

Training Report:

**Module 2 on Advocacy for Health Financing,
Domestic Resource Mobilization and UHC.**

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List of Abbreviations

DRM	Domestic Resource Mobilization
PFM	Public Finance Management
CSO	Civil Society Organization
UHC	Universal Health Coverage
SRH	Sexual and Reproductive Health
COVID-19	Coronavirus Disease 2019
MOH	Ministry of Health

Everything I learned is quite valuable, but the idea of dealing with the budget was new to me and awakened me to the need to actively participate in my country's budget. Therefore, the budget is a very crucial instrument for assessing the compatibility between the amount made available for health services and the reality of these services in practice. Participant

1. Introduction

The pursuit of, and progress towards Universal Health Coverage has gained global attention hence the need for increased Government investment in health. Health being a public good, Universal Health Coverage bears the potential of increasing access to health services, financial protection and equity as populations access care based on need rather than on their ability to pay. This notwithstanding; inadequate financing of health and SRH needs by Government; declining donor funding for health globally; and limited capacity and understanding of budgets and the budgeting process amongst CSOs in SRH suffice as justification for capacity development among the stakeholders for effective budget advocacy.

Course Objectives

Main Objective

To build capacity amongst CSOs working in Sexual and Reproductive Health Rights on effective budget advocacy for SRH needs in Universal Health Coverage in Africa.

Specific Objectives

- a. To build an understanding on Universal Health Coverage among the Civil Society Organizations from the 18 participating African Countries.
- b. To equip the CSOs with knowledge and skills for effective engagement in budget advocacy for health and SRH financing in the 18 participating African Countries.

Desired Outcome

Civil Society that is well empowered and knowledgeable to effectively engage in budget advocacy for health and SRH financing in Africa.

2. Summary of Sessions

The course, albeit being entirely virtual, had a mixed and interactive blend of delivery methodologies. These included;

- a. 3 didactic lectures; UHC Overview, SRH in UHC, and Budget Advocacy in Health.
- b. 1 Group Assignment and respective group presentations for the 4 groups on the impact of COVID-19 on Health Financing and SRH Financing.
- c. Pre and Post Session thematic discussions and reflections by the participants facilitated by the tutor.
- d. Weekly multiple-choice quizzes on themes covered.

Session 1: Universal Health Coverage Overview

Facilitator: Dr. Mike Mulongo

The session sought to introduce the participants to the principles of Universal Health Coverage; the justification for the pursuit of UHC; the UHC cube; the Objectives of UHC; and considerations in monitoring UHC. This session further allowed the participants to reflect on their respective country progress towards UHC; contextual challenges and opportunities for CSO engagement in the UHC journey. Additionally, the first set of group presentations exposed the participants to cross country realities on the impact of COVID-19 on financing of health in general and sexual reproductive health needs.

Session 2: Overview of SRH in UHC

Facilitator: Dr. Mike Mulongo

The session sought to outline the justification of Sexual and Reproductive Health as an essential component of Universal Health Coverage across the globe. It highlighted key regional and global commitments towards SRH and drew a linkage of the same to Universal Health Coverage. This session further allowed the participants to reflect on their respective country progress towards linkage of SRH to UHC; contextual challenges and opportunities for CSO engagement in the linkage of SRH and UHC. Additionally, the final set of group presentations exposed the participants to cross country realities on the impact of COVID-19 on financing of health in general and sexual reproductive health needs.

Session 3: Budget Advocacy for Health

Facilitator: Dr. Mike Mulongo

This session sought to highlight the significance of budgets in public policy; the value and principles of Public Finance Management; factors that influence available resources (fiscal space); the phases of the budgeting process and the opportunities for linkage to sound Public Finance Management practices; and how budgeting as a policy tool can be fashioned and monitored towards the attainment of desired policy targets. Additionally, the session allowed participants to reflect on their respective country progress towards sound Public Finance Management practices; contextual challenges and opportunities for CSO engagement in the budget advocacy and Public Finance Management.

