1.0 About TGNP Mtandao

TGNP Mtandao is a gender advocacy NGO, based in Tanzania with 25 years of operations since its establishment in 1993. The organization is known for its dynamic and assertive contribution in the building of the women movement in Tanzania and more intent policy advocacy on gender issues. TGNP Mtandao has registered notable success in advocating for gender responsive budgeting at both national and local level and similarly played a vital role in supporting some other African countries such as Mozambique and Malawi in conceptualization and introduction of the concept and practice of Gender Responsive Budgeting (GRB) in their governments. To date the organization continues to engage with budget processes and stretch locally to support women and men at grassroots level to engage with the budget process and connecting them with national level budgetary processes.

1.1 Introduction

Gender Responsive Budgeting emphasizes the need for budgeting process to demonstrate sensitivity to the differences between women and men, which translates into privileges, rights and obligations. On the resource mobilization side, Gender responsive budget recognizes the diverse contribution of women and men in production of goods, services and human labor. It further seeks to reduce gender gaps through resources allocation and generating resources to the same end.

The health budget is of major concern to TGNP Mtandao because women constitute the majority of health care service consumers. Likely, they are main caregivers for family members and compose a large portion of the employees in the sector and others as well. Findings from Participatory Action Research (PAR) conducted by TGNP in various districts indicates that women are mostly affected by rising costs of accessing health care services as well as the inaccessibility of health facilities. This leads to pregnant women delivering on the roads and in some cases losing their lives and/or that of their unborn babies due to long distance walk to health facilities.

Apparently, information from various researches reveal that policy implementation at local level is the major problem facing Tanzania. Despite having policies, strategies and guidelines, which have explicit commitments on most gender concerns, implementers at the local level, struggle with implementation of policy commitments due to budget deficit. Participatory Action Research (PAR) conducted by TGNP for over ten years, has revealed similar trends on issues of access to health services. Such as inadequate/absence of delivery kits for delivering women, inadequate dispensaries making pregnant women in remote areas to travel between 5 to 7 kilometers or between one to three hours to a health facility, insensitive health care service providers, lack of incinerators and water in health facilities, shortage of health care workers, inadequate maternal health supplies, commodities and medicines, inadequate of maternity wards, and limited emergency services. To curb the situation, it’s important that intentional reforms on policy implementation be undertaken especially on resource allocation formulas so as to escalate the development of the health sector as an integral element in national economic development.

In this budget brief, TGNP Mtandao calls upon the government to prioritize and invest in the health of women and girls as they constitute half of the population and have a great potential in productive and reproductive capacities. It further calls upon the government to ensure distribution of resources within the sector matches with contribution of women in production and reproduction processes for marketable and non-marketable services.
2.0 Share of the Health sector to the National Budget for five years (FY 2013/14- 2017/18)

![Health Sector Budget as a % Share of National Budget](image)

Source: Calculations based on Data from Citizen Budgets 2013/14-2018/19, MoFP

Looking at how the government allocates resources to the health sector is same as evaluating its prioritization and investment of the fundamental factor of production. Essentially a nation in pursuit of sustainable development ought to prioritize its people’s health. This can only be traced to how the government spends on the health sector.

However, the last two years and the current i.e 2016/17-2018/19 have recorded low shares, if we consider inflation adjustments and the Medical Store Department debt. This trend could be attributed to the withdrawal of foreign aid previously channeled to run big health care projects or campaigns such as the HIV and AIDS and Malaria financed by the USAID. The sector received the highest allocation in 2013/14 and 2015/16.

The Abuja Declaration, which Tanzania is a signatory requires governments to allocate 15% of their national budget to the health sector but Tanzania is less than halfway towards the target. To move close to this target, the government needs to increase the health sector budget by growing per capita spending to at least 50 USD as we match towards the target of 54 USD by 2025/26.

However in absolute values the budget figures appear to be increasing except for the current year where there has been a serious decrease (23%) in the sector budget.
The table on the right illustrate further:

