

White Ribbon Alliance (WRA) formed over a decade ago to give a voice to the women at risk of dying in childbirth. Our mission is to inspire and convene advocates who campaign to uphold the right of all women to be safe and healthy before, during and after childbirth. We help citizens recognize their rights and hold their governments to account for commitments made to maternal and newborn health.

THE PROMISE

In Uganda, 17 mothers and 106 newborns die every day due in part to inadequate government investment in life-saving emergency obstetric and newborn care. In 2011, WRA Uganda advocated to the Government of Uganda to make a commitment to the *Every Woman, Every Child*. In response, the Government committed to ensuring that by 2015:

- All sub-county and county health centers will provide basic emergency obstetric and newborn care services (BEmONC);
- Half of county health centers will provide comprehensive emergency obstetric and newborn care (CEmONC) services.

THE EVIDENCE

By 2013, despite the Government's commitment, health centers remained understaffed and ill equipped, and women continued to travel many miles and hours to receive lifesaving care. WRA members and civil society organizations agreed that immediate action was needed to accelerate progress on maternal and newborn health, but that further evidence would be needed to understand the barriers to this care being provided.

After learning that the government lacked current and reliable data on the provision of emergency obstetric and newborn care (EmONC), WRA Uganda formed local advocacy teams and brought together district leaders, community members, midwives, and District Health Officers to conduct health facility assessments and interviews with health workers and citizens in 43 government-funded health centers in the districts of Kabale, Lira, and Mityana.

None of the three districts met the minimum requirements for treating complications, including: severe bleeding, infections, high blood pressure, resuscitation of newborns, caesarean sections and blood transfusion.

The assessment uncovered shocking gaps and shortfalls in the provision and availability of even the most basic EmONC services across all three districts. Three common barriers emerged:

Lack of lifesaving commodities

- None of the health centers had the necessary blood bank or was able to provide blood transfusions;
- Only 29 of 43 health centers had newborn resuscitation devices;
- There were frequent stock-outs of antibiotics, and magnesium sulfate.

Lack of skilled health workers

- None of the districts met the minimum staffing requirements;
- Kabale had none of the 14 required medical officers, 7 anesthetic officers, 7 anesthetic assistants, and 7 operating theater assistants;
- Health workers were unaware of symptoms of eclampsia and not trained on the use of magnesium sulfate.

Poor infrastructure at health centers

- Only 1 out of 12 county health centers was equipped to provide cesarean sections, because others lacked operating theaters;
- Only 8 health centers (none in Lira) had running water;
- Due to the frequent lack of electricity, health workers reported using mobile phones and hurricane lamps for light when providing emergency care.

THE CAMPAIGN

Equipped with evidence from the three districts, WRA Uganda united its members to strategize and launch "Act Now to Save Mothers", a campaign calling on the Government of Uganda to deliver on its commitment. WRA employed an integrated approach focused on mobilizing citizens to demand their rights, amplifying citizens' call for accountability, and supporting policymakers to respond to citizen demands and deliver on their commitment.

Mobilizing citizens to demand their rights

In each district, WRA Uganda mobilized citizens by engaging them in health facility assessments, convening meetings to discuss their rights to EmONC and gaps in the government's commitment in their local facilities, supporting citizens to influence planning and budgeting process at district level, petition district and national decision makers in addition to national policy makers, and

training citizen reporters and advocates to monitor progress and budget allocations. As a result of these efforts, citizens developed a better understanding of their rights and were able to advocate with confidence to the local and national officials to provide lifesaving services in their health centers.



Community members join Members of the Parliament on a visit to a local health center in Lira District

Amplifying citizens' demand for accountability

To ensure that local and national leaders heard the demands of the citizens, WRA Uganda utilized its strong relationships with the media, maternal health champions, and civil-society coalitions, as well as access to national and global forums. In 18 months, WRA Uganda was featured on 40 radio programs, 30 news articles, 18 blogs, and 14 television programs, reaching approximately nine million people across the country. Champions, ranging from women who have suffered obstetric complications, to their husbands, Members of Parliament, the Ministry of Health, and Uganda's leading singer have spoken out on behalf of the campaign. WRA Uganda's campaign was also featured at the 2014 United Nations General Assembly, where WRA Uganda's Faridah Luyiga presented evidence highlighting the need for accelerated action to fulfill the government's commitment to *Every Woman Every Child* and called for greater citizen engagement in global initiatives and accountability efforts.



WRA Uganda's Faridah Luyiga addressing an international audience during the UN General Assembly week in New York City

Supporting policymakers to respond to citizens' demand

The success of WRA Uganda's campaign is rooted in the ability of the Alliance to mobilize citizens and amplify their voices to put substantial pressure on the government to respond and take action.

