

# Summary Guide for Parliamentary Standing Committees on Health Oversight of Reducing Child and Maternal Mortality

## Objective Guidelines

**1. Position the priority for reducing child and maternal mortality within the portfolio of a Standing Committee of Health.** Because child and maternal mortality is an issue that cuts across numerous health programs and social sectors, it is important to position the goal of ending preventable deaths within the broader mandate of a standing committee of health. There is rarely a dedicated mortality budget to scrutinize, nor mortality staff to question. This guide will build the awareness for Members and staff of standing committees on the principle causes for maternal and child deaths and how this relates to their broader health sector oversight.

**2. Review possible Standing Committee Oversight Tools relevant for child and maternal mortality oversight.** Committees have varying degree of tools at their disposal to conduct oversight over budgets and policies. This guide will review these possible tools through the lens of child and maternal mortality oversight.

**3. Provide practical approaches for how Standing Committees can implement child and maternal mortality oversight.** This guide offers practical guidance for how Committee Chairs, MPs, and committee staff can conduct robust and regular oversight over progress towards reducing child and maternal mortality in their countries.



## How Standing Committees Contribute to EPCMD Oversight

Parliamentary Standing Committees typically have three major functions:

**1. Review and deliberate on policy development** - Standing committees usually are responsible for deliberating and commenting on draft laws that address the health sector, including those that define the health services available to women and children.

- Review Essential Package of Health Services (EPHS) and advocate for future revisions that include maternal and child health interventions, reflect issues of equity, and outline how policy objectives in EPHS will be achieved
- Review Health Benefit Plans (HBP) and advocate for future revisions that include maternal and child health interventions, reflect issues of equity and enhance sustainability
- Review country's national commitments of health performance/targets and increase awareness and advocate that commitments are reflected in policy and budgets

**2. Monitoring policy implementation** – Once policies are passed, and implementing regulations are in place, Standing Committees typically serve a role of monitoring the performance of government programs, including those addressing preventable child and maternal deaths.

- Advocate for improved data collection by promoting data and evidence driven policy decisions, filling data gaps, and strengthening data collection systems and sources
- Ensure that health programs are specifically designed to address vulnerable women and children
- Ensure that policies and programs have clearly stated measures and use frequent and effective monitoring

**3. Approve budgets and/or monitor budget execution** – Many, but not all, Standing Committees are charged with reviewing and commenting on the annual health budget. Once the budget is passed, Standing committees monitor how funds are spent.

- Set budget priorities by initiating discussion with the MOH and setting a mid-term budget review
- Review health budget through the lens of reducing child and maternal mortality
- Monitor budget implementation to determine how funds are being spent



## Tools for Parliamentary Committee Oversight

Oversight is a critical function of an effective Parliament, and to be successful must be deliberate, planned and well-executed. Common tools for oversight at the Committee level include:

- ▶ **Ministerial Performance Reports:** these are reports prepared by Executive agencies on an annual or semi-annual basis. These reports should include the annual progress of the agency's sector or ministry strategy, and the implementation of enacted laws and agreements.
- ▶ **National Budgets:** Budgetary oversight is one of the core functions of the sectoral committees. The budget law, authorized by Parliament, details how much is allocated to each ministry and explains the policy objectives that are to be achieved by concerned ministries. Budget oversight is therefore the key tool with which sectoral committees assess government programs. The health sector employs several tools that trace funds throughout the health system to determine where the funds originate and how funds are linked to their intended outcomes. Three major resource tracking approaches that can provide the Standing Committee with important information and data to inform their oversight include:
  1. National/System of Health Accounts (N/SHA) - Used to determine a nation's health expenditure patterns, differentiates between country and donor investments in health programming, including changing trends – key to determining country priorities. Details out-of-pocket expenses that can be a major obstacle for maternal and child health care.
  2. Public Expenditure Review - Analyzes public sector spending against policy, efficiency, effectiveness, equity, and sustainability parameters. Highlights issues of efficiency and effectiveness that are key to oversight and describes service coverage.
  3. Public Expenditure Tracking Survey - Tracks the flow of resources through the various layers of government bureaucracy and highlights inefficiencies and obstacles to funding key services.
- ▶ **Public Accounts:** are defined in most jurisdictions as the consolidated statement of actual expenditures during the most recently fiscal year. Public Accounts can show the geographic distribution of health project funds, providing the committee has the ability to verify that regional needs and priorities are matched with actual government investments.
- ▶ **Reports of the Supreme Audit Authority:** These institutions produce audits on major government programs and expenditures, either on a pre-determined, rolling basis or in response to an expressed need or contingency. Standing committees on health often use these reports as the basis for further investigation and oversight of a health issue, and often follow-up on recommendations and findings to ensure compliance and implementation.