The review of budget speeches reveal that the cut of the 2018/19 health sector budget have directly affected allocation to maternal health aspects which have ultimately pulled down the general budget for addressing maternal health issues. Other area affected is the Human Immunodeficiency Virus (HIV), Tuberculosis (TB) and Malaria. See table below:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Beds/Hospital Beds</td>
<td>5,412,500,000.0</td>
<td>4,942,625,000.0</td>
</tr>
<tr>
<td>Construction/Rehabilitation of Hospitals, Health Centers and Dispensaries</td>
<td>82,515,000,463.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Delivery kits in Maternal Wards / Neonatal Care Units</td>
<td>0.0</td>
<td>1,900,000,000.0</td>
</tr>
<tr>
<td>Medicine for Pregnant/Delivery women</td>
<td>7,000,000,000.0</td>
<td>22,500,000,000.0</td>
</tr>
<tr>
<td>Water in health facilities</td>
<td>0.0</td>
<td>960,000,000,000.0</td>
</tr>
<tr>
<td>Electricity in Health Facilities / Reproductive Health Education, Construction of Rural Roads, Child Health</td>
<td>33,000,000,000.0</td>
<td>33,000,000,000.0</td>
</tr>
<tr>
<td>Improve Service on HIV, TB and Malaria</td>
<td>15,000,000,000.0</td>
<td>5,000,000,000.0</td>
</tr>
<tr>
<td>Improvements of Primary Health Care</td>
<td>1,231,680,000.0</td>
<td>1,579,782,000.0</td>
</tr>
</tbody>
</table>

Source: Budget Speeches 2017/18-2018/19, MoHCDGEC and PO RALG
2.1 Prioritization of the Health Sector

Overall health sector ranks third in Government spending, preceded by Education and Transportation Infrastructure, which rank first and second respectively as indicated in the table.

Overall budget allocation to the sector in 2018/19 has declined by 23.43% which has in turn affected allocation to areas such as maternal health, medical supplies, equipment and medicines.

In the FY 2018/19 the budget for maternal health increased only by 0.83% (12.2 billion) from the previous 2017/18 (12.1 billion). While the budget for medical supplies, equipment and medicines increased only by 1.52%. The cut in resource allocation could have been driven by the pressure to make budget more realistic and reflective of what the government is able to collect through domestic sources.

This decline slows down progress in primary health care services provision in dispensaries and health centers and also affects projects for rehabilitation or construction of health facilities at local level which the majority of poor women and men depend on especially for provision of maternal health services.

However resources allocated for LGAs as subsidy puts health as a second priority preceded by education. In FY 2018/19 for instance a total of 835.6 billion out of 5,942.7 billion have been allocated to facilitate the implementation of health policy at local level.

3.0 Allocation to the Health Sector FY 2018/19

The Tanzania Service Provision Assessment Survey (2014-15) revealed that among facilities offering normal delivery services, many facilities do not have the essential medicines for delivery as such only 41% have injectable magnesium sulphate, 48% have IV fluids with infusion set, 32% have an injectable antibiotic, only 28% of facilities offering normal delivery care have antibiotic eye ointment for the newborn, and 12% have 4% chlorhexidine. The assessment further revealed that the availability of equipment for routine delivery is very inconsistent. For example, the availability of emergency transport is higher in hospitals (93%) than in health centres (75%) or dispensaries (58%) and fewer facilities have a suction apparatus (23%).

Source: Calculations based on Data from Citizen Budgets 2013/14-2017/18, MoFP

Source: Calculations based on Data from Citizen Budgets 2016/17-2018/19, MoFP

---

Tanzania Service Provision Assessment Survey (2014-15)
manual vacuum extractor (5%), examination light (14%), and vacuum aspirator or a dilatation and curettage (D&C) kit (7%). It also made observations on ANC consultations and noted that 8% had all elements of client history assessed while only 12% were asked about medicines currently taken.

3.1 Priorities for 2018/19

According to the Minister of Finance and Planning, for the year 2018/19 financial resources will be allocated to increase distribution of medicines, medical equipment and reagents in health centers, dispensaries and referral hospitals. Moreover, the Government will allocate more funds from LGAs in development projects which are implemented by councils especially health and education. The Government will put more emphasis on improvement of availability of quality food to mothers and children, especially for the first 1,000 days from conception in order to overcome the challenge of stunted growth thus improving mental and physical growth. Furthermore, special groups’ needs within our society (women, youth, children, disabled and the elderly) will continue to be attentively cared for. Unlike the previous year, the health sector priorities are quite explicit, as it can be noted that pretty much emphasis is directed towards mother and child health improvement especially on availability of quality food.

3.2 Overall Trend of MoHCDGEC Budget (Ministry of Health)

MOHCDGEC Budget allocation trend for three years has not been in line with the increasing demand based on population growth and high disease burden. One would expect as demand increases, allocation and disbursement should also increase, however, this is not the case (figure 4 above). The estimated allocation for the FY 2018/19 has decreased by 20% compared to the previous year’s approved allocation.

