

UGANDA: ALIGNING LOCAL AND NATIONAL CONCERN FOR MATERNAL HEALTH

Case study (Summary) | Jillian Larsen | December 2015

INTRODUCTION

Pregnancy should be a time of great joy. But for women in Uganda, who risk death or serious disability due to low-quality health services, it can also be a time of great peril. According to the 2011 Uganda Demographic and Health Survey, 438 Ugandan women die for every 100,000 live births in the country. This figure, known as the maternal mortality ratio, compares to 140 per 100,000 in South Africa and just four in Norway.

The White Ribbon Alliance (WRA) Uganda has spent years working to protect the health of mothers. In the process it has built a broad-based network of decision-makers, organizations, professionals, and citizens committed to the issue of maternal health.

This case study describes how WRA Uganda developed its advocacy strategy during the Act Now to Save Mothers campaign. This innovative campaign combined grassroots mobilization and national lobbying efforts, all coordinated and timed to maximize influence on budgetary allocations to maternal health. The campaign, still active at the time of writing, offers a number of lessons for mature advocacy organizations looking to strengthen their effectiveness.

THE ISSUES: UGANDA'S UNFULFILLED HEALTH COMMITMENTS

In 2000, the Ugandan government committed to “reduce by three quarters, between 1990 and 2015, the maternal mortality ratio,” as part of the United Nations (UN) Millennium Development Goals (MDGs).¹ For Uganda, this meant bringing down the number of women dying per 100,000 live births from 505 women to 131 women. Progress, however, has been slow: the maternal mortality rate has remained more than three times the proposed goal.

While there are many contributing factors to Uganda's high maternal mortality rate, many deaths could be prevented by providing access to basic prenatal and obstetric care. As of 2011, only 48 percent of women received prenatal care throughout their pregnancy and only 58 percent of births were attended by skilled healthcare professionals.

¹ See <http://www.un.org/millenniumgoals/maternal.shtml>

The health sector is also hampered by mismanagement, corruption, and inefficiency. While the majority of Ugandan households live within five kilometers (3.1 miles) of a health facility, those facilities – particularly public ones – are often understaffed and undersupplied. A 2013 World Bank survey found that levels of staff absenteeism were as high as 52 percent and only 44 percent of public health facilities were stocked with essential medicines. A staggering 80 percent of public health providers were found to be failing to follow the correct actions to manage maternal and neonatal complications, which most commonly include hemorrhage, complications from indirect conditions such as Malaria or HIV, and sepsis. While exact figures are not readily available, many studies have documented that abortions (which are illegal in Uganda) carried out under unsafe conditions also contribute significantly to maternal mortality.

Most of these deaths could be avoided if the government fulfilled its existing commitments. Along with MDG-related commitments, the right to health is enshrined in Uganda’s constitution and the government has passed a series of policies and strategies to deliver a national minimum health care package. If delivered, this would undoubtedly reduce maternal mortality. However, there remains a serious mismatch between the vision outlined by health policies and the resources allocated to fund them.

Just 7.4 percent of Uganda’s 2013/14 budget was spent on health, a decrease from the 9.6 percent allocated in the 2009/10 financial year. It is also well below commitments that have been made for national health spending (9 percent in the health sector annual report; 11.6 percent in the National Development plan) and less than half of what Uganda committed to as part of the Abuja declaration.²

The health sector remains underfunded partly because of Uganda’s limited resources. But health has also taken a backseat to investments in economic growth and the government’s priorities have generally focused on the so-called productive sectors of the economy, particularly infrastructure, roads, and energy, with the hope this will create a more competitive business environment. Such spending has indeed stimulated the country’s economy but has led to significant underinvestment in health and other services. WRA Uganda has been working for years to change this.

THE CAMPAIGN: ACT NOW TO SAVE MOTHERS

WRA Uganda is a network of organizations and individuals that are dedicated to protecting the health of mothers. Its members include national and international civil society organizations, professional groups, health workers, politicians, health advocates, mothers, and members of the public. Uganda’s First Lady, the Hon. Janet Museveni, is an official patron of WRA Uganda and has supported its work since 2005. WRA Uganda is one of 14 national networks that collaborate as part of the White Ribbon Alliance worldwide, and that receive support from a Global Secretariat based in Washington D.C.

Prior to the Act Now to Save Mothers campaign, WRA had achieved notable successes both in Uganda and on the global stage. In partnership with many other stakeholders, WRA Uganda played a central role in the Human Resources for Health Campaign, which won millions of dollars in new funding for the health care sector in Uganda. It achieved these notable results by conducting budgetary analysis to assist Members of Parliament (MPs) to critically evaluate health spending and contribute to budget debates. It also successfully lobbied for

² In April 2001, African Union countries meeting in Abuja, Nigeria, pledged to increase government funding for health to at least 15% of total budget expenditure.

Uganda to make new commitments to maternal and child health at the 66th session of the United National General Assembly (UNGA) in 2011.

