

REPUBLIC OF KENYA



MINISTRY OF HEALTH

# County-level TB Planning & Budgeting Capacity Building Plan

January 2024



**USAID**  
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**NATIONAL TUBERCULOSIS, LEPROSY  
AND LUNG DISEASE PROGRAM**

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## **ABOUT HS4TB**

The USAID Health Systems for Tuberculosis (HS4TB) project seeks to transform the way country leaders and health system managers understand and work toward TB control and elimination. HS4TB is a five-year USAID contract focusing on health systems priorities that most directly support achievement of TB outcomes, with a focus on health financing and governance in the USAID TB priority countries. The project helps countries increase domestic financing, use key TB resources more efficiently, build in-country technical and managerial competence and leadership, and support policy formation and dissemination. HS4TB is led by Management Sciences for Health (MSH) in partnership with Nathan Associates and Open Development.

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## **ACRONYMS AND ABBREVIATIONS**

ABC	Activity-based Costing
AWP	Annual Work Plan
CDOH	County Department of Health
CHMT	County Health Management Team
CIDP	County Integrated Development Plan
HS4TB	Health Systems for Tuberculosis
HP+	Health Policy Plus
IFMIS	Integrated Financial Management Information System
KSG	Kenya School of Government
KHIS	Kenya Health Information System
M&E	Monitoring & Evaluation
MCDA	Multi-criteria Decision Analysis
MOH	Ministry of Health
NSP	National Strategic Plan
NTLD-P	National Tuberculosis, Leprosy, and Lung Disease Program
PBB	Program-based budgeting or Program-based budgets
PBS	Planning & Budgeting Scorecard
PBCBP	Planning & Budgeting Capacity Building Plan
PROPEL	Promoting Results and Outcomes through Policy and Economic Levers
TB	Tuberculosis
USAID	United States Agency for International Development

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## EXECUTIVE SUMMARY

**Introduction.** Kenya’s National Tuberculosis, Leprosy and Lung Disease Program (NTLD-P) aims to increase domestic financial resources for TB through county government budgets. An NTLD-P-led assessment conducted in 2023 revealed both significant opportunities for increasing fiscal space for TB at the county level, and fundamental gaps in planning and budgeting training needed to effectively engage in the county government planning and budgeting processes. With strengthened planning and budgeting competence and increased active participation in these processes, TB coordinators have the potential to be key leaders in effectively mobilizing and stewarding TB program resources at the county level.

**Objectives.** This current document—the Planning & Budgeting Capacity Building Plan (PBCBP)—outlines a training curriculum to equip the NTLD-P with a stepwise process for building TB coordinators’ capacities in key planning and budgeting functions to effectively mobilize and manage funds for TB. The PBCBP seeks to summarize the proposed approach and modules. Upon finalization, training modules will be developed.

**Capacity Building Approach.** The PBCBP implementation approach was co-created across a broad consortium, including representatives from NTLD-P, TB coordinators, and technical partners. The PBCBP implementation will take place in three phases, with the first two phases including 5-10 counties and 15-25 counties respectively, and phase three including a nationwide, ongoing scale-up. Phase one and two counties will be selected based on key criteria including: TB coordinator buy-in; future county involvement in budgeting capacity building efforts for other vertical programs; prior county involvement in PBCBP design; and resource mobilization performance indicators.

Target participants will be TB coordinators, with other county department of health officials invited to participate in trainings, progress meetings, and technical support sessions in order to support TB coordinators in their planning and budgeting efforts. Through a blend of in-person and virtual supportive supervision, NTLD-P will oversee smooth implementation of each PBCBP phase.