3. Analysis of Training Evaluation

Training Evaluation Framework

The evaluation of module 2 on Universal Health Coverage and Budget Advocacy is documented in keeping with the Kirkpatrick Framework¹ which considers the following dimensions:

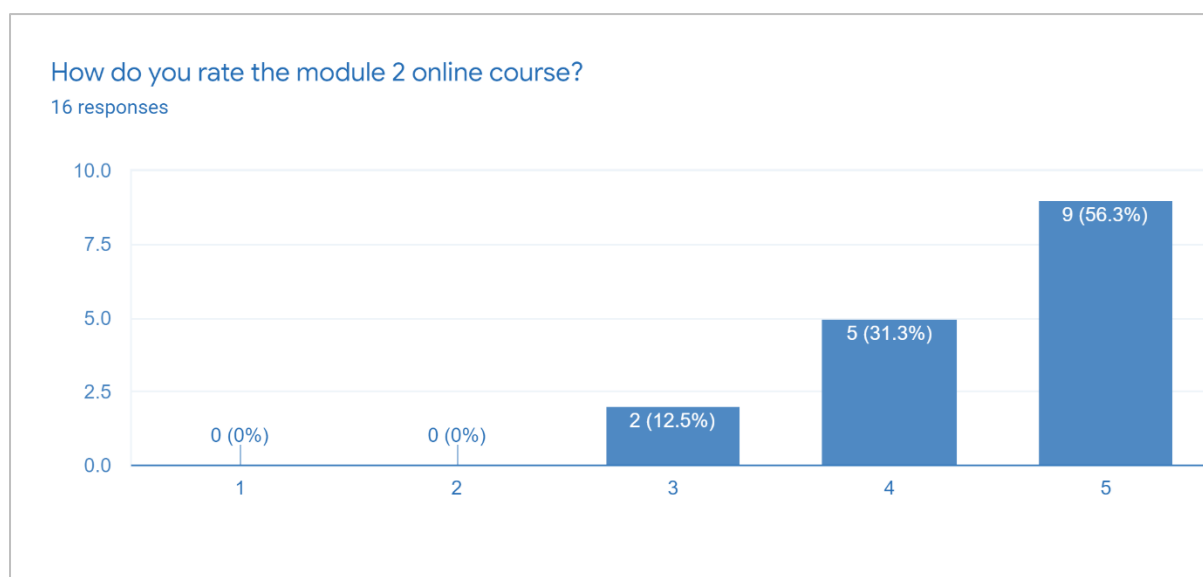
- Level 1: Reactions of the trainees to the training.
- Level 2: Knowledge and Skills gained through the training.
- Level 3: Behaviour Change among trainees as a result of the training.
- Level 4: Organizational level impact as a result of the training.

Notably, of the four levels of analysis, the current analysis shall only cover level one and two as the other dimensions are best assessed after a significant time period, sufficient to witness individual behaviour change and long-term effects of application of gained knowledge and skills.

Level 1: Reactions

The trainees esteemed the module on UHC, and Budget Advocacy highly given the high rating in the feedback survey. The respondent trainers rated the course highly at an average of 4.4 out of 5, with majority 87% of the respondents giving a rating of 4 and 5 as depicted in the figure below drawn from the [post course survey](#).

Figure 1: Rating of the UHC and Budget Advocacy Module



Source: Analysis by Consultant

I was aware of some components of this module but not UHC principles in relation to human rights advocacy. It offered me new knowledge and advocacy opportunities especially relating to SRHR. Participant

¹ Kirkpatrick, D. (1996). Great ideas revisited. Techniques for evaluating training programs. Revisiting Kirkpatrick's four level model. Training and Development, 50, 54–59.

It made me to understand how financial issues can affect our work in the community and helped me to see UHC issues on an international level. Participant

