

EVIDENCE-DRIVEN ADVOCACY AND ENHANCED ACCOUNTABILITY FOR FAMILY PLANNING: LESSONS FROM BUNGOMA COUNTY, KENYA

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INTRODUCTION

Investing in family planning is cost-effective for governments. It costs the government of Kenya approximately US\$7 per person to provide family planning compared to US\$154 per person to provide services to women throughout their pregnancy and birth (Impact Now Model).¹

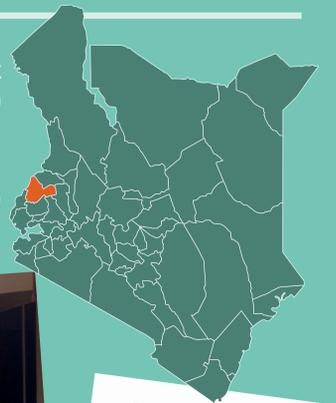


Bungoma county requires an average of KES 5.2million (US\$52,050) each financial year to implement the County Family Planning Costed Implementation Plan.

Evidence for Action (E4A) Mama Ye has equipped Civil Society Organizations (CSOs) with skills to advocate for increased budgetary allocation for family planning to secure the health of women and infants in Bungoma county. We also strengthen accountability forums for increased use of evidence in decision making.

METHODS

- In 2017 E4A-Mama Ye conducted health budget advocacy training with 12 grassroots CSOs and 20 implementing partners² in Bungoma. The training included mapping out the budget cycle and working with CSOs to identify opportunities for them to engage in the annual government planning and budgeting processes.



| INDICATOR | SCORE |
|---|-------|
| 1. % of Health Facilities with comprehensive FP services (including information, education, and counseling) | 27% |
| 2. % of Local Government Areas (LGAs) with dedicated FP services | 27% |
| 3. % of Primary Health Centres with trained providers for adolescent and young people services | 27% |
| 4. % of Health workers from Comprehensive Primary Health Centres over 18 years of FP provider experience | 27% |
| 5. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 6. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 7. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 8. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 9. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 10. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 11. % of Health workers from private Health Facilities over trained as FP providers | 27% |
| 12. % of Health workers from private Health Facilities over trained as FP providers | 27% |

- We worked with CSOs to **PACKAGE EVIDENCE** from relevant databases in support of their advocacy asks. This included evidence from District Health Information Systems (DHIS2) and PMA2020.
- CSOs were able to conduct **EVIDENCE INFORMED ADVOCACY** by presenting evidence to decision makers at specific engagement opportunities and accountability forums including citizen participation sessions and community health committee meetings.

FINDINGS

1 *“We now know we have the power to influence health decisions at grassroots level. As we develop this joint advocacy plan, it is true we need to influence budget decisions at the initial stages as opposed to being reactive only when the budget has reached an advanced stage.”*

Griffins Walubokho
Chairperson Bungoma youth connect

2 Civil society report better skills and confidence to engage with health budgets and use budget data in discussions with decision-makers. This represents a significant change in capacity.

3 Government recognizes the importance of civil society involvement in the budget process. The Chief Officer of Health in Bungoma formed the health sector working group with a CSO representative. As a result, civil society inputs are included in the budgets.

4 This close collaboration has contributed to an increased budget for family planning: in the 2018/2019 financial year the county government allocated approximately KES 5.2 million specifically to family planning.

CONCLUSIONS

- Decision makers value a well-coordinated voice for change. Civil society need to be equipped with the advocacy and budget analysis skills to make the case for why investment in family planning represents value for money.
- Civil society and government need to come together in a participatory and collaborative way to jointly identify solutions to health challenges. In contexts where the relationship between civil society and government can suffer from a lack of trust, establishing complementary working relationships is particularly important.
- Evidence is important to ensure accurate and well-timed action for resource allocation.

