NEGOTIATIONS CASE STUDY EXERCISE (NA3E)

Module
Negotiations & Accountability

Format
Small group exercise

Purpose
This activity contributes to the module learning objectives by asking participants to apply the principles of negotiation discussed earlier to a case study of a budget advocacy campaign.

Time Required
- 30-45 minutes (20-25 minutes for small group work, 10-20 minutes for large group discussion)

Activity Description
Small group exercise followed by large group discussion. This exercise centers around a case study about a budget advocacy campaign in Tanzania and analyzes its successes and failures in the context of the negotiation principles previously discussed.

Participants should read the case study in advance and then meet in small groups to discuss the questions on the associated handout. After small group discussion, they should reconvene as a large group to share their answers (see answers at end of this facilitator guide).

Key Learning Concept(s)
- Successful and unsuccessful negotiation tactics as applied to a specific example of the policy process.

Materials Needed
- NA3E exercise handout, pens

Associated Sessions
- What Next? Why Negotiation Matters in the Policy Process (NA1L)
- How Can Research Influence Negotiation? (NA2L)

Required Preparation

Answers to Discussion Questions

1. What was the policy change goal of the Wajibike Mama Aishi Campaign (Be Accountable so a Mother May Survive)? What made this a good campaign goal?

   The policy change goal was to have 50% of health centers in four districts able to provide emergency obstetric care, with a dedicated budget line.

   The goal was specific, measurable, achievable, and realistic (SMART criteria). It was also based on an unfulfilled government commitment. Highlighting the unfulfilled commitment showed how the government was not accountable for the commitment they made.

2. What evidence did the campaign use, and how did this add credibility to the policy goal?

   The network sponsored a comprehensive assessment of the capacity of health centers in Rukwa using a WHO toolkit which identified nine key functions for emergency obstetric care. This assessment also included qualitative data from the voices of women and health workers. The assessment revealed that emergency obstetric care services were widely unavailable in the Rukwa region. This research gave credibility to their policy objectives and helped frame them around accountability, demonstrating that a commitment made by the government five years earlier had not yet been fulfilled.

3. What commitment did the campaign achieve from the prime minister?

   The prime minister signed a speech committing to a special budget that would enable the majority poor women to access comprehensive emergency obstetric and newborn care near their homes at health centers. He also dispatched a memo to district authorities requesting that they allocate adequate budget for comprehensive emergency care.

4. Why could the prime minister’s commitment not be fulfilled?

   Although the prime minister made a verbal commitment to the ring-fenced budget that the campaign requested, this commitment could not be accomplished within the
guidelines of the budget process. The central government could only have made a specific budget earmark if the commitment had been integrated into the three-year Medium-Term Expenditure Framework, which it was not. Beyond that, the central government only offers budget guidance to the regions. When the prime minister sent his directive to the regions shortly after the commitment made in his speech, he called for “an adequate budget” for emergency obstetric care, but did not mention specific targets, budget figure, or a ring-fenced budget.

5. What stakeholders did the campaign reach out to and how did they build positive relationships with those stakeholders? What key stakeholders did the campaign neglect to reach out to?

MWA engaged with: 81 MPS who were members of the Safe Motherhood Group; civil society leaders; local officials; Council Health Management Teams. Instead of just focusing on the ministry of health and social welfare, the leaders mapped the network of who had authority over their goals, and in so doing, realized that it was important to engage with the district and regional entities responsible for budgeting, as well as the prime minister’s office, regional administration, and local government. The campaign built positive relationships by ensuring that the policy community had consistent framing and messaging of the issue. They were able to foster ownership among different parties.

While the campaign was very savvy in forming a broad coalition and extending its outreach beyond the ministry of health and social welfare to include national and local budget authorities, it neglected to engage the social services committee, which reviews the annual health budget and associated expenditures. This was due to an incomplete understanding of the complex budget process. Some members of the government didn’t even fully understand the rules and regulations of the budget process themselves. The campaign had a very broad coalition—but perhaps it could have been even broader.

6. How might Tanzania’s fiscal climate have affected decisionmakers’ interests?

The financial crisis in 2014 forced the government to make spending cuts, including on health services. This forced government leaders to make hard decisions about what services would receive necessary funding.

7. Could this example be replicated for other countries or for other topics? What lessons about negotiation does this case study highlight?

Foster a discussion about generalizability and lessons learned. Some points to consider:
Tanzania has a very centralized government.
Maternal health is a cause that is easy to support.
The case study showed the importance of understanding the budget process and timeline in order to target advocacy asks more precisely.
The advocacy needs don’t end with the initial commitment—negotiation is needed to continue the advocacy to ensure the commitment is translated to action.