



## EVIDENCE FOR ACTION

## Using evidence to strengthen accountability for health financing in Sierra Leone



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## ABSTRACT

In 2012, the government of Sierra Leone cut the national budget allocation to the health sector. Civil society organizations planned a nationwide health budget advocacy campaign, coinciding with the 2012 general elections, to hold future leaders to account on financing for women's and children's health. As part of the campaign, Evidence for Action produced district health budget tracking scorecards. The scorecards presented Ministry of Finance data on the allocation and disbursement of health funds in each district. The data were communicated using simple, non-technical language so that citizens could understand the key messages and take action. A total of 5600 scorecards were shared at district electoral forums attended by political candidates, community members, and health activists. Since the election, the proportion of the total government budget allocated to health increased from 7.4% in 2012 to 11.2% in 2014. However, transforming politicians' commitments and pledges into implementation has been challenging, confirming that accountability is a long-term process.

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## 1. Introduction

In November 2012, Sierra Leoneans voted in general elections for their new national, district, and ward representatives. The election was a key opportunity to hold future leaders to account on financing for women's and children's health, since parliamentarians depended on citizens for their vote. As part of a coalition among civil society organizations, the Evidence for Action (E4A) program worked with fellow members of the Budget Advocacy Working Group (BAWG) on a major health budget advocacy campaign. The campaign called for increased allocation, efficiency, and transparency of spending for mothers and babies in Sierra Leone, pushing politicians to make commitments on health financing in the build-up to the election. The campaign was led by Save the Children, Budget Advocacy Network, and the Freetown Water, Sanitation and Hygiene (WASH) Consortium.

Despite the introduction of the Free Health Care Initiative in 2010 and related sensitization activities, many citizens were not initially aware that their elected representatives had a responsibility to ensure that pregnant women, lactating mothers, and children under five had

a right to access free health care. Similarly, many people did not know that the government had committed to allocate 15% of the annual national budget to health as part of the Abuja declaration [1], that this promise had not been fulfilled (Fig. 1), or that disbursements were often late or incomplete [2]. Moreover, voting behavior in Sierra Leone is not typically issue-based. BAWG's campaign aimed to strengthen accountability for health budgets by engaging citizens around these issues immediately before the election so that citizens could take the issues into account in their voting considerations.

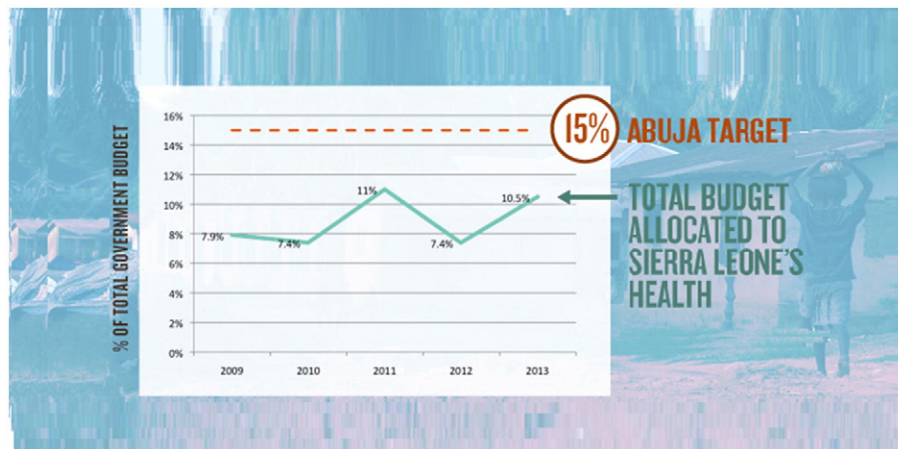
## 2. Description of the case

A budget cut made by the government of Sierra Leone to the health sector from 11% in the 2011 national budget to 7.4% in the 2012 budget led to a growing movement among civil society to advocate for the government to meet its commitment to the Abuja Declaration [3]. The civil society organizations who came together as BAWG aimed to strengthen advocacy efforts to call upon the government to ensure transparent and accountable planning of health budgeting that was gender-sensitive and pro-poor [4].