Building on these successes, and responding to the ongoing challenges on maternal health resulting from persistent underinvestment in the sector, WRA Uganda prepared the Act Now to Save Mothers campaign. The campaign specifically sought to hold the government of Uganda accountable for the commitments it made in 2011 at UNGA, which included ensuring that half of its county-level health centers (small hospitals where most Ugandans are likely to receive medical assistance during child birth) had comprehensive emergency obstetric and newborn care and that basic emergency obstetric and newborn care services would be available in all local health centers by 2015.

This campaign was to be different from anything WRA Uganda had done previously, following a decision by WRA globally to shift its advocacy strategy away from global action and symbolic victories and towards campaigns that are nationally-focused, outcome-oriented and citizen-led. Whereas national alliance members, such as those in Uganda, had previously felt like implementers for campaigns designed internationally, the country alliance had ownership over the design of this campaign from its inception.

Facilitated by the director of Advocacy and Campaigns at the WRA Global Secretariat, Ray Mitchell, the campaign began with a highly participatory, but rigorous, analytical and planning process. WRA Uganda staff reviewed government health commitments, analyzed gaps, documented areas of success, and built an evidence base for the campaign.

The next step was a three-day campaign strategy workshop in Kampala that aimed to identify the campaign goals, objectives, and its theory of change. It involved not just staff, but a wide range of stakeholders including health workers, UN agencies, CSOs, current and former MPs, and health officials. The process aimed to answer the question of why women are dying – thoroughly assessing the problem before determining the kinds of “specific, measurable, achievable, realistic and timely” (SMART) solutions that could address it, and charting a strategic path to accomplishing them. While some of the participants complained about the amount of debate prompted by the process, in retrospect it was seen as an important step to establishing a successful campaign.

Following the workshop, a small working group of nine people refined the ideas into a strategy. They drew on a detailed national power mapping exercise and a strengths, weaknesses, opportunities, and threats (SWOT) analysis. While the campaign aimed to achieve concrete objectives in three pilot districts, its theory of change recognized that this could only be achieved with simultaneous advocacy from above and below. From above, WRA planned to work with the Ministry of Health, MPs, and relevant parliamentary committees to ensure that the three districts had sufficient budgetary allocations in health. From below, they intended to mobilize citizens and enlist the support of health facilities to put pressure on district officials to prioritize maternal care.

In light of the inadequate information about the status of comprehensive emergency care and basic emergency care in the three target counties, WRA began its campaign with a community-led, participatory assessment of the ability of health clinics to provide these services. To conduct the assessment, the team hosted district-level workshops that brought together representatives from the health facilities, the District Health Officer, the district health team, the village health teams, political leadership, councilors, media, opinion leaders, among others. The workshops provided the participants with an easy-to-understand checklist that they could fill out during site visits to each of the health facilities, assessing aspects such as functionality of the operating theater, levels of staffing, as well as availability of essential supplies, medicines, and equipment.

The participation of such a broad group of stakeholders was secured by framing the exercise not as an audit but as a fact-gathering mission that would be of use to everyone. Participants at every level reported positive feedback about the experience. The participatory nature of the assessment was seen as crucial for winning buy-in and as a catalyst for action in its own right. It was also revealing. While some of the results, such as the lack of medical officers at the facilities, were unsurprising, the assessments uncovered previously undetected issues, like problems in the referral process that were causing pregnant women to fall out of the health system and shortages of certain equipment that had not previously been noted.

The campaign took a multi-pronged strategy to communicating the detailed results of the assessment. At the local level the assessments were complemented with a petition drive. Each district collected between 700 and 1,000 signatures on a petition with specific demands for spending on maternal and child health care in the area. These petitions, and the results of the assessment, were presented to the District Speaker and national MP from the district at a series of local events that helped to attract media attention. Meanwhile, WRA Uganda also held a national event for officials from the Ministry of Health, Ministry of Finance, Parliament of Uganda and other CSOs and networks. The event presented the key findings from the assessment and invited a survivor of obstetric complications to speak. WRA also presented its findings and a national petition – with more than 800 signatures from Health CSOs, media representatives, and citizens in the target districts - directly to the Minister of Health. WRA also persuaded some of the MPs who had participated in the local events to present the petitions to parliament, drawing the attention of the Speaker of Parliament, who ordered parliamentary investigation into what WRA had discovered in the districts.

Simultaneously, WRA Uganda took advantage of its long-standing relationships with health journalists and with the Parliamentary Press Association to host breakfast meetings to help journalists understand the issues at stake provide them with leads for human interest stories from the district. This helped to ensure steady coverage of their campaign and the topic.

WRA also provided technical support at the national and local levels. It advised the health ministry on budgetary gaps and provided them with a detailed proposal for how to implement a salary raise for health workers. At the district level, WRA worked with District Health Officers to put together their budgetary requests for the sector, based on the assessment results, and to resolve problems in the procurement system that had prevented many districts from purchasing essential medical equipment and resulted in stock-outs on key commodities.

