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 PROBLEM

An alarming number of women die giving birth in Pakistan. Although the annual number of maternal deaths dropped from 18,000 in 1990 to 7,900 in 2013, not enough progress was made to achieve Millennium Development Goal 5—a reduction in the maternal mortality ratio by three quarters. This is what motivated the formation of White Ribbon Alliance Pakistan (WRA Pakistan), which is a group of individuals and organizations that convened in 2008 to help citizens recognize and hold their government to account for commitments made to maternal and newborn health.

THE BARRIERS

Throughout the years, the focus of the WRA campaign in Pakistan has shifted, as the Alliance has continued to identify new opportunities to influence the government and advance improvements in maternal and newborn health. In the past, the Alliance supported the formation of the National Maternal, Newborn and Child Health Program of the Government of Pakistan, worked with all fourteen provincial and federal ministries of health and population welfare to scale up best practices around maternal health in the country, and advocated for the inclusion of magnesium sulfate in the provincial drug lists and the adoption of standardized protocols for administering the drug for eclampsia.

In the beginning of 2015, WRA Pakistan recognized that the disrespect and abuse experienced by so many pregnant women was not recognized by the government as a barrier to improving maternal health in health facility-based deliveries. This was a critical challenge, as the maternal healthcare strategies, protocols and education curricula did not mention respectful maternity care (RMC). Citizens were also not aware of their right to RMC and there was no accountability for disrespect and abuse. Therefore, WRA Pakistan brought together community members, health workers, government representatives, and the research community to generate evidence on RMC and use it to drive a campaign to persuade policymakers of the importance of including respectful care in the legislation and training curricula for health workers.

Respectful maternity care is a universal human right that is due to every childbearing woman in every health system around the world. Photo ©Wolfgang Gressmann 2011

THE CAMPAIGN

For WRA Pakistan, the main campaign strategies in garnering change rely on gathering evidence, developing partnerships that play a catalytic role in the change process, cultivating champions of the cause in the policy community, lobbying for change in policies and protocols, participating in health networks, and providing technical guidance to others. Government, civil society, academia, professional bodies and media are the key levers of the change that WRA Pakistan consistently pursues to promote safe motherhood in the country.
WRA Pakistan grounds its advocacy in evidence collected from local communities. For example, WRA Pakistan’s campaign to reposition family planning as a health intervention was successful because of the robust research and evidence based data that underpinned its advocacy messages.

Similarly, WRA Pakistan’s campaign to scale up the use of magnesium sulfate was driven by data collected on the barriers to the use of the drug. WRA Pakistan undertook a study on how to overcome the barriers identified in earlier research and advocated for change based on facts and figures.

For its current campaign on RMC, WRA Pakistan started collecting evidence via interviews and surveys with mothers and healthcare workers around disrespect and abuse. Based on what the Alliance has collected so far, citizens are testifying to the abysmal state of maternity care with regard to this issue. “Because of the way we are treated, we pray to never be sent to the hospital again”, admitted a survey participant in Sindh province. The President of the National Committee on Maternal and Neonatal, Health said, “Despite the fact that I talk politely, my juniors talk in a way that embarrasses the patient and the patients sort of lose their speech.”

In another testimony gathered in Sindh province a person shared, “A friend of mine was very nervous going through her first pregnancy. I used to accompany her to doctor visits, as she asked me to speak on her behalf. The health worker used to shout at her saying - Why don’t you talk? Do you not have a tongue? My friend fainted when she was taken to the labor room as no staff counseled her. Even then, the health workers were yelling at me to go and see what happened to her.”

Evidence collection work continues in other provinces of the country. Once this stage is complete, WRA Pakistan will target policymakers to advocate for the inclusion of RMC in service delivery protocols.

Demand and pressure by citizens for the delivery of respectful care, will be generated through partnerships with key civil society organizations that are implementing interventions in behavior change communication, social accountability and health rights advocacy.

WRA Pakistan is already engaging with a number of key organizations and projects associated with improving maternal health and newborn care across the country to include RMC as an important component of their work.

For example, WRA’s work with the USAID-led Maternal and Child Health Integrated Program (MCHIP) will generate more support for RMC at the National Policy Seminar. The partnership with JHPIEGO will allow the Alliance to leverage their technical capacity to include RMC into the standards of quality of care. With DfID and Futures Group, WRA Pakistan will work on including an RMC module into a community based monitoring process, which will allow citizens to report on instances of disrespect and abuse in the provinces of Punjab and Khyber Pakhtunkhwa. This effort will ultimately reach 24 million people. The reports will be presented at the District Advocacy Forums where local civil society groups will push for an immediate response from the district health authorities.

WRA is also working in partnership with the Centre for Communication Programs Pakistan to introduce the concept of RMC into the training of journalists. This will help journalists to use RMC rights language in their reports, which will strengthen demands for accountability in the delivery of maternal health care. WRA Pakistan is also working with Johns Hopkins Center for Communication Programs to include RMC in the Behavior Change Communication strategy that they are developing for Sindh province.
In response to WRA Pakistan’s campaign to reposition family planning as a health intervention, there was a shift in mindsets, policy and practice. The importance of “Healthy Timing and Spacing of Pregnancy” (HTSP) as an approach to improve the health of mothers and their children gained recognition in the national narrative and gradually replaced the terminology of family planning. The approach was later included in the National Maternal Newborn and Child Health Program.

As part of the WRA Pakistan campaign to scale up the use of magnesium sulfate, a significant number of documents bearing the consensus of many national partners and provincial governments were developed and included in the protocols of maternity service delivery.

Magnesium sulfate was included in the provincial procurement drug lists, and, for the first time, the pharmaceutical industry began manufacturing the drug in Pakistan.

The best practices on maternal newborn and child health and on family planning were rooted in both local and global evidence, which allowed WRA Pakistan to strongly advocate to the government for their inclusion in the National Maternal, Newborn and Child Health Program. This triggered an avalanche of changes, especially in the language and practice of post abortion care, the use of the drug Misoprostol for postpartum hemorrhage, and the postnatal care household visits protocol.

With regard to the campaign on RMC, once the research and data-collection is complete, a national consultation will be organized on the findings, to build consensus and fine-tune the policy recommendations that will be presented to policymakers.
| Problem | Not enough progress was made to achieve Millennium Development Goal 5 -- a reduction in the maternal mortality ratio by three quarters |
| Barriers | Disrespect and abuse experienced not recognized by government as a barrier to improving maternal health |
| | Maternal healthcare strategies, protocols and education curricula do not mention respectful maternity care |
| | Lack of awareness among citizens about their right to respectful care |
| Campaign Approaches | Gathering evidence, developing partnerships, cultivating champions, lobbying for change in policies and protocols, participating in health networks, and providing technical guidance. |
| Government’s Response | The government paid close attention to the research and recommendations made by WRA during its previous campaigns in Pakistan. Improving upon these approaches will allow the Alliance to achieve its current campaign objective. |