

READING 2.1: HEALTHY MOTHERS, HEALTHY CHILDREN

You are members of a civil society organization in Sunrise State, Polarus that is concerned about the high maternal mortality rate in the country, and in your state in particular. Your organization has recently joined the Healthy Mothers, Healthy Children (HMHC) coalition to put pressure on the government to address the situation as a matter of urgency.

MATERNAL MORTALITY IN SUNRISE STATE

Maternal mortality is considerably more widespread in Sunrise State than in any other state of Polarus. Sunrise State is largely urbanized, and the number of maternal deaths increased from 1091 in 2005 to 1,298 in 2008. The Maternal Mortality Ratio (MMR) for the state has shot up from 680 in 2005 to 776 in 2008. Women in Sunrise State now face a 1 in 36 chance of dying as a result of pregnancy sometime during their reproductive lifetime.

Within Sunrise State, the maternal mortality situation is most dire in the capital city, Mortalia, where health facilities are under considerable strain. Only 130 of the maternal deaths in Sunrise State in 2008 occurred in rural areas, meaning that urban areas accounted for 90% of maternal fatalities. More detailed data on the maternal mortality situation can be found in Chapter 7 of your Polarus Sourcebooks.

HEALTHY MOTHERS, HEALTHY CHILDREN

Healthy Mothers, Healthy Children is a coalition of grassroots civil society organizations, faith-based groups and citizens who want to draw attention to the maternal mortality situation in Sunrise State. One of the strengths of the HMHC network is its broad base of members and its ability to access grassroots views and support. The HMHC is also an active member of SeDeN, a national social justice movement calling for improved government service delivery in

Polarus.

In tackling the issue of maternal health, HMHC initially adopted two main projects:

- The first was to conduct a general audit of existing information and data relating to maternal health in Polarus, Sunrise State and Mortalia specifically.
- The second was to gather the stories and concerns of women themselves who had experiences of maternal health problems or tragedies amongst their families or friends. Through a series of focus group workshops (3 in rural areas, 2 each in Obsalom and Swellentsia, and 6 in Mortalia), HMHC has succeeded in amassing a wealth of qualitative information about the maternal mortality crisis in Sunrise State.

HMHC's research thus far has revealed the following evidence:

- In the rural areas of Sunrise State, many women depend on traditional (and largely unregistered) midwives for advice and treatment during pregnancy. It seems that complications during pregnancy are often picked up early, and an informal arrangement between traditional midwives and local clinics creates an effective support net for rural women. When a possibly difficult delivery is expected, women tend to go directly to hospitals in town, while post-partum check-ups are sometimes accessed at rural clinics.
- In the towns of Obsalom and Swellentsia, the main causes of maternal deaths were linked directly to complications arising during delivery. Women who reported experiences of maternal death in their families almost all complained that things went seriously wrong during labour, and that the women either suffered excessive bleeding, obstructed delivery or another kind of emergency.
- In Mortalia, many women complained about the antenatal visits they undertook during pregnancy, noting the long queues and unfriendly staff at most clinics. Some reported that they had medical questions that the antenatal nurses could not (or would not) answer to satisfaction. In most instances, maternal deaths could be linked to instances where existing diseases or other complications were not picked up at all

Module 2: Defining the Problem

during pregnancy. When difficult deliveries arose, health workers in primary clinics were often ill-prepared to respond to the emergency, either due to lack of knowledge, medical supplies or time. According to the records gathered by HMHC from hospitals and clinics across Mortalia, the main causes of maternal death in the city in 2008 were as follows:

CAUSES OF MATERNAL DEATH IN MORTALIA, 2008

Cause of death	Number of cases	% of all maternal deaths
Haemorrhage	298	35%
Obstructed labour	139	16%
Infection	230	27%
Undiagnosed eclampsia*	68	8%
Other	119	14%
Total	854	100%

Source: HMHC, *Why are our mothers dying?* Summary Report of focus group workshops. Unpublished, 2008.

* Eclampsia is a serious disorder during pregnancy characterized by convulsions. It is associated with hyper-tension and can usually be diagnosed in the second or third trimester. As a general trend worldwide, eclampsia occurs in approximately 10% of pregnancies.