- ▶ **Committee Hearings:** Oral exchanges in committee rooms enable members of Parliament to hold government officials to account for their actions. For these to be effective and credible, research and preparation are needed; relevant data should be gathered prior to calling ministry witnesses. Almost equally important is the manner in which these are conducted; committee hearings can set the tone of the legislative-executive relationship, and either build trust amongst the two branches of government or diminish it.
- ▶ **Public Hearings:** Parliamentary Committees conduct hearings with public officials, experts, interested parties, and the general public. Committees conduct these hearings as a form of consultation or a means of obtaining evidence.
- ▶ **Field / Site Visits:** Committees, or a group of members from a committee, can visit government agencies and other sites to examine details of specific administrative programs and their implementation. Site visits should include physical inspections, conversing with local citizens, and assessing the impact of service delivery. Reports should be developed for adoption by the whole committee, which contains recommendations for plenary meetings to consider.



## Applying Oversight Tools towards Reducing Child and Maternal Deaths

The following section outlines an illustrative workplan for how a Standing Committee might develop an annual oversight plan focused on government efforts to reduce child and maternal mortality.

Step 1: Determine how the government is trying to prevent child and maternal deaths by asking:

- ▶ **What is the scope of the problem?** Asking the Ministry of Health to articulate the problem can be useful for the Committee to check the degree to which public health officials are collecting and analyzing timely data on preventable deaths.
- ▶ **What is the strategy?** If there is no stand-alone strategy for reducing child and maternal mortality, the Committee can ask for an articulation of the Ministry's strategy for ending preventable child and maternal deaths. Within this strategy it is important for the committee to understand the specific goals and targets of the strategy and the metrics for measuring its performance.
- ▶ **What are the initiatives to reduce preventable deaths?** The committee should understand the specific public health initiatives designed to address preventable deaths. Some may fall under distinct vertical programming (such as malaria and HIV/AIDS), while others may be included in broader public health efforts such as expanding access to family planning or community health worker programs. More specifically, it is important for the Committee to know the details on these initiatives:
  - Geographic/demographic focus: What are the geographic or demographic targets of these initiatives? How does the target relate to the scope of the problem?
  - Performance targets: What does the Ministry expect to achieve through these initiatives?
  - Cost: What levels of resources are being directed towards preventing child and maternal deaths?

Step 2: Oversight planning: For committees to be effective in reducing child and maternal mortality it is imperative that committee leadership create long-term oversight plans that focus on one or more objectives that can be measured and accomplished. A template for creating such a plan is presented at the end of this overview. A committee oversight action plan of the working group may include the following elements:

- ▶ **Designation of Responsibilities:** The plan might focus on oversight activities of the committee as a whole, or establish a sub-committee and/or working group specifically focused on reducing maternal and child deaths.
- ▶ **Selection of Oversight Focus:** There are three dimensions of oversight that committees can engage on for reducing maternal and child mortality:
  - Oversight of policy formulations
  - Policy implementation
  - Budgets

▶ **Selection of Oversight Tools:** There are numerous oversight tools at a committee's disposal. These can include:

- Field visits to closely observe the implementation of a law or policy, or the functioning of an institution
- Inviting government officials or heads of independent institutions to report to the committee or the working group
- Conducting oversight hearings

Step 3: Engaging Partners: Apart from an invitation to participate in a public hearing, CSOs and independent public health experts can be engaged in all stages of oversight. To engage partners, the working group, assisted by support staff, should:

- ▶ “Map out” CSOs and outside experts at the early stages of the work plan
- ▶ Extend an invitation CSOs and independent experts to participate in public hearings
- ▶ Acquaint themselves with CSOs and independent public health experts actively engaged in reducing maternal and child mortality

Step 4: Applying metrics for oversight for reducing child and maternal mortality. Metrics can be used throughout the design and implementation of the Committee's Oversight plan to:

- ▶ Craft questions for MOH officials and civil society during meetings and hearings;
- ▶ Request data from MOH officials and CSOs;
- ▶ Identify areas for possible investigation and review of public accounts; and
- ▶ Create routine reporting with MOH to monitor the progress of reducing child and maternal mortality programming.

Key metrics for measuring the reduction of child and maternal deaths include both the causes of deaths, as well as the coverage of programs to improve maternal and child health.





