

(Update 1)

Ugandan Presidential candidates debate maternal health – January / February 2011

On the 10th of January 2011, the Solidarity for African Women's Rights (SOAWR) coalition represented by FEMNET and Akina Mama wa Afrika (AMwA), in partnership with Forum for Women in Democracy (FOWODE), participated in one of the nine *Face the Citizens* debates organized in Uganda as part of the electoral process. The purpose of participation was to follow up on the maternal health lobbying with members of parliament and political leaders in Uganda initiated during the East Africa Caravan on Maternal Health and the July 2010 African Union Summit on the same.

Dr. Kizza Besigye, the main opposition candidate, was the highlighted candidate during the Face the Citizens debate on 10th January 2011. On 12th January Mr. Norbert Mao, another presidential candidate, was featured on the debate. FEMNET, AMwA and FOWODE worked closely with the moderator of the debate to ensure that several issues on maternal health were raised with both the presidential candidates. The candidates were asked questions on health budgets including how political leaders will ensure that maternal health has sufficient budgetary allocations; as well questions on corruption in the health sector.

The debates were screened on five TV stations in total and broadcast on over 50 radio stations, reaching a very large audience.



As a follow-up to the Face the Citizens debate, a televised debate on maternal health in Uganda was organized by FOWODE and FEMNET, aimed at discussing and analyzing the positioning of maternal health in Ugandan politics. The debate was held on NTV Uganda's popular TV talk show '*On the Spot*,' and was aired live on 10 February, 2011. Guests included: Hon. Betty Kamyá Presidential Aspirant, Dr. Ruhakana Rugunda representing the NRM presidential candidate, Hon Nabila Naggayi Sempala for IPC Presidential candidate, and two health experts; Ms. Robinah Biteyi from White Ribbon Alliance and Dr. Daniel Murokora, the head of the Association of Obstetrics and Gynecology in Uganda.

An analysis given by the health experts presented a grim picture emphasizing the need to address maternal health in Uganda. The experts noted that although Uganda boasts of reducing maternal mortality ratio from 505 to 435 for 100,000 live births, this figure is still unacceptably high and is far behind the Millennium Development Goal 5, which recommends reducing maternal mortality to 131 for every 100,000 live births by 2015.

In his submission, Dr. Rugunda confirmed that the maternal and infant mortality rates are still high stating that it is a condition prevailing mainly in developing societies. He applauded the NRM government efforts towards reducing maternal and infant mortality. He further mentioned that reducing maternal and infant mortality is a priority in the NRM party manifesto although he never mentioned any set targets.



Key factors during the TV debate attributed to inefficiencies in the health system included a fast growing population and high fertility rate in Uganda, of close to 7 children per woman, which does not match the increase in quantity or quality of service delivery. For instance Mulago Hospital, the national referral hospital, delivers approximately 30,000 women a year, the highest in Uganda, yet it has only three labour wards and two theatres. Other factors that panelists tagged to poor planning in the health sector included, lack of skilled health personnel, shortage of drugs and medical equipment and inadequate investments in maternal health.

There was a call for an interactive legislation that is well matched with real life situations. Existing legislation has not improved the plight of pregnant women either and has instead worsened the situation whereby women 'are totally ignored because of the abolishment of Shs 2,000 fee which they had to part with before getting service', said Hon. Nabila Nagayi.

The *NRM manifesto* spells out 'intentions of attracting more personnel to the health sector through enhanced training and increased remuneration,' and calls on public private partnership to increase involvement of the private sector in the provision of health services. In his submissions, Dr. Rugunda stated that for the last three years, government constantly increased its allocations to the health sector, a move expected to continue until they fulfill the Abuja declaration, which requires a 15 % allocation of the national budget to health. In her argument, Hon. Betty Kamywa stated that Local Governments should be given the mandate to manage their resources which will enable them prioritize key issues. Her party manifesto proposes a public health insurance policy, believed to increase access to health services for especially the poor.

While presenting the proposals from the IPC Manifesto, Hon. Nabila Naggayi Sempala highlighted rehabilitation of hospitals, recruitment of health workers, motivation of health workers, family planning, decongestion of hospitals, increased funding as the priority issues for the IPC party stating that for both IPC and FDC, maternal health is not just a women's issue but a key development issue .

During the debate, a poll question was put to the public: '*Are presidential candidates giving sufficient attention to issues of maternal health in their manifestos?*' The responses received showed that majority of citizens thought that parties did not prioritize maternal health (87% said no, while 13% said yes).

It was generally noted that although many political parties' manifestos mention maternal health there are no tangible targets and key goals spelt out to improve maternal health, with many arguing that targeting is an implementation detail. The debate ended with a call to the viewers to vote leaders who would keep maternal health issues on top of their agenda and to make responsible choices at the ballot box.