**Training Modules.** The PBCBP training modules are informed by prior program-based budgeting (PBB) training materials developed by the USAID-funded Health Policy Plus (HP+) project and Kenya School of Government (KSG). Each training module will be its own PowerPoint slide deck intended for classroom-based learning. The training modules include:

- 1) **Planning & Budgeting Process:** Understand and effectively engage with key government planning processes and systems.
- 2) **Priority Setting:** Apply a systematic approach to identify needs and make challenging tradeoffs between priorities in formulating the draft annual TB activity budget.
- 3) **Resource Tracking:** Populate and use the county-level Kenya TB Resource Tracking Tool to identify gaps and inform planning and budgeting decisions.

- 4) **Budget Advocacy & Resource Mobilization:** Leverage budget data and knowledge of the county-level political economy to mobilize political commitment and financial resources for TB.
- 5) **Capstone Practicum:** Synthesize the three core TB planning and budgeting skill sets – priority-setting, resource tracking, and resource mobilization - during a long-form exercise spanning the length of the annual planning and budgeting process.

## **INTRODUCTION**

While Kenya has recently reached some important milestones in TB epidemic control, the country faces a massive and expanding TB funding gap. Financial resources committed to the National Tuberculosis, Leprosy and Lung Disease Program's (NTLD-P) TB National Strategic Plan (NSP) 2019-2023 represented approximately 50 percent of the resource requirement (NTLD-P 2019). The NSP 2023/24-2027/28 identifies county government budgets as an important potential source of increased financial resources for TB, given the considerable increase in public revenues at this level following devolution in 2010 (NTLD-P 2023a).

An NTLD-P-led assessment of county-level engagement in planning and budgeting processes conducted in 2023 revealed that significant opportunities exist for increasing fiscal space at the county-level (NTLD-P 2023b). However, the assessment also identified systemic issues that limit the ability of counties to tap into additional funding. These include a lack of training among the county-level TB coordinators on foundational planning and budgeting functions, and limited engagement of TB coordinators within the county budget process.

In Kenya, TB coordinators have a critical role in financial and programmatic oversight and accountability of the TB program yet often have educational backgrounds in medical fields with limited training in public financial management. TB coordinators on the front line of control are well positioned to be effective advocates for program sustainability and catalysts for domestic financing. Strengthening their planning and budgeting competence and promoting their active participation in planning and budgeting processes will be important to effectively mobilize and steward TB program resources.

## **OBJECTIVES**

This Planning & Budgeting Capacity Building Plan (PBCBP) outlines the context and plans for a training curriculum to equip the NTLD-P with a stepwise process for building TB coordinators' capacities in key planning and budgeting functions to effectively mobilize and manage funds for TB. The PBCBP seeks to summarize the proposed approach and modules. Upon finalization, training modules will be developed.

## **CAPACITY BUILDING APPROACH**

The PBCBP implementation approach was co-created by NTLD-P; county TB coordinators and county department of health (CDOH) heads of finance and planning, and monitoring and evaluation (M&E) Officers from Busia, Mombasa, Nairobi, Tana River, and Turkana counties; Ministry of Health (MOH); with technical support from Health Systems for Tuberculosis (HS4TB) during a workshop in August 2023. During this workshop, the USAID-funded PROPEL project shared their experience in developing and implementing the resource tracking tool for malaria. Decisions reached during this workshop are outlined below.

## PHASING

PBCBP implementation will take place in three phases. The first two phases will each last 15 months and phase three will be a full, ongoing scale-up. Table 1 summarizes the number of counties included per phase.

**Table 1: PBCBP County Phasing**

Phase	Number of counties
Phase 1	5-10 counties
Phase 2	15-25 counties
Phase 3	All 47 counties

Allocating 15 months for each of the first two phases will allow two complete annual and planning budget cycles to elapse. This will enable sufficient iterative learning and troubleshooting of unforeseen deficiencies in the contents of the training modules and rollout before the PBCBP is scaled to all counties in the country. Each phase will be launched by a one-week in-person training workshop at which all four training modules will be administered to the participants. Holding the one-week in-person training in April, three months before the TB coordinators' first action in the annual TB planning & budgeting process (late August) would be optimal, to allow sufficient time for the TB coordinator to map the political landscape and prepare resource mobilization efforts accordingly. The PBCBP Training Modules will be posted on MOH's [HealthIT site](#) or another publicly accessible platform. The Progress Reporting, Collaboration, and Supportive Supervision section covers the ongoing mentorship activities NTL-D-P will provide to counties.