- Those women in Sunrise State who were referred to secondary hospitals during pregnancy or labour largely had to make their own transport arrangements, as ambulances were not available. Many women found the secondary hospitals difficult to access and navigate. One hospital in Mortalia couldn't be reached by public transport, while another charged a user service fee for 'specialized obstetric care'.
- Several women complained that their files were lost during the transfer from local clinics to secondary hospitals, causing inconvenience and delays.

HMHC'S EFFORTS TO RAISE AWARENESS

HMHC has used the information above to present some articles and case histories



Module 2: Defining the Problem

in the media, hoping to raise public awareness and to put pressure on government to pay more attention to the problem. This strategy brought some limited success, but the media's interest soon waned.

In addition, the Sunrise State Department of Health continues to pay lip service to the problem,

but no concrete decisions have been made to address the crisis. Just last week, the Director-General of

Family Health, Dr. B. Knott-Sihke, is quoted in the press as saying:

“We are well aware of the challenges facing the vulnerable people of this state, including homeless families, pregnant women, mothers of newborn infants and children under the age of six. Because it is our ardent desire to improve their well-being, we have prioritized primary health services by means of the Primary Clinic Strategy. We have applied all available resources at our disposal to improve access to services and the quality of health care. Beyond this, our hands are tied.”

READING 2.2: STAGES IN THE BUDGET PROCESS

It is important to have detailed knowledge of the budget process in the context where you are trying to influence the budget. This involves getting to know all the role-players and steps involved in each stage of the budget process. Without this knowledge, it would be impossible to identify the most strategic and effective points to intervene with their budget advocacy. Always keep in mind that:

- Different **decisions** are made at each stage of the budget process.
- You will only have the desired impact if you intervene **before** the decisions you want to change are being made, not after.

THE FORMULATION STAGE

During the formulation stage of the budget process, the following steps are completed, usually under the direction of the Ministry of Finance or National Treasury:

- The executive undertakes a modelling of the macro-economic framework:
Economic trends are analyzed in order to project the likely macro-economic environment for the upcoming year and over the medium-term. For example, this exercise results in projections of the GDP, deficit, inflation and exchange rates in the country concerned.
- The executive estimates revenue trends for the upcoming year and the medium-term to establish the likely size of the forthcoming budget. These estimates include taxes and non-tax revenues, donor funds, multi- and bi-lateral agreements.
- Expenditure ceilings are set for departments and other implementing agencies to draw up their spending plans.
- In most countries, the government releases a pre-budget statement.
- Department and other agency expenditure budgets are then formulated and negotiated.
- The budget is submitted to the country's cabinet for approval.
- The formulation stage also involves processes and decisions at other levels of

Module 2: Defining the Problem

government. For example, in the case of Polarus:

- The National Department of Finance determines the block transfers and conditional grants for all nine states.
- In each state, expenditure ceilings are determined for the various state-level government departments, for example the Sunrise State Department of Health.
- These State departments formulate expenditure budgets for the medium-term, and these are submitted to State cabinets for approval.

THE LEGISLATIVE STAGE

- The budget is tabled in the legislature, usually by the Minister of Finance.
- The budget is referred to relevant parliamentary committees, who are mandated to review and scrutinize the executive's spending and revenue proposals. The committees report back to the main chamber of the legislature.
- Amendments are made to the budget (in those countries where legislatures have the power to make amendments).
- The budget is voted into law.

THE IMPLEMENTATION STAGE

- Money is transferred to departments and other implementing agencies in line with the approved budget.
- Ideally, departments and other implementing agencies use the funds they have received for their intended purpose and deliver goods and services as agreed in the budget.
- Throughout the year while implementing the budget, departments and other implementing agencies produce in-year reports to show how they are spending allocated funds.



Module 2: Defining the Problem

- At the end of the fiscal year, departments and agencies produce year-end reports to set out in full how they have spent allocated funds.

THE AUDIT STAGE

- The year-end reports of all departments and agencies are submitted to the Supreme Audit Institution (SAI) in the country concerned.
- The SAI conducts an audit of government spending. There are different kinds of audits and some countries undertake more extensive audits than others. In most countries, the audit would at least include an assessment of whether government spending was compliant with the budget, and whether funds are accounted for in terms of sound financial management principles.
- The SAI prepares a report on government spending for each department or implementing agency and refers these reports to the legislature.
- Legislature refers the audit reports to the parliamentary committee responsible for public accounts (usually called the Public Accounts Committee or PAC), as well as other relevant committees.
- The PAC makes recommendations to the Chamber as to the findings of the SAI in relation to each department and implementing agency.