This has been a challenge especially in the quality of buildings that are capable to meet the current demand of health services. Medicines and medical supplies play a vital role in health services delivery especially in maternal and child health. Effective performance of BEmOC and CEmOC depends on the availability of these supplies. Decrease in the budget for medicines and medical commodities means women that children who are the majority of the health service seekers to are forced to buy essential medicines from out of their pocket.

![MOHCDGEC Resource Allocation Trend](image)

Source: Calculations based on Data from Citizen Budgets 2016/17-2018/19, MoFP

This can further translate to women and children not seeking health services because of not being able to pay and eventually dying. In addition to that decrease in the budget for infrastructures both building and renovation means that shortage of buildings such laboratory and maternity wards will remain constant and women and infants will be forced to share beds which might lead to infection among mothers and the infants and result in increase in infant mortality rates.

The MOHCDGEC’s budget estimates for development projects for 2018/19 has decreased by 29% compared to the previous year. Further, analysis shows that contribution from development partners (foreign allocation) has decreased by 54% while the local contribution (domestic allocations) have increased by about 19% from the previous year. Despite the increase, overall budget for development projects FY 2018/19 has decreased by 29% from previous year.

Even so the disbursement of development funds is always very little compared to the approved budget.
It is worth noting that from FY 2017/2018 budget for medical supplies is part of development budget, therefore, failure to disburse these funds, there is a great risk to quality health service delivery. Also, from the figure above, foreign disbursement was 71% compared to 24% of the domestic resources in this area. Foreign support is decreasing in an alarming trend with more emphasize on domestic resources onwards financing health sector budget.

The trend above calls for more government commitment towards, realization of the approved budget. This will reduce government debts in areas like MSD and other vendors within health sector. Due to the existence of Decentralization in health sector, the MoHCDGEC has remained with the role to ensure quality of Human resources deployed at the health facilities and ensure adherence of guidelines. Similarly, the ministry is responsible for Regional Hospitals and Specialized Referral Hospitals. Further, the responsibility to ensure the availability of specialists in all referral hospitals lies upon them. Even though the shortage of HRH is above 50% in all cadres.

During Joint Annual Health Sector Review Meeting in 2016, Regional Medical Officers presentation portrayed that, the gap for specialists at the Regional Referral Hospitals only was about 500. It with no doubt that, this increase burden of patients to few referral hospitals with availability of specialist. In addition, this undermine the quality of services offered at this level as well. Among many other consequences insufficient health workforce severely limits the availability, quality, and utilization of life-saving health services for pregnant women and children.

3.2 Overall Trend of MoHCDGEC Budget (Ministry of Health)

In FY 2018/19 there has been an increase of 6.87% in the subsidy for health given to LGAs. This increment is a lower compared to the previous year 2017/18 where allocation increased by 8.64%. According to the PO RALG budget speech presented in the parliament in April (2018), the country has a total of 696 health centers equal to only 15.7 percent of the target (4,420), the total number of dispensaries is 6,640 out of 12,545 equals to 53 percent. This shortage partly
contributes to the rising maternal mortality rates which stood at 556/100,000 live births in 2016. According to the report (DHS 2015-16) a third of women reported to encounter at least one challenge in accessing health services, the highly rated challenges include lack of money to pay for health service (50%) and long distance to a health facility (42%). The cost of access health care for rural women impedes efforts their efforts for economic liberation as in many cases women are faced with the responsibility of ensuring those children and other dependents’ in the household are in good health. Therefore, the current formula of resource allocation in the health sector needs to be revised to ensure that LGAs receive enough subsidy to complement LGAs’ own source fund directed towards addressing the health challenges at local level.

4.0 Financing of the Health Sector Budget at National and Local Levels

Access to high-quality healthcare for all is a major policy priority in Tanzania, (Vision 2025) which highlights the need for an established sustainable financing mechanism for health and increase domestic resource mobilization. According to (Dutta, 2015) Total Health Expenditure (THE) in Tanzania has increased in nominal terms by 8.2% of nominal National GDP. Public sector resources as a proportion of THE declined from 28 percent to 26 percent, while households’ out-of-pocket (OOP) spending increased by 7 percentage points to 32 percent. Out of pocket health spending in Tanzania, is pooling large part of the population (68%) to hardship in acquiring health service due to high cost associated with health service. According to the MoHCDGEC, approximately 32% of people in the country are covered with health insurance from different providers. This is very far behind the target of 70% coverage by 2020 set by the government.