## COUNTY SELECTION

Suggested county selection considerations include the following, in recommended order of priority:

- **TB Coordinator Buy-in.** The county TB coordinator is the sole official involved in TB programming at the county level and has no one to whom they can delegate implementing new practices, such as those captured in the training modules. As such, many TB coordinators will not feel motivated to implement the training modules as they are already overwhelmed with responsibilities. If TB coordinators who are not motivated in this way are selected for Phase 1 or 2, uptake of the training modules will be weak, limiting prospects for experience sharing and iterative learning between Phases 1 & 2 and Phase 3. Given prior concerns that many TB coordinators will be reluctant to add new tools and ways of working to their already overwhelming workload, NTL-D-P will prioritize the inclusion of TB coordinators likely to implement the training modules in Phases 1-2. In transitioning between phases, NTL-D-P can showcase the planning & budgeting wins from the high achievers among these "likely implementers" to motivate buy-in from counties in the subsequent phase. NTL-D-P can identify likely implementers through administering a simple pre-screening form to all TB coordinators. The form will



gauge their likelihood of training module uptake, as well as their ambitions to mobilize increased resources to TB, enhance TB budgetary efficiency, and improve alignment between TB activities implemented and their medium-term strategic vision for TB programming.

- **Future County Involvement in Budgeting Capacity Building Efforts for Other Vertical Programs.** Certain technical partners already have plans to build the budgeting capacity of HIV, family planning, and malaria coordinators in select counties. Such counties could be included in Phase 1 or Phase 2 to realize efficiencies between TB PBCBP implementation and these similar efforts. As noted in the Training Modules Descriptions section (below), the modules can be easily adapted to suit simultaneous training of county-level disease program heads outside of TB.
- **Prior County Involvement in PBCBP Design.** As stated earlier, Busia, Mombasa, Nairobi, Tana River, and Turkana county governments were all involved in the development of the PBCBP implementation approach, as well as the design of the TB resource tracking tool that is the focus of the forthcoming PBCBP training module on resource tracking. These county representatives are therefore primed to utilize the training modules in their daily work and well-placed to contribute to the iterative learning process as they will have a more complete understanding of the rationale behind key PBCBP design decisions.
- **Resource Mobilization Performance Indicators.** Finally, counties can be selected with a view to realizing early improvements in resource mobilization indicators. This criterion could potentially favor counties performing lower on indicators such as general county government budget per capita, county health budget as a share of general county budget, general county budget absorption rate (expenditure as a share of budget), and county health budget absorption rate. In contrast, the set of selected counties could include a healthy mix of low and high performers on these indicators to ensure that the lessons learned during Phases 1-2 are applicable to all 47 counties by Phase 3. This latter option is recommended as it is more important to have a well-functioning PBCBP, and low performers not covered in Phases 1-2 will be able to access the training modules via HealthIT or another publicly accessible platform should they wish to review them while awaiting Phase 3.

## PARTICIPANTS

The target participants will be TB coordinators, although other CDOH officials, especially, planning and M&E officers, will be invited to participate in trainings, progress meetings, and technical support sessions in order to be primed to support the TB coordinators in their planning and budgeting efforts.

## PROGRESS REPORTING, COLLABORATION, AND SUPPORTIVE SUPERVISION

To motivate TB coordinators to apply the training modules throughout the TB planning & budgeting cycle, NTLD-P will ask each TB coordinator to report on standard progress metrics (such as percentage of resource tracking tool populated) via the Kenya Health Information System (KHIS). Also, to stimulate friendly competition, NTLD-P will report-out the results for each county via Planning & Budgeting Scorecards (PBSs). Each PBS will equip NTLD-P and its partners with information on high and low performers. Upon circulating the PBSs, NTLD-P and their partners will use part of their existing regular quality assurance visits to the counties to surface root causes for high and low performance. These root causes will be discussed and addressed during monthly virtual cross-county learning sessions for the counties in the phase, as well as via an ongoing NTLD-P-facilitated WhatsApp forum for regular collaboration, troubleshooting, and sharing across participants.

