Sikika – Tanzania

Sikika, which means “be heard” in Kiswahili, is a civil society organization (CSO) focused on health advocacy in Tanzania. Founded in 1999 under the name Youth Action Volunteers, Sikika has been working on budget issues since 2005. Sikika’s overall vision is a Tanzania where healthy and responsible citizens enjoy equitable, affordable, and quality health services as their basic right. At the local level, Sikika works with health service users, providers, district authorities, and policymakers in four districts (three in Dar es Salaam and one in the Coast Region). As part of this work, Sikika engages citizens in demanding transparency and accountability in health service provision through participatory monitoring of district health sector planning and performance. At the national level, Sikika works with policymakers in the Ministry of Health and Social Welfare, the Prime Minister’s Office–Regional Administration and Local Government, and Parliament. Sikika advocates with the government to provide timely and accessible information on the health sector and to ensure participatory planning, implementation, and evaluation of health and HIV/AIDS programs.

Sikika Uses Budget Analysis to Advocate for the Reduction of Unnecessary Expenditures

Tanzania’s health sector is plagued by a number of critical problems, including poor recruitment, distribution, and retention of skilled human resources and an inadequate supply of quality medicines and equipment for health care facilities. The persistence of these problems indicates that health sector allocations and expenditures have been ineffective and inefficient, despite the fact that they comprise 11 percent of the budget. One issue in particular on which Sikika has focused is the significant amount of funds that are allocated for what might be unnecessary items, such as seminars and workshops, vehicle purchases, allowances, and travel. Expenditure on these items benefits a relatively small number of government officials rather than the majority of ordinary citizens.

Sikika decided to tackle this issue through budget analysis and advocacy. The process began as soon as the government’s budget guidelines and medium term expenditure frameworks (MTEFs) were issued. Sikika assessed the distribution of funds for the health sector against different long-term strategic plans and policies. Using its findings, Sikika was able to advise the government and members of parliament on how to cut budgets for questionable items and use the savings to fund priority programs that address the needs of citizens.

One forum in which Sikika shares its health sector budget analysis is the Joint Annual Health Sector Review (JAHSR). This annual event is meant to evaluate the progress of the health sector and set specific priorities.
for the following year. At the October 2008 JAHSR, Sikika prepared a civil society statement that was read during the opening session in which the organization presented the major conclusions from its 2008/09 budget analysis. These included findings on the inefficiency of health sector budget allocations, of which approximately US$ 3.3 million were for workshops and trainings; US$ 1.4 million for official trips, both foreign and local; and US$ 18.9 million for allowances. Sikika also will work with parliament, the media, donors, and other CSOs beyond these structures.

To advocate for adequate budget allocations for health, specifically for human resources and medicines; efficient allocations within departments; and a decrease in the misuse of funds by the Ministry of Health and Social Welfare. To generate evidence for advocacy, Sikika will conduct a variety of budget analysis and monitoring activities, as well as make use of existing resources such as the Auditor General’s reports. Sikika will conduct budget analysis. These included findings on the inefficiency of health sector budget allocations, of which approximately US$ 3.3 million were for workshops and trainings; US$ 1.4 million for official trips, both foreign and local; and US$ 18.9 million for allowances. In a session of parliament the following month when responding to questions from members, the prime minister noted an example of one ministry that had allocated US$ 3.3 million for workshops and trainings. He subsequently ordered every ministry to seek permission from his office before conducting workshops and trainings and also committed to reducing the number of expensive new vehicles purchased by the government.

To follow up on this issue, in early 2010 Sikika produced a brief called Allowances, Seminars, Vehicles and Travel: A Brief on the Government’s Initiative to Refocus Expenditure. In the brief, Sikika reviewed allocations for each of these items in the 2008/09 and 2009/10 budgets. The data indicated a reduction of 22 percent (US$ 127.5 million) in spending for travel, meetings, vehicle purchases, trainings, fuel, and hospitality. In addition, the domestic training budget was cut by a massive 77 percent. Sikika believes that its earlier analysis and advocacy efforts played some part in the government’s effort to reduce the allocations for these items. Sikika distributed the brief to nearly all members of parliament, officials in the Ministries of Finance and Health, the Trade Union Congress of Tanzania, donors, the media, academics, and CSOs. A summary of the brief was covered on the front page of a national daily newspaper, and two FM radio stations, including one with national coverage, used the brief to host several live call-in debates and discussions.

By May 2010 the discourse on unnecessary expenditures increased noticeably in the media, among donors, trade unions, and ordinary citizens, and at sectoral budget process meetings. By the end of the month, the Ministry of Finance had already promised on several occasions that unnecessary expenditures would be reduced substantially in the next budget. In conducting a preliminary analysis of the health sector budget for 2010/11, Sikika found that the Ministry of Health has already reduced unnecessary expenditures by 13 percent. This is an early indication that the budget analysis and recommendations in Sikika’s policy brief are being taken into consideration by the government.

Sikika will continue to follow up on this issue with regard to the 2010/11 budget proposal once it obtains all of the relevant budget documents. The organization plans to develop another policy brief to share its findings with stakeholders and to make further recommendations on ways to cut unnecessary spending on such items as workshops, vehicle purchases, travel, and allowances. The major challenges for Sikika will be to track where the funds freed from the reduction of unnecessary expenditure are allocated and to find out whether these reallocations are leading to improvements in public services.

Sikika’s Participation in the Partnership Initiative

At the core of Sikika’s health budget advocacy work are two key issues — inadequate human resources for health and inadequate access to medicines — both of which are related to the way in which budgets are allocated and spent. The overall health sector in Tanzania receives an inadequate allocation in the national budget, and within the health sector, insufficient funds are allocated for human resources and medicines. This is further compounded by limited accountability and oversight of actual expenditure. With support from the Partnership Initiative, Sikika plans to advocate for adequate budget allocations for health, specifically for human resources and medicines; efficient allocations within departments; and a decrease in the misuse of funds by the Ministry of Health and Social Welfare. To generate evidence for advocacy, Sikika will conduct a variety of budget analysis and monitoring activities, as well as make use of existing resources such as the Auditor General’s reports. Sikika will conduct advocacy through the annual health sector review process and outreach to several health-related committees made up of government, donors, service organizations, and CSOs. Sikika also will work with parliament, the media, donors, and other CSOs beyond these structures.