Throughout the campaign, WRA Uganda avoided blaming government leaders and instead maintained strong relationships with district officials, parliamentarians, technical committees and government ministries. After mobilizing citizens in each district to help conduct health facility assessments, WRA Uganda supported District Health Officers to utilize the collected evidence to prepare annual health plans and budgets. WRA Uganda also identified partner projects to help meet district needs, such as We Care Solar who donated and installed solar lighting, laptops, charging devices, and head lamps in maternity wards. Another development partner, Strides for Family Health, through Mityana District Local Government provided newborn resuscitation devices and delivery instrument sets to health centers in the district.

At the national level, WRA Uganda met with the Minister of Health, the Ministry of Health Technical Working Group on Maternal, Child, and Newborn Health and worked with policymakers to ensure that petitions signed by thousands of citizens in Kabale, Lira, and Mityana were delivered and acted upon by the parliament. WRA Uganda also worked extensively with the government agency responsible for the procurement of lifesaving commodities to review bottlenecks in the procurement process and develop solutions to better meet the needs of each district.

GOVERNMENT'S RESPONSE

WRA Uganda has achieved significant results at both district and national levels. At the district level, District Health Officers used evidence from the health facility assessments to immediately respond to gaps in the provision of lifesaving services, and planned and budgeted for gaps that could not be immediately addressed. At the national level, the government has acknowledged the need for accelerated action to fulfill its commitment and has responded to key barriers.



District Results from July 2014 – February 2015

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| Lack of lifesaving commodities | <ul style="list-style-type: none"> • District Health Officers worked with the National Medical Stores to develop procurement plans for essential maternal and newborn health commodities. • Mityana District secured newborn resuscitation devices, delivery instrument sets and blood pressure machines from a partner organization, the Strides program. |
| Lack of skilled health workers | <ul style="list-style-type: none"> • Kabale District, which faced the most severe health worker shortage, recruited and placed a medical doctor in every country health center in the district. • Mityana District secured ultrasound training from a partner organization and is in the process of constructing staff quarters at Magala and Naama health center so that health workers will be more willing to work in the district. |
| Poor infrastructure at health centers | <ul style="list-style-type: none"> • Kabale District installed solar lighting in maternity wards, and budgeted funds to: complete the renovation of the maternity ward at Kyogo Health Center, connect Kamwezi Health Center to the national power grid, and construct a latrine at Muko Health Center. • In Lira District officials have pledged to improve electric supply to end the use of mobile phones and hurricane lanterns as light sources. They have connected Amach health center to a generator and are planning to connect the health center to the national power grid. Lira District has also allocated funds to: renovate operating theaters at Ogur and Amach health centers; install solar power at Ongica health center, construct a placenta pit at Barr health center, drainable toilets and bathrooms at Barr, Barapwo, and Ogur health centers, and complete a maternity ward at Barr health center. • Mityana District is in the process of constructing staff quarters at Magala and Naama health centers. The district has also secured support from the Ministry of Health to rehabilitate the health centers in Mwera and Kyantungo. |

National Results from July 2014 – February 2015

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| Lack of lifesaving commodities | <ul style="list-style-type: none"> • The National Medical Stores strongly supported each district in preparing procurement requests. • The Ministry of Health has agreed to shift responsibility for the procurement of newborn resuscitation devices to the National Medical Stores so that these lifesaving commodities will be included in the standard procurement process. |
| Lack of skilled health workers | <ul style="list-style-type: none"> • The Government of Uganda provided an 18% salary increase for enrolled midwives, nurses, lab and anesthetic assistants, as well as a 13% salary increase for registered midwives, nurses, anesthetic officers, theatre assistants, lab technicians, and medical officers. • Under the leadership of the Ministry of Health, the government conducted a nation-wide rapid assessment of staffing at health centers with a plan to recruit 2,400 health workers. |
| Poor infrastructure at health centers | <ul style="list-style-type: none"> • The Parliament deployed fact-finding committees to Kabale and Lira districts to confirm WRA Uganda's findings and provide recommendations to the Ministry of Health. • The Ministry of Health included a \$13 million request for non-funded Primary Health Care Non-Wage Budget Priorities in the Ministerial Policy Statement for FY2014/15. • The Ministry of Health recommitted to rehabilitate two county health centers in the Mityana District. |



THE IMPACT

As a result of the WRA Uganda campaign, the Government of Uganda accelerated progress on its commitment and more women now have access to lifesaving emergency obstetric and newborn care.

The chairperson of the Health Unit Management Committee at Kebisoni Health Center said: “Social accountability as an approach has helped us a lot. We now have an additional two midwives, and as a result, the number of women seeking maternal services has increased.”

In an external analysis, Members of Parliament reported that WRA Uganda helped link them to their constituencies and provided them with significant technical assistance in analyzing budgets, conducting research and gathering data for policymaking and advocacy. By mobilizing citizens to demand action, the campaign strengthened the system of accountability between government leaders and the responsibility they have to provide for their constituents.

Moving forward, if campaign strategies and approaches that heavily involve ordinary citizens are utilized across the country, there will be greater progress towards ending maternal and newborn mortality.



Community members celebrate with national policymakers at a WRA event in Kabale



