

## ABOUT MACS

Globally, millions of women, newborns, and children die every year from preventable causes. National governments are responsible for ensuring that all people – especially the poor and vulnerable – have access to the high-quality health services that can prevent these needless deaths. But many governments have not kept their promises to improve women's and children's health.

A knowledgeable and empowered civil society—concerned citizens, health professionals, religious leaders, community organizations and advocates—can hold governments accountable for fulfilling their commitments. Through civil society alliances, citizens can speak with a united and coherent voice on the needs and priorities of their communities, and can partner with government to drive meaningful action.

In 2012, Family Care International (FCI) launched the *Mobilizing Advocates from Civil Society (MACS)* project in Burkina Faso and Kenya to bring together civil society organizations working in reproductive, maternal, newborn, and child health (RMNCH) and to strengthen their capacity to advocate powerfully and effectively for health policies and programs that meet the needs of women and children.



## BURKINA FASO

Amid times of political crisis, civil society advocates call for increased investment in women's and children's health

### Context

Burkina Faso is a land-locked country of 16 million people in French-speaking West Africa. It is one of the poorest countries in the world, ranking 181st of 186 countries measured in the 2014 Human Development Index<sup>1</sup>. More than 80% of the population lives in multidimensional poverty, meaning that they experience various forms of deprivation: poor health, lack of education, inadequate housing, meager income, disempowerment, poor working conditions, and threat of violence.<sup>2</sup> Disproportionate numbers of rural women and children live in extreme poverty. With 400 maternal deaths per 100,000 live births, Burkina Faso has one of the highest burdens of maternal mortality and morbidity in the world.<sup>3</sup>

From 1987 to 2014, Blaise Compaoré, who came to power by military coup, was the president of Burkina Faso. Winning the 1991, 1998, and 2005 elections, the legitimacy of which was widely questioned, Compaoré established a market-oriented, semi-authoritarian regime characterized by closed political processes with little opportunity for civil society involvement in government decisions. While there was some progress on various indicators of reproductive, maternal, newborn and child health (RMNCH) during the years of his rule, the health sector was under-funded and government commitments to invest in health often went unfulfilled.



### Forming an advocacy coalition

The MACS project began in Burkina Faso with the objective of holding the Burkinabé government accountable for its commitments to the UN Secretary General's Global Strategy for Women's and Children's Health<sup>4</sup>, a roadmap for accelerating progress from 2010 through 2015 towards the achievement of the health-related Millennium Development Goals and other national and regional commitments to improve RMNCH.

During the project's first year, FCI's mapping of the RMNCH policy and advocacy context showed that organizations working independently could achieve greater efficiency by

harmonizing their objectives and strategies. FCI identified 23 civil society organizations (CSOs) that were working on RMNCH issues and were interested or experienced in advocacy and brought them together to form a Coalition reflecting the broader continuum of care. Anticipating the need for budget expertise within the Coalition, FCI invited CIFOEB—a well-respected national budget tracking organization—to participate as well.

At an initial advocacy workshop in 2013, Coalition members identified the national health budget as the key element to advance RMNCH outcomes in Burkina Faso. The government, which had committed to allocating at least 15% of the national budget to health when it signed the Abuja Declaration in 2001, claimed that it had reached that

target, but Coalition members' on-the-ground experience revealed that resources were not reaching communities; it appeared that funds for RMNCH were either insufficient or not properly invested. Coalition members also learned that many government officials, including key decision-makers, had little or no knowledge of commitments that the government had made to the Global Strategy and other frameworks for improving RMNCH.

## Developing and executing an advocacy strategy

In setting its advocacy objectives, the MACS Coalition focused on achieving increases in government resources for RMNCH:

- General Objective:** Increase and secure budget allocations to key RMNCH interventions including family planning, emergency obstetric care (EmOC), pre- and postnatal care, and integrated management of childhood illnesses.
- Specific Objective:** Increase the RMNCH budget by 25%.