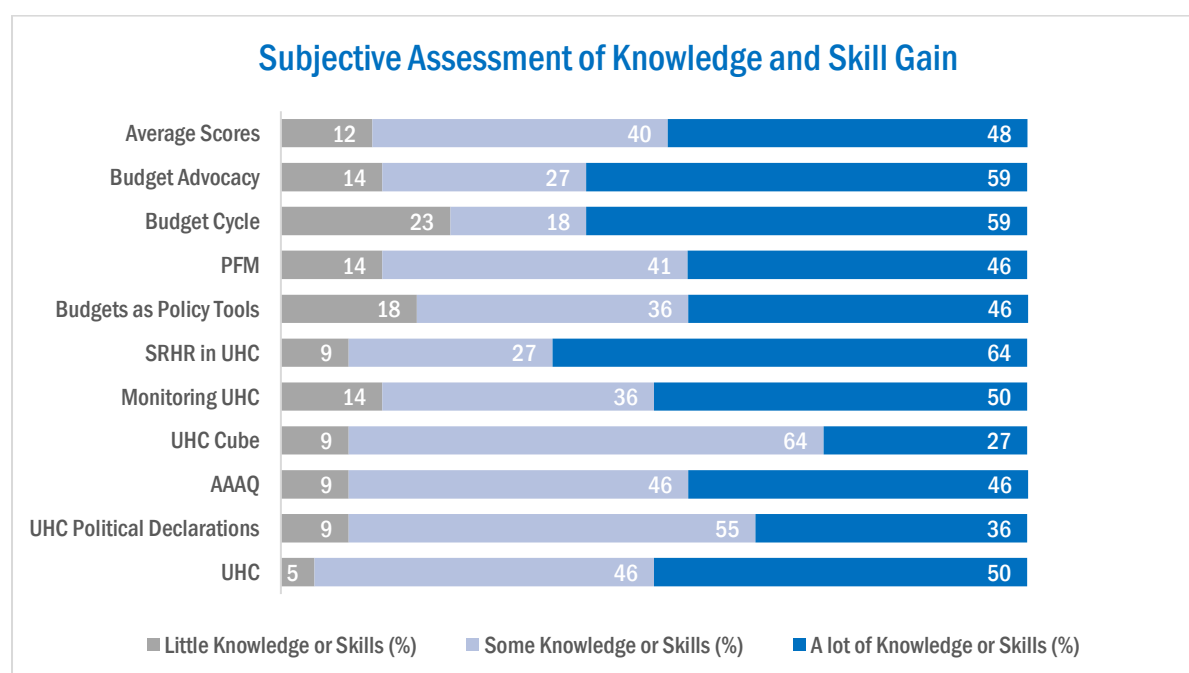
I actually learned many new things, but the one that most aroused me was the topic about Universal coverage and its components, I could see that all public budget of the state, communities should participate and realize the applicability of these funds even if they are donated externally. Communities must participate in different consultations to be present in decision-making spaces so that they are comprehensive. Participant

Level 2: Knowledge and Skills

The transfer of knowledge was assessed through group assignments, trainee discussions during the course, thematic reflections, weekly quizzes, and the post course survey. All these demonstrated a sound grasp of the principles of UHC and Budget Advocacy amongst most of the trainees.

Majority of the participants subjectively rated their knowledge and skills acquisition highly with more than 88% noting they had acquired some and a lot of knowledge and skills across the different themes in the module as depicted in the figure below drawn from [the skills and knowledge survey](#).

Figure 2: Assessment of Knowledge and Skill Gain



Source: Analysis by Consultant

The average score for the week one quiz was 60%; 80% for the week two quiz; and 88% for the group assignment as captured in the e-learning platform.

Level 3: Behaviour Change

Whilst the scope of the evaluation does not adequately cover this dimension on individual behaviour change, the respondents expressed their intention to apply the knowledge and skills gleaned through this module with a view to improving budget advocacy in their respective jurisdictions. Objective assessment of this dimension and level four (4) considerations should be conducted in the medium and long term.

I plan to be actively engaged in UHC issues and encourage people in my country and community to participate in budget consultations and everything that can affect them. Participant

I have gained more information for my self and my role and also improved my understanding of Health Budgets. The attitude towards Public Health and how the budget is put together has been greatly observed and changed. I am certain that the Practice of advocacy in community involvement in health budget will improve in my work. Participant

I plan to use the knowledge acquired in this module in various ways; one of the ideas that came to me was to join with other local organizations and associations that have a strong relationship with local governments. I intend to visit the Provincial Assembly of the Provincial Parliament to find out about these matters. In Mozambique there is a decentralization of power to remote areas, in this I will work in advocacy with the Provincial Governments so that there is an inclusion of the groups that least benefit from these resources. Participant

4. Enablers

a. Engaged Support Team

The constant engagement and ease of access to the ARASA team was a significant factor in the successful design and execution of the UHC and Budget Advocacy module.

