic Financing for FP/CAC

FP financing is a key component of Ethiopia's FP CIP, which stresses mobilization of domestic finance as a critical area requiring leadership's attention. To address a gap in communication and fundraising activities stemming from the CIP, FPbC held continual sensitization meetings and advocacy forums with political leaders and FP program staff beginning in 2019. This led to regional decision makers and sector heads allocating an internal government budget for FP activities in eight out of twelve regions/city administrations. The long-term MOH goal is to increase the regional budget share for FP and CAC in a sustainable manner in order to finance the program annually to improve accessibility, choice, and quality of service delivery and counseling.

Additional Regions Allocated FP Funding for EFY 2012

Budget allocation and utilization. As the result of evidence-based advocacy by RHBs with technical support by FPbC, three additional regions—Harari, Oromia, and Somali—joined Benishangul-Gumuz and SNNP in allocating earmarked funds from domestic resources for FP services and counseling in EFY 2012. Moreover, the allocations in SNNP and Benishangul-Gumuz increased by 17% and by 8%, respectively, compared to the previous year.

Table 1. Regional FP Budget Allocation for EFY 2012

Region	FP Allocation Amount (ETB)	Percent of Total Health Budget
Benishangul-Gumuz	315,000	1%
Harari*	200,000	N/A
Oromia*	1,000,000	1%
SNNP	1,800,000	1.35%
Somali*	7,200,000	1.7%

** First time allocating domestic funds for FP*

Benishangul-Gumuz, Harari, SNNP, and Somali utilized the total allocated budget for FP and made a timely settlement, while Oromia used 75% of the budget. The assessment participant from Oromia RHB indicated that RHB management decided to divert all resources to the COVID-19 outbreak.

Non-allocation of FP domestic budget. Reasons for not allocating FP budget included:

- Reliance on MOH, partner, and NGO funding, e.g., funding to support attainment of health-related Sustainable Development Goals (SDG performance fund)
- Turnover of RHB leadership
- Regional resistance to opening a separate budget line for FP
- Shortage of budget allocated for health sector in general

> "There was frequent turnover of responsible persons in the region, which disrupted the progress of their awareness creation and mobilization process. There was also a structural problem in that the MCH directorate is organized with disease prevention, and as a result, FP was not included in the core indicators of the regional plan."
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> **Key Informant Interview with Afar RHB**

Budget Shortages Limit FP Services

Respondents from all regions indicated that budget shortages cause challenges for FP program implementation and expansion of FP service accessibility. Identified challenges included:

- Difficulty providing basic FP trainings
- Irregular mentorship, supportive supervision, and performance review of FP programs
- Shortage of FP consumable supplies
- Interruption of contraceptive commodities
- Lack of utilities such as tap water and electric power
- Shortage of personal protective equipment such as gloves and aprons
- Insufficient supplies for IUD insertion and implant removal
- Lack of office materials and equipment such as autoclaves and couches

Some regions (Benishangul-Gumuz, Dire Dawa, Gambela, and Somali) specifically pointed out challenges expanding FP service access and reaching hard-to-reach areas, as well as conducting FP mobilization activities, such as cascading demand creation forums, advocacy, and sensitization workshops at the regional and *Woreda* (district) levels. In addition, they reported that budget shortages led to difficulties supporting adolescent and youth health programs at youth centers.

Regions Recognize Potential Roles in Resourcing FP

Initial assessment findings showed that RHB participants had not been aware of why MOH financial support to regions had significantly declined in recent years—namely a decline in external assistance to the MOH, particularly reduced funding supporting health programs to achieve SDGs. For example, financial support provided by the MOH to Oromia RHB reduced from 6,113,000 ETB in EFY 2011 to 800,000 ETB in EFY 2012. Similarly, MOH support to SNNP decreased from 4,927,529 to 450,000 ETB, and to Gambela from 712,000 to 475,000 ETB from EFY 2011 to EFY 2012.

FPbC held evidence-based advocacy forums on FP financing and shortage of funds, which helped regional program staff become aware of declining trends in external assistance and understand their potential roles in mobilizing the domestic budget to avoid gaps and sustain FP and CAC program implementation. Participants intensified their promotion of the need for domestic budget allocations for FP, and they requested MOH guidance and a letter of support to facilitate FP budget allocation by RHBs for EFY 2013.

Integration of FP in RMNCH and pharmaceutical supply. Participants also identified the need to integrate FP into reproductive, maternal, newborn, and child health (RMNCH) programs, and to ensure strong communication and negotiation with the Ethiopian Pharmaceutical Supply Agency to procure supplies and commodities in a timely fashion. The FPbC has provided financial and technical support to the MOH to develop forthcoming guidelines for FP integration with all RMNCH services. Participants highlighted opportunities to refill supplies and commodities at service delivery points using alternative approaches, such as reshuffling supplies and commodities within health facilities and Woredas.

FP Domestic Budgeting for EFY 2013

All regions reported conducting advocacy and sensitization for domestic financing of FP during the preparation of Woreda-based health sector plans. All regions also reported working with FP program implementers and experts at all levels to prepare a draft FP activity plan and budget during Woreda-based planning, submitting the draft to the Bureau of Finance and Economic Cooperation (BoFEC) for review, comment, and approval. For EFY 2013, Tigray and Gambela regions and Addis Ababa city administration allocated budget for FP for the first time, bringing the total to eight regions allocating domestic resources for FP in EFY 2013. Addis Ababa, Benishangul-Gumuz, Harari, and Oromia reported conducting mobilization and discussion forums with the appropriate regional leadership team representing the Planning and Programming, Finance, and MCH directorates on the need to open a separate budget code and allocate a reasonable budget for FP/CAC services. SNNP, Somali, and Tigray reported conducting evidence-based service and budget gap analyses, negotiating with higher-level leadership on the need for and importance of allocating domestic budget for FP, as one of the critical non-COVID-19 essential health programs requiring their attention.