## TRAINING MODULE DESCRIPTIONS

The training modules are informed by the Program-Based Budgeting (PBB) Curriculum, PBB Manual, and associated training PowerPoint decks developed by the USAID-funded Health Policy Plus (HP+) project and Kenya School of Government (KSG). The PBB Curriculum was designed to equip county health management teams (CHMTs), CDOH finance and planning officers, and participants from finance and planning departments with the knowledge and skills necessary to ensure the right assortment of programs and sub-programs within the CDOHs' PBB frameworks, conduct activity-based costing, and mobilize resources from county government to the health sector. TB coordinators and other disease program heads, in contrast, play a different role in the PBB framework and county planning and budgeting processes. Their skill set must include prioritizing scarce financial resources across disease-specific activities, monitoring trends in the composition and level of execution of disease-specific funding to inform financial planning, and engaging the CHMT and other stakeholders to help advocate for progressive budgetary increases to the county TB control unit. While the PBB Curriculum and PBCBP training modules constitute two separate curricula targeting different types of officials, TB coordinators must understand the processes followed and the responsibilities assumed by the officials targeted by the PBB Curriculum to effectively perform the planning and budgeting functions reserved for TB coordinators. The PBCBP training modules therefore build from the PBB Curriculum by including an overview of these higher-level processes and responsibilities in module 1. The PBB Curriculum is not a pre-requisite for TB coordinators to be trained on the PBCBP modules. While the PBCBP training modules are designed for TB coordinators, they can be easily adapted to other disease programs by replacing the example activities found in the modules' facilitated walkthroughs and individual exercises with those from the other disease programs. Once adapted, the modules can be delivered to disease program heads for TB and beyond.

Each PBCBP training module will be in the form of a PowerPoint deck designed for classroom-style training. Each module will therefore include a blend of lecture slides, facilitated walkthroughs, and individual exercises.

The PBCBP training modules are as follows:

- 1) Planning & Budgeting Process
- 2) Priority Setting
- 3) Resource Tracking
- 4) Budget Advocacy & Resource Mobilization
- 5) Capstone Practicum

After learning about the overall planning and budgeting process (and how they fit into it) in module 1, TB coordinators will learn how to set funding priorities in module 2, in part by considering the funding gaps identified during the resource tracking steps in module 3. The outputs from this process feed into the budget advocacy and resource mobilization in module 4, and then module 5 provides an opportunity to apply the entire process from start to finish.

## MODULE 1: PLANNING & BUDGETING PROCESS

### Overview

TB coordinators generally have a passive role in the annual county planning and budgeting process and multi-year planning process (County Integrated Development Plan [CIDP] development), in that they tend to participate only in steps in which they are invited by the CHMT or other county institutions. According to TB coordinators, they have a solid understanding of the few steps in which they are often involved, yet lament that their inadequate knowledge about large passages in planning and budgeting processes impedes their ability to adequately plan activities and mobilize financial resources. As these steps will feature prominently in the subsequent training modules, it is critical for trainees to understand which actors hold decision-making power at which steps, as well as in which of these steps the TB budget is at risk of being reduced or delayed.

### Learning Objectives

By the end of this module, participants will be able to:

- Describe the development process behind the 5-year CIDP and identify the stages at which they should be involved and why.
- Describe the detailed 10-step annual county government planning and budgeting process, the points at which TB allocations and executions are at risk of being reduced or delayed, and who holds decision-making power at each step.
- Understand the PBB approach used by CHMTs in the budget preparation stage of the annual county government planning and budgeting process as well as common PBB outputs and outcomes relevant to the TB control unit.
- Understand the distinction between PBBs and Integrated Financial Management Information System (IFMIS) codes and its implications during budget execution.