b. Real Time Interpretation

The timely and effective team of interpreters ensured uninterrupted engagement of the diverse team of participants from the Francophone, Anglophone and Portuguese speaking nations across Africa.

c. Engaged and Enthusiastic Participants

Majority of the trainers enrolled in the current cohort were enthusiastic, engaging, well experienced and were freely sharing their experiences. Additionally, most participants demonstrated exceptional teamwork in their collaborative assignments in spite of the geographical and technological hinderances occasioned by the COVID-19 restrictions.

d. Adequate Resources for Participants

ARASA provided adequate technical resources to the facilitator, participants, and the language support team. These resources included reference material, teaching aids, teaching platform, internet data to participants *inter alia*. This support facilitated effective design and execution of the module.

e. Reliable and Interactive Online Training Platform

The ARASA e-learning portal was interactive, reliable, had a user-friendly interface and allowed for seamless delivery and assessment of the course.

f. Flexibility of all Stakeholders

Whilst the initial design envisioned only two contact sessions, all parties involved, including participants, interpreters, and administrative team willfully allowed for an extra 2-hour session to ensure adequate coverage of the slotted course content and group work.

5. Challenges

a. Unstable Internet Connectivity for Some Participants

Given the diversity of internet penetration in the countries represented in the training, there were instances of disruption of engagement due to weak internet connectivity. The challenge notwithstanding, participants made effort to ensure continued participation during the module.

b. Inadequate Time

The scope of the module needed more than the two sessions initially slotted for virtual contact sessions. To mitigate against this, we included one more session during which group discussions and course content were covered.

c. Delayed Completion of Weekly Assessments

Majority of the participants had not completed the weekly assignments/ quizzes by the close of the virtual course. This may have been as a consequence of the short duration of the course alongside the scope of the content they were expected to cover.

d. Limited Interaction on The e-Learning Platform

Whilst the e-learning platform provides avenues for continued participant engagement such as discussion forum and messages, very few participants utilized these during the 2-Week span of the course despite prompts by the facilitator and the ARASA team.

e. COVID-19 Pandemic

The COVID-19 pandemic and resultant restrictions to movement and congregation across the globe was a significant deterrent to the holding of physical trainings as was the norm prior to the pandemic.

6. Recommendations

a. Nature of Convenings

Some of the respondents noted the need for physical convenings for the module, and other knowledge and experience sharing fora for the trainers where possible given the prevailing pandemic.

Physical Meeting. Participant

I would suggest an annual symposium to discuss how each country can better improve universal health coverage. Participant

b. Increase Number of Virtual Contact Sessions

Given the scope of the core content and the need for optimal participant engagement, it is necessary to increase the number of virtual contact sessions from the current two to a minimum of four during the period of the online module. Additionally, increase the length from two to a minimum of three weeks. These modifications may allow for more trainee engagement and interaction with the module resources.

c. Continued Technical Support and Resources

Most of the respondents highlighted the need for continued technical support, mentorship, monitoring and linkage to relevant resources to enhance their competence in UHC and budget advocacy beyond the module as well as enable them to implement their respective plans.

Offering more tools on the inflow of budgets on universal budget coverage, in case I find myself in a province and not a central level I would like to know the gateways to participate and understand better about the application of resources in the health sector in province, how the divisions of budgets for different groups are made. Participant

I would love more updates on articles and what is happening in other countries. Participant

By creating a platform that can allow us to access materials even after the training is complete. Participant

Supporting our UHC and Budget advocacy plans as an institution mostly on closing knowledge gaps to ease our advocacy. Participant

Providing continued support in relevant material and support in terms of knowledge and other resources that will ease advocacy and also teaching others. Participant

d. Resource Mobilization and Financing Advocacy

Majority of the respondents cited the need for adequate and sustained financial support to the respective civil society organizations by partners such as ARASA.

I can say may be by assisting with funds to be able to hold dialogues and meetings with public and government stakeholders, for awareness raising and lobbying purposes about the significance of health system. Participant

Financing the Health Coverage Projects of the Citizenship Law Student Organization. Participant.