> "There was no earmarked budget allocated for FP before support from the FPbC project. We faced many ups and downs, but we continuously advocated to show RHB and BoFEC leadership the advantages of allocating budget for FP, which helped initiate FP budget allocation and creation of a separate budget code for FP."
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> **Assessment Participant from Harari RHB**

Four regions (Addis Ababa, Benishangul-Gumuz, Harari, and Oromia) submitted an official letter requesting that BoFEC open a budget code specific to FP/CAC and allocate budget regularly. They attached the MOH letter of support for domestic FP budget allocation for FP services and counseling, further strengthening the request.

Awareness and Advocacy Change Dependency Mindset around FP Financing

Before 2019, only two regions (Benishangul-Gumuz and SNNP) allocated internal budgets for FP services, as part of similar budget allocations for other health programs such as malaria and maternal health. However, awareness of the internal FP budget allocation was minimal. Through FPbC, under the leadership of the MOH, EngenderHealth focused the attention of FP actors on FP program financing. FPbC helped create clear understanding of MOH directions to RHBs on how to implement national initiatives. FPbC also extended its support in action plan development and in helping MCH team staff address gaps in domestic FP financing. For example, FPbC technical advisors supported the Addis Ababa RHB team in its first allocated budget for FP in EFY 2013.

FPbC support for domestic FP financing focused the attention of program staff and sector heads on the issue and enabled discussion with decision makers at various forums, including during Woreda-based planning and regional budget justification. Health sector staff and leadership have internalized the need to mobilize and allocate government resources for FP/CAC, which is the key to attaining the long-term goal of ending donor dependency for FP and CAC program financing.

More effort and advocacy are required for continued budget allocation and proper budget utilization for FP/CAC services. Especially those regions that have not yet allocated an earmarked budget for FP programming need additional high-level advocacy and awareness creation. Ethiopia committed to increasing access to and quality of FP services for all, with a focus on vulnerable groups such as girls, adolescents, youth, and women in hard-to-reach areas; mobilization of additional funds to address unmet need for modern FP services requires a sustainable internal financing advocacy plan.

> "Family planning domestic financing became an agenda of the health bureau after we were engaged."
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> **FPbC technical assistance staff seconded to the Harari RHB**

Impact

Most regions of Ethiopia have shown progressive changes in budget allocation by EFY 2013 that demonstrate their acceptance of the importance of allocating internal financing for FP/CAC services. With technical support from EngenderHealth FPbC staff, RHBs have conducted a coordinated awareness-raising and advocacy effort that has convinced political leadership on the importance of and need for domestic funding for FP/CAC. The combined efforts of the RHBs and MOH with support from FPbC has resulted in an increase from two to eight (out of twelve) regions allocating domestic FP budgets over the last two years (see Table 2 below).

Participants are also poised to integrate FP with other RMNCH services according to forthcoming MOH guidelines and to work toward a more flexible, responsive, and efficient supply and distribution system for FP commodities and necessary supplies and equipment.

RHBs have also successfully engaged stakeholders at multiple levels, including at the Woreda and zonal levels, to incorporate FP resource allocation into health sector planning and budgeting, in many cases having advocated for the creation of a FP-specific budget code to facilitate allocation of resources explicitly for FP/CAC. Some regions have also incorporated evidence-based gap analysis to strengthen their advocacy for FP funding.

Table 2. Domestic Budget Allocation for FP, EFY 2012 and EFY 2013

Region*	Amount of FP Budget Allocation (ETB)	
	EFY 2012	EFY 2013
Addis Ababa	-	1,500,000
Benishangul-Gumuz	325,000	350,000
Gambela	-	400,000
Harari	200,000	1,500,000
Oromia	1,000,000	1,500,000
SNNP	1,800,000	3,500,000
Somali	7,200,000	3,000,000
Tigray	-	3,100,000
Total	**10,525,000**	**14,850,000**

** Four regions have not yet allocated domestic resources for FP: Afar, Amhara, and Sidama regions and Dire Dawa city administration.*

Recommendations

Despite notable success over the past two years increasing the number of regions from two to eight that allocated domestic funds for FP, variations in different regions' allocations reflect differences in levels of awareness, capacity, and common understanding among program actors and decision makers about the importance of allocating internal budget for FP/CAC programming. Resource mobilization in some regions was limited—no domestic resources were allocated for EFY 2013 FP services in four regions—demonstrating the need for proactive evidence generation supporting domestic allocation for FP/CAC services, continuous advocacy, and negotiations before budget distribution. Furthermore, competing priorities can always absorb limited resources, so further awareness must be built around declining external partner and NGO financial support to the MOH for FP in order to highlight the need for internal resource mobilization.

The following interventions are recommended to replicate successes to date in mobilizing domestic budget allocations for FP/CAC services:

- Conduct capacity building to improve awareness about domestic FP financing for federal and RHB health program staff and management teams.

- Provide continual support and updated information about trends in resource allocation from partners, so that regions can mobilize their own financial resources for EFY 2014 and beyond.
- Document best practices on domestic FP budget allocation and prepare experience-sharing workshops among regions.
- Conduct orientation workshops to improve regions' budget monitoring and follow-up for improved utilization of allocated funding.
- Conduct regular advocacy workshops to parliamentarians and regional council members to show the gap between the annual budget and the need for FP commodities and programming.
- Support MOH Partnerships and Cooperation directorates to improve implementation of healthcare financing reforms to augment the revenue generating capacity of health facilities.
- Coordinate, share information, and strengthen partnerships with development partners supporting RMNCH/FP programs.

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