In its initial work-plan, Coalition members agreed on the following key strategies:

- Raise awareness amongst government officials and members of Parliament (MPs) about the commitments that the Burkinabé government had made to the Global Strategy
- Request information from the Ministry of Health and Ministry of Finance to identify how much the government was spending on RMNCH interventions
- Influence MPs to seek greater transparency for the RMNCH budget and to secure, during the following year's budget process, increased funding for RMNCH interventions

While beginning to implement these strategies, however, Coalition members discovered that information on RMNCH spending was simply unavailable from government officials. MPs, even those with substantial interest in the Coalition's objectives, had limited access to budget information and little understanding of the budget itself. In fact, many believed that citizens, including members of parliament themselves, had no right to this information.

In 2013, FCI commissioned Colectivo Meta, an international group of budget experts, to train Coalition members on budget analysis and advocacy. That same year, CIFOEB investigated budget trends and allocations to RMNCH. Despite continued difficulty in determining exact levels of RMNCH funding, CIFOEB's analysis revealed that spending on RMNCH priorities had steadily declined from 2011 to



2013, although the annual health budget had grown. Based on these findings, the Coalition adapted its advocacy objectives:

**Specific Objective 1:** The 2016 RMNCH budget will be increased in at least the same proportion as the increase in the overall health budget.

**Specific Objective 2:** The Ministry of Health will provide detailed and disaggregated information on the budget allocated to RMNCH interventions and make this information available through its website.

## Adapting to changing circumstances

In October 2014, President Compaoré attempted to pass a law to eliminate term limits so he could run for another term. This sparked a popular uprising leading Compaoré to resign and flee the country. A civilian transitional government took power, and announced plans for elections in September 2015.

This transition markedly altered the environment for the Coalition's advocacy, and FCI and Coalition members responded swiftly. From December 2014 through February 2015, Boubacar Bougoudogo, a Malian budget expert who had worked successfully on Mali's budget during its recent political crisis, helped Coalition members re-map their target decision-makers, as all MPs were now out of office and ministries were reshuffling their personnel. The provisional government was showing new interest in consulting with civil society groups, so the Coalition had to move quickly to capitalize on this new spirit of openness.

The Coalition, with ongoing technical support from FCI, Colectivo Meta, and CIFOEB, then presented the findings of CIFOEB's budget analysis to decision-makers in the Ministries of Economics, Finance, and Health, together with civil society organizations that work on the national budget. In presenting the consistent decrease in RMNCH expenditure, they specifically showed that emergency obstetric care (EmOC) – the only budget line exclusively dedicated to RMNCH – had not increased at all since 2011, despite a growing population, high maternal mortality, and the urgent need for accessible emergency services for women experiencing life-threatening childbirth complications. The government's head of Budget Analysis and Forecasting, who is charged with oversight of the health budget, attended this meeting, and acknowledged the inadequacy of the EmOC budget. Following the meeting, she requested the allocation of additional funds to EmOC in the 2016 budget; in response, the Secretary-General of the Ministry of Economics and Finance instructed the Ministry of Health to assign an additional 1.75 billion CFA (\$3.4 million USD) for EmOC services in 2016. This was a significant Coalition achievement.

In order to secure government approval of this increase in the EmOC allocation, the Coalition had to identify a new set of advocacy targets. Budget approval would be voted by the incoming Parliament elected in the national elections, which were then scheduled for October 2015. The Coalition developed an advocacy plan that focused on parliamentary staff, members of the transitional government, and selected candidates standing in the upcoming elections. Yet, after a coup d'état in September 2015 and the instability that followed, the elections were postponed until late November, so it was decided that the transitional government would approve the 2016 budget prior to the election. As this case study went to press, Coalition advocacy for approval of the increased EmOC allocation (as well as for increased RMNCH spending and improved budget transparency) was intensely focusing on targets and allies in the transitional government and in the Ministries of Economics, Finance and Health.

