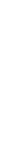




INTERNATIONAL BUDGET PARTNERSHIP
Open Budgets. Transform Lives.

Module 7: From Analysis Back to Advocacy



Quick Recap

- What are the five components of an **Advocacy Strategy**? (Module 5: Part I)
- What was gained by looking into the **Budget Process**? (Module 6)
 - How does this help to strengthen your advocacy strategy?
- What was gained by identifying **Stakeholders and Opportunities**? (Module 5: PART II)?
 - How does this help to strengthen your advocacy strategy?
- What was gained by doing **Budget Analysis**? (Module 7)?
 - How does this help to strengthen your advocacy strategy?



Some Key Findings

1. Peri-urban PHCs in Mortalia are wasting money (assuming that the three randomly-selected PHCs are representative of all).
2. Peri-urban PHCs in Mortalia are under-spending their budgets on a regular basis.
3. Each of the peri-urban PHCs seems to be spending virtually all of the salary line item in the budgets.
4. The peri-urban PHCs get a smaller share of the Sunrise State's District Services primary health budget than does the average PHC in Mortalia.



Some Key Findings (cont.)

5. The share of the PHC budget that the peri-urban PHCs get generally increased more slowly than did the budget of the average PHC in Mortalia.
6. The share and size of the peri-urban PHC budgets increased significantly in the 2011 budget.
7. The *per capita* allocation to peri-urban PHCs is smaller than it is for the average PHC.
8. The *per capita* allocation to peri-urban PHCs falls below the standard for spending on primary health care set by the Ministry of Health.



Main Budget Problems Contributing to Poor Health Service Delivery in Peri-Urban Areas of Mortalia

1. The peri-urban PHCs are wasting or under-spending their budgets.
2. The peri-urban PHCs get a smaller than average share of the overall budget for PHCs.
3. The budget of the peri-urban PHCs is increasing at a slower rate than the budget for the average PHC.
4. The District Services Program is not ensuring that PHCs receive funding that meets the MoH's standard for funding for primary health care.



Who has decision-making power with regard to these problems?

With regard to:

1. Spending in PHCs?
2. Allocations going to PHCs?
3. Allocations in line with the MoH standard?



What Next?

Go back to your advocacy objective and make sure you now know:

- **WHAT** the main problems are ✓
- ➔ **WHAT** solution you will ask for
- ➔ **HOW MUCH** you will ask for
- ➔ **WHEN** you can get it
- ➔ **WHOM** you should ask

This is what you will focus on when you return to Module 5: Budget Advocacy (Part III).



On Using Charts and Graphs

1. A single pie chart can't show a growth rate.
2. A line graph or bar chart can't be used to show shares.
3. Watch out for the difference between *percentages* and *percentage points*.
4. Make sure that you have your thousands, millions, and billions identified correctly in charts and graphs.



Task 7.8: Which Calculation? Which Chart?

- You suspect that the share of the Sunrise State budget going to Sanitation may be shrinking. To diagnose whether this is the case, would you calculate:*

 - a) the size of its share (in percentage) over time? **or***
 - b) real growth in spending on Sanitation over time?*

Which calculation would you choose? Why?
- To show that the share of the Sunrise State budget going to Sanitation is shrinking, it would be best to use a bar chart or graph, not a pie chart.*

True or False? Why?
- If you suspect that the States of Polarus are underfunded:*

 - a) Which calculations would you use to test this? Why?*
 - b) What kind of chart or graph would you use? Why?*