TACTICS USED BY WRA UGANDA TO BOLSTER SPENDING ON MATERNAL HEALTH

1. Participatory assessment of the ability of local health clinics to provide prenatal, obstetric and new-born care.
2. A local petition drive in support of specific spending measures by districts to improve maternal health outcomes.
3. District-level events targeting key decision-makers to present the results of the assessments and the petition.
4. Media work at the district and national levels, including breakfast meetings with journalists on the health and parliamentary beats.
5. A national petition drive to collect signatures from CSOs and professionals in favour of higher spending on maternal health.

6. Lobbying efforts with MPs, encouraging them with evidence and budgetary analysis to champion the issue of maternal health.
7. Technical support and budgetary analysis at both a district and national level to health officials seeking to improve the outcomes in their sector.

CHANGES DUE TO THE CAMPAIGN

While the Act Now to Save Mothers campaign was at the time this document was prepared, it had already logged notable achievements in the three districts it targeted and at the national level.

Within the three districts, officials now have a more detailed understanding of the bottlenecks and challenges to providing health services to mothers and young children, and have taken steps to address them. It should be noted, however, that in most cases the Act Now to Save Mothers campaign did not help the district to obtain new resources, but instead persuaded them to prioritize maternal and child health and to provide services in this sector more effectively and efficiently.

Kabale district, for example, prioritized the recruitment of six new medical doctors. Being a hard-to-reach district, this has proved difficult in the past. But the local government was persuaded to experiment with new recruitment techniques after WRA's intervention, going directly to medical schools to seek new graduates.

In Lira District, officials said that they specifically allocated funds because of WRA's influence, committing 50 million UGX (about USD \$15,000) to renovate the surgical theaters at two health centers. They said the campaign helped them realize the "lifesaving nature" of these facilities.

And across the districts, officials reported benefits of the campaign that are not so easily quantified. In some of the districts, the campaign was followed by a rise in the number of mothers reporting for prenatal care, as well as couples attending HIV counseling, possibly as a result of the local media attention garnered by the campaign.

District stakeholders also reported a considerable improvement in communication amongst the agencies involved in the procurement system for government health facilities. This has reduced instances of clinics running out of supplies and helped to avoid delays in the purchase of vital medical equipment.

The campaign has also secured notable results at the national level. WRA Uganda persuaded the Ministry of Health to classify the budget line for "Non-Wage Primary Health Care," which encompasses resources for operating health care facilities, as an "unfunded priority." This essentially constitutes a recognition from the government that the money dedicated to that budget line is inadequate and entails an implicit commitment to increase spending in that area in the future.

The national campaign also resulted in a government investigation into maternal care in Kabale, Lira, and Mityana districts. Members of the investigative committee reported seeing many of the same issues highlighted by WRA and the committee's report is likely to reinforce the parliament's commitment to raising health spending.

Finally, though WRA's campaign was just one of many contributing factors, it played a role in the government's decision to raise the pay for health workers in the 2014/15 fiscal year. This will help recruit and motivate health workers and, ultimately, lead to better services.

OUTCOMES RELATED TO THE CAMPAIGN

1. The campaign persuaded Kabale District officials to recruit six medical doctors directly out of medical school and to re-allocate resources with the aim of improving maternal health services.
2. Lira District renovated two surgical theatres to be able to provide emergency obstetrics and allocated more funds for obstetric medicines.
3. Media coverage resulting from the campaign helped to encourage more mothers to report for prenatal care and more couples to attend HIV counselling.
4. In Mityana District, the campaign provided impetus to construct and/or renovate several buildings and to procure new equipment useful for maternal health services.
5. MRA Uganda helped to identify and resolve communication problems that were hampering the procurement of medicines and equipment essential for maternal health services.
6. Nationally, the campaign prompted a parliamentary investigation into maternal health care in the three districts, helped to get the Ministry of Health to mark non-wage spending at health clinics as a future priority, and, together with other campaigns, contributed to a decision to raise health worker salaries.

CONCLUSION

Overall, WRA's Act Now to Save Mothers Campaign illustrates the potential strength of combining participatory, grassroots action and national-level advocacy in an evidence-based and budget-focused campaign. Such a multi-faceted campaign, however, requires a strategy that is carefully coordinated and well timed. The initial planning phase, while arduous for participants, was foundational to the campaign's later successes. WRA's participatory approach to assessment, while more time-consuming than a conventional assessment, worked to convene all of the relevant stakeholders in each district and establish a basis to mobilize local actors.

The evidence gathered by WRA, and its technical abilities in budgetary analysis, were important resources in its efforts to bring together a broad coalition of stakeholders. But the campaign's ability to use a multiplicity of tactics, including lobbying at the national level, grassroots mobilization, and media advocacy, was also crucial.

All of these efforts were coordinated with Uganda's the budget cycle in mind. The timeline was developed to align with key budget decisions and the campaign directed its efforts at influencing the appropriate decision-makers at each stage of the budget cycle.

While WRA Uganda was able to draw on resources and relationships that have taken years to develop, the Act Now to Save Mothers Campaign undoubtedly provides a useful model for mature advocacy organizations that are seeking to enhance their efforts.