## Module Chapters

- **Chapter 1: Multi-year County Government Planning Process.** This chapter will cover the purpose and contents of the CIDP, the CIDP development process, and the standing of the TB program in the document and its implications for annual planning and budgeting.
- **Chapter 2: Annual County Government Planning & Budgeting Process.** This chapter will include a guided walk-through of the 10 steps of the annual budget process found in the TB Planning & Budgeting Assessment report, including the timing, objective, and actors involved (NTLD-P 2023b). There will be emphasis on highlighting the role participants can play throughout budget preparation, approval, and execution, as well as the opportunities for engagement with key budget actors to advance TB financing priorities. Participants will be instructed on the PBB approach used by CHMTs to lead the preparation of the CDOH's annual budget. TB coordinators will understand the distinctions between inputs, outputs, and outcomes in the PBB framework. They will use this knowledge later in module 2: Priority Setting, in applying criteria around their PBB program's outputs and outcomes to which they will tailor advocacy messaging in Module 4: Budget Advocacy & Resource Mobilization. Participants will understand key distinctions between PBB programs and IFMIS codes, which sometimes differ at the county level and constitute a barrier to resource mobilization efforts during budget execution. Finally, this chapter will provide an overview of Module 5 - Capstone Practicum, during which participants will apply their priority-setting, resource tracking, and resource mobilization skills gained during the intervening modules in a long-form, simulated exercise spanning the full annual planning and budgeting process introduced in Chapter 2 of this module. *Small Group Exercise: TB coordinators articulate their current level and nature of involvement in each annual planning & budgeting process step, as well as reflect on and propose opportunities to improve their involvement.*

## MODULE 2: PRIORITY SETTING

### Overview

TB coordinators operate under tight budgetary constraints and must make challenging tradeoffs between which activities to include or exclude from the PBB. However, TB coordinators do not use a concrete framework or methodology to make these tradeoffs and struggle with the lack of clarity around whether a given activity will be covered by a given donor or not, due to the difference in the Government of Kenya's (GOK) and donors' financial years, among other reasons. As a result, scarce county government financial resources for TB are allocated sub-optimally. This module will guide participants on how to decide on the set of activities they will propose to be county government-funded in the CDOH's PBB, using a simple approach called Multi-Criteria Decision Analysis (MCDA). MCDA involves developing decision-making criteria, assigning importance weights for each criterion, and calculating preference scores for each activity. In this module, TB coordinators will be advised to first consult donors to ascertain the likelihood of a given activity being covered by a given donor or not, and factor the donors' responses into their decision of whether or not to propose an activity for county government

funding. The responses from the donor will inform the score awarded to an MCDA criterion, gauging this likelihood. Low donor funding likelihood scores will bolster budget advocacy messages used in Module 4, which target county government budgetary decision-makers. Conversely, the political economy mapping conducted in Module 4 will generate information on the degree to which different types of TB activities are attractive to given budgetary decision-makers, which will influence scoring on the political attractiveness criterion mentioned in Chapter 2, Step 1 below.

## Learning Objectives

By the end of this module, participants will be able to:

- Articulate the benefits of MCDA in the context of priority-setting for TB at the county level.
- Conduct an MCDA using common TB activities.
- Reconcile prioritized activities with different options for budget envelopes.