READING 2.3: WHO IS RESPONSIBLE?

The media in Polarus recently published a story on the maternal mortality crisis in Sunrise State. Through your contacts in the media, you have been able to get the following transcripts of the meetings conducted by reporters from the Polarus Times with government officials.

MEETING WITH OFFICIAL FROM THE NATIONAL DEPARTMENT OF FINANCE

Reporters: Good Morning, Madam!

National Finance Official: Karibu! You are most welcome. How can I help you?

Reporters: Madam, recently there were reports of pregnant women in Sunrise State waiting in line for hours to be treated, and many deliveries ending in loss of life. We are trying to understand why Sunrise State is not providing more and better maternal health care services?

National Finance Official: So, why do you want to meet with someone at the National Department of Finance?

Reporters: Madam, we heard a rumour that the National Finance Department has a poor track record in working with State governments. We wanted to get your perspective, particularly on your relationship with Sunrise State.

National Finance Official: My dear friends, let me reassure you that the National Department of Finance has very cordial relations with all the States. Every year, we send the States their block grants. They decide how they want to spend their money and have it approved by their state Cabinets and Parliaments.

Reporters: How much money did you transfer to Sunrise State last year?

Module 2: Defining the Problem

National Finance Official: It is not that easy to answer that question. I cannot give you one figure since transfers are made in instalments during the year.

Reporters: Can you tell us how much money was given in each instalment?

National Finance Official: Hold on, let me consult my books! Here it is! The total budget appropriated for Sunrise State last year was 13,629 million Dinar. We sent them monies in four instalments. The first instalment was made in March for 4230 million Dinar, the second in June for D3050 million, the third in September for D3020 million, and the fourth in December for D3329 million.

Reporters: Do you think that was enough to provide good maternal health care services in Sunrise State?

National Finance Official: That's not my responsibility, friends. Remember that Sunrise State decides itself what to spend on health, we just give them a block grant! Try to pay attention next time I tell you something!

Reporters: But was their block grant big enough to ensure an adequate number of primary health clinics and provide doctors, skilled birth attendants, medicines and equipment? Some people say that the national government could borrow more to pay for the health backlog.

National Finance Official: Well, I am no health expert. And you know times are tough and we need lots of money for other things besides health. Just last week you people were complaining that we don't spend enough on education! And running a Treasury is not like playing monopoly. We can't just go and borrow more money.

Reporters: Yes, but you didn't answer our question. Did you give Sunrise State a large enough block grant to provide adequate maternal health care?

National Finance Official: You know you can consult the budget yourself on our lovely new website. But

Module 2: Defining the Problem

if you want me to do your work for you, I can tell you that we increased Sunrise State's total state

grant by more than 6 billion Dinar over the last three years. Does that look like enough to you?

Reporters: Yes that is an impressive amount of money. Thank you very much for your time.

National Finance Official: Yes, whatever. You people love accusing us before you take the trouble to investigate. I hope you will tell the story about that 6 billion Dinar as well!

Now, I'm busy, so if there is nothing else...

MEETING WITH SENIOR OFFICIAL, SUNRISE STATE DEPARTMENT OF HEALTH

Reporters: Hello, sir!

Sunrise State Health Official: Hi, guys! How are you?

Reporters: We are reporters who are investigating the crisis in maternal health care in Sunrise State. As you must be aware, there have been many disturbing reports lately about women dying during labour, or after delivering their babies, and receiving poor care at primary health clinics. We wanted to get your perspective on why this is happening.

Sunrise State Health Official: Look friends, these are tragic stories and my department is doing everything it can to investigate the reasons why it is happening.

Reporters: What have you found so far?

Sunrise State Health Official: Well the biggest reason is that we simply don't have enough skilled birth attendants, or equipment and medicines. Even if we had the staff, which we don't, we still face a huge shortage of beds, birth monitors and incubators, and we don't have anywhere near the ambulances we need. Remember this department doesn't only have maternal health care to worry about! The AIDS epidemic is putting strain on all our systems. .

Reporters: So you think the Sunrise State government should allocate more of its budget to health? According to the National Department of Finance, Sunrise State's budget

Module 2: Defining the Problem

increased by more than 6 billion Dinar over the last 3 years. That seems like a lot of money.