## POLITICAL CONTEXT AND CHALLENGES IN BURKINA FASO

- **Dictatorship** under Blaise Compaoré (1987 – 2014) left little room for civil society in government decisions.
- **Closed budgeting processes:** Burkina Faso's score on the 2015 Open Budget Index (OBI), which assesses the transparency of national budgets, is only 10 out of 100, indicating that **citizens have little to no opportunity to participate in the budget process.**
- Little information on **Burkina's national budget is publicly available.**
- After the **October 2014 civil uprising**, the new provisional government showed increased willingness to acknowledge civil society's key role in priority-setting and governance.
- The **September 2015 coup d'état** forced postponement of national elections, so new budget decision-makers will likely come to power in the parliament that will determine the 2017 budget.





## Achievements and impact

An external evaluation of the MACS project identified several key outcomes:

### SKILL-BUILDING AND CAPACITY DEVELOPMENT:

Coalition members improved their understanding of and interest in public budgets and their ability to advocate for progressive improvements. Through participation and collaboration within the Coalition, members learned from each other and better coordinated their advocacy messages and activities.

**ADVOCACY SUCCESSSES:** Coalition members directly influenced the proposed 2016 health budget. Their budget analysis and advocacy resulted in a request from the Ministry of Finance to the Ministry of Health calling for increased funding for emergency obstetric care in the 2016 budget proposal.

**SUSTAINABLE ADVOCACY SKILLS:** The MACS project strengthened Coalition members' knowledge and advocacy skills through trainings and on-going technical assistance. Coalition members, in turn, shared their new expertise with colleagues both in and outside their organizations and deepened the knowledge and engagement of government officials directly responsible for health budgeting. Coalition members, through their advocacy during a time of profound political change, also felt that they had played a part in strengthening democracy in Burkina Faso and in establishing the important role of civil society in their country's decision-making processes.

## Lessons learned

**CONTEXT MATTERS.** In countries where the political environment is volatile or unstable, access to information is limited, or spaces for civil society participation are few, advocates must establish objectives and develop strategies based on a deep and realistic assessment of the context.

**FOLLOW THE MONEY.** Budgets reflect a country's real priorities: political commitments, and even formal changes in policy, mean little unless they are accompanied by the funding necessary to provide essential health services for women, newborns and children. Advocates can fight effectively for access to accurate, timely budget information, and should use that information to argue for increased funding for RMNCH services.

**ADVOCATES MUST BE ADAPTABLE.** When the political or social context changes, advocates need to creatively adapt and evolve, as the MACS Coalition adapted to the rapid changes that came with Burkina Faso's civil uprising, coup d'état, and their aftermath.

By taking the time to understand the context, building the skills necessary to address changing circumstances, and developing advocacy strategies tailored to evolving decision-making structures, FCI and the advocates in the Burkina Faso MACS Coalition were able to use the information and lessons learned to further their successful advocacy efforts and to have significant impact at the national level.

<sup>1</sup> United Nations Development Programme. <http://hdr.undp.org/en/countries/profiles/BFA>

<sup>2</sup> Oxford Poverty and Human Development Initiative, University of Oxford. <http://www.ophi.org.uk/policy/multidimensional-poverty-index/>

<sup>3</sup> Countdown to 2015. <http://www.countdown2015mnch.org/>

<sup>4</sup> [http://www.who.int/pmnch/knowledge/publications/fulldocument\\_globalstrategy/en/](http://www.who.int/pmnch/knowledge/publications/fulldocument_globalstrategy/en/)

<sup>5</sup> The "Continuum of Care" includes integrated service delivery for mothers and children from pre-pregnancy to delivery, the immediate postnatal period, and childhood. Such care is provided by families and communities, through outpatient services, clinics and other health facilities. The World Health Organization. [http://www.who.int/pmnch/about/continuum\\_of\\_care/en/](http://www.who.int/pmnch/about/continuum_of_care/en/)