- Maternal Mortality Indicators

- General Indicators: Maternal mortality ratio, maternal mortality rate, proportion of maternal deaths among all deaths of females of reproductive age
- Hemorrhaging: Percent of live births attended by skilled health personnel, population coverage of community health worker programs, percent of community health workers or staff trained in the appropriate use of uterotonics, blood storage availability
- Sepsis: Percent of live births attended by skilled health personnel, availability of screening tools for sepsis detection, access to sanitation and clean delivery sites, postnatal care for mothers and babies within two days of birth
- Hypertension: percent of live births attended by skilled health personnel, availability of magnesium sulfate, percent women aged 15-49 years attended at least once by a skilled health provider during pregnancy

- Child Death Indicators

- General Indicators: under-five child mortality, with the proportion of newborn deaths, stillbirth rate, neonatal mortality rate per 1000 live births, infant Mortality Rate
- Pneumonia: percent of children <5 with symptoms of pneumonia taken to appropriate health provider, percentage of babies exclusively breastfed at 1 month and 6 months of age
- Diarrhea: percent of children <5 with diarrhea treated with oral rehydration salts, percentage of households with hand-washing materials in dwelling/yard/plot
- Malaria: Coverage of bednet/ indoor residual spraying program, percentage of households with at least one mosquito net, percent children < 5 years sleeping under insecticide-treated bed nets
- Preterm Birth: number of newborns weighing less than 2,500 grams at birth, percent of infants <6 months exclusively breastfed



## About HFG

A flagship project of USAID's Office of Health Systems, the Health Finance and Governance (HFG) Project supports its partners in low- and middle-income countries to strengthen the health finance and governance functions of their health systems, expanding access to life-saving health services. To learn more, please visit [www.hfgproject.org](http://www.hfgproject.org).

The HFG project is a six-year (2012-2018), \$209 million global project funded by the U.S. Agency for International Development. The HFG project is led by Abt Associates Inc. in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

## DISCLAIMER

The author's views expressed here do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.



Abt Associates Inc.  
[www.abtassociates.com](http://www.abtassociates.com)  
4550 Montgomery Avenue,  
Suite 800 North, Bethesda, MD 20814  
[www.abtassociates.com](http://www.abtassociates.com)

Photo Credits:  
Abt Associates  
Photoshare  
September 2017

# Sample Oversight Plan

Systematic planning of oversight activities allows members and staff to be well prepared and effective, to avoid planning on an ad hoc basis, and most importantly, to allow for inclusion of other stakeholders in the process, such as government agencies, audit institutions, and independent experts of civil society organizations. A template for creating such a plan is presented below:

Activities and Tasks	Quarter 1 Month			Quarter 2 Month			Quarter 3 Month			Quarter 4 Month			Output	Annual Key Performance Target(s)
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug		
Activity 1: Planning and Prioritization														
Task 1.1: Initial Planning													Committee Oversight Plan with defined EPCMD focus	% tasks completed
Task 1.2: Establishment of Sub-committees (optional)													Subcommittee leadership and TOR	# subcommittee meetings
Task 1.3: Coordination with Committees and Parliamentary Leadership													Regular meeting agenda	# meetings between committee and leadership completed
Activity 2: Budgetary Oversight														
Task 2.1: Scrutiny of the National Budget														
2.1.1. Research and data collection/analysis													Research reports completed	# MPs using research reports
2.1.2. Civil society interactions													Meetings with CSOs	# of CSO committee meets
2.1.3. MoH/MoF/Other Ministry testimony													Meetings with MOF	# of meetings with MOF
2.1.4. Report on the National Budget													Committee report	# of recommendations on budget
Task 2.2: Scrutiny of Public Accounts														
2.2.1. Scrutiny of Public Accounts													Meetings on audit reports	# of meetings on audit reports
2.2.2. Report on the Public Accounts													Committee report	# of recommendations on audit
Task 2.3: Scrutiny of Budget Implementation and EPCMD Program Performance														
2.3.1. Examination and Hearings on Ministerial Performance Reports													Meetings on EPCMD performance	# meetings on EPCMD performance
2.3.2. Field Visits to Clinics and Health Centers in Districts													Field visit	# of field visits
2.3.3. Town Hall Meetings at Community level													Town hall meeting	# of local organizations attending town hall meeting
2.3.4. Report on Government Program Efforts													Committee Report	# of recommendations
Activity 3: Legislative Oversight														
Task 3.1: Assessment of Pending Legislation														
3.1.1. Meetings with Speaker's Office / Secretariat													Meetings with Speaker/Secretariat	# meetings
3.1.2. Meetings with MoH Officials													Annual Legislative oversight plan	# of EPCMD policies reviewed
3.1.3. Recommendations for Pending Legislation													Committee report	# of recommendation on EPCMD policies
Task 3.2: Assessment of Implementation of Legislation														
3.2.1. Examination and Hearings on Ministerial Performance Reports													Hearing on proposed legislation	# of meetings
3.2.1. Field Visits to Selected Sites													Field visits	# of local organizations attending field visit meetings
Activity 4: Annual Oversight Report														
Task 4.1: Development of Annual Report													Committee Report	% of oversight tasks completed
Task 4.2: Presentation to Plenary													Committee Report	# MPs present
Task 4.3: Media Release and Distribution to Stakeholders and Public													Press Release/Conference	# of media reports on committee report