(Update 2)

Members of Parliament in Tanzania form Parliamentary sub-committee on Maternal and Child Health – March 28 2011

FEMNET in partnership with the White Ribbon Alliance – Tanzania and a health expert from the University of Dar es Salaam organized a debate for parliamentarians in Tanzania to discuss ways of enhancing their oversight role as law makers, so as to improve the health outcomes for women and children. The four-hour debate was held on 28 March 2011 and was attended by 12 MPs representing various committees (health, social services, HIV/Aids and Finance), and 20 representatives from civil society and the media

The debate was opportune as the MPs invited had been elected into office in November 2010, following the presidential and parliamentary elections in Tanzania. As the people's representatives, the debate allowed them to deliberate specifically on what steps they will take to increase Tanzania's chances of meeting MDGs 4 (reducing child mortality) and 5 (improving maternal health).

The government of the United Republic of Tanzania has made several commitments to achieving MDGs 4 and 5 through various strategic plans and policies such as the National Roadmap to Accelerate Reduction of Maternal Newborn and Child Deaths (2008-2015), the Primary Health Service Development Programme (2007-2017); the Health Sector Strategic Plan III (2009-2015) and the Human Resource for Health Strategic Plan (2008-2013).

At the start of the debate, three presentations were made on the situation of maternal and child health in Tanzania. Although maternal mortality rates in Tanzania have declined from 569 to 454 per 100,000 live births, this rate is still unacceptably high and needs urgent redress. Some of the main causes of maternal deaths in the country include: excessive bleeding during or just after delivery, unsafe abortion, obstructed labour and septicaemia. Other underlying causes of maternal deaths are malaria, anaemia and HIV and AIDS. These problems are further compounded by the poor infrastructure, lack of trained health care staff, frequent stock out of medical supplies and late booking for antenatal services.

The Debate/ Open Discussions

The Chair, Hon. Jenista Mhagama, invited the members to present their contributions giving not only general comments and inputs but also, what they envisage as their individual priority in tackling maternal and child health in Tanzania. In summary, the debate discussions underscored the following priority areas:-

- ***Strengthening of partnerships and building of synergies***
All stakeholders need to work together as a team so as to coordinate the various activities and increase impact at local levels.
- ***Advocating for increased budgetary allocations for maternal and child health***
As the MPs approach the budget season for the government, they will start to campaign at council level to push for the realization of the 15% Abuja commitment. They will also work with the Minister of Health and Social Welfare to prioritize allocation of funds for improving maternal and child health care and also advise the government to allow the use of development funds allocated to constituencies to prioritize maternal health issues. MPs will capitalize on the Presidential commitment, as declared during his inaugural speech in November 2010, where he emphasized on the need for an improved primary health care plan, where each village will have a dispensary and health centre at ward level, and as such the need for the government to allocate the required funds to make this a reality.
- ***Engaging in sensitization activities and promoting information sharing***
MPs recommended that reproductive health should be taught in schools. They also agreed to make it their collective responsibility to spread public awareness on various issues

related to maternal and child health whenever they meet with their constituents. They proposed the use of community radios in educating the public about maternal health. Maternal and child health campaigns should also take into consideration the needs of the physically and mentally challenged populations.

- *Advocating for increase in skilled health care workers*

MPs proposed lobbying the government, through the Ministry of Health and Social Welfare, to introduce incentive packages for health workers in rural areas so as to recruit and retain staff in these areas. The capacity of TBAs should also be built so that they are skilled paraprofessionals. This was seen as strategic, since the communities already believe in using TBAs. The use of village health workers who are trained on community based health will support monitoring. It was also proposed that the Medical Stores Department (MSD) should make sure that all necessary supplies are in place, otherwise the Procurement Act should be made flexible to allow procuring from other sources if supplies are not available at MSD.

Following the open and honest sharing by the honourable members of parliament, the MPs agreed to form a **parliamentary sub-group on maternal and child health** to include the chairpersons and deputies of the committees of health, social services, finance and HIV/AIDS, to come up with concrete, well-defined action plans to address maternal and child health in Tanzania during their term.



From left: Hon. Devota Likokola and Hon. Jenista Mhagama (Chair of the debate)



From left: Hon. Lediana Mng'ong'i and Hon. Margaret Sitta



From left: Mr. Seng'enge Issai (Consultant), Mr. Angumbwike L. Ngwavi and Ms. Rose Mlay (WRA-T)



From left: Hon. Shawana B. Hassan, Rachel Kagoiya (FEMNET) and Hon. Fatuma Mikidadi