## Module Chapters

- **Chapter 1: Priority Setting Methods and Concepts.** This chapter will introduce participants to a few priority setting approaches and explain why MCDA is the preferred approach for TB coordinators.
- **Chapter 2: Conduct an MCDA.** This chapter will walk participants through the following steps, using a common TB activity. *Exercise in Pairs: Following the facilitated walkthrough of these steps, participants will conduct an MCDA using several common TB activities.*
  - *Step 1: Identify Criteria.* Participants will define a reasonable set of criteria, such as cost, likelihood of donor funding for the activity, political attractiveness, and alignment with the targeted outputs and outcomes of the TB control unit.
  - *Step 2: Assign Preference Weights.* To keep the exercise simple, participants will be constrained to apply weights of 1, 2, or 3 to each criterion, where a higher weight implies that the criterion will play a greater role in the TB coordinators' decision-making.
  - *Step 3: Assign Activity Scores.* Participants will score each activity on each criterion, again using values of 1, 2, or 3 to keep the exercise straightforward. This step will include guidance on how to consult donors to ascertain the likelihood that a given activity will be funded by the donor.
  - *Step 4: Calculate Preference Scores.* Participants will multiply each activity's criteria scores by their corresponding preference weights and sum these values to aggregate preference scores.
  - *Step 5: Face Validity Check and Reiteration.* Participants will consider unexpected preference scores and issue revisions to values where necessary.
  - *Step 6: Reconcile Prioritized Activities with Budget Envelopes.* Participants will identify which activities are possible under which pessimistic, realistic, and optimistic

budget envelopes, and reflect on which of these three budget-activity combinations they would advocate for given their county context. While participants will be provided with default data to use to generate these three envelopes, participants will use the outputs of the retrospective financial data analysis introduced in module 3 to produce the envelopes in practice.

## MODULE 3: RESOURCE TRACKING

### Overview

In August 2023, NTLP and county governments, with technical support from HS4TB, convened to develop a TB resource tracking tool which tracks allocations and disbursements by funding source and TB cost category at the county level. Among the key purposes of the resource tracking tool are to inform the resource mobilization plan for each county's county-specific NSP operational framework by generating annual funding gaps by TB cost category; equip TB coordinators with financial evidence to advocate for sufficient financial resources for TB activities across the budget process; and help NTLD-P form a more complete picture of how much TB financing is covered by county governments.

The third training module will focus on orienting participants on populating and using the results from the resource tracking tool. It is based on the points of agreement reached during the August 2023 workshop noted above.

### Learning Objectives

By the end of this module, participants will be able to:

- Understand the rationale for resource tracking and key economic definitions of allocations, disbursements, expenditures, costs, etc.
- Source financial data for and populate the TB resource tracking tool.
- Identify funding gaps to inform subsequent key planning and budgeting functions.

### Module Chapters

- **Chapter 1: Key Definitions and Rationale for Resource Tracking.** This chapter will define allocations and disbursements as they relate to each contributor tracked in the resource tracking tool, distinguish disbursements from expenditures, and explain how real-time tracking of financial contributions by source can inform short-term and long-term planning as well as resource mobilization efforts.
- **Chapter 2: Approach to Populating the Resource Tracking Tool and Using Tool Outputs.**
  - *Step 1: Entering Data from On-budget Sources.* Participants will be guided on shifting allocations from CDOH program-based budgets into the tool and categorizing contributions by TB cost category. Participants will also be provided instructions on periodically contacting the donor organization data holders identified in module 2 during budget implementation for real-time on-

budget disbursement figures. *Exercise in Pairs: Categorizing ambiguous TB activities into appropriate cost categories.*

- *Step 2: Sourcing and Entering Data from Off-budget Sources.* This step will focus on strategies for motivating donors to share off-budget financial data and engaging NTLD-P and CDOH as needed to elicit the prompt sharing of data. Participants will be instructed that in practice, their political economy mapping exercise (introduced in module 4) should identify the actors in NTLD-P and CDOH who can help ensure that donors share data with the TB coordinator when requested to do so. *Group Exercise: Role-play exercise for encouraging a hesitant donor to share off-budget data.*
- *Step 3: Estimating Key Financial Outputs.* This step will guide users on aggregating data by different cost categories, generating budget execution rates, and estimating annual funding gaps across activities and other groupings. Participants will learn how to analyze these figures and trends for resource mobilization purposes in module 4. Further, participants will understand that information on historical TB budgets will inform the estimation of pessimistic, realistic, and optimistic budget envelopes in the final step of the MCDA introduced in module 2. *Exercise in Pairs: Estimating annual funding gaps for certain TB cost categories over multiple years.*