In collaboration with government, local councils and hospitals across the country, the civil society coalition undertook a nationwide health and sanitation budget tracking exercise in 2012, building on a pilot conducted in 2011. The purpose was to determine what investments

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**Fig. 1.** Annual government allocation to health as a proportion of total government budget, 2009–2013, based on figures provided by the Ministry of Finance and Economic Development [5,6].

and expenditure had actually been made in health and sanitation from national government down to local councils, District Health Management Teams (DHMTs), hospitals, and peripheral health units. Key to the success of this process was the early and constructive engagement by civil society with representatives of the Ministries of Health and Sanitation (MoHS) and Finance and Economic Development (MoFED). The budget tracking method was presented and dialogue on how the findings could facilitate advocacy for increased health allocation and effective expenditure took place [4].

E4A supported data cleaning and packaging of evidence provided by the local councils and MoFED and collected by Save the Children, Budget Advocacy Network, Freetown WASH Consortium, and World Vision. Findings revealed that record keeping was poor and there were often large amounts of funding unaccounted for. Further, there were discrepancies in health disbursements per person across districts, up to as much as a ten-fold difference [7].

On behalf of the civil society coalition, E4A developed district health budget tracking scorecards to summarize the key findings for all 14 districts [7]. The scorecards showed progress in the allocation and disbursement of health funds at different levels in each district, and how districts performed relative to others. This information was communicated in simple, non-technical language, driving citizens to raise their voices for action and accountability (Fig. 2).

The district health budget tracking scorecards informed community members of their rights and of parliamentarians' responsibilities, as well as raising citizens' awareness and expectations about key health financing issues. They outlined district-specific differences between the money allocated to the DHMTs and the money actually received. For example, in Bo in 2011, the Council was reported to have transferred 26 770 million Leone (around US \$6.08 million based on 2011 currency conversion rates); however, the DHMT reported receiving only 514 million Leone, leaving approximately 98% unaccounted for [7]. The scorecards included citations showing that the data came from the MoFED; these references validated the evidence and equipped citizens with the agency to hold politicians to account through their vote.

In total, 5600 scorecards were shared at electoral forums in each district across the country in October and November 2012. These forums brought together candidates from a range of political parties standing for election to district councils and parliament, with community members and health activists. They provided a space for decision-makers and citizens to discuss plans for health service delivery and issues relating to health financing face-to-face. The scorecards were tools to hold politicians to account and to press for more funds, better record keeping and better planning of health budgets. Importantly, they provided information on what citizens could call upon their local

candidates to promise if elected. The forums were recorded and aired by community radio stations so those unable to attend could still access the information via the radio. Health Alert, a local civil society group, was at the forefront of community engagement and mobilization of citizens' voices. The district electoral forums were complemented by similar engagements in parliament.

The success of the scorecards was underpinned by activities across the wider campaign, led by Save the Children, which enabled activists and citizens to use the evidence for advocacy and accountability. Locally recruited activists developed pledge cards outlining district-specific demands and a cross-cutting health financing request. These helped to focus citizens' and politicians' calls for better health financing on a specific and practical set of policy objectives, encouraging politicians to make relevant, concrete commitments. For example, in Western Urban area, the pledge card called for a functioning latrine in each of the peripheral health units in the district; procurement of additional ambulances that were functional and fueled; improved financial record management; and full disbursement of allocated funds. Candidates signed the pledge cards and their commitments were broadcast on TV and local radio stations. Citizens also signed petitions, and a common "Health Manifesto" was shared with the six main political parties from March 2012, calling for a clear plan to achieve the Abuja target by 2015 and for the Free Health Care Initiative to be sustained.

### 3. Results

Sharing the scorecards at district electoral forums meant voters had access to evidence of financial mismanagement in their district and the opportunity to hold leaders to account for their actions in person. In total, 62 candidates and around 750 citizens attended the district electoral forums across the country with the broadcasts of the forums reaching many more communities. The petitions, pledge cards, and radio shows also helped to inform citizens of their rights and of parliamentarians' responsibilities, strengthening the likelihood of future activism. For example, when it was announced shortly after the election that the health budget had been decreased, hundreds of women were mobilized by local organizations and travelled to State House to protest. Five out of the six political parties signed the Health Manifesto and 68 parliamentary candidates signed pledge cards.

The combined effects of increased citizen engagement and politicians' commitments have begun to show in government policy. Since the election, the Free Health Care Initiative has been sustained, and although the Abuja target has not been met, the government's health budget has increased from 7.4% in 2012 to 10.5% in 2013 and 11.2% in 2014 [6]. Some requests in the district pledge cards have also been fulfilled. For example, in Kono district, a pediatric ward was completed

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