Sunrise State Health Official: Yes, yes, it is true that our health budget has also increased considerably over the last few years. But that doesn't mean that all our problems are solved. We have several different programs in the health department, and some of them have been struggling to expand their roll-out of services as quickly as planned. You know, we've been facing massive challenges in Mortalia and other towns, where demand for health services has almost doubled over recent years!

Reporters: Are you suggesting that some health programs are unable to spend their funds?

Sunrise State Health Official: Unable is a strong word. Let us rather say there have been some teething problems. But nothing for you to worry about. We are looking into the matter.

Reporters: Which program is responsible for providing maternal health care?

Sunrise State Health Official: A couple of programs have responsibilities in this regard. But the main avenue for the provision of maternal health care is through primary health clinics, which fall under the auspices of the District Health Services program.

Reporters: Ah, thank you very much for your time. We will try to discuss this issue with someone from

District Health Services.

Sunrise State Health Official: You do that. But don't go and tell them what I said. Have a good day.

MEETING WITH OFFICIAL FROM SUNRISE STATE DISTRICT HEALTH SERVICES

Reporters: Knock, knock! Can we come in?

Sunrise State District Health Services (DHS) Official: Yes, of course! You don't have to be so formal with me. Make yourselves at home!

Module 2: Defining the Problem

Reporters: Thank you. A lot of people are worried about the maternal health crisis in Sunrise State. The maternal mortality ratio is much higher here than elsewhere in the country.

Sunrise State District Health Services (DHS) Official: Yes I believe so! I tell you, it breaks my heart! I have dedicated my life to the vision of Health for All.

Reporters: We understand that your program is responsible for providing maternal health care services through state clinics? Can you explain why so many women aren't receiving the care they need?

Sunrise State District Health Services (DHS) Official: Now, hang on a minute! We try our best at the clinics. The demand for services is immense! But what can we do when the training colleges aren't sending us enough skilled nurses? The hospitals always get the best staff. Our clinics are over-burdened and it is a constant challenge to ensure that they are equipped with the medical supplies and materials they need.

Reporters: But why aren't you providing more and better maternal health care services? The Sunrise

State budgets for 2005 show that your program didn't even spend the money it had!

Sunrise State District Health Services (DHS) Official: We did experience some difficulties in that year, but don't worry, since then we have concluded work agreements with an excellent team of contractors, including emergency ambulance services, pharmaceutical wholesalers and distributors of birth monitors (partographs) and other obstetric equipment.

Reporters: That's very interesting. Do you believe this will help to solve this problem?

Sunrise State District Health Services (DHS) Official: Yes of course. We place an extremely high priority on the welfare of women and children in this State.

Reporters: OK, thank you very much then.

MEETING WITH THE CEO OF MEDLIFE SUPPLIES, SUNRISE STATE

Reporters: What's up, Mr. Contractor?

Contractor: Nothing much! How can I help you?

Reporters: We were told that your company has a contract with the Sunrise State Department of Health to distribute partographs, incubators, obstetric equipment and maternal health-related medicines to primary health clinics. Is that so?

Contractor: Well, amongst other things. But yes, the equipment you mention is part of the wide range of goods and services we offer.

Reporters: But various clinics in Sunrise State have reported a chronic shortage of these medical supplies, including antibiotics and the medicines used in cases of hemorrhage. Some say their obstetric equipment is outdated, or out of order.

Contractor: We warned the department that there may be problems securing a steady supply of certain medicines at the bulk prices we agreed on. For this reason, quantities have been adjusted from time to time. As for the obstetric equipment, our contract stipulates the makes and models to be provided. I can assure you that they were delivered in a good condition. It is not our responsibility if the clinics can't look after their supplies.

Reporters: But, we hear your company has failed to make up the backlog in medicines, and that you are refusing to replace faulty equipment!

Contractor: Stuff happens!

Reporters: What stuff?

Contractor: Look here, geniuses, this is a business, not a charity. Everyone knows we face severe challenges doing business with government. We had to fork out the capital to secure the supplies in the first place, and service the debts until the department was willing to pay us, several months late. Do you know, I wouldn't even have agreed to such a contract if it wasn't for the respect I hold for Dr Knott-Sihke!

Module 2: Defining the Problem

Reporters: But, we were told that a rival medical supply company was prepared to distribute the medicines and equipment at a better price than you contracted for.

Contractor: I doubt that very much! What are you insinuating?! I really must ask you to leave, I have another appointment.