ARASA should lead and roll out a regional campaign where all part of society including the country and community leaders, governmental organizations, CSOs, private sectors as well as grassroots community movements, pledge to take responsibility to invest in the national health system for sustainable domestic health financing as well as demonstrate common position and commitment on the priority areas of sustainable health financing in their countries if UHC targets are to be achieved. Participant

e. Translation of The Assignments

The module commendably has a broad reach given the multi-lingual nature of its design and delivery. Alongside the exceptional interpretation of live sessions, there is need to facilitate translation of participants assignments to ensure timely assessment during the period of the module.

f. Evaluation of Impact of Training and Knowledge Translation

It is essential that ARASA invests in following up and assessing the medium- and long-term impact of the skills and knowledge transfer achieved through this training alongside other advocacy gains. This could be through documenting the budget advocacy and related capacity development

programs initiated and implemented by the trainees as a consequence of participating in this training.

7. Limitations

There was no opportunity to evaluate the impact of the training at individual level and at institutional level (Levels 3 and 4 respectively) as proposed by the Kirkpatrick Model of evaluating trainings. This provides an opportunity for future follow-on evaluations to document the impact and outcomes of the training.

8. Conclusion

The training only marks the beginning of the journey to effective budget advocacy among the civil society organizations. Continuous capacity development, actual engagement of CSOs with policy and decision makers and periodic evaluation of impact of respective initiatives remain critical to impactful and sustainable budget advocacy.

Appendix 1: Course Programme

Day	Content	Facilitator
27th May	Introductions and Overview	Bruce- ARASA
	Pre-session review of UHC concepts	Dr. Mike
	Lecture- Introduction to Universal Health Coverage	
	Group Presentations- Impact of COVID-19 on financing of health and SRH	
	Group 2	
	Group 4	
31st May	Pre-session review of SRH Prioritization in UHC	Dr. Mike
	Lecture- Sexual and Reproductive Health and UHC	
	Group Presentations- Impact of COVID-19 on financing of health and SRH	
	Group 3	
	Group 1	
4th June	Pre-Session discussion on Public Finance Management	Dr. Mike
	Lecture- Budget Advocacy for Health	
	Closure	Paleni- ARASA

Appendix 2: List of Participants

Course Participants		
Name	Country	Group
Norman Maurice Nanuseb	Namibia	3
Janeth Kiondo Mkodo	Tanzania	3
Ntombesizwe Nombasa Gxuluwe	South Africa	3
Nobuhle Mvelase	Zimbabwe	3
Nádia Américo Munguambe	Mozambique	1
Cynthia yamikani	Malawi	3
Ambika Mudhoo	Mauritius	2
Orlando De Fatima Cobre	Mozambique	1
Nobom Xakaxa	South Africa	3
Thatayotlhe Maiketso	Botswana	3
Viviane SEBAHIRE	DRC Congo	2
Zainab Chisenga	Malawi	3
Sabrina una	Seychelles	2
Lucky menzi	Swaziland	3
Anyula Samuel Gorigo	Kenya	3
Irene Godwell Mwanjala	Tanzania	3
Mbuso Hleta	Swaziland	3
Abdou Saidou Halidi	Comoros	2
Jamie Maryl Gladys Cartick	Mauritius	2
Fenohasina Mendrika Rasahivelo	Madagascar	2
Banshee Beauty Boois	Namibia	4
Sapphira Nahabwe	Uganda	4
Priscilla Baiswike	Uganda	4
Kuiyaki Loise Wanjiku	Kenya	4
Lovemore Mupanta	Zambia	4
Golden Yalenga	Zambia	4
Otinah R Matafi	Zimbabwe	4
Erick Ngena Lusanga	DRC Congo	2
Siti Abdoulhad	Comoros	2
Juliana Magdalene Toussaint	Seychelles	2
Omena RANARIVELONIRINA	Madagascar	2
Lorato Tshoko	Botswana	4
Makuape kuape	Lesotho	4
Molefe Sekants'i	Lesotho	4
Gabriel Abraão kundi	Angola	1
Merritissimo Renomado	Angola	1

Appendix 3: List of Organizers and Interpreters

Name	Role
Bruce Tushabe	ARASA
Nyasha Chingore-Munazvo	ARASA
Paleni Amulungu	ARASA
Yasmin Fechner	Monitoring Interpreters
Fernanda	Portuguese Interpreter
Prof Francois	French Interpreter