Currently the government issued a circular on the improved Community Health Fund (CHF) were household will have to pay TZS 30,000/= for a household of six people. This is a product results of several initiatives from development partners and the government to ensure every citizen have access to health services without barriers. The 30,000 is still a lot to the poorest women still faces challenges lack of comprehensive benefits package, inadequate medical supplies and equipment at the health facilities, inadequate skilled and motivated health providers, lack of local health facilities, lack of choice of providers and existence of out-of-pocket expenditure.

As Tanzania aims to achieve ambitious objectives such as the global 90-90-90 targets for HIV and AIDS by 2020, the resource needs for such vertical programs will only increase. Increased government contributions to health will be needed to ensure critical commodities and services are consistently available.

To increase effectiveness and efficiency in resource use at health facility level, the government has adopted new approach of Direct Health Facility Financing (DHFF), where health funds are disbursed directly to health facility accounts since the financial year 2017/18. This move is intended to increase timely availability of funds at facility level, and eventually improve resource utilization and service delivery. While all these is happening, at facility level, there is less community awareness about this move, with limited knowledge of Health Facility Governance Committees in Financial Management.
Key Messages

Gender responsive budgeting is an integral part of development of any State. With current commitment of the state towards sectors like health and water it is challenging to attain sustainable development. From the analysis, it is clear that:

- The share of the health sector to the national budget has been inconsistent for the past five years with the least share in FY 2018/19 i.e. approximately 5.23%. However, the last three years i.e 2016/17-2018/19 have recorded too low shares, if we consider inflation adjustments and the Medical Store Department debt.

- Overall budget allocation to the sector in 2018/19 has declined by 23.43% which has in turn affected allocation to areas such as maternal health, HIV, TB and Malaria. In the FY 2018/19 the budget for maternal health increased only by 0.83% (12.2 billion) from the previous 2017/18 (12.1 billion). While the budget for medical supplies and medicines increased only by 1.52%.

- For the past three years PO RALG budget allocation for health has not reached 40% of the total sector budget. The ministry received (31%) in 2015/16, the allocation increased in 2016/17 (36%) and slightly declined in 2017/18 (35%). In FY 2018/19 there has been an increase of 6.87% in the subsidy for health given to LGAs. This increment is a lower compared to the previous year 2017/18 where allocation increased by 8.64%.

- There is a real value drop in MoHCDGEC budget allocation by 20% for the FY 2018/19. Again the implementation of Ministry of Health budget is still a challenge with only 57% level of implementation by March 2018. It is worth noting that from FY 2017/2018 budget for medical supplies is part of development budget, therefore, failure to disburse these funds, is a great risk to quality health service delivery. By March 2018, only 26% of funds allocated for health commodities were disbursed. It is still questionable on how the government can attain its objective with this level of resources allocation.

- Payment of MSD debt is still a major challenge to this sector. By February 2018, nothing was disbursed for that purpose. It is a disappointing scenario from the efforts showed in previous FY. Women and children are high consumers of health products; this tendency leave them with burden of catastrophic health spending to assure availability of prescribed medicines. Catastrophic health spending increases poverty and dependency at family level.

Recommendations

i. The lead Ministry need to address the issue of availability of comprehensive budget implementation data on every item and specify the number of delivery packs distributed per year and areas which have benefited.

ii. Special attention needs to be given to the issue of inadequate and under sourced dispensaries and health centers. It is advised that MoFP issues a special directive to LGAs to prioritize resource allocation to construction and resourcing of dispensaries and health centres in areas where there are not available at all.

iii. The MoFP should issue a directive to LGAs and DMOs to ensure that all dispensaries and health centers have separated and adequately resourced maternal wards.

iv. The government needs to increase the health sector budget by growing per capita spending to at least 50 USD as we match towards the target of 54 USD by 2025/26. Furthermore for 2019/2020 financial year emphasis needs to be on prioritization of maternal health to increase the distribution of delivery kits, sexual and reproductive health services especially for young women and primary health care services.
v. Subsidy to LGAs for health services should be pulled up to 40% of the sector budget, to hasten quality and accessible health care services to the poor.

vi. The government should increase domestic resource mobilization in the areas which do not shift the burden the poor and increase allocation to health sector especially subsidy to LGAs.

vii. In bridging the gap of disbursement, we recommend responsible ministry to develop realistic resource projection. This will avoid the tendency of under disbursement each FY as shown above.

viii. In addition to the above the government is now supposed to comply with the policy framework in health resources. Our recommendation is to adhere to HSSP IV costed plan and ensure all the resources are committed in the budget.

ix. New sources of revenue for health services are supposed to be committed by the MoFP and national framework at large. A good example can be taken from REA program, its sustainability is due to readily available resources. Similar approach can be adopted to MoHCDGEC and the health sector at large.