## MODULE 4: BUDGET ADVOCACY & RESOURCE MOBILIZATION

### Overview

The TB Planning & Budgeting Assessment report revealed the perception among county government decision-makers that TB is a donor-funded program, and that external funding for TB will always be there. The prevalence of donor funding reinforces this perception, which, in turn, impedes the growth of county government TB budgets, creating a cycle that requires strategic advocacy to disrupt. This module will focus on building the capacity of TB coordinators to break this cycle through: (a) guiding participants on creating an enabling environment for increased county government allocations to TB in the medium term by shifting the aforementioned perception among decision-makers, and (b) in parallel, securing increased annual county government TB allocations and disbursements, which will, in turn, position TB among decision-makers as an increasingly domestically funded program.

### Learning Objectives

By the end of this module, participants will be able to:

- Map the political economy for TB and identify priority decision criteria among budgetary decision makers.
- Leverage budget analysis as a tool for advocacy evidence generation and learning.
- Understand how to develop and implement a budget advocacy agenda.
- Lead establishment of county-level advocacy coalitions,

- Formulate and deliver evidence-informed budget advocacy messages.

## Module Chapters

- **Chapter 1: Fostering an Enabling Environment for Increasing County Government Financing for TB.** Participants will learn how to map the political economy, including understanding the decision-making criteria used by county treasurers, CHMTs, and county assemblies throughout the annual budget process. This chapter will guide participants on how to formulate advocacy arguments to reframe TB as a program that should be domestically financed, namely by demonstrating recent external TB funding trends and underscoring Kenya’s status as a lower-middle income country. Participants will be presented with a summary of the TB financing roadmap and importantly, the roadmap’s investment plan component, which will align funding sources with different TB cost categories introduced in module 3. *Exercise in Pairs: Conducting part of a political economy mapping.*
- **Chapter 2: Resource Mobilization during the Annual Planning & Budgeting Process.** This chapter will teach participants practical budget analysis skills for advocacy evidence generation, map key steps in building an advocacy case, and provide guidance on developing and delivering a strong advocacy case. Participants will be guided to advocate for increased allocations and disbursements for activities tagged for county government funding within the investment plan, using the analytical outputs from module 3, step 3 as well as the donor funding likelihood scores from module 2, step 3. *Small Group Exercise: Budget advocacy simulation with technical and policy audiences*

## MODULE 5: CAPSTONE PRACTICUM

### Overview

Working in pairs, TB coordinators will apply the skills they have learned in the previous modules to take a few TB activities through the life cycle of priority setting, resource tracking, and resource mobilization over the course of a single financial year. This exercise is condensed into a matter of hours for the practicum. This module will demonstrate that the three core skill sets being taught through this practicum are not discrete nor perfectly sequential. Instead, participants will appreciate that these skills reinforce one another and are often employed in parallel over the course of the annual planning and budget process. The practicum will repeat some of the exercises conducted in the previous modules on the basis that repetition is key to true skills-building.

### Learning Objectives

By the end of this module, participants will be able to:

- Gauge the likelihood of partner organizations financing an activity based on ambiguous information, to inform to what degree the activity should be prioritized for county government funds.
- Identify TB financial data holders in government and partner organizations and navigate technical budgetary nomenclature to ascertain the true status of TB allocations and



disbursements, as well as the rationale for delayed or incomplete county treasury releases.

- Convert TB funding gap analysis outputs, information on the likelihood of donors covering given TB activities, and intel on decision-makers' priorities into effective advocacy messaging.

## Module Chapters

- **Chapter 1: Formative Work to Inform Annual Planning & Budgeting.** This chapter will cover steps TB coordinators should follow before the beginning of the formal CDOH annual planning and budgeting process.
  - *Step 1: Assessing Likelihood of Partner Funding for TB Activities.* Through a simulation, participants will practice asking a development partner operating in their county to ascertain the likelihood that they will finance any of the TB activities provided to participants at the beginning of the practicum. The results from this simulation will provide the basis for funding likelihood criterion scores in the MCDA exercise (M5, Chapter 2, Step 1<sup>1</sup>). Workshop facilitators will act as the development partner during this step. They will provide ambiguous answers to reflect the reality that partner financial years often do not align with the GOK financial year, and that partners consequently are often not able to confirm or deny the availability of funding.
  - *Step 2: Mapping the County Government Political Economy.* Participants will conduct a rapid political economy mapping to identify the decision-makers and potential advocacy peers in the CDOH, county treasury, and the county assembly (M4). This mapping will identify the political attractiveness of different types of activities from the perspective of these county government decision-makers to inform the MCDA framework (applied in M5, Chapter 2, Step 1) and to build tailored advocacy cases (M5, Chapter 2, Steps 2-3).
  - *Step 3: Historical Analysis of County Government Budgets Allocated and Disbursed to TB.* Facilitators will provide participants with raw allocation and disbursement data from previous financial years in their county. Participants will be guided to use these data to estimate key analytical outputs such as funding gaps and average county government contributions to TB (M3). These data will be used to formulate budget advocacy cases (M5, Chapter 2, Steps 2-3) and to fashion pessimistic, realistic, and optimistic county government TB funding envelopes for the MCDA (M5, Chapter 2, Step 1).
- **Chapter 2: Priority Setting, Resource Tracking, & Resource Mobilization.**
  - *Step 1: Priority Setting.* TB coordinators will follow the MCDA steps (M2). Participants will use the donor funding likelihood scores (M5, Chapter 1, Step 1) and the political attractiveness levels (M5, Chapter 1, Step 2) as MCDA criteria.

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<sup>1</sup> In this module, references to skills gained in previous modules are provided in parentheses in this way for the reader (M1=module 1; M2=module 2, etc), so that the connection is made clear without disrupting the content.

Finally, based on the retrospective financial analysis outputs (M5, Chapter I, Step 3), TB coordinators will identify suitable pessimistic, realistic, and optimistic budget envelopes they will use in evaluating different budget-activity combinations.

- *Step 2: Resource Tracking & Mobilization during County Government Budget Preparation & Approval Phases.* TB coordinators will track the county government TB budget across the stages of CDOH budget preparation and check for shortfalls. Where county government funding shortfalls are identified, TB coordinators will use the outputs from M5 Chapter I to compile effective budget advocacy cases to a relevant decision-maker.
- *Step 3: Resource Tracking & Mobilization during County Government Budget Implementation.* The simulation from the previous step will continue with TB coordinators tracking the status of county government TB disbursements. Where disbursements are delayed or incomplete, TB coordinators will formulate advocacy cases using the same inputs mentioned in the previous step.

## REFERENCES

1. National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2019. *National Strategic Plan for Tuberculosis, Leprosy, and Lung Health, 2019–2023*. Nairobi. Available: <https://nltp.co.ke/national-strategic-plan-2019-2023-3/>
2. National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2023a. *National Strategic Plan for Tuberculosis, Leprosy, and Lung Health, 2023/24–2027/28*. Nairobi.
3. National Tuberculosis, Leprosy, and Lung Disease Program (NTLD-P). 2023b. *Strengthening the Sustainability of Kenya’s Tuberculosis Response: An Assessment of County-Level Engagement in Planning and Budgeting Processes*. Nairobi. Available: [https://pdf.usaid.gov/pdf\\_docs/PA0219K3.pdf](https://pdf.usaid.gov/pdf_docs/PA0